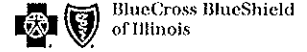


Alternative Plan

\$1,500 DEDUCTIBLE



HIGHLIGHT SHEET

Benefits	PPO (In Network)	Non PPO (Out of Network)
Lifetime Benefit Maximum Per individual	\$5,000,000	
Individual Coverage Deductible* The amount an individual must pay each calendar year before payments begin for covered services.	\$1,500	
Family Coverage Deductible* The family deductible maximum -entire deductible must be met.	\$3,000	
Individual Coverage Out-of-Pocket Expense Limit The maximum amount of money that any individual will have to pay toward covered expenses during any one calendar year, excluding the deductible. The following items will not be applied to the out-of-pocket expense limit: reductions in benefits due to noncompliance with utilization management program requirements, charges that exceed the eligible charge or the Schedule of Maximum Allowances (SMA).	\$1,500	
Family Coverage Out-of-Pocket Expense Limit The maximum amount of money that a family will have to pay toward covered expenses during any one calendar year, excluding the deductible. Please refer to Certificate book for details on how the family out-of-pocket expense limit works.	\$3,000	
Inpatient Hospital Services Coverage includes pre-admission testing and services received in a hospital, skilled nursing facility, coordinated home care and hospice. Room allowances based on the hospital's most common semi-private room rate.	100%	80%
Hospital Admission Deductible The hospital admission deductible is applied per admission, per individual.	\$0	\$300
Outpatient Hospital Services Coverage for services includes, but is not limited to, outpatient or ambulatory surgical procedures, diagnostic X-rays, lab tests, chemotherapy, radiation therapy, renal dialysis and mammograms performed in a hospital or ambulatory surgical center. For routine services such as mammograms, lab tests and X-rays performed in an outpatient hospital setting, see Well Care benefits.	100%	80%
Well Adult Care (age 16 and over) Coverage for annual adult physical exam including routine diagnostic tests received or ordered on the same day as the physical exam. Limited to one physical exam plus one gynecological exam per calendar year. For out-of-network coverage, the deductible, coinsurance, and a \$500 maximum per calendar year apply.	100%†	80%
Well-Child Care (to age 16) Coverage for physical exams, immunizations and routine diagnostic tests. For out-of-network coverage, the deductible, coinsurance, and a \$500 maximum per calendar year apply.	100%†	80%
Medical/Surgical Services (Physician)	100%	80%
Maternity Services (Physician)	100%	80%
Outpatient Emergency Care (Accident or Illness) Each calendar year, the program deductible must be met before benefits will begin under this policy. The copayment applies to both in and out-of-network emergency room visits. The co-payment is waived if the member is admitted.	\$75 copay, then 100%*	

Benefits	PPO (In Network)	Non PPO (Out of Network)
Serious Mental Illness Treatment When services are provided for the following disorders: schizophrenia, paranoia and other psychotic disorders, bipolar disorders (hypomanic, manic, depressive and mixed), major depressive disorders (single episode or recurrent), schizoaffective disorders (bipolar or depressive), pervasive developmental disorders, obsessive-compulsive disorders, depression in childhood and adolescence, and panic disorders, benefits will be as follows: Inpatient: Limited to 45 days per calendar year. Outpatient: Limited to 35 visits per calendar year.	Inpatient: 100% Outpatient: 100%	Inpatient: \$300 hospital deductible, 80% Outpatient: 80%
Other Mental Health & Chemical Dependency Treatment Services Inpatient: Limited to 30 days per calendar year. Outpatient: Limited to 30 visits per calendar year. Lifetime maximum 100 visits.	100% 100%	\$300 hospital deductible, 80% 80%
Muscle Manipulation Services Coverage for spinal and muscle manipulation services provided by a physician or chiropractor. Limited to a \$1,000 maximum per calendar year.	100%	80%
Therapy Services - Speech, Occupational, Physical Coverage for services provided by a physician or therapist. Limited to a \$5,000 maximum per therapy per calendar year.	100%	80%
Temporomandibular Joint Dysfunction and Related Disorders The lifetime maximum is \$2,500.	100%	80%
Other Covered Services Ambulance services; private duty nursing (\$3,000 per month maximum); naprapathic services (\$1,000 per calendar year maximum); artificial limbs and other prosthetic devices; blood and blood components; leg, arm and neck braces; surgical dressings; casts and splints. <i>See paragraph below regarding Schedule of Maximum Allowances (SMA).</i>	100%	
Outpatient Prescription Drugs	80%	

† Deductible does not apply

Durable medical equipment (DME) is a covered benefit. Please refer to Certificate book for details.

Discounts on Eye Exams, Prescription Lenses and Eyewear

Members present their ID card for discounts on eye exams, prescription lenses and eyewear at participating vision centers. Call (866) 273-0813 to locate a provider.

Medical Services Advisory (MSA)

When members receive covered inpatient hospital services, coordinated home care, skilled nursing facility or private duty nursing from a participating provider in the state of Illinois, the provider will be responsible for notifying the MSA. When using non-participating Illinois providers and out-of-state providers, members are required to notify the MSA 1 business day prior to any elective inpatient admission or within 2 business days after an emergency or maternity admission. Failure to notify the MSA when required will result in benefits being reduced by \$1,000.

More on Individual Coverage and Family Coverage Deductibles ...

*If a member has individual coverage, each calendar year he/she must satisfy an individual coverage deductible before receiving benefits under this policy. The amount of the individual deductible is indicated above on this benefit highlight sheet. After a member has claims for covered services in a calendar year, which exceed this deductible amount, benefits will begin. If a member and his/her dependents have family coverage, each calendar year they must satisfy the family coverage deductible before receiving benefits under this policy. The amount of the family deductible is indicated above on this benefit highlight sheet. Once the family deductible has been satisfied, it will not be necessary for anyone else in the family to meet a deductible in that calendar year. That is, for the remainder of that calendar year, no other family members will be required to meet the deductible before receiving benefits. No one is eligible for benefits under family coverage until the entire family deductible has been satisfied.

Please note: The deductible amount may be adjusted based on the cost-of-living adjustments determined under the Internal Revenue Code and rounded to the nearest \$50.

Also note: Should the Federal Government adjust the deductible for high deductible plans as defined by the Internal Revenue Service, the deductible amount in the certificate will be adjusted accordingly.

Schedule of Maximum Allowances (SMA)

The Schedule of Maximum Allowances (SMA) is not the same as a Usual and Customary fee (U&C). Blue Cross and Blue Shield of Illinois' SMA is the maximum allowable charge for a professional service, including but not limited to those listed under Medical/Surgical and Other Covered Services above. The SMA is the amount that professional PPO providers have agreed to accept as payment in full. Providers who do not participate in the PPO network are not obligated to accept the SMA as payment in full and may bill for the balance of their actual charge above and beyond the SMA. When members use PPO providers, they avoid any balance billing other than applicable deductible, coinsurance and/or copayment.

To Locate a PPO Provider

Check our web site at www.bcbsil.com/providers to locate a specific PPO provider or to locate a conveniently located PPO provider near you.

In addition, benefits for covered individuals who live outside Illinois will meet all extraterritorial requirements of those states, if any, according to the group's funding arrangements.

This provides only highlights of the benefit plan(s). After enrollment, members will receive a Certificate that more fully describes the terms of coverage.