

PRODUCT COMPARISON CHART (Participating Provider Coverage Shown¹)

	SelectBlue [®]	SelectBlue Advantage SM	BlueChoice SM Select	BlueValue SM	BlueValue Advantage SM	BlueChoice SM Value	Traditional Blue SM	BasicBlue [®]	BlueEdge SM Individual HSA ³	BlueEdge SM Individual HSA 5000 ³
Participating Providers	PPO Network: 90% of Illinois doctors; more than 200 participating hospitals		BlueChoice [®] Network ²	PPO Network: 90% of Illinois doctors; more than 200 participating hospitals		BlueChoice [®] Network ²	Use any doctor; more than 200 hospitals	Use any doctor; more than 200 hospitals	PPO Network: 90% of Illinois doctors; more than 200 participating hospitals	
Lifetime Benefit	\$5,000,000			\$5,000,000			\$5,000,000	\$5,000,000	\$5,000,000	
Individual Deductible	\$0, \$250, \$500, \$1,000, \$2,500 or \$5,000	\$250, \$500, \$1,000, \$1,750, \$2,500 or \$5,000		\$250, \$500, \$1,000, \$2,500 or \$5,000	\$250, \$500, \$1,000, \$1,750, \$2,500 or \$5,000		\$250, \$500, \$1,000, \$2,500 or \$5,000	\$500, \$1,000 or \$2,500	\$1,200, \$1,750, \$2,600 or \$3,500	\$5,000
Coverage Level	Choice of 100% or 80%	80%		Choice of 100% or 80%	80%		Choice of 100% or 80%	80%	Choice of 100% or 80%	100%
Individual Out-Of-Pocket Expense Limit	\$1,000	\$3,000		\$1,000	\$3,000		\$1,000	\$1,000	Annual deductible plus \$3,000 ⁴	Annual deductible
Outpatient Physician Medical Services	100% after you pay \$20 doctor office visit copayment	100% after you pay \$30 doctor office visit copayment		100% or 80%	80%		80%	Not Covered — except for Emergency Care ONLY	100% or 80%	100%
Outpatient Physician Surgical Services	100% or 80%	80%		100% or 80%	80%		80%	80%	100% or 80%	100%
Well-Adult Care	100% after you pay \$20 doctor office copayment per visit	100% after you pay \$30 doctor office copayment per visit			Not Covered		Not Covered	Not Covered	100% after you pay \$20 doctor office copayment per visit	100% after you pay \$20 doctor office copayment per visit
Well-Child Care	100% after you pay \$20 doctor office copayment per visit	100% after you pay \$30 doctor office copayment per visit		100% or 80%	80%		80%	Not Covered	100% after you pay \$20 doctor office copayment per visit	100% after you pay \$20 doctor office copayment per visit
Inpatient Physician Medical/Surgical Services	100% or 80%	80%		100% or 80%	80%		80%	80%	100% or 80%	100%
Outpatient Hospital Services <i>Includes surgery</i>	100% or 80%	80%		100% or 80%	80%		100% or 80%	80%	100% or 80%	100%
Outpatient Hospital Diagnostic Testing	100% or 80%	80%		100% or 80%	80%		100% or 80%	80% (as part of same day surgery and Emergency Care ONLY)	100% or 80%	100%
Inpatient Hospital Services and Diagnostic Testing	100% or 80%	80%		100% or 80%	80%		100% or 80%	80%	100% or 80%	100%
Outpatient Emergency Care (Physician and Hospital)	100%	80% after you pay \$75 copayment		100%	80% after you pay \$75 copayment		100%	80% after you pay \$125 copayment	100% or 80%	100%
Mental Illness Treatment and Substance Abuse Rehabilitation Treatment <ul style="list-style-type: none"> Inpatient Hospital Care Inpatient Physician Care Outpatient Hospital/Physician Care 	60% first 14 days 50% thereafter 100% or 80% 50%	60% first 14 days 50% thereafter 80% 50%		60% first 14 days 50% thereafter 100% or 80% 50%	60% first 14 days 50% thereafter 80% 50%		60% first 14 days 50% thereafter 80% 50%	Not Covered Not Covered Not Covered	60% first 14 days 50% thereafter 100% or 80% 50%	100%
Optional Maternity Coverage <i>When elected, maternity benefits will begin 365 days after the effective date of the maternity coverage.</i>	100% or 80%	80%		100% or 80%	80%		Physician Covered Services: 80% Hospital Covered Services: 100% or 80%	Not Available	100% or 80%	100%
Outpatient Prescription Drugs	\$0, \$250 and \$500 Deductible Plans Drug Card ONLY: \$1,000, \$2,500 and \$5,000 Deductible Plans ONLY:	w/\$10 copayment for generics 80%	\$250 and \$500 Deductible Plans Drug Card ONLY: w/\$10 copayment for generics \$1,000, \$1,750, \$2,500 and \$5,000 Deductible Plans ONLY: 80%		80%		80%	Not Covered	100% or 80%	100%

¹ Benefits reduced when non-participating providers are used. This is a summary of highlights only. Please refer to the Outline of Coverage for each plan for additional details.

² BlueChoice provides you with access to contracting providers.

³ Please be reminded that Health Savings Accounts (HSA) have tax and legal ramifications. Blue Cross and Blue Shield of Illinois does not provide legal or tax advice and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding tax consequences of specific health insurance plans or products.

⁴ The individual out-of-pocket expense plus individual deductible can not exceed \$5,000.

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