

# HealthyBlue

## High Deductible Health Plan Option 1

	In-Network	Out-of-Network
<b>Plan Features</b>		
<b>Primary Care Physician (PCP)</b>	Not required	
<b>Referrals</b>	Not required	
<b>Out of network benefits</b>	N/A	Covered at 60%, subject to the deductible
<b>Out of area benefits</b>	Coverage provided worldwide through the BlueCard® program	
<b>Student/Dependent coverage</b>	Qualified students and dependents covered to age 26	
<b>Wellness Program</b>	HealthyRewards	
<b>Plan Cost Sharing Highlights</b>		
<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>Coinsurance</b>	20%	40%
<b>Deductible</b>	Individual: \$1,300 Family: \$2,600	
<b>Out of pocket maximum</b>	Individual: \$3,000 Family: \$6,000	
<b>Lifetime maximum</b>	None	
<b>Plan Benefits</b>		
<b>Preventive Healthcare Services</b>		
<b>Well child visits</b>	Covered in full	Covered in full
<b>Adult routine physical exams</b>	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
<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

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



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<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 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
<b><u>Physicians Office Services</u></b>		
<b>Diagnostic office visits</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Diagnostic x-rays (MRI, PET, CAT scans)</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><u>Maternity Services</u></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><u>Prescription Drug</u></b> 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

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<b><u>Inpatient Hospital Benefits</u></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 calendar year	Covered at 60%, subject to the deductible for up to 60 days per calendar year
<b>Surgery</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Anesthesia</b>	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible
<b><u>Emergency Care</u></b>		
<b>Emergency room care</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><u>Outpatient Hospital Benefits</u></b>		
<b>Diagnostic x-rays (MRI, PET, CAT scans)</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>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><u>Mental Health and Chemical Dependence Benefits</u></b>		
<b>Inpatient mental health care</b>	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
<b>Outpatient mental health care</b>	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

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<b>Inpatient chemical dependence care</b>	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.
<b>Outpatient chemical dependence care</b>	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.
<b><u>Other Services</u></b>		
<b>Diabetic insulin &amp; supplies</b>	Covered at 80%, subject to the deductible for each 30 day supply	Covered at 60%, subject to the deductible for each 30 day supply
<b>Skilled nursing facility</b>	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
<b>Home care</b>	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
<b>Hospice</b>	Covered at 80%, subject to the deductible for unlimited visits	Covered at 60%, subject to the deductible for unlimited visits
<b>Outpatient therapy</b>	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
<b>Durable medical equipment (DME)</b>	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
<b>External prosthetics</b>	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
<b>Chiropractic</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible

4

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<b>Acupuncture</b>	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
<b>Dental</b>	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
<b>Hearing</b>	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

	<b>Single</b>	<b>Sub/Spouse</b>	<b>Sub/Child</b>	<b>Family</b>
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				
<b>Proposed Rates</b>	<b>\$255.68</b>	<b>\$511.36</b>	<b>\$541.55</b>	<b>\$746.96</b>

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**.

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	<b>Single</b>	<b>Sub/Spouse</b>	<b>Sub/Child</b>	<b>Family</b>
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				
<b>Proposed Rates</b>	<b>\$281.25</b>	<b>\$562.50</b>	<b>\$595.69</b>	<b>\$821.64</b>

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Group name: \_\_\_\_\_ Total Employees: \_\_\_\_\_ Total Eligible: \_\_\_\_\_

Coverage Effective Date: \_\_\_\_\_

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