

HealthyBlue

High Deductible Health Plan Option 1

	In-Network	Out-of-Network
Plan Features		
Primary Care Physician (PCP)	Not required	
Referrals	Not required	
Out of network benefits	N/A	Covered at 60%, subject to the deductible
Out of area benefits	Coverage provided worldwide through the BlueCard® program	
Student/Dependent coverage	Qualified students and dependents covered to age 26	
Wellness Program	HealthyRewards	
Plan Cost Sharing Highlights		
Office visit copay (PCP)	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Office visit copay (Specialist)	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Coinsurance	20%	40%
Deductible	Individual: \$1,300 Family: \$2,600	
Out of pocket maximum	Individual: \$3,000 Family: \$6,000	
Lifetime maximum	None	
Plan Benefits		
Preventive Healthcare Services		
Well child visits	Covered in full	Covered in full
Adult routine physical exams	Covered in full for up to one exam per calendar year	Covered at 60%, subject to the deductible for up to one exam per calendar year
Adult immunizations	Covered in full	Covered at 60%, subject to the deductible
Mammography	Covered in full	Covered at 60%, subject to the deductible
Pap smear	Covered in full	Covered at 60%, subject to the deductible
Routine GYN Exam	Covered in full	Covered at 60%, subject to the deductible

Note: all limits are combined In Network and Out of Network



A nonprofit independent licensee of the BlueCross BlueShield Association
Rev. 10/08

HealthyBlue

High Deductible Health Plan Option 1

	In-Network	Out-of-Network
Prostate cancer screening	Covered in full	Covered at 60%, subject to the deductible
Routine vision	Covered at 80%, subject to the deductible for up to 1 visit per calendar year Eyewear not covered	Covered at 60%, subject to the deductible for up to 1 visit per calendar year Eyewear not covered
<u>Physicians Office Services</u>		
Diagnostic office visits	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Diagnostic x-rays (MRI, PET, CAT scans)	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Diagnostic laboratory and pathology	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Allergy tests	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Allergy injections	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Chemotherapy	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Radiation therapy	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<u>Maternity Services</u>		
Prenatal and postpartum care	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Hospital care for mom (including delivery)	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Newborn nursery care	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<u>Prescription Drug</u> Short-term and maintenance drugs are covered under the following copayments for each 30 day supply per prescription at participating retail pharmacies, up to a 90-day supply for two copays is available through PrimeMail® mail order service. Contraceptives included.	\$5/\$35/\$70 copay, subject to the deductible \$0 generics for children to age 19, subject to the deductible	Not Covered

Note: all limits are combined In Network and Out of Network



A nonprofit independent licensee of the BlueCross BlueShield Association
Rev. 10/08

HealthyBlue

High Deductible Health Plan Option 1

	In-Network	Out-of-Network
<u>Inpatient Hospital Benefits</u>		
Hospital benefits	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Physician visits in the hospital	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Inpatient Physical Rehabilitation	Covered at 80%, subject to the deductible for up to 60 days per calendar year	Covered at 60%, subject to the deductible for up to 60 days per calendar year
Surgery	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Anesthesia	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible
<u>Emergency Care</u>		
Emergency room care	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible
Freestanding urgent care center	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Ambulance	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible
<u>Outpatient Hospital Benefits</u>		
Diagnostic x-rays (MRI, PET, CAT scans)	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Diagnostic laboratory and pathology	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Surgical Care	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Chemotherapy	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Radiation Therapy	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<u>Mental Health and Chemical Dependence Benefits</u>		
Inpatient mental health care	Covered at 80%, subject to the deductible for up to 30 days per calendar year	Covered at 60%, subject to the deductible for up to 30 days per calendar year
Outpatient mental health care	Covered at 80%, subject to the deductible for up to 20 visits per calendar year	Covered at 60%, subject to the deductible for up to 20 visits per calendar year

3

Note: all limits are combined In Network and Out of Network



A nonprofit independent licensee of the BlueCross BlueShield Association
Rev. 10/08

