

## HealthyBlue High Deductible Health Plan

Prepared for Cooperstown Chamber Of Commerce

Effective: 01/01/2012

Plan Feature Highlights	HealthyBlue High Deductible Health Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network
<b>Office visit copay (PCP)</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Office visit copay (Specialist)</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Out-of-network benefits</b>	N/A	Benefits are available, but additional costs may apply
<b>Coinsurance</b>	20%	40%
<b>Deductible</b>	Combined in and out-of network: \$1,300 Individual/\$2,600 Family	
<b>Out-of-pocket maximum</b>	Combined in and out-of network: \$3,000 Individual/\$6,000 Family	
<b>Lifetime maximum</b>	None	
<b>Dependent/Student coverage</b>	Qualified dependents are covered to age 26	
<b>Domestic partner</b>	Covered	
<b>Plan cycle</b>	Calendar year	
<b>Lifestyle and Wellness benefits</b>		
<b>Ways to help you and your family live healthier every day</b>	Earn up to \$1000 cash back with HealthyRewards by doing simple things to live healthier  Blue365: Exclusive discounts on health-related products and services	
<b>Preventive health care services</b>		
<b>Well child visits</b>	Covered in full	Covered in full
<b>Adult routine physical exams</b>	Covered in full, limited to one exam per year	Covered at 60%, subject to the deductible, limited to one exam per year
<b>Adult immunizations</b>	Covered in full	Covered at 60%, subject to the deductible
<b>Mammography</b>	Covered in full	Covered at 60%, subject to the deductible
<b>Pap smear</b>	Covered in full	Covered at 60%, subject to the deductible
<b>Routine GYN exam</b>	Covered in full	Covered at 60%, subject to the deductible
<b>Prostate cancer screening</b>	Covered in full	Covered at 60%, subject to the deductible
<b>Routine vision</b>	Covered at 80%, subject to the deductible limited to one exam per year	Covered at 60%, subject to the deductible limited to one exam per year
<b>Colonoscopy</b>	Covered in full for preventive colonoscopies	Covered at 60%, subject to the deductible

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<b>Type of Care/Plan Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Physician office services</b>		
<b>Diagnostic office visits</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Diagnostic x-rays</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Diagnostic laboratory and pathology</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Allergy tests</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Allergy injections</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Chemotherapy</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Radiation therapy</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Maternity services</b>		
<b>Prenatal and postpartum care</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Hospital care for mom (including delivery)</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Newborn nursery care</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Prescription drugs</b>		
<b>Short-term and maintenance drugs</b>	<p>\$5/\$35/\$70 copay, subject to the deductible; \$0 copay for generics for children to age 19</p> <p>Retail: 30-day supply brand name drugs/90-day supply generic drugs (subject to a copay per 30 day supply)</p> <p>Mail order: 90-day supply for generic and brand name drugs (subject to two copays) is available through PrimeMail mail order pharmacy</p>	Not covered
<b>Inpatient hospital benefits</b>		
<b>Hospital benefits</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Physician visits in the hospital</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Inpatient physical rehabilitation</b>	Covered at 80%, subject to the deductible for up to 60 days per year	Covered at 80%, subject to the deductible for up to 60 days per year
<b>Surgery</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible

