

***Ardent Technologies
Blue Access® Option 12 with Rx Option G
Summary of Benefits , Effective 11/01/2009***

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	\$1,000/\$3,000	\$2,000/\$6,000
Out-of-Pocket Limit (Single/Family)	\$1,000/\$3,000	\$5,000/\$10,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician(PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: · Allergy injections (PCP and SCP) · Allergy testing · MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds and Pharmaceuticals	\$25/\$50 \$5 0% 0%	20% 20% 20% 20%
Preventive Care Services Services include but are not limited to: Routine Exams, Pelvic Exams, Pap testing, PSA tests, Immunizations(1), Annual diabetic eye exam, Routine Vision and Hearing screenings · Physician Home and Office Visits (PCP/SCP) · Other Outpatient Services @ Hospital/Alternative Care Facility	\$25/\$50 0%	20% 20%
Emergency and Urgent Care · Emergency Room Services @Hospital (facility/other covered services) (copayment waived if admitted) · Urgent Care Center Services · MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, Non-Maternity related Ultrasounds and Pharmaceuticals · Allergy injections · Allergy testing	\$200 \$75 0% \$5 0%	\$200 20% 20% 20% 20%
Inpatient and Outpatient Professional Services Include but are not limited to: · Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams	0%	20%
Inpatient Facility Services Unlimited days except for: · 60 days Network/Non-Network combined for physical medicine / rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) · 90 days Network/Non-Network combined for skilled nursing facility	0%	20%
Outpatient Surgery Hospital / Alternative Care Facility · Surgery and administration of general anesthesia	0%	20%
Other Outpatient Services (including but not limited to): · Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services. · Home Care Services (Network/Non-network combined) 90 visits (excludes IV Therapy) · Durable Medical Equipment and Orthotics (Network/Non-network combined) \$4,000 benefit maximum (excluding Prosthetic Devices and Limbs and Medical Supplies) · Prosthetic Devices \$4,000 benefit maximum · Prosthetic Limbs: \$10,000 benefit maximum · Physical Medicine Therapy Day Rehabilitation programs · Hospice Care · Ambulance Services	0% 0% 0%	20% 0% 0%

***Ardent Technologies
Blue Access® Option 12 with Rx Option G
Summary of Benefits , Effective 11/01/2009***

Covered Benefits	Network	Non-Network
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> · Physician Home and Office Visits (PCP/SCP) · Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> · Physical therapy: 20 visits · Occupational therapy: 20 visits · Manipulation therapy: 12 visits · Speech therapy: 20 visits · Cardiac Rehabilitation: 36 visits · Pulmonary Rehabilitation: 20 visits · Accidental Dental: \$3,000 Limit 	\$25/\$50 0%	20% 20%
Behavioral Health Services: Non Biologically Based Mental Illness and Substance Abuse (2) (limits and maximums apply) <ul style="list-style-type: none"> · Inpatient Facility Services · Physician Home and Office Visits (SCP) · Other Outpatient Services @ Hospital/Alternative Care Facility Inpatient: 30 Network days (includes inpatient mental health Non-Network) Outpatient: 30 Network visits 10 Non-Network mental health visits Combined Inpatient and outpatient Alcoholism \$550 Non-Network Combined Inpatient and outpatient Non-Alcoholism related Substance Abuse Services \$550 Non-Network <i>(Substance abuse rehabilitation programs are limited to two per lifetime Network and Non-Network combined.)</i>	0% \$50 0%	20% 20% 20%
Human Organ and Tissue Transplants(3) <ul style="list-style-type: none"> · Acquisition and transplant procedures, harvest and storage. 	No Copayment/Coinsurance	50%
Prescription Drugs:(4) Network Tier structure equals 1/2/3 (and 4 if applicable) <ul style="list-style-type: none"> · Network Retail Pharmacies: (30 day supply) Includes diabetic test strip · Anthem Mail Service: (90 day supply) Includes diabetic test strip - *4th Tier per script max-\$150 30 day supply. Specialty medications are limited to a 30 day supply regardless of whether they are retail or mail service. - Member may be responsible for additional cost when not selecting the available generic drug. - Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits.	\$10 / \$30 / \$60 / 25% \$150 max* up to \$2,500 out of pocket maximum \$10 / \$75 / \$180 / 25% \$150 max* up to \$2,500 out of pocket maximum	50% , min \$60(5) Not Covered
Lifetime Maximum (Combined Network and Non-Network) (6)	\$5 million	\$5 million

Notes:

- Flat dollar copayments are excluded from the out-of-pocket limits. Also Prescription Drug deductibles/copayments/coinsurance and Non-network Human Organ and Tissue Transplants are excluded from the Out-of-pocket limits.
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services @ Hospital where a percentage (%) coinsurance applies to other covered services.
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.