



BluePPO Individual

With a **PPO (Preferred Provider Organization) Plan** the choice is yours. You can save money by seeing an in-network provider. If you visit an out-of-network doctor or hospital, you are covered at the out-of-network level with higher out-of-pocket costs.

Benefits at a Glance

Please note: Deductible and out-of-pocket limits are shown for individual coverage. When you select coverage for more than one person, the amounts are double the individual amount.

In-Network Benefits

Deductible range: **\$250-\$5,000**

Benefit level: **80% covered**

Out-of-pocket maximum range

(excluding copays): **\$2,000-\$6,000**

Out-of-Network Benefits

Deductible range: **\$500-\$10,000**

Benefit level: **60% covered**

Out-of-pocket maximum range

(excluding copays): **\$4,000-\$12,000**

Lifetime limit (per individual): \$3,000,000

Benefit Examples	In-Network Coverage	Out-of-Network Coverage
Well-Child Care	\$10 copay	Not covered
Annual Physical Exams	\$10 copay	Not covered
Annual Gynecological Exams	\$10 copay	Not covered
Pap Smears and Prostate Screening Antigen Tests	100% covered	60% covered*
Periodic Routine Mammograms	100% covered	60% covered*
Doctor's Office Visits (PCP/Specialist)	\$10/\$20 copay	60% covered*
X-Rays	80% covered*	60% covered*
Labs	100% covered	60% covered*
Physical/Occupational Therapy	80% covered*	60% covered*
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay
Ambulance	\$50 copay	\$50 copay
Inpatient/Outpatient Hospital & Associated Doctor Services	80% covered*	60% covered*

*Also subject to your benefit period deductible.

When calculating deductible or coinsurance expenses, only the allowable charge is considered. All benefits are subject to plan exclusions and limitations. Please see the *Limitations and Disclosures* insert for more information.

Prescription Drug Benefit

Until you satisfy your \$100 individual or \$200 family deductible:	After you satisfy your individual or family deductible:								
You will pay a discounted price for each prescription or refill.	<table> <tr> <td>When you select a drug in:</td> <td>Your copay will be:</td> </tr> <tr> <td>Tier 1: Generic equivalent</td> <td>\$0</td> </tr> <tr> <td>Tier 2: Preferred brand-name</td> <td>\$20</td> </tr> <tr> <td>Tier 3: Non-preferred brand-name</td> <td>\$45</td> </tr> </table>	When you select a drug in:	Your copay will be:	Tier 1: Generic equivalent	\$0	Tier 2: Preferred brand-name	\$20	Tier 3: Non-preferred brand-name	\$45
When you select a drug in:	Your copay will be:								
Tier 1: Generic equivalent	\$0								
Tier 2: Preferred brand-name	\$20								
Tier 3: Non-preferred brand-name	\$45								
<p>Mail order through Walgreens Mail Service: you pay two times the 34-day retail pharmacy copay (as indicated in the above chart) for up to a 90-day supply of medication.</p> <p>The plan pays up to a maximum of \$5,000 per individual, per benefit period, for prescription drugs.</p>									

BluePPO Individual Rates*

PPO \$250				
Deductible (In-network): \$250		Deductible (Out-of-network): \$500		
Benefit Level (In-network): 80%		Benefit Level (Out-of-network): 60%		
Coinsurance Max (In-network): \$1,750		Rx: \$0/20/45, \$100 Ded		
Out-of-Pocket Max (In-network, excluding copays): \$2,000				
	Individual	Individual & Child(ren)	Individual & Spouse	Family
Adult <20	\$154	\$348	\$307	\$502
20-24	\$164	\$360	\$328	\$524
25-29	\$180	\$415	\$359	\$595
30-34	\$201	\$486	\$401	\$686
35-39	\$221	\$527	\$443	\$749
40-44	\$260	\$569	\$521	\$830
45-49	\$328	\$606	\$657	\$935
50-54	\$409	\$647	\$817	\$1,056
55-59	\$516	\$734	\$1,031	\$1,250
60-64	\$644	\$833	\$1,287	\$1,475

PPO \$500				
Deductible (In-network): \$500		Deductible (Out-of-network): \$1,000		
Benefit Level (In-network): 80%		Benefit Level (Out-of-network): 60%		
Coinsurance Max (In-network): \$1,500		Rx: \$0/20/45, \$100 Ded		
Out-of-Pocket Max (In-network, excluding copays): \$2,000				
	Individual	Individual & Child(ren)	Individual & Spouse	Family
Adult <20	\$148	\$333	\$294	\$481
20-24	\$158	\$344	\$314	\$502
25-29	\$172	\$397	\$344	\$570
30-34	\$192	\$465	\$384	\$657
35-39	\$212	\$505	\$424	\$717
40-44	\$249	\$545	\$499	\$795
45-49	\$314	\$580	\$629	\$895
50-54	\$392	\$620	\$783	\$1,012
55-59	\$494	\$703	\$988	\$1,197
60-64	\$616	\$798	\$1,233	\$1,413

