



Blue Cross Blue Shield of Georgia

Mental Health Care and Substance Abuse Rider First Quarter 2010 Rate Summary

Benefit Description:

This Rider enhances the Behavioral Health/Substance Abuse benefits on our current Individual products as follows:

- Removes per day dollar benefit limits on in-patient services. In-patient benefits limited to 30 days per calendar year and subject to policy medical deductible and coinsurance requirements.
- Adds 48 out-patient professional visits per calendar year. Benefits subject to policy medical deductible and coinsurance requirements.

Rates for 1/1/2010 through 3/31/2010 Effective Dates:

<u>Blue Value Select PPO</u>		
<u>Deductible</u>	<u>Single</u>	<u>Family</u>
\$500	\$301.69	\$754.23
\$750	\$182.59	\$456.48
\$1,000	\$136.82	\$342.05
\$1,500	\$96.58	\$241.44

<u>Blue Value PPO</u>		
<u>Deductible</u>	<u>Single</u>	<u>Family</u>
\$1,000	\$111.27	\$278.18
\$2,000	\$89.69	\$224.22
\$3,000	\$66.76	\$166.91
\$3,500	\$65.49	\$163.72
\$5,000	\$55.64	\$139.10
\$10,000	\$38.95	\$97.38

<u>100% High Deductible Plans</u>		
<u>Deductible</u>	<u>Single</u>	<u>Family</u>
\$1,800	\$128.98	\$322.45
\$2,600	\$95.59	\$238.98

<u>80% High Deductible Plans</u>		
<u>Deductible</u>	<u>Single</u>	<u>Family</u>
\$1,800	\$97.48	\$243.71
\$2,600	\$75.00	\$187.51

This is not your contract. A disclosure of all benefits, exclusions and limitations is included in the Contract for this coverage.