

**Highmark Blue Shield (Central Region)  
DirectBlue \$250 Deductible Benefit Grid  
Effective 10/01/06**

Services	DirectBlue: An Individual Preferred-Provider Program - Medically Underwritten	DirectBlue: An Individual Preferred-Provider Program – Medically Underwritten
	Network	Out-of-Network
Benefit Period	Contract Year	Contract Year
Type of Coverage	Medically Underwritten	
Deductible-Individual	\$250	\$500
Deductible-Family	\$750	\$500/person with a maximum of \$1,500
Out of Pocket Maximum - Individual	\$1,500 for network and out-of-network covered services combined	\$1,500 for network and out-of-network covered services combined
Out of Pocket Maximum – Family	\$4,500 for network and out-of-network covered services combined	\$4,500 for network and out-of-network covered services combined
Coinsurance (only applied after any applicable deductibles have been met)	90%	70%
Lifetime Policy Maximum	\$5,000,000 Includes out-of-network payments	\$300,000 Included as part of network maximum
Benefit Period Maximum	\$1,000,000 Includes out-of-network payments	Included as part of network maximum
Hospital Facility Expense – Inpatient (includes maternity)	90%	70%
Emergency Room Care	90% after \$40 copayment (waived if admitted)	90% after \$40 copayment (waived if admitted)
Office/Home Visits	90%	70%
Medical/Surgical Expenses (except office visits)	90%	70%
Preventive Care	Routine Physical and Mammogram – 90% after deductible Gynecological Exam and Pap Test – Deductible does not apply - 90% Pediatric Immunizations – Deductible does not apply – 90%	Not Covered
Diagnostic Services (x-ray, lab and other tests)	90%	70%
Physical Medicine	90% 15 visits per <b>calendar year</b>	70% Included as part of network visits
Occupational and Speech Therapy	90% Combined 15 visits per <b>calendar year</b>	70% Included as part of network visits
Spinal Manipulations	90% 10 visits per <b>calendar year</b>	70% Included as part of network visits
Mental Health Service	Not Covered	Not Covered
Substance Abuse - Rehabilitation	Not Covered	Not Covered
Substance Abuse - Detoxification	Not Covered	Not Covered
Prescription Drug	\$100 deductible/ <b>calendar year</b> , \$10 generic, \$20 brand \$50,000 <b>calendar year</b> maximum	Not Covered
Healthy Lifestyle - Lifestyle Improvement Classes - Discounts on Health-Related Products & Services	Covered	Covered
Blues On Call - Health Information and Support Toll-Free Hotline	Covered	Covered

**Highmark Blue Shield (Central Region)  
DirectBlue \$500 Deductible Benefit Grid  
Effective 10/01/06**

Services	DirectBlue: An Individual Preferred-Provider Program - Medically Underwritten	DirectBlue: An Individual Preferred-Provider Program – Medically Underwritten
	Network	Out-of-Network
Benefit Period	Contract Year	Contract Year
Type of Coverage	Medically Underwritten	
Deductible-Individual	\$500	\$500
Deductible-Family	\$1,500	\$500/person with a maximum of \$1,500
Out of Pocket Maximum - Individual	\$1,500 for network and out-of-network covered services combined	\$1,500 for network and out-of-network covered services combined
Out of Pocket Maximum – Family	\$4,500 for network and out-of-network covered services combined	\$4,500 for network and out-of-network covered services combined
Coinsurance (only applied after any applicable deductibles have been met)	90%	70%
Lifetime Policy Maximum	\$5,000,000 Includes out-of-network payments	\$300,000 Included as part of network maximum
Benefit Period Maximum	\$1,000,000 Includes out-of-network payments	Included as part of network maximum
Hospital Facility Expense – Inpatient (includes maternity)	90%	70%
Emergency Room Care	90% after \$40 copayment (waived if admitted)	90% after \$40 copayment (waived if admitted)
Office/Home Visits	90%	70%
Medical/Surgical Expenses (except office visits)	90%	70%
Preventive Care	Routine Physical and Mammogram – 90% after deductible Gynecological Exam and Pap Test – Deductible does not apply - 90% Pediatric Immunizations – Deductible does not apply – 90%	Not Covered
Diagnostic Services (x-ray, lab and other tests)	90%	70%
Physical Medicine	90% 15 visits per <b>calendar year</b>	70% Included as part of network visits
Occupational and Speech Therapy	90% Combined 15 visits per <b>calendar year</b>	70% Included as part of network visits
Spinal Manipulations	90% 10 visits per <b>calendar year</b>	70% Included as part of network visits
Mental Health Service	Not Covered	Not Covered
Substance Abuse - Rehabilitation	Not Covered	Not Covered
Substance Abuse - Detoxification	Not Covered	Not Covered
Prescription Drug	\$100 deductible/ <b>calendar year</b> , \$10 generic, \$20 brand \$50,000 <b>calendar year</b> maximum	Not Covered
Healthy Lifestyle - Lifestyle Improvement Classes - Discounts on Health-Related Products & Services	Covered	Covered
Blues On Call - Health Information and Support Toll-Free Hotline	Covered	Covered