

BLUE CARE NETWORK (HMO)

Package	YEARLY DEDUCTIBLE	CO-PAY PERCENTAGE	YEARLY OUT OF POCKET CO-PAY MAXIMUM*	OFFICE CO-PAY
	In-Network	In-Network	In-Network	In-Network
A	NONE	25% OR 50%	\$1000/\$2000	\$15
E	NONE	50%	NONE	\$10
I	NONE	25% OR 50%	\$1000/\$2000	\$20
J	NONE	50%	NONE	\$10
BASIC	NONE	20% OR 50%	\$1500/\$3000	\$25
PLAN 1	\$250/\$500	10%	\$1500/\$3000	\$10
PLAN 2	\$500/\$1000	20%	\$1500/\$3000	\$15
PLAN 3	\$1000/\$2000	30%	\$1500/\$3000	\$20

NOTE: Optional riders available. Definitions of services outlined on Benefits-at-a-Glance.

*For most covered services. Applies to co-pay % payments only.

HMO PLAN

Health Maintenance Organization plan emphasizes preventative care. Provides services for hospital care, physician services (including routine care) and diagnostic testing with minimal co-payments.

NOTE: This is only a broad overview of the covered benefits. Please refer to a plan certificate for more precise coverage information.

