

PPO Plans for Individuals



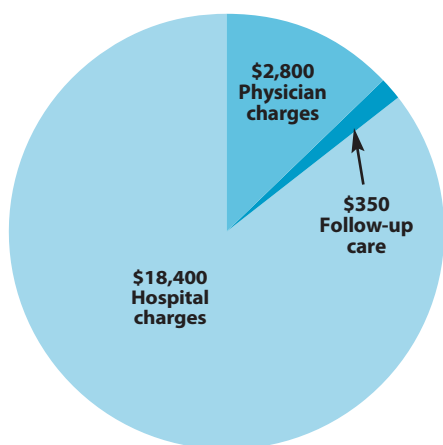
BlueCross
BlueShield
of Georgia

Don't Get Caught Uninsured.



Why Buy Health Insurance?

Because medical care is expensive – the financial risk you take without health insurance might shock you when you consider the following average costs:



Cost of Typical Hospital Stay

\$ 2,800	Physician charges
\$ 350	Follow-up care
\$18,400	Hospital charges

\$21,550 TOTAL

(about four days and two follow-up visits)

Because life is unpredictable – even if you're healthy now and exercise regularly, you could be caught off guard by an unexpected illness or injury.

Because health insurance helps protect you financially – medical care can add up quickly to a staggering financial loss. Health insurance can help limit your out-of-pocket costs, protect your assets and even safeguard your future earnings.

Because health insurance can cover more than just injury or illness – it also offers preventive care such as Pap tests and mammograms for women, prostate screening tests for men and immunizations for children.

Because it can save you money – health insurance can reduce your tax liability if you are self-employed. The IRS allows you to deduct 100% (up from 70% in 2002) of your health insurance premiums for you and your family. Contact your tax advisor for more information.

Because health insurance is affordable – add up preventive care, other health-related service costs, as well as the cost of possible catastrophic illness or injury that you would have to pay for yourself without health insurance. Then, compare it to the cost of a health insurance plan's low, monthly premium, deductible and copayment and you'll see just how affordable health insurance really is.

Please contact your Agent for more information on Blue Cross and Blue Shield of Georgia's PPO plans.

Why Choose Blue Cross and Blue Shield of Georgia?

Since 1937, more Georgians have entrusted their health insurance needs to Blue Cross and Blue Shield of Georgia (BCBSGA) than any other insurer in Georgia. Our Preferred Provider Organization (PPO) plans offer comprehensive coverage when you need it most – at a price you can afford. You make the decisions that best fit your needs.

Broad Choice of Deductible Options. We offer nine different deductible plans, from \$500 to \$10,000, designed to help you choose the plan that's best for you.

Your Provider. Your Choice. All of our PPO plans allow the freedom to choose the providers you want to use. Plus, selecting a provider from our statewide PPO network will save you money on health care costs.

Lifetime Protection. Each of our plans offers up to \$5,000,000 for each covered person.

Prescription Drug Coverage. Once you satisfy the annual drug deductible, you pay only a low copay for each prescription – brand or generic.

Preventive Care. You're covered for important preventive care like annual mammograms, Pap and chlamydia tests for women, prostate screenings for men and immunizations for children.

A Choice of Deductibles Helps you Control Your Monthly Premiums.

Our PPO plans let you choose among nine different deductible options. ("Deductible" is the amount you pay before your PPO benefits begin.) Generally, the higher the deductible you choose, the lower your premiums will be.

National Coverage. As a BCBSGA member, you have access to one of the largest PPO networks in the U.S. through the BlueCard® program. When outside Georgia, call 1-800-810-BLUE to find the nearest network provider. Then show your member ID card to the provider. It's that simple.

Providers file claims. BCBSGA network providers file claims, making it easy for you.

Dedicated Customer Care. Our associates are available to answer your questions from 7:30 AM to 7:00 PM, Monday through Friday.

Member Access. You can inquire about the status and history of claims, deductibles, health plan benefits and you can even request a new member ID card, all from our online service at www.bcbsga.com.

Consumer Choice PPO. You may want to consider the Consumer Choice version of our PPO. At a higher monthly premium, this plan allows members to nominate an out-of-network doctor or hospital to act as though they were part of the network. To learn more, contact your Agent.

The BCBSGA Advantage: Out-of-network Coverage

If you choose to see a provider outside of our PPO network, you can still save money by accessing our Participating Physicians and Prudent Buyer programs.

- **The Prudent Buyer Program** — hospitals and ancillary providers
- **The Participating Physicians Program** — physicians of all specialties

Each program allows for no balance billing and hassle-free claims payment because providers file claims for you! Additionally, this expanded list of providers is unmatched by any other insurance carrier in Georgia as nearly 100% of all physicians and hospitals in the state participate.

Remember, you receive the greatest level of benefits when you use a PPO network provider. The choice is yours!