PPO \$1,000				
Deductible (In-network): \$1,000		Deductible (Out-of-network): \$2,000		
Benefit Level (In-network): 80%		Benefit Level (Out-of-network): 60%		
Coinsurance Max (In-network): \$1,500		Rx: \$0/20/45, \$100 Ded		
Out-of-Pocket Max (In-network, excluding copays): \$2,500				
	Individual	Individual & Child(ren)	Individual & Spouse	Family
Adult <20	\$137	\$309	\$273	\$446
20-24	\$146	\$320	\$292	\$466
25-29	\$160	\$369	\$320	\$529
30-34	\$178	\$432	\$357	\$610
35-39	\$197	\$469	\$394	\$666
40-44	\$232	\$506	\$463	\$738
45-49	\$292	\$539	\$584	\$832
50-54	\$364	\$576	\$727	\$939
55-59	\$459	\$653	\$917	\$1,111
60-64	\$572	\$741	\$1,145	\$1,312

PPO \$1,500				
Deductible (In-network): \$1,500		Deductible (Out-of-network): \$3,000		
Benefit Level (In-network): 80%		Benefit Level (Out-of-network): 60%		
Coinsurance Max (In-network): \$1,500		Rx: \$0/20/45, \$100 Ded		
Out-of-Pocket Max (In-network, excluding copays): \$3,000				
	Individual	Individual & Child(ren)	Individual & Spouse	Family
Adult <20	\$130	\$293	\$258	\$423
20-24	\$139	\$303	\$276	\$441
25-29	\$151	\$349	\$303	\$501
30-34	\$169	\$409	\$338	\$578
35-39	\$187	\$444	\$373	\$631
40-44	\$219	\$479	\$439	\$699
45-49	\$276	\$510	\$553	\$787
50-54	\$344	\$545	\$688	\$889
55-59	\$435	\$618	\$869	\$1,052
60-64	\$542	\$701	\$1,084	\$1,242

PPO \$2,500				
Deductible (In-network): \$2,500		Deductible (Out-of-network): \$5,000		
Benefit Level (In-network): 80%		Benefit Level (Out-of-network): 60%		
Coinsurance Max (In-network): \$1,500		Rx: \$0/20/45, \$100 Ded		
Out-of-Pocket Max (In-network, excluding copays): \$4,000				
	Individual	Individual & Child(ren)	Individual & Spouse	Family
Adult <20	\$119	\$269	\$237	\$388
20-24	\$127	\$278	\$254	\$405
25-29	\$139	\$321	\$278	\$460
30-34	\$155	\$376	\$310	\$531
35-39	\$171	\$408	\$343	\$579
40-44	\$202	\$440	\$403	\$642
45-49	\$254	\$469	\$508	\$723
50-54	\$316	\$501	\$632	\$817
55-59	\$399	\$568	\$798	\$967
60-64	\$498	\$644	\$996	\$1,141

PPO \$5,000				
Deductible (In-network): \$5,000		Deductible (Out-of-network): \$10,000		
Benefit Level (In-network): 80%		Benefit Level (Out-of-network): 60%		
Coinsurance Max (In-network): \$1,000		Rx: \$0/20/45, \$100 Ded		
Out-of-Pocket Max (In-network, excluding copays): \$6,000				
	Individual	Individual & Child(ren)	Individual & Spouse	Family
Adult <20	\$103	\$233	\$205	\$336
20-24	\$110	\$240	\$219	\$350
25-29	\$120	\$277	\$240	\$397
30-34	\$134	\$325	\$268	\$459
35-39	\$148	\$353	\$296	\$501
40-44	\$174	\$381	\$348	\$555
45-49	\$219	\$405	\$439	\$625
50-54	\$273	\$433	\$546	\$706
55-59	\$345	\$491	\$689	\$835
60-64	\$430	\$557	\$860	\$986

* Monthly premium rates are effective for new customers enrolling between January 1, 2009—March 31, 2009 and customer renewing January 1, 2009. Subject to review by the Delaware Department of Insurance. Rates are based on the age of the contract holder at the time of initial enrollment, and are adjusted at renewal when the contract holder ages into a new age band. Additional monthly rate for maternity benefit is \$227. Please note, prescription drug costs are not included in the out-of-pocket maximum.