



Because no two individuals' needs are the same, Blue Cross Blue Shield of Delaware (BCBSD) understands the importance of having options. That's why our **Blue Individual** products have design flexibility, so you can customize your coverage to meet your own needs and budget.

Blue Individual highlights:

- ◆ **Maximum flexibility**
Multiple deductible levels available under Individual and Family coverage
- ◆ **Preventive care and prescription drug coverage**
Benefits vary based on selected plan
- ◆ **A \$3,000,000 individual lifetime maximum**
Protection against the high cost of a lengthy illness
- ◆ **Optional maternity coverage**
Available with any plan for an additional monthly premium

EasyPay Option for Added Convenience

To save time and postage costs, we offer a convenient *EasyPay* option so you can have your premiums withdrawn automatically from your bank account through secure bank drafts. This service is available at no additional cost to members.



Take advantage of health care benefits from a name you can trust — Blue Cross Blue Shield of Delaware.

For more information, please call BCBSD toll-free at 888.692.5830 or call your broker.

P.O. Box 1991 • Wilmington, DE 19899-1991



Working well together.
bcbdsde.com

This brochure is not a contract. It is designed to introduce the plans only and does not create rights not given by the benefit plans. Not all services and procedures are covered by your benefit contract.

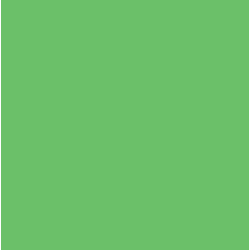
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Rev. 2/09



BlueCross BlueShield of Delaware

Blue Individual



Health benefits plans for individuals and families

Health savings account compatible options available

Introducing **Blue Individual** — health plans to fit every lifestyle

Our **Blue Individual** health benefits plans are medically underwritten and have a wide range of coverage levels and features.

◆ **BluePPO Individual**

With a Preferred Provider Organization (PPO) plan, the choice is yours. You can save money by seeing one of our preferred in-network providers. If you visit an out-of-network doctor or hospital, benefits are covered at the out-of-network level with higher out-of-pocket costs.*



◆ **BlueIPA Individual**

An Individual Practice Association (IPA) plan, similar to an HMO, keeps your out-of-pocket costs low, while covering most preventive care. Your primary care physician provides basic medical care — referring you to specialists and hospitals when needed.*

◆ **BlueAdvantage® Individual PPO**

With these innovative, high-deductible health plans, you may also fund a tax-favored Health Savings Account and use those funds to pay for out-of-pocket medical costs.*

◆ **Optional Maternity Benefit**

With **Blue Individual** plans, you have the option of adding extended maternity coverage to any of our plans for an additional \$227 per month. Benefits for the extended maternity option are subject to a coverage waiting period of 12 months and a \$4,000 maximum.

* Pre-certification requirements apply.

Travel Worry-Free with the BlueCard® Program

Planning a vacation or business trip? With the Blue Cross and Blue Shield BlueCard® network, your coverage travels with you. When you enroll in a PPO plan, you have access to more than 900,000 providers and 6,000 hospitals nationwide. Getting access to care is as easy as presenting your BCBSD identification (ID) card. Providers who participate with the local Blue Cross and Blue Shield plan, wherever you are, will recognize and honor your card. So no matter where you go, your benefits go with you. If you enroll in an IPA plan, you are generally eligible for out-of-state coverage for emergencies and urgent care only.

BluePrints for Health

BCBSD is committed to helping our members improve their health. As part of this goal, we created the *BluePrints for Health* program, which provides members with tools they can use to make informed health care choices and better manage their general health. The program focuses on four components: Prevention and Wellness; Medical Management; Education; and Care Management.

The *BluePrints for Health* program provides eligible members with health and wellness tools, including an online wellness program that provides online health risk assessments; management programs for nutrition, weight, fitness and stress; online coaching; and a smoking cessation program. Other highlights of *BluePrints for Health* include preventive health screenings and immunizations, care (disease) management programs and discounts on alternative health and wellness services such as acupuncture, chiropractic care and eldercare.