HealthyBlue

High Deductible Health Plan Option 1

	In-Network	Out-of-Network
Inpatient chemical dependence care	Covered at 80%, subject to the deductible for up to 7 days detoxification and 30 days of rehabilitation per calendar year, limited to two admissions per lifetime.	Covered at 60%, subject to the deductible for up to 7 days per calendar year for detoxification and 30 days per calendar year for rehabilitation, limited to two admissions per lifetime.
Outpatient chemical dependence care	Covered at 80%, subject to the deductible for up to 60 visits per calendar year.	Covered at 60%, subject to the deductible for up to 60 visits per calendar year.
<u>Other Services</u>		
Diabetic insulin & supplies	Covered at 80%, subject to the deductible for each 30 day supply	Covered at 60%, subject to the deductible for each 30 day supply
Skilled nursing facility	Covered at 80%, subject to the deductible for up to 45 days per calendar year	Covered at 60%, subject to the deductible for up to 45 days per calendar year
Home care	Covered at 80%, subject to the deductible for up to 40 visits per calendar year	Covered at 60%, subject to the deductible for up to 40 visits per calendar year
Hospice	Covered at 80%, subject to the deductible for unlimited visits	Covered at 60%, subject to the deductible for unlimited visits
Outpatient therapy	Covered at 80%, subject to the deductible for up to 45 visits for physical, speech, and occupational therapy combined	Covered at 60%, subject to the deductible for up to 45 visits for physical, speech, and occupational therapy combined
Durable medical equipment (DME)	Covered at 80%, subject to the deductible for up to \$15,000 per member per calendar year combined with external prosthetics and orthotics	Covered at 60%, subject to the deductible for up to \$15,000 per member per calendar year combined with external prosthetics and orthotics
External prosthetics	Covered at 80%, subject to the deductible for up to \$15,000 per member per calendar year combined with DME and orthotics	Covered at 60%, subject to the deductible for up to \$15,000 per member per calendar year combined with DME and orthotics
Chiropractic	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible

4

Note: all limits are combined In Network and Out of Network



A nonprofit independent licensee of the BlueCross BlueShield Association
Rev. 10/08

HealthyBlue

High Deductible Health Plan Option 1

	In-Network	Out-of-Network
Acupuncture	Covered at 80%, subject to the deductible for up to 10 visits per calendar year	Covered at 60%, subject to the deductible for up to 10 visits per calendar year
Dental	Covered at 80%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	Covered at 60%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly
Hearing	Routine hearing exams covered at 80%, subject to the deductible for up to 1 exam per calendar year. Hearing aids are not covered	Covered at 60%, subject to the deductible for up to 1 exam per calendar year. Hearing aids are not covered

This is not a contract or binding agreement, but a summary of benefits and services. You should rely on your member contract as the complete description of your rights, responsibilities and benefits available under your benefit plan. In the event of a dispute between this summary and your member contract, the member contract will control.





Rate Quote For

HB HDHP 1 St 26/26 Rx 5/35/70

Rating Region - UTW

The product you have requested is called **HealthyBlue HDHP \$1300/\$2600**.

Dependents covered until age 26 as of the BEGINNING OF THE MONTH FOLLOWING

Students are covered until age 26 as of the BEGINNING OF THE MONTH FOLLOWING

	Single	Sub/Spouse	Sub/Child	Family
HealthyBlue HDHP \$1300/\$2600				
Drug Choices: \$5/\$35/\$70 no cap				
Incentive Program				
Age 26/26				
Domestic Partner				
Timothy's Law Small Group W/O Make Available				
Rider				
Proposed Rates	\$255.68	\$511.36	\$541.55	\$746.96

Signature: _____ Title: _____ Date: _____

Group name: _____ Total Employees: _____ Total Eligible: _____

Coverage Effective Date: _____

We are quoting these rates on the express condition that, if the rates actually approved by the New York State Insurance Department are different than the rates quoted above, your rates for the effective date will change.



Rate Quote For

HB HDHP 1 St 26/26 Rx 5/35/70

Rating Region - UTW - Sole Prop

The product you have requested is called **HealthyBlue HDHP \$1300/\$2600**.

Dependents covered until age 26 as of the BEGINNING OF THE MONTH FOLLOWING

Students are covered until age 26 as of the BEGINNING OF THE MONTH FOLLOWING

	Single	Sub/Spouse	Sub/Child	Family
HealthyBlue HDHP \$1300/\$2600				
Drug Choices: \$5/\$35/\$70 no cap				
Incentive Program				
Age 26/26				
Domestic Partner				
Timothy's Law Small Group W/O Make Available				
Rider				
Proposed Rates	\$281.25	\$562.50	\$595.69	\$821.64

Signature: _____ Title: _____ Date: _____

Group name: _____ Total Employees: _____ Total Eligible: _____

Coverage Effective Date: _____

We are quoting these rates on the express condition that, if the rates actually approved by the New York State Insurance Department are different than the rates quoted above, your rates for the effective date will change.