

2007-08 SUMMARY OF BLUE SHIELD PLAN DESIGN CHANGES

The following plan design changes will be effective July 1, 2007:

HMO Plan – Low Option (H54553 and H54554)

- Office Visit Copay Increase from \$10 to \$20
- Emergency Room Copay from \$50 to \$100
- Prescription Drug Copays from:
 - Generic drug – \$10 - no change
 - Formulary brand name drug – from \$25 to \$35
 - Non-formulary brand name drug – from \$40 to \$50 with a \$50 per person deductible

HMO Plan – High Option (H53905 and H54493)

- Office Visit Copay Increase from \$10 to \$15
- Hospital Admission Copay from \$0 to \$100 per admission
- Emergency Room Copay from \$35 to \$50
- Prescription Drug Copays from:
 - Generic drug – \$10 - no change
 - Formulary brand name drug – from \$20 to \$30
 - Non-formulary brand name drug – from \$35 to \$45 with a \$50 per person deductible

Point of Service Plan (ZH 5743 and ZH 5838)

- Office Visit Copay Increase from \$10 to \$15
- Hospital Admission Copay from \$0 to \$200 per admission
- Emergency Room Copay from \$35 to \$50
- Prescription Drug Copays from:
 - Generic drug – from \$5 to \$10
 - Formulary brand name drug – from \$10 to \$20
 - Non-formulary brand name drug – from \$25 to \$35

Preferred Provider Organization (PPO 977737 and 944336)

- Generic drug – from \$10 to \$15
- Formulary brand name drug – \$25 – no change
- Non-formulary brand name drug – \$40 – no change but add a \$50 per person deductible