



Blue Value 3000

Affordable Individual Health Coverage



Think health care coverage isn't affordable? Think again.

Introducing **Blue Value 3000**, a plan designed with you in mind.

There's no hiding it. Health care is expensive. And health insurance is expensive. But it's one of those things that you can't live without. Blue Cross Blue Shield of Georgia wants to make it easier for you. Easier for you to understand and easier for you to afford.

Blue Value 3000 is a lower cost plan that protects you from big medical expenses like hospital stays while also giving you coverage for everyday worries like doctor visits and prescription drugs.

Whether you need coverage for yourself or your whole family, Blue Value 3000 can help.

- \$40 copay doctor visits (6 visits annually)
- **\$0 deductible for generic prescription drugs**
- Preventive care for children and adults
- Maternity coverage (\$3,000 copay) on family contracts



But Blue Cross Blue Shield of Georgia does more than just pay your claims...

360° Health® – A Revolution in Care

360° Health® is one of the most comprehensive health services programs available to you. Now, what does that mean? It's simple. We offer trusted wellness information, case and care management services, all designed to help you achieve better health outcomes.

Healthy Living powered by WebMD® - Your personalized resource center with interactive tools for assessing, managing and improving your health. WebMD is the most trusted name in providing reliable health information to consumers. They blend award-winning experience in medicine, journalism, health communications and content creation.

Their suite of tools include:

- **Health Channels** – You can review specialized health content on your unique needs including drug information and interaction checking, women's, men's and children's health, Life After 50, Fitness and Nutrition, Pregnancy and much more.
- **Secure Message Center** – You can receive health related emails on your personal health interests.
- **Health Assessment** – You can complete a personalized assessment and receive a score to help you identify ways to lower your personal health risks and track your progress.
- **LEAP® Fitness** – The Lifetime Exercise Adherence Program is an online fitness management tool created by an Olympic coach.
- **Personal Health Record** – A secure online location for you to store and organize your health records.
- **Condition Centers®** - In-depth health assessments for more than 35 health conditions, providing a wide assortment of treatment types with up-to-date descriptions, side-effects and contraindications.

Healthcare Advisor by Subimo®

- **Healthcare Advisor®**: Provides health information and hospital quality comparison to help you make smarter decisions about your health.
- **PharmaAdvisor™**: Easy-to-understand information on 11,000 drugs.
- **Coverage Advisor** – Determines the “right” type of health coverage for your unique needs.
- **Treatment Cost Advisor** – Estimates costs of specific services so you know what to expect.

Health Resources and Tools

Women's Health E-Newsletter - Sign-up today to receive this free and informative monthly newsletter. Simply visit www.bcbsga.com to join thousands of others already receiving this publication.

The Last Cigarette Smoking Cessation Program – Ready to quit? Thinking about it? This program can help guide you in your path to living healthier.

Today's Health – Mailed twice a year, our member magazine contains information about important health issues such as high blood pressure, diabetes, depression and exercise.

You can access all of these tools by logging on to the Member section of our Web site at www.bcbsga.com.

Ever go on vacation and wonder if you're covered if you get sick or have an accident?

Worry no more! As a Blue member, you have access to the largest provider network in America. Whether at home or on the road, call (800) 810-BLUE.

Coverage Worldwide And you don't have to worry if you have an emergency or get sick while traveling in another country. Your Blue member ID card travels with you. Simply call the same (800) 810-BLUE number for help.

