

Plan Benefits		SmartSense						SmartSense w/Comprehensive RX						Premier					
		In-Network			Out-of-Network			In-Network			Out-of-Network			In-Network			Out-of-Network		
Calendar Year Deductible Choices <i>(separate deductibles apply for in-network and out-of-network)</i>	Individual	\$750 \$5,000	\$1,500 \$10,000	\$2,500 \$20,000	\$750 \$5,000	\$1,500 \$10,000	\$2,500 \$20,000	\$750 \$5,000	\$1,500 \$10,000	\$2,500 \$20,000	\$750 \$5,000	\$1,500 \$10,000	\$2,500 \$20,000	\$750 \$5,000	\$1,500 \$10,000	\$2,500 \$20,000	\$750 \$5,000	\$1,500 \$10,000	\$2,500 \$20,000
	Family	\$1,500 \$10,000	\$3,000 \$20,000	\$5,000 \$40,000	\$1,500 \$10,000	\$3,000 \$20,000	\$5,000 \$40,000	\$1,500 \$10,000	\$3,000 \$20,000	\$5,000 \$40,000	\$1,500 \$10,000	\$3,000 \$20,000	\$5,000 \$40,000	\$1,500 \$10,000	\$3,000 \$20,000	\$5,000 \$40,000	\$1,500 \$10,000	\$3,000 \$20,000	\$5,000 \$40,000
Calendar Year Out-of-Pocket Maximum	Individual	Your deductible plus \$3,000			Your deductible plus \$7,500			Your deductible plus \$3,000			Your deductible plus \$7,500			Your deductible plus \$2,500*			Your deductible plus \$7,500		
	Family	Your deductible plus \$6,000			Your deductible plus \$15,000			Your deductible plus \$6,000			Your deductible plus \$15,000			Your deductible plus \$5,000*			Your deductible plus \$15,000		
Lifetime Maximum <i>(maximums are combined for in-network and out-of-network)</i>		Health Plan pays up to \$7 Million per member												Health Plan pays up to \$7 Million per member					

Covered Services <i>These amounts show your share of costs after deductible, if any.</i>	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Doctors' Office Visits including preventive visits <i>(Preventive visits for children through age 5 are covered before the deductible.)</i>	\$30 copay for the first 3 visits, per member per year, not subject to deductible. After 3 visits, once deductible is met, then 30%	40%	\$30 copay for the first 3 visits, per member per year, not subject to deductible. After 3 visits, once deductible is met, then 30%	40%	\$35 copayment Not subject to deductible	40% (30% with \$10,000 or \$20,000 deductible)
Child Preventive Services (through age 5) <i>(Services such as immunizations, laboratory testing.)</i>	30% Not subject to deductible	40% Not subject to deductible	30% Not subject to deductible	40% Not subject to deductible	20% Not subject to deductible	40% Not subject to deductible
Preventive Services (age 6 and over) <i>(Services such as PSA test, Colorectal screening, mammograms, pap test, flu shot and colonoscopy.)</i>	30%	40%	30%	40%	20% Not subject to deductible	40%
Professional Services <i>(x-ray, lab, anesthesia, surgeon, diagnostics, etc.)</i>						
Hospital Inpatient <i>(overnight hospital stays)</i>	30%	40%	30%	40%	20% (0% with \$10,000 or \$20,000 deductible)	40% (30% with \$10,000 or \$20,000 deductible)
Hospital Outpatient <i>(if you don't stay overnight)</i>						
Emergency Room Services <i>(Accidental injury or Medical Emergency as defined by BCBSGa)</i>	30%				20% (0% with \$10,000 or \$20,000 deductible)	
Maternity	not covered				NOT COVERED; OPTIONAL COVERAGE AVAILABLE Separate 12 month waiting period	
					Physician care - 20% Hospital Facility - \$3,000 copay, not subject to deductible	Physician care - 40% Hospital Facility - 30%
Dental	Optional coverage available				Optional coverage available	
Life	Optional coverage available				Optional coverage available	

Prescription Drug Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Generic Prescription Drug Coverage <i>(see brochure for more information)</i>	\$15 copay (or 40%, whichever is greater) Not subject to deductible				\$15 copay (or 40%, whichever is greater) Not subject to deductible	
Comprehensive (Specialty and Brand name) Prescription Drug Coverage <i>(see brochure for more information)</i>	Not Covered		Separate \$250 deductible per member per calendar year for brand-name or specialty drugs \$15 copay or 40% (whichever is greater) plus difference in allowable charge if Brand is chosen over an available generic Out of pocket maximum \$300 per prescription and \$4,000 per person per calendar year		Separate \$250 deductible per member per calendar year for brand-name or specialty drugs \$15 copay or 40% (whichever is greater) plus difference in allowable charge if Brand is chosen over an available generic Out of pocket maximum \$300 per prescription and \$4,000 per person per calendar year	

* For Premier, if you choose the \$10,000 or \$20,000 individual deductible or the \$20,000 or \$40,000 family deductible, your Calendar Year Out-of-pocket Maximum is your deductible only.

You wanted a health plan that gives you more for your money.

So we came up with two: Premier and SmartSense

What they offer:

- **More choices:** A wider range of deductibles makes it easier to find a plan designed to fit different needs and budgets.
- **More savings:** Rates and plan options make solid coverage more affordable.
- **More benefits:** Everything from better coverage to fewer copays.

How to choose the plan that right's for you:

1. Use the Plan Comparison chart to compare the benefits of Premier and SmartSense
2. Review your personalized rate quote information
3. Select the plan that best fits your needs and budget
4. Follow the easy application directions on the back of this brochure

And be sure to keep in mind:

- The Plan Comparison chart lists the benefits that would apply for each person on the policy.
- Your choice of deductible will affect your premium. Some benefits don't require a deductible, but most do.
- You and any family members who apply for coverage will need to qualify medically for these health plans. Premiums for qualified applicants will be based on their health history. For more information, please call us.
- Looking for family coverage? Check out our family deductible. Once your family meets two times the individual deductible, no additional deductible amount will be due for that calendar year. However, no one person can contribute more than their individual deductible amount to the family deductible.

If you have questions, your agent will be glad to help.