

Coverage highlights and a side-by-side comparison.

DirectBlue

Description of Service	Network		Out-of-network	
	DirectBlue pays	You pay ¹	DirectBlue pays	You pay ¹
Lifetime benefits	Unlimited		Unlimited	
Office visits	90%	10%	70%	30%
Diagnostic services	90%	10%	70%	30%
Ambulance service	90%	10%	70%	30%
Emergency care ³	90%	10%	90%	10%
Inpatient hospital services	90%	10%	70% (Limited to 90 days per benefit period)	30% (100% after 90-day covered period)
Inpatient and outpatient surgery and medical services	90%	10%	70%	30%
Prescription drugs	100% except \$100 annual deductible and copayments	\$100 annual deductible, then copayments of \$10/generic and \$20/brand name	Not covered	100%
Preventive medications ⁴	100% Deductible does not apply No copayments	0%	Not covered	100%
Maternity services	90%	10%	70%	30%
Therapy and rehabilitation services ⁷	90%	10%	70%	30%
Spinal manipulations 10 visits per calendar year	90%	10%	70%	30%
Allergy extracts/injections	90%	10%	70%	30%
Preventive care.⁸ Annual deductible does not apply to services listed below				
Routine annual physical exam	100%	0%	Not covered	100%
Routine annual gynecological exam and Pap smear	100%	0%	Not covered	100%
Immunizations Adult and pediatric	100%	0%	Not covered	100%
Mammographic screenings	100%	0%	Not covered	100%
Routine eye exams every 24 months Service must be provided by a participating vision provider.	100%	0%	Not covered	100%
Deductible—individual/family ⁹		Choice of: \$250/\$750 \$500/\$1,500		\$500/\$1,500
Out-of-pocket limit—individual/family		\$1,500/\$4,500		\$1,500/\$4,500