BluePPO Individual

With a **PPO (Preferred Provider Organization) Plan** the choice is yours. You can save money by seeing an in-network provider. If you visit an out-of-network doctor or hospital, you are covered at the out-of-network level with higher out-of-pocket costs.

Benefits at a Glance

Please note: Deductible and out-of-pocket limits are shown for individual coverage. When you select coverage for more than one person, the amounts are double the individual amount.

In-Network Benefits

Deductible range: \$1,500-\$5,000

Benefit level: 80% covered

Out-of-pocket maximum range
(excluding copays): \$3,000-\$6,000

Out-of-Network Benefits

Deductible range: \$3,000-\$10,000

Benefit level: 60% covered

Out-of-pocket maximum range
(excluding copays): \$6,000-\$12,000

Lifetime limit (per individual): \$3,000,000

Benefit Examples	In-Network Coverage	Out-of-Network Coverage
Well-Child Care	\$10 copay	Not covered
Annual Physical Exams	\$10 copay	Not covered
Annual Gynecological Exams	\$10 copay	Not covered
Pap Smears and Prostate Screening Antigen Tests	100% covered	60% covered*
Periodic Routine Mammograms	100% covered	60% covered*
Doctor's Office Visits (PCP/Specialist)	\$10/\$20 copay	60% covered*
X-Rays	80% covered*	60% covered*
Labs	100% covered	60% covered*
Physical/Occupational Therapy	80% covered*	60% covered*
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay
Ambulance	\$50 copay	\$50 copay
Inpatient/Outpatient Hospital & Associated Doctor Services	80% covered*	60% covered*

*Also subject to your benefit period deductible.

When calculating deductible or coinsurance expenses, only the allowable charge is considered. All benefits are subject to plan exclusions and limitations. Please see the *Limitations and Disclosures* insert for more information.

Prescription Drug Benefit

Until you satisfy your \$100 individual or \$200 family deductible:	After you satisfy your individual or family deductible:								
You will pay a discounted price for each prescription or refill.	<table> <tr> <td>When you select a drug in:</td> <td>Your copay will be:</td> </tr> <tr> <td>Tier 1: Generic equivalent</td> <td>\$0</td> </tr> <tr> <td>Tier 2: Preferred brand-name</td> <td>\$20</td> </tr> <tr> <td>Tier 3: Non-preferred brand-name</td> <td>\$45</td> </tr> </table>	When you select a drug in:	Your copay will be:	Tier 1: Generic equivalent	\$0	Tier 2: Preferred brand-name	\$20	Tier 3: Non-preferred brand-name	\$45
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Tier 1: Generic equivalent	\$0								
Tier 2: Preferred brand-name	\$20								
Tier 3: Non-preferred brand-name	\$45								
<p>Mail order through Walgreens Mail Service: you pay two times the 34-day retail pharmacy copay (as indicated in the above chart) for up to a 90-day supply of medication. The plan pays up to a maximum of \$5,000 per individual, per benefit period, for prescription drugs.</p>									



BlueIPA Individual

An **IPA (Individual Practice Association) Plan**, similar to an HMO plan, keeps your out-of-pocket costs low, while covering most preventive care. Your primary care physician provides basic medical care — referring you to specialists and hospitals when needed. These plans have almost no coverage for out-of-network services.

Benefits at a Glance

Please note: Deductible and out-of-pocket limits are shown for individual coverage. When you select coverage for more than one person, the amounts are double the individual amount.

Deductible:	\$1,000
Benefit level:	100% covered
Out-of-pocket maximum:	N/A
Lifetime limit (per individual):	\$3,000,000

Benefit Examples	Coverage
Well-Child Care	\$20 copay
Annual Physical Exams	\$20 copay
Annual Gynecological Exams	\$20 copay
Pap Smears and Prostate Screening Antigen Tests	100% covered
Periodic Routine Mammograms	100% covered
Doctor's Office Visits (PCP/Specialist)	\$20/\$30 copay
X-Rays	100% covered*
Labs	100% covered*
Physical/Occupational Therapy	100% covered*
Emergency Room (Copay waived if admitted)	\$100 copay
Ambulance	\$50 copay
Inpatient/Outpatient Hospital & Associated Doctor Services	100% covered*

*Also subject to your benefit period deductible.

