



Capital BlueCross offers a variety of health care choices. Pick the one that's right for you!

Traditional



Our traditional product features comprehensive benefits and complete freedom to choose your physician, specialist or hospital. You minimize your out-of-pocket costs by receiving covered services from a participating health care provider.

Traditional covers the following benefits when you see a participating provider.

	Hospital Services	Physician Services	Major Medical Services
Annual deductible	None		\$250 per person; up to a maximum of 3 deductibles applied per family per benefit period
Out-of-pocket maximum	None		\$500 per person; up to a maximum of 3 deductibles applied per family per benefit period
			Deductible applies to all services unless otherwise noted.
Preventive care services	Some services are covered		
Physician office visits	Not covered		20% coinsurance
Maternity care	Covered in full		20% coinsurance
Outpatient hospital services	Covered in full		20% coinsurance
Inpatient hospital services	Covered in full		20% coinsurance
Emergency care	Covered in full		Covered in full, deductible waived
Ambulance services	Not covered		Covered in full for emergency care
Durable medical equipment and supplies	Not covered		20% coinsurance
Inpatient mental health care*	Covered in full (30 days per benefit period)		20% coinsurance; unlimited days
Outpatient mental health care*	Not covered		50% coinsurance; unlimited visits
Substance abuse care*	Covered in full	Not covered	Not covered
Lifetime maximum benefit	Unlimited		\$1,000,000
Prescription drug coverage	A variety of prescription drug programs are available to fit your needs. Contact your marketing representative or broker for more information.		
Supplemental coverage	A variety of supplemental products are available, including dental, vision, life, stop loss and short-term and long-term disability. Contact your marketing representative or broker for more information.		

*Standard products include Pennsylvania mandated benefits. Deductible, copayments and/or coinsurance may be waived for some products. Please contact Customer Service for more detailed information.

◆ Basic hospitalization issued by Capital BlueCross and medical surgical and major medical issued by its wholly owned subsidiary, Capital Advantage Insurance Company, Independent Licensees of the Blue Cross and Blue Shield Association.

This information highlights our product offerings and is *not* intended to be a complete list or complete description of available services. All coverages are subject to contract terms, conditions, exclusions and limitations, including but not limited to, preauthorization requirements for certain treatments or procedures and exclusions for medical care that is experimental, not medically necessary and appropriate, and for injuries caused by the use or maintenance of a motor vehicle or covered under worker's compensation. Please contact your marketing representative for additional information on conditions, exclusions or limitations. Programs subject to change.



Capital BlueCross offers a variety of health care choices. Pick the one that's right for you!

Preferred Provider Organization (PPO) [▲]



A Preferred Provider Organization (PPO) plan with enhanced traditional coverage, including comprehensive benefits, preventive health care services and freedom to choose your physician, specialist or hospital. You minimize your out-of-pocket costs by receiving covered services from a network provider.

Preferred Provider Organization (PPO) covers the following benefits.

	Network Provider	Non-Network Provider
Annual deductible	None	\$250 per person \$750 per family
Out-of-pocket maximum	None	\$2,000 per person \$6,000 per family
		Deductible applies to all services unless otherwise noted.
Preventive care services	\$10 copayment per office visit	20% coinsurance
Physician office visits	\$10 copayment per visit	20% coinsurance
Maternity care	Covered in full	20% coinsurance
Outpatient hospital services	Covered in full	20% professional coinsurance 50% facility coinsurance [▲]
Inpatient hospital services	Covered in full	20% professional coinsurance 50% facility coinsurance [▲]
Emergency care	Covered in full; \$35 emergency room copayment (waived if admitted); deductible waived	
Ambulance services	Covered in full for emergency care	
Durable medical equipment and supplies	Covered in full	20% coinsurance
Inpatient mental health care*	Covered in full	50% coinsurance
	(30 days per benefit period)	
Outpatient mental health care*	\$10 copayment per visit	50% coinsurance
	(60 visits per benefit period)	
Substance abuse care*	Covered in full	Not covered
Lifetime maximum benefit	Unlimited	
Prescription drug coverage	A variety of prescription drug programs are available to fit your needs. Contact your marketing representative or broker for more information.	
Supplemental coverage	A variety of supplemental products are available, including dental, vision, life, stop loss and short-term and long-term disability. Contact your marketing representative or broker for more information.	

*Standard products include Pennsylvania mandated benefits. Deductible, copayments and/or coinsurance may be waived for some products. Please contact Customer Service for more detailed information.

[▲] Issued by Capital Advantage Insurance Company, a wholly owned subsidiary of Capital BlueCross.

[▲] Excluded from out-of-pocket maximum; continues once out-of-pocket maximum is met.

This information highlights our product offerings and is *not* intended to be a complete list or complete description of available services. All coverages are subject to contract terms, conditions, exclusions and limitations, including but not limited to, preauthorization requirements for certain treatments or procedures and exclusions for medical care that is experimental, not medically necessary and appropriate, and for injuries caused by the use or maintenance of a motor vehicle or covered under worker's compensation. Please contact your marketing representative for additional information on conditions, exclusions or limitations. Programs subject to change.



Capital BlueCross offers a variety of health care choices. Pick the one that's right for you!

PPO Plus[‡]



With PPO Plus, you can voluntarily designate a primary care physician (PCP) and pay a lower copayment for office-based services provided by that PCP. You can also receive covered services from any participating PCP or specialist and pay the standard copayment for office-based services (see below). Whether or not you choose a PCP, no referrals are required for special care.

Note: The voluntary PCP benefit is available only to those members who select a PCP from the list of voluntary PCPs in the Capital BlueCross directory. PPO Plus covers the following benefits.

	Voluntary PCP	<small>No PCP referral required</small> Other Network Provider	Non-Network Services
Annual deductible	None	None	\$250 per person \$750 per family
Out-of-pocket maximum	Does not apply	Does not apply	\$2,000 per person \$6,000 per family
	No deductible	No deductible	Deductible applies to all services unless otherwise noted.
Preventive care services	\$10 copayment per office visit	\$20 copayment per office visit	20% coinsurance; up to a \$400 maximum per benefit period
Physician office visits	\$10 copayment per office visit	\$20 copayment per office visit	20% coinsurance
Maternity care	Covered in full	Covered in full	20% coinsurance
Outpatient hospital services	Covered in full	Covered in full	20% professional coinsurance 50% coinsurance at certain facilities [^]
Inpatient hospital services	Covered in full	Covered in full	20% professional coinsurance 50% coinsurance at certain facilities [^]
Emergency care	Covered in full; \$35 emergency room copayment (waived if admitted); deductible waived		
Ambulance services	Covered in full for emergency	Covered in full for emergency care	Covered in full for emergency care, deductible waived
Durable medical equipment and supplies	Covered in full	Covered in full	20% coinsurance
Inpatient mental health care*	Covered in full	Covered in full	50% professional and facility coinsurance (30 days per benefit period)
Outpatient mental health care*	\$10 copayment per office visit	\$20 copayment per visit	50% professional and facility coinsurance (60 days per benefit period)
Substance abuse care*	Covered in full	Covered in full	Not covered
Lifetime maximum benefit	Unlimited	Unlimited	Unlimited
Prescription drug coverage	A variety of prescription drug programs are available to fit your needs. Contact your marketing representative or broker for more information.		
Supplemental coverage	A variety of supplemental products are available, including dental, vision, life, stop loss and short-term and long-term disability. Contact your marketing representative or broker for more information.		

* Standard products include Pennsylvania mandated benefits. Deductible, copayments and/or coinsurance may be waived for some products. Please contact Customer Service for more detailed information.

[‡] Issued by Capital Advantage Insurance Company, a wholly owned subsidiary of Capital BlueCross.

[^] Excluded from out-of-pocket maximum; continues once out-of-pocket maximum is met.

This information highlights our product offerings and is *not* intended to be a complete list or complete description of available services. All coverages are subject to contract terms, conditions, exclusions and limitations, including but not limited to, preauthorization requirements for certain treatments or procedures and exclusions for medical care that is experimental, not medically necessary and appropriate, and for injuries caused by the use or maintenance of a motor vehicle or covered under worker's compensation. Please contact your marketing representative for additional information on conditions, exclusions or limitations. Programs subject to change.



Capital Blue Cross offers a variety of health care choices. Pick the one that's right for you!

Point-of-Service (POS) ^{■ **}



Our *Point-Of-Service (POS)* managed care plan with freedom of choice. The plan's comprehensive coverage emphasizes preventive health care. For maximum benefits, most services need to be coordinated or provided by your primary care physician.

Point-of-Service (POS) covers the following benefits.

	PCP Coordinated	Self-Referred
Annual deductible	None	\$250 per person \$500 per family
Out-of-pocket maximum	None	\$1,000 per person \$2,000 per family Deductible applies to all services unless otherwise noted.
Preventive care services	\$10 copayment per office visit	20% coinsurance
Physician office visits	\$10 copayment	20% coinsurance
Maternity care	Covered in full	20% coinsurance
Outpatient hospital services	Covered in full	20% coinsurance
Inpatient hospital services	Covered in full	20% coinsurance
Emergency care	\$35 emergency room copayment, waived if admitted	\$35 copayment, waived if admitted; 20% coinsurance if emergency criteria not met
Ambulance services	Covered in full	Covered in full, deductible waived
Durable medical equipment and supplies	Covered in full	20% coinsurance (\$2,500 limit per benefit period)
Inpatient mental health care*	Covered in full (must be obtained from a network provider)	20% coinsurance (must be obtained from a network provider); 30 days per benefit period
Outpatient mental health care*	\$10 copayment (must be obtained from a network provider)	20% coinsurance (must be obtained from a network provider); 20 visits; Additional 60 visits may apply for serious mental illness
Substance abuse care*	Covered in full (must be obtained from a network provider)	20% coinsurance (must be obtained from a network provider)
Lifetime maximum benefit	Unlimited	Unlimited
Prescription drug coverage	A variety of prescription drug programs are available to fit your needs. Contact your marketing representative or broker for more information.	
Supplemental coverage	A variety of supplemental products are available, including dental, vision, life, stop loss and short-term and long-term disability. Contact your marketing representative or broker for more information.	

■ Issued by Capital Advantage Insurance Company, a wholly owned subsidiary of Capital BlueCross.

**This managed care plan may not cover all your health care expenses. Read your contract of Certificate of Coverage carefully to determine which health care services are covered. For more information, contact Capital BlueCross Customer Service toll-free at 800.962.2242.



Capital BlueCross offers a variety of health care choices. Pick the one that's right for you!

Comprehensive[▼]



Part of the Major Medical family of traditional products, this plan is easy to use, has limited paperwork and offers total freedom to choose your physician, specialist or hospital. You minimize your out-of-pocket costs by receiving covered services from a participating health care provider.

Comprehensive covers the following benefits when you see a participating provider.

Annual deductible	\$250 per person \$750 per family
Out-of-pocket maximum	\$1,000 per person \$3,000 per person
Deductible applies to all services unless otherwise noted.	
Preventive care services	Some services are covered; 20 percent coinsurance
Physician office visits	20% coinsurance for home & office visits
Maternity care	20% coinsurance
Outpatient hospital services	20% coinsurance
Inpatient hospital services	20% coinsurance
Emergency care	Covered in full, deductible waived
Ambulance services	Covered in full for emergency care
Durable medical equipment and supplies	20% coinsurance
Inpatient mental health care*	20% coinsurance (30 days per benefit period)
Outpatient mental health care*	50% coinsurance (60 visits per benefit period)
Substance abuse care*	20% coinsurance
Lifetime maximum benefit	\$1,000,000
Prescription drug coverage	A variety of prescription drug programs are available to fit your needs. Contact your marketing representative or broker for more information.
Supplemental coverage	A variety of supplemental products are available, including dental, vision, life, stop loss and short-term and long-term disability. Contact your marketing representative or broker for more information.

*Standard products include Pennsylvania mandated benefits. Deductible, copayments and/or coinsurance may be waived for some products. Please contact your marketing representative or broker for more detailed information.

▼ Issued by Capital Advantage Insurance Company, a wholly owned subsidiary of Capital BlueCross.

This information highlights our product offerings and is *not* intended to be a complete list or complete description of available services. All coverages are subject to contract terms, conditions, exclusions and limitations, including but not limited to, preauthorization requirements for certain treatments or procedures and exclusions for medical care that is experimental, not medically necessary and appropriate, and for injuries caused by the use or maintenance of a motor vehicle or covered under worker's compensation. Please contact Customer Service for additional information on conditions, exclusions or limitations. Programs subject to change.