

THIS SUMMARY MATCHES PLAN #5 ON PAGE 5. Please note important exclusions and limitations on pages 10-13. You may want to detach these pages at the perforated lines and make copies for your employees to tell them about the valuable Benefits your company offers. Each summary is printed in English on one side and Spanish on the other; Chinese and Korean versions are available at www.bluecrossca.com - ask your agent or call Small Group Customer Service for assistance (800) 627-8797.



Comprehensive HMO Benefits: Power Select HMO Plan

"With this comprehensive HMO plan, I can depend on predictable costs. Blue Cross coverage for my eligible expenses in the Select Network is unlimited."

Enjoy a healthy (and fun!) life with FREE access to a wealth of services

Blue Cross expands the value of your coverage every day with many additional resources:

- HealthyExtensions ... offering 10-50% discounts on health/wellness products and services offered by independent vendors: *Fitness club memberships. Health and nutritional supplements. Teeth whitening services. Eyewear and contact lenses. Yoga, massage therapy and hypnotherapy. All-inclusive Club Med vacations. Smoking, alcohol and weight management programs, and more*
- Health Improvement Programs ... free support to help members live well while managing asthma, diabetes or congestive heart failure conditions
- MedCall ... free 24-Hour nurse access by phone, toll-free, any time of the day or night, to answer questions and provide assistance
- Mail Service Pharmacy ... order generic medications by mail or online at www.PrecisionRx.com

You'll find more details online... just start at www.bluecrossca.com or call Customer Service at (800) 627-8797.

Ask your doctor for generic medications

Generics must meet the same FDA standards for safety and effectiveness as brand-name drugs, and cost much less. If the doctor believes a brand-name drug is necessary, you will receive Blue Cross-negotiated savings if you use a network pharmacy, but you will pay more.

Member is responsible for all amounts listed, unless otherwise noted.

Select Network is served by 6,000 primary care physicians and specialists in 22 California counties

Benefits for eligible covered services:	In-Select Network	Out-of-Select Network
Annual Deductible <i>First you pay for eligible covered hospital charges up to this amount, and then plan benefits begin</i>	\$500 per member	Not applicable
Annual Out-of-Pocket Maximum <i>Once you have paid this amount for eligible covered charges during the year, the plan pays all covered charges for the rest of that year</i>	\$2,250 per member \$4,500 per family (aggregate)	Not applicable
Lifetime covered charges paid by Blue Cross	Unlimited	Not applicable
Prescription Drugs <i>Amounts shown are copays per 30-day supply</i>	Generic: \$15 Copay Brand: \$25 Copay (after \$150 annual brand deductible)	50% of Drug Limited Fee Schedule if filled in California (after \$150 annual brand deductible)
Doctor Office Visits <i>Includes office visits for maternity</i>	\$25 copay for Primary Care Physician visits \$35 copay for Specialist or Referral Care visits	Not covered
Other Professional Services <i>Includes maternity, diagnostic lab and X-rays</i>	No charge	Not covered
Inpatient Hospital Coverage <i>After annual deductible</i>	Facility: 10% copay Lab, Physician, Anesthesia: no charge	Not covered, except for emergency services
Outpatient Facility Services <i>After annual deductible</i>	20% copay	Not covered, except for emergency services
Emergency Care	\$100 Emergency Room copay (waived if admitted)	See Summary of Features
Dental Coverage	No benefits	
Vision Coverage	No benefits	

This is an overview only; refer to the Power Select HMO Plan Summary of Features (form #1000) for more detail and to the Combined Evidence of Coverage and Disclosure Form for a comprehensive description of coverage, benefits and limitations.