When calculating deductible or coinsurance expenses, only the allowable charge is considered. All benefits are subject to plan exclusions and limitations. Please see the *Limitations and Disclosures* insert for more information.

Prescription Drug Benefit

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Mail order through Walgreens Mail Service: you pay two times the 34-day retail pharmacy copay (as indicated in the above chart) for up to a 90-day supply of medication. The plan pays up to a maximum of \$5,000 per individual, per benefit period, for prescription drugs.



BlueAdvantage Individual PPO

HSA Compatible Plan

A **high-deductible PPO (Preferred Provider Organization) Plan** works similarly to a basic PPO plan. You can save money by seeing an in-network provider. If you visit an out-of-network doctor or hospital, you are covered at the out-of-network level with higher out-of-pocket costs. With a high-deductible PPO plan, you may also contribute to a tax-favored Health Savings Account (HSA) and use those funds to pay for out-of-pocket medical costs. Consult a competent tax professional before you make any withdrawals from your HSA.

Benefits at a Glance

Please note: Deductible and out-of-pocket limits are shown for individual coverage. When you select coverage for more than one person, the amounts are double the individual amounts.

Deductible range (in-network):	\$1,800-\$2,700
Deductible range (out-of-network):	\$1,800-\$2,700
Benefit level (in-network):	100%
Benefit level (out-of-network):	80%
Out-of-pocket maximum range (in-network):	\$1,800-\$2,700
Lifetime limit (per individual):	\$3,000,000

Benefit Examples	In-Network Coverage	Out-of-Network Coverage
Well-Child Care	100% covered	Not covered
Annual Physical Exams	100% covered	Not covered
Annual Gynecological Exams	100% covered	Not covered
Pap Smears and Prostate Screening Antigen Tests	100% covered	80%*
Periodic Routine Mammograms	100% covered	80%*
Doctor's Office Visits (<i>PCP/Specialist</i>)	100%*	80%*
X-Rays	100%*	80%*
Labs	100%*	80%*
Physical/Occupational Therapy	100%*	80%*
Emergency Room	100%*	80%*
Ambulance	100%*	80%*
Inpatient/Outpatient Hospital & Associated Doctor Services	100%*	80%*
Prescription Drugs (<i>Discounted cost</i>)	100%*	Covered same as in-network

*Also subject to your benefit period deductible.

Note, your prescription drug benefit has a combined deductible with the medical plan. When calculating deductibles, coinsurance expenses or out-of-pocket maximums, only the allowable charge is considered. All benefits are subject to plan exclusions and limitations. Please see the *Limitations and Disclosures* insert for more information.



Important Notes for Health Savings Accounts

Blue Cross Blue Shield of Delaware (BCBSD) **BlueAdvantage® Individual** health plans are not Health Savings Accounts (HSAs). You can establish an HSA with *The Bancorp Bank (Bancorp)* or with any bank or qualified financial institution to use in conjunction with a **BlueAdvantage Individual** plan. HSAs established with *Bancorp* are subject to contract terms provided by *Bancorp*. HSAs established with another bank or qualified institution are subject to contract terms provided by the bank or financial institution. Please see *BCBSD Disclosures Statements* for more information.

Bancorp Privacy and Security Information
Bancorp is committed to treating and using your financial information responsibly. *Bancorp* complies with all regulations and laws related to privacy and will continue to assess new technology for protecting your privacy. *Bancorp* does not share customer information with any third party companies for any purpose without customer consent, unless required by law.

Common Eligibility Requirements to Contribute to an HSA

- ◆ Maintain coverage under a qualifying HDHP
- ◆ Not enrolled in Medicare
- ◆ Not eligible to be claimed as a dependent on someone's tax return
- ◆ Did not receive medical benefits from the Department of Veterans Affairs at any time during the previous three months
- ◆ Not covered under TRICARE (the health care program for active duty and retired members of the uniformed services, their families and survivors)
- ◆ Not covered by any other health plan not permitted by the HSA rules. For example:
 - ◆ A general purpose health Flexible Spending Account provided by your or your spouse's employer
 - ◆ Another health plan that is not an HDHP
 - ◆ Another health plan that is an HDHP, where the application of coordination of benefits rules would result in the payment of benefits under the secondary health plan that would satisfy all or part of the deductible under the primary plan
- ◆ Other coverage that is permitted:
 - ◆ Coverage under another plan (insurance or otherwise) for accidents, disability, worker's compensation, dental, vision or long-term care
 - ◆ Insurance for a specified disease or illness, such as cancer insurance
 - ◆ Insurance that pays a fixed amount per day or other period of hospitalization

