

## BENEFITS OVERVIEW

# BlueValue & BlueValue Advantage

BENEFIT	BlueValue	BlueValue Advantage
	Participating Provider Coverage <sup>1</sup>	Participating Provider Coverage <sup>1</sup>
<b>Provider Network</b>	90% of Illinois doctors and more than 200 hospitals	
<b>Lifetime Benefit</b>	\$5,000,000	
<b>Individual Deductible</b>	\$250, \$500, \$1,000, \$2,500 or \$5,000 <sup>2</sup>	\$250, \$500, \$1,000, \$1,750 \$2,500 or \$5,000 <sup>2</sup>
<b>Individual Out-of-Pocket Expense Limit</b>	\$1,000	\$3,000
<b>Office Visits and Outpatient Physician Services</b>	100% or 80%	80%
<b>Hospital Services</b>		
<ul style="list-style-type: none"> <li><b>Inpatient Physician Services</b></li> </ul>	100% or 80%	80%
<ul style="list-style-type: none"> <li><b>Outpatient Services</b> Includes surgery and pre-admission testing</li> </ul>	100% or 80%	80%
<ul style="list-style-type: none"> <li><b>Inpatient Services</b> Includes semi-private room and board, pre-admission testing, prescription drugs and more</li> </ul>	100% or 80%	80%
<ul style="list-style-type: none"> <li><b>Inpatient/Outpatient Diagnostic Testing</b> Includes X-rays, lab tests, EKGs, ECGs, pathology services, pulmonary function studies and more</li> </ul>	100% or 80%	80%
<b>Well-Child Care</b> To age 16. Includes immunizations, physical exams and routine diagnostic tests. (\$500 per calendar year maximum)	100% or 80%	80%
<b>Outpatient Emergency Care</b> Includes covered services received in a hospital or a physician's office	100% (Deductible does not apply)	80% after \$75 copayment per visit (Deductible does not apply)
<b>Physical, Occupational or Speech Therapist</b> (\$3,000 per therapy, per calendar year maximum)	100% or 80% <sup>2</sup>	80% <sup>2</sup>

