	BCBS Select Choice 1000 (Grandfathered)		BlueCare '70 1000 Gold (Metallic)
RATES	Current	New	
	Single 368.40	448.50 } 22%	1130.45
	Family 957.80	1166.40	1236.12
			1325.56
			1125.83
			1406.07
Overall Deductible	In Network 1000/person 2000/family Out of Network 2000/person 4000/family		SAME
Out of pocket Limits	In Network 2500/person 6000/family Out of Network 5,000/person 10,000/family		In Network 4500/person 9000/family Out of Network 9,000/person 18,000/family
What is not included in out of pocket Limits	Premiums Balanced bill charges Health care not covered Co-pays Prescription drug charges		Premiums Balanced billed charges Health care not covered.
Overall annual Limit	No (But lifetime limit)		No (No lifetime limit)
Do I need a Referral to see a specialist	No		No
Preventative care	In Network 25/copay/visit 200 maximum > 200 cost share		Covered - No copay

CONT.

	CURRENT		METALLIC	
Drugs	Formulary	$15 copay 20% Coins.	Generic	$10/prescription
	Nonformulary	$15 copay 50% Sanction	Formulary	$20/prescription
	Specialty	?	Nonformulary	$30/prescription
			Specialty	30% Coinsurance
Outpatient Surgery	Facility fee in net	10% Coins	Facility fee in net	30% coins
	out net	20% Coins	out net	30% Coins
	Surgeon fee in net	10% Coins	Surgeon fee in net	50% Coins
	out net	20% Coins.	out net	50% Coins
Emergency Room	Emerg Room in net	$75 copay 10% coins	Emerg Room in net	$100/visit
	out net	$75 copay 10% Coins	out net	100/visit
	Emerg Transp. in net	20% coins	Emerg. Transp. in net	30% Coins
	out net	20% Coins + Deduct	out net	30% + Deductible
Urgent Care	in net	$25/visit copay 10% Coins	$20/visit - in net	
	out net	$25/visit copay 20% Coins	50% Coins - out net	
Hospital Stay	in net	10% coins	Facility in net	30% Coins
	out net (Facility)	20% Coins	out net	50% Coins
	Physician in net	10% Coins	Physician in net	30% Coin
	out net	20% Coins	out net	50% Coins.
Pregnancy	Prenatal & Postnatal in net	10% Coins	Prenatal/Postnatal in net	30% coins.
	out net	20% Coins	out net	50% Coins
	Delivery and inpatient in net	10% Coins	Delivery/inpatient in net	30% Coins
	out net	20% Coins	out net	50% Coins
Mental Health	Outpatient Serv.	10% - 20% Coins	Outpatient Serv.	20% - 50% Coinsurance
	Inpatient Serv	20% Coins	Inpatient Serv	30% - 50% Coinsur.
	Substance Abuse outpat	10% - 20% Coins	Subst. Abuse outpat	20% - 50% Coins.
	Substance Abuse inpat.	20% Coins.	Subst Abuse inpat	30% - 50% Coins.

CONT.

	Current	Metallic
	Home Health Care 20% Coins No Limit	Home Health Care 30-50% Coins 40 Visits
Special Health Needs	Rehab Services $20/visit 20% Coins	Rehab Serv in Net 20.00/visit out Net 50% Coins.
	Habilitation Ser. $20/visit 20% Coins 90 visits/benefit period	Hab. Serv. in Net 20.00/visit out Net 50% Coins. 30 visits for each - Physical/occup/Speech
	Skilled Nursing 20% Coins No Limit	Skilled Nursing in Net 30% Coins out Net 50% Coins 30 Days/benefit period
	Durable Medical Equip 20% Coins + Deductible	Dur Med Equip in Net 30% Coins out Net 50% Coins.
	Hospice 20% Coins + Deductible	Hospice in Net 30% Coins out Net 50% Coins
	Eye Exam Not Covered	Eye Exam 30% Coins. (1/ben per
Pediatric	Glasses Not Covered	Glasses 30% Coins — Frames 1/2 ben per; Lenses 1/ben per
	Dental check up Not Covered	Dental checkup $40/visit