BCBSD Disclosures and Disclaimer Statements

We want to inform you that Blue Cross Blue Shield of Delaware (BCBSD) receives no commissions or other financial incentives from *The Bancorp Bank* or its subsidiaries (collectively *Bancorp*) to encourage enrollment in the Health Savings Accounts (HSAs) offered by *Bancorp*. BCBSD does not guarantee the performance or solvency of *Bancorp*, or the availability of HSA funds on deposit with *Bancorp*. In the event that BCBSD, acting as an agent for an employer, transfers HSA contributions in the form of payroll deductions or otherwise from such employer to *Bancorp*, BCBSD shall not be obligated to pay interest on such contributions held during the transfer process. Neither contributions made to an HSA, nor HSA account balances constitute, or may be deemed to constitute, the assets of any ERISA plan or other benefit plan. BCBSD is not, and shall not be deemed to be, the fiduciary, custodian or trustee of any HSA, or of any funds held or transferred in connection with an HSA. Each HSA offered by *Bancorp* is the responsibility of *Bancorp* and the respective account holder; all funds on deposit with *Bancorp* are liabilities solely of *Bancorp*.

Effective January 14, 2008, *Bancorp* makes available to HSA account holders who have/had a BCBSD qualifying high-deductible health plan, the option of investing HSA balances in investment products available by and through National Financial Services LLC, (NFS), (a Fidelity Investments Company, Member NYSE, SIPC), and provided by various investment companies. NFS and the various investment companies are owned and operated independently of BCBSD and *Bancorp*. Neither BCBSD nor *Bancorp* is a registered investment adviser, nor is BCBSD or *Bancorp* acting in the capacity of a registered investment advisor with respect to the offering by and through NFS and the various investment companies of HSA investment options. Participation in the investment options is voluntary. Under no circumstances is BCBSD or *Bancorp* offering any of the HSA investment options. Neither BCBSD nor *Bancorp* makes any representations with respect to the investment options offered by and through NFS and provided by various investment companies. Each HSA account holder may select the portion (from 0 percent to 100 percent) of his/her account balance to invest and may choose among the investments available by and through NFS and from the various investment companies. Each HSA account holder should carefully consider the risks associated with any such investment. Each HSA account holder should understand that any such investment product is: (i) not insured by the FDIC or the NCUA; (ii) not a guaranteed deposit or obligation of BCBSD, *Bancorp*, MyAdvantageHSA®, or any other bank or credit union; and (iii) subject to investment risk, including the possible loss of income or of the principal invested. BCBSD and *Bancorp* disclaim any and all liability, contingent or otherwise, for the selection, appropriateness or performance of any such investment product, including any loss of income or of the principal invested.

Each HSA account holder is solely responsible for determining whether any investment, security, strategy, or any other product or service is appropriate or suitable for him/her based on the laws and regulations regarding HSAs; his/her health; and any medical situation of himself/herself, spouse and dependents; his/her investment objectives; and his/her personal and financial situation. Each HSA account holder should consult a competent attorney or tax professional regarding his/her specific legal or tax situation prior to making any investment decisions.

BCBSD and its employees are **not** registered investment advisors, securities brokers or dealers, and are **not** authorized to sell any securities to you, accept investment instructions from you, or provide investment advice to you in connection with any HSA account balances. BCBSD has **not** authorized licensed insurance producers (agents and brokers) to perform any such investment function or service in connection with HSA account balances, even if those producers are otherwise licensed to sell securities. Neither BCBSD nor its employees will receive commissions or any other forms of compensation based on securities transactions in connection with any investment of HSA account balances. BCBSD has **not** authorized the payment of any such form of investment-related compensation to licensed insurance producers.