Blue Value 3000 Benefits at a Glance

Lifetime Maximum <i>In- and out-of-network combined.</i>	\$5,000,000
Calendar Year Deductible – <i>Three deductibles per family.</i>	
· In-network	\$3,000
· Out-of-network	\$6,000
Coinsurance	
· In-network	Plan pays 70%
· Out-of-network	Plan pays 60%
Calendar Year Coinsurance Out-of-Pocket Maximum – <i>Three maximums per family.</i>	
· Individual In-network	\$2,000
· Individual Out-of-network	No limit
Physician Office Visit – <i>Includes x-ray/lab work when performed and billed in physician's office.</i>	
· In-network	\$40 copay for first 6 visits; first 6 visits not subject to calendar year deductible; After 6 visits, Plan pays 70% after deductible is met
· Out-of-network	Plan pays 60% after deductible is met
Preventive Care Adults <i>Not subject to calendar year deductible. Not subject to office visit maximum.</i>	
· In-network	Plan pays 70%
· Out-of-network	Plan pays 60%
<i>Includes state mandated coverage plus an additional \$250 benefit for other preventive care services.</i>	
Preventive Care Children <i>Not subject to calendar year deductible through age 5. Not subject to office visit maximum.</i>	
· In-network	Plan pays 70%
· Out-of-network	Plan pays 60%
Lab/X-ray, Surgery, Radiation, Anesthesia	
· In-network	Plan pays 70%
· Out-of-network	Plan pays 60%
Outpatient Care/Ambulatory Surgery Center	
· In-network	Plan pays 70%
· Out-of-network	Plan pays 60%
Maternity Physician – <i>Family Contracts Only.</i>	
· In-network – <i>Not subject to calendar year deductible.</i>	Plan pays 100%
· Out-of-network	Plan pays 70%
Maternity Facility – <i>Family Contracts Only; Not subject to calendar year deductible.</i>	
· In-network	\$3,000 copay then Plan pays 100%
· Out-of-network	\$3,000 copay then Plan pays 70%
Hospital Inpatient Services	
· In-network	Plan pays 70%
· Out-of-network	Plan pays 60%
Ambulance Service – <i>When Medically Necessary</i>	
· In- and Out-of-network	Plan pays 70%
Physical/Occupational Therapy, Chiropractic	
· In-network	Plan pays 70%
· Out-of-network	Plan pays 60%
· Visits per year, combined specialties	30

Speech Therapy, Respiratory Therapy, Skilled Nursing	
· In-network	Plan pays 70%
· Out-of-network	Plan pays 60%
· Visits per year, per specialty	30
Radiation Therapy/Chemotherapy	
· In-network	Plan pays 70%
· Out-of-network	Plan pays 60%
Behavioral Health/Substance Abuse	
· Hospital Inpatient Only	\$100 per day, 30 day maximum; \$3,000 calendar year maximum; \$10,000 lifetime maximum
· Outpatient	NOT COVERED
Emergency Room	
· Copay	\$150
· Medical Emergency or Accident	Plan pays 100% after \$150 copay; not subject to calendar year deductible
· Non-Medical Emergency or Non-Serious Accidental Injury	
· In-network	Plan pays 70% after \$150 copay and deductible is met
· Out-of-network	Plan pays 60% after \$150 copay and deductible is met
Home Health Care	
· In-network	Plan pays 70%
· Out-of-network	Plan pays 60%
· Number of visits per year (in- and out-of-network combined)	100
Hospice Care Not subject to calendar year deductible; \$10,000 Lifetime Maximum.	
· In-network	Plan pays 70%
· Out-of-network	Plan pays 60%
Durable Medical Equipment and Prosthetics	
· In-network	Plan pays 70%
· Out-of-network	Plan pays 60%
Private Duty Nursing \$2,500 calendar year maximum.	
· In-network	Plan pays 70%
· Out-of-network	Plan pays 60%
Prescription Drugs	
· Calendar Year Prescription Drug Deductible, per member per year (Does not apply to generic drugs)	\$300
· Generic Formulary	\$15
· Brand Formulary	\$30
· Non-Formulary	\$45
Waiting Period for Pre-existing Conditions	12 months from Contract Effective Date

All benefits are subject to the Calendar Year Deductible unless otherwise noted.

No maternity benefits are payable for the first twelve (12) months of coverage.

Coverage will not be provided for the 12 months following the effective date of this policy for any illness, injury or other condition for which medical advice, diagnosis, care or treatment was recommended or received in the 12 months prior to the effective date.

This is not your Contract. A disclosure of all benefits, exclusions and limitations is included in the Contract for this coverage.

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