

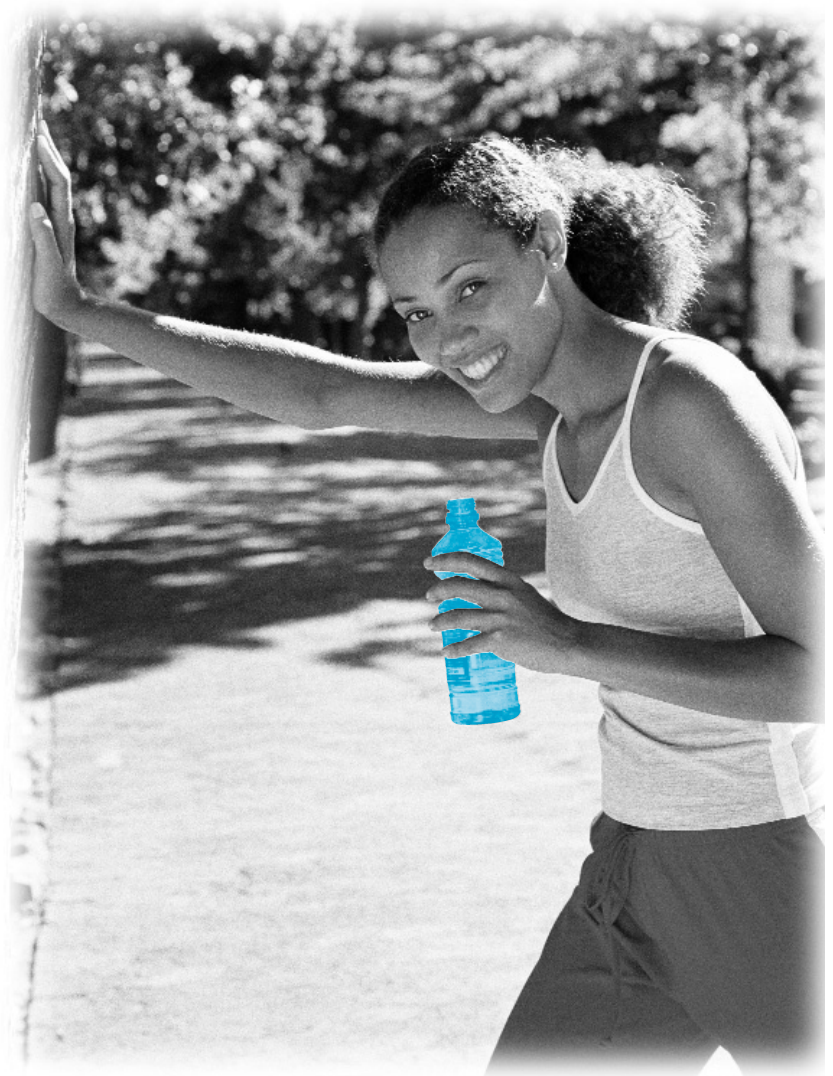
Right Plan PPO for Individuals



**BlueCross
BlueShield**
of Georgia

A plan specially designed with you in mind!

- *Young, active healthy adults*
- *Self-employed singles*
- *Empty nesters*
- *Early retirees*



Right Plan PPO – A plan that works for you!

New from Blue Cross and Blue Shield of Georgia (BCBSGA), Right Plan PPO helps you protect your health and financial future. Even if you're young, active and healthy, you could be caught off guard by an unexpected illness or injury. Medical care can add up quickly to a staggering financial loss. Right Plan PPO can help limit your out-of-pocket costs, protect your assets and even safeguard your future earnings.

Right Plan PPO covers more than just an injury or illness. It also offers preventive care and access to a variety of programs that help to maintain your health.

Why Pay for Benefits You May Never Use?

Now you can get the affordable health care coverage and financial security you need without the cost of added-on benefits, such as maternity, that you may never use. Right Plan PPO provides key benefits designed for specific stages of your life. With this plan, you'll enjoy:

- First-dollar coverage with no medical deductible
- More cost predictability with a low \$40 office visit copay
- Lower premiums because the plan doesn't include benefits you're less likely to use

Why Choose Blue Cross and Blue Shield of Georgia?

For over 67 years, more Georgians have entrusted their health insurance needs to 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.

Your Provider. Your Choice. Our PPO plans allow you 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. Right Plan PPO offers you up to \$5,000,000.

Prescription Drug Coverage. Once you satisfy the annual drug deductible, you pay only a low copay for each prescription – brand or formulary. Generic drugs are not subject to a deductible in the Right Plan product.

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.

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 (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.

Right Plan

Sold as Individual Contracts Only

Benefit	In-network	Out-of-network
Lifetime Maximum – In- and out-of-network combined	\$5,000,000	\$5,000,000
Calendar Year Deductible – Individual Contracts Only	\$0	\$0
Coinsurance	Plan pays 60%	Plan pays 60%
Calendar Year Coinsurance Out-of-Pocket Maximum <i>In-network/Out-of-network</i>	\$7,500	\$7,500
Physician office visit – <i>Includes x-ray and lab work when performed in the physician's office</i>	\$40 office visit copay	Plan pays 60%
Preventive Care Adults – <i>\$250 benefit maximum per year in addition to state mandated coverage</i>	\$40 office visit copay	Plan pays 60%
Preventive Care Children	\$40 office visit copay	Plan pays 60%
Lab/X-ray, Surgery, Radiation, Anesthesia	Plan pays 60%	Plan pays 60%
Outpatient Care	Plan pays 60% \$500 copay per surgery, facility charges	Plan pays 60% \$500 copay per surgery, facility charges
Outpatient Physician Services	Plan pays 60%	Plan pays 60%
Maternity	NOT COVERED	NOT COVERED
Hospital Inpatient Services	Plan pays 60% \$500 copay per admission	Plan pays 60% \$500 copay per admission
Ambulatory Surgery Center	Plan pays 60% \$500 copay per surgery	Plan pays 60% \$500 copay per surgery
Ambulance Service	Plan pays 60%	Plan pays 60%
Physical Therapy, Occupational Therapy, Chiropractic Services	Plan pays 60% 30 visits per year combined specialties	Plan pays 60% 30 visits per year combined specialties
Speech Therapy, Respiratory Therapy, Skilled Nursing Care	Plan pays 60% 30 visits per specialty per year	Plan pays 60% 30 visits per specialty per year
Radiation Therapy/Chemotherapy	Plan pays 60%	Plan pays 60%
Behavioral Health/Substance Abuse – Hospital Inpatient Only	\$100 per day; 30 day maximum; \$3,000 year maximum; \$10,000 lifetime maximum	\$100 per day; 30 day maximum; \$3,000 year maximum; \$10,000 lifetime maximum
Behavioral Health/Substance Abuse – Outpatient	NOT COVERED	NOT COVERED
Emergency Room Copay Medical Emergency or Accident Non-Medical Emergency or Non-Serious Accidental Injury	\$150 Plan pays 100% Plan pays 60%	\$150 Plan pays 100% Plan pays 60%
Home Health Care	Plan pays 60% 100 visits per year	Plan pays 60% 100 visits per year
Hospice Care	Plan pays 60% \$10,000 lifetime maximum	Plan pays 60% \$10,000 lifetime maximum
Durable Medical Equipment and Prosthetics	Plan pays 60%	Plan pays 60%
Private Duty Nursing	Plan pays 60% \$2,500 calendar year maximum	Plan pays 60% \$2,500 calendar year maximum
Prescription Drugs Generic Formulary (<i>Not subject to deductible</i>) Calendar Year Prescription Drug Deductible Brand Formulary Non-Formulary <i>Rx Deductible Applies to Brand and Non Formulary Drugs only</i>	\$15 \$200 \$30 \$45	\$15 \$200 \$30 \$45
Waiting Period for Pre-existing Conditions	12 months from contract effective date	12 months from contract effective date

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.

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

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; 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.



**BlueCross
BlueShield
of Georgia**

The Power of Blue.®

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Right Plan PPO is underwritten by Blue Cross and Blue Shield of Georgia, an independent licensee of the Blue Cross Blue Shield Association.

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