



Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

**Community Blue Plan 2**


**Coverage Period:**

**Coverage for:**

**Plan Type:PPO**

**Summary of Benefits and Coverage:** What this Plan Covers & What it Costs

Evaluation Only. Created with Aspose.Words. Copyright 2003-2011 Aspose Pty Ltd.

 **This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at \_\_\_\_\_ or by calling \_\_\_\_\_.

Important Questions	Answers			Why this Matters:
	Individual	Ind. + Spouse	Family	
What is the overall deductible?	\$100	\$200	\$200	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the Common Medical Event chart starting on page [X] for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	\$	\$	\$	
Is there an out-of-pocket limit on my expenses?	\$	\$	\$	
What is not included in the out-of-pocket limit?				
Is there an overall annual limit on what the plan pays?				
Does this plan use a network of providers?				

**Questions:** Call \_\_\_\_\_ or visit us at \_\_\_\_\_  
If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at \_\_\_\_\_ or call \_\_\_\_\_ to request a copy.

Do I need a referral to see a <b>specialist</b> ?		
Are there services this plan doesn't cover?		



- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

This document was truncated here because it was created using Aspose.Words in Evaluation Mode.