

Off-Exchange	2018 Blue Shield Silver Full PPO Savings 2000/20% OffEx		2017 Blue Shield Silver Full PPO Savings 2000/20% OffEx	
Benefit comparison	Network	Non-network	Network	Non-network
Individual deductible	\$2,000 ind only; \$2,700 ind w/family	\$4,000	\$2,000 ind only; \$2,600 ind w/family	\$4,000
Family deductible	\$4,000 (embedded)	\$8,000	\$4,000 (embedded)	\$8,000
Individual OOP limit	\$5,550 (incl ded); \$5,550 ind w/ family	\$10,000 (incl ded)	\$5,050 (incl ded)	\$10,000 (incl ded)
Family OOP limit	\$6,500 (incl ded)	\$20,000 (incl ded)	\$6,500 (incl ded)	\$20,000 (incl ded)
Co-insurance	20%	50%	20%	50%
Office visit: Primary care/specialist	20% after ded	50% after ded	20% after ded	50% after ded
Adult preventive care	No charge	Not covered	No charge	Not covered
Child preventive care	No charge	Not covered	No charge	Not covered
Pre/postnatal care	No charge	50% after ded	No charge	50% after ded
Physical therapy	20% after ded	50% after ded	20% after ded	50% after ded
Chiropractic care	50% up to 12 visits per year	50% up to 12 visits per year	Not covered	Not covered
Inpatient hospital	20% after ded	50% after ded; \$2,000/day	20% after ded	50% after ded; \$2,000 benefit max/day
Inpatient surgery	20% after ded	50% after ded	20% after ded	50% after ded
Maternity delivery/inpatient	20% after ded	50% after ded	20% after ded	50% after ded
Mental health inpatient	20% after ded	50% after ded; \$2,000/day	20% after ded	50% after ded; \$2,000 benefit max/day
Substance use disorder inpatient	20% after ded	50% after ded; \$2,000/day	20% after ded	50% after ded; \$2,000 benefit max/day
Outpatient facility	20% after ded	50% after ded; \$350/day	20% after ded	50% after ded; \$350 benefit max/day
Outpatient surgery	20% after ded	50% after ded	20% after ded	50% after ded
Lab/X-ray	20% after ded	50% after ded	20% after ded	50% after ded
Advanced radiology	20% after ded/ \$100 + 20% after ded (FS/Hospital)	50% after ded	20% after ded/\$100 + 20% after ded (FS/Hospital)	50% after ded
Mental health outpatient	20% after ded	50% after ded	20% after ded	50% after ded
Substance use disorder outpatient	20% after ded	50% after ded	20% after ded	50% after ded
Emergency room	\$150 (waived if admitted) then 20% after ded	\$150 (waived if admitted) then 20% after ded	\$150 (waived if admitted) + 20% after ded	\$150 (waived if admitted) + 20% after ded
Ambulance	20% after ded	20% after ded	20% after ded	20% after ded
Urgent care	20% after ded	Not covered	20% after ded	Not covered
Rx generic	\$15 after ded	Not covered	\$15 after ded	Not covered
Rx preferred	\$50 after ded	Not covered	\$50 after ded	Not covered
Rx non-preferred	\$75 after ded	Not covered	\$75 after ded	Not covered
Rx specialty	30% after ded; \$250 max/script	Not covered	30% after ded; \$250 max/script	Not covered
Rx mail order	2 x retail copay	Not covered	2x retail copay	Not covered
Home health care	20% after ded; 100 visits/yr	Not covered	20% after ded; 100 visits/cal yr	Not covered
Skilled nursing	20% after ded; 100 days/yr	50% after ded; \$2,000/day; 100 days/yr	20% after ded; 100 days/benefit period	50% after ded; \$2,000 benefit max/day; 100 days/benefit period
DME	50% after ded	Not covered	50% after ded	Not covered
Hospice services	0% after ded	Not covered	0% after ded IP	Not covered

This is only a brief summary of the benefits of this plan.
Please refer to the Evidence of Coverage for the exact terms and conditions of coverage.