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<b>Anesthesia</b>	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible
<b>Emergency care</b>		
<b>Emergency care room</b>	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible
<b>Freestanding urgent care center</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Ambulance</b>	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible
<b>Outpatient hospital benefits</b>		
<b>Diagnostics x-rays</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Diagnostics laboratory and pathology</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Surgical care</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Chemotherapy</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Radiation therapy</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Mental health and chemical dependence care</b>		
<b>Inpatient mental health care</b>	Covered at 80%, subject to the deductible for up to 30 days per year.	Covered at 60%, subject to the deductible for up to 30 days per year.
<b>Outpatient mental health care</b>	Covered at 80%, subject to the deductible for up to 20 visits per year. Services can be provided in an outpatient facility or in a provider's office.	Covered at 60%, subject to the deductible for up to 20 visits per year. Services can be provided in an outpatient facility or in a provider's office.
<b>Inpatient chemical dependence care</b>	Covered at 80%, subject to the deductible for up to 7 days for detoxification and 30 days for rehabilitation per year; limited to 2 admissions per lifetime	Covered at 60%, subject to the deductible for up to 7 days for detoxification and 30 days for rehabilitation per year; limited to 2 admissions per lifetime
<b>Outpatient chemical dependence care</b>	Covered at 80%, subject to the deductible for 60 visits per year	Covered at 60%, subject to the deductible for 60 visits per year
<b>Other services</b>		
<b>Diabetic insulin and supplies</b>	Covered at 80%, subject to the deductible for up to 30 day supply	Covered at 60%, subject to the deductible for up to 30 day supply
<b>Skilled nursing facility</b>	Covered at 80%, subject to the deductible for up to 45 days per year	Covered at 60%, subject to the deductible for up to 45 days per year
<b>Home care</b>	Covered at 80%, subject to the deductible for up to 40 visits per year	Covered at 60%, subject to the deductible for up to 40 visits per year

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<b>Hospice</b>	Covered at 80%, subject to the deductible for unlimited days	Covered at 60%, subject to the deductible for unlimited days
<b>Outpatient therapy</b>	Covered at 80%, subject to the deductible for up to a combined total of 45 visits per year for physical, speech and occupational therapy	Covered at 60%, subject to the deductible for up to a combined total of 45 visits per year for physical, speech and occupational therapy
<b>Durable medical equipment</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>External prosthetics</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Chiropractic</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Acupuncture</b>	Covered at 80%, subject to the deductible for up to 10 visits per year	Covered at 60%, subject to the deductible for up to 10 visits per year
<b>Dental</b>	Routine care not covered	Routine care not covered
<b>Hearing</b>	Covered at 80%, subject to the deductible for diagnostic and routine hearing exams	Covered at 60%, subject to the deductible for diagnostic and routine hearing exams

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Quote Prepared for: Cooperstown Chamber Of Commerce

**HealthyBlue High Deductible Health Plan**

Quote Effective: 01/01/2012

Rating Region: Utica

Plan Cycle: Calendar year

Rate Type: Small Group

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<b>Office visit copay (Specialist)</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Inpatient hospital benefits</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Emergency room care</b>	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible
<b>Prescription drugs</b>	\$5/\$35/\$70 copay, subject to the deductible; \$0 copay for generics for children to age 19	Not covered
<b>Deductible</b>	Combined in and out-of network: \$1,300 Individual/\$2,600 Family	
<b>Out-of-pocket maximum</b>	Combined in and out-of network: \$3,000 Individual/\$6,000 Family	
<b>Domestic partner</b>	Covered	
<b>Dependent/Student coverage</b>	Qualified dependents are covered to age 26	
<b>Lifestyle and Wellness benefits</b>	Earn up to \$1000 cash back with HealthyRewards by doing simple things to live healthier	

Proposed Rates	Subscriber	Two Person	Family
3 Tier	\$366.90	\$708.13	\$988.93

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Group Representative)

Rates quoted herein are subject to change due to our implementation of the provisions of the Federal Patient Protection and Affordable Care Act and the Federal Mental Health Parity and Addiction Equity Act. Quoted premium rates contain a factor for broker commissions included in the overall retention load; administered under the Utica Broker Program. The Sales Representative providing this quote is a New York State licensed insurance producer employed by Excellus Health Plan. The individual represents Excellus Health Plan in this transaction and will be compensated by Excellus Health Plan in part based on this sale. The amount of compensation is based on a number of factors, including the contract selected and the volume of sales. You may request information about the expected compensation from your Sales Representative. The NYS Department of Insurance has approved our rate filing for quarterly community rates effective January 1, 2011. All Rates will be considered to be on a 12 month period from the effective date of coverage unless otherwise instructed by Excellus Health Plan.

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