Benefits at a Glance

	BLUE VALUE SELECT 500	BLUE VALUE SELECT 750	BLUE VALUE SELECT 1,000
Lifetime Maximum - In- and out-of-network combined	\$5,000,000	\$5,000,000	\$5,000,000
Calendar Year Deductible - Three deductibles per family	\$500 \$1,000	\$750 \$1,500	\$1,000 \$2,000
Coinsurance	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%
Calendar Year Coinsurance Out-of-Pocket Maximum - Three maximums per family	\$2,000 No Limit	\$2,000 No Limit	\$2,000 No Limit
Physician Office Visit - Includes x-ray/lab work when performed and billed in physician's office	\$30	*In-network copays not subject to calendar year deductible \$30 \$30 Plan pays 60% after deductible is met	
Preventive Care Adults *Not subject to calendar year deductible	\$30 Plan pays 60%	\$30 Plan pays 60%	\$30 Plan pays 60%
Preventive Care Children *Not subject to calendar year deductible through age 5	\$30 Plan pays 60%	\$30 Plan pays 60%	\$30 Plan pays 60%
Lab/X-ray, Surgery, Radiation, Anesthesia	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%
Outpatient Care/Ambulatory Surgery Center	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%
Maternity - Family Contracts Only ¹	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%
Hospital Inpatient Services	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%
Ambulance Service - When medically necessary	Plan pays 80%	Plan pays 80%	Plan pays 80%
Physical/Occupational Therapy, Chiropractic	Plan pays 80% Plan pays 60% 30	Plan pays 80% Plan pays 60% 30	Plan pays 80% Plan pays 60% 30
Speech Therapy, Respiratory Therapy, Skilled Nursing	Plan pays 80% Plan pays 60% 30	Plan pays 80% Plan pays 60% 30	Plan pays 80% Plan pays 60% 30
Radiation Therapy/Chemotherapy	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%
Behavioral Health/Substance Abuse		\$100 per day; \$3,000 calendar year maximum; \$10,000 lifetime maximum NOT COVERED	
Emergency Room	\$150	\$150	\$150
Home Health Care	Plan pays 80% Plan pays 60% 100	Plan pays 80% Plan pays 60% 100	Plan pays 80% Plan pays 60% 100
Hospice Care	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%
Durable Medical Equipment and Prosthetics	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%
Private Duty Nursing * \$2,500 calendar year maximum	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%	Plan pays 80% Plan pays 60%
Prescription Drugs	\$200 \$15 \$30 \$45	\$200 \$15 \$30 \$45	\$200 \$15 \$30 \$45
Waiting Period for Pre-existing Conditions ²	12 months from Contract Effective Date ²		

*All benefits are subject to the Calendar Year Deductible unless otherwise noted.

¹ No Maternity benefits are payable for the first twelve (12) months of coverage.

² Coverage will not be provided for the 12 months following the effective date of this policy for any illness, injury or other condition for which medical advice, diagnosis, care or treatment was recommended or received in the 12 months prior to the effective date.

BLUE VALUE SELECT 1,500	BLUE VALUE 1,000	BLUE VALUE 2,000	BLUE VALUE 3,500	BLUE VALUE 5,000	BLUE VALUE 10,000
\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
\$1,500 \$3,000	\$1,000 \$2,000	\$2,000 \$4,000	\$3,500 \$7,000	\$5,000 \$10,000	\$10,000 \$20,000
Plan pays 80% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%
\$2,000 No Limit	\$2,000 No Limit	\$2,000 No Limit	\$2,000 No Limit	\$2,000 No Limit	\$5,000 No Limit
\$30	\$40 copay for first 6 visits; first 6 visits not subject to calendar year deductible; After 6 visits, Plan pays 70% after deductible is met Plan pays 60% after deductible is met				
\$30 Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%
\$30 Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%
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Plan pays 80% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%
Maximum	\$100 per day; \$3,000 calendar year maximum; \$10,000 lifetime maximum NOT COVERED				
Deductible	\$150	\$150	\$150	\$150	\$150
	Plan pays 100% after \$150 copay; Not subject to calendar year deductible Plan pays 70% in-network; Plan pays 60% out-of-network				
Plan pays 80% Plan pays 60% 100	Plan pays 70% Plan pays 60% 100	Plan pays 70% Plan pays 60% 100	Plan pays 70% Plan pays 60% 100	Plan pays 70% Plan pays 60% 100	Plan pays 70% Plan pays 60% 100
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Plan pays 80% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%	Plan pays 70% Plan pays 60%
\$200 \$15 \$30 \$45	\$200 \$15 \$30 \$45	\$200 \$15 \$30 \$45	\$350 \$15 \$30 \$45	\$500 \$15 \$30 \$45	\$1,000 \$15 \$30 \$45

12 months from Contract Effective Date²

**This is not your contract. A disclosure of all benefits, exclusions and limitations is included in the Contract for this coverage.*



**BlueCross
BlueShield
of Georgia**

As with all health plans, there are some exclusions. Your contract does not provide benefits for: Coverage will not be provided for the 12 months following the effective date of the policy for any illness, injury or other condition for which medical advice, diagnosis, care or treatment was recommended or received 12 months prior to the effective date; outpatient services for mental health care and substance abuse treatment; maternity benefits for the first 12 months of coverage, regardless of when the pregnancy occurs; services and supplies not medically necessary or not consistent with the diagnosis, treatment for which payment is made by any local, state or federal government (except Medicaid); services paid under Medicare or the Veterans Administration; any injury or disease related to war, declared or undeclared, or the military service; convalescent or custodial care; hair transplants, eyeglasses/ contact lenses/radial keratotomy and the examinations associated with them; hearing aids; experimental services; weight reduction or treatment for obesity; dental care and treatment and oral surgery (except for extraction of impacted teeth); physical therapy/occupational therapy, chiropractic care or speech therapy if such services are necessitated by developmental delay.

A full disclosure of all benefits, exclusions and limitations is included in the Contract for this coverage.

The Power of Blue.®

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