

# Blue Healthy Choices (Option B)

Group Name St. Lawrence County Chamber of Commerce		
	Fit & Healthy	Healthy Family
	Lifestyle Benefits - \$300 annual allