

Side By Side Detail

Techprose 2009

Prepared by Benefits Access Insurance Services

Lafayette, Contra Costa, 94549

Effective June 01, 2009

	Blue Shield Access + HMO Plan 30		Blue Shield Spectrum PPO 500 Standard		Blue Shield Spectrum PPO Savings Plan 3000/6000	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	None		\$500	\$500	\$3000	\$3000
Family Deductible	None		\$1,000	\$1,000	\$6,000	\$6,000
Max OOP Ind	\$3,500		\$4,000 (Excludes Ded)	\$10,000 (Excludes Ded)	\$3,000 (Includes Ded)	\$6,000 (Includes Ded)
Max OOP Family	\$7,000		\$8,000 (Excludes Ded)	\$20,000 (Excludes Ded)	\$6,000 (Includes Ded)	\$12,000 (Includes Ded)
Office Copay	\$30 /\$45 Access + Specialist		\$40 (Deductible Waived)	50%	100% after Ded	70% after Ded
Lab and X-Ray	No Charge		70%	50%	100% after Ded	70%
Hospital Inpatient	\$500/day (Up to 3 days max/admission)		70% after \$500/Admission	50% (Max \$600 benefits/day)	100% after Ded	70% (Max \$600 benefits/day)
Outpatient Surgery	\$500/surgery		70% after \$250	50% (Max \$600 benefits/day)	100% after Ded	70% (Max \$600 benefits/day)
ER Charge	\$150/visit (Waived if admitted)		70% after \$100/visit	70% after \$100/visit	100% after Ded	100% after Ded
Rx Generic	\$15		\$10	75% After \$10	100%	100%
Rx Brand	\$150 + \$30		\$250 + \$30	75% After \$250+\$30	100%	100%
Rx Non-Formulary	Not covered		\$250 + \$50	75% After \$250+\$50	100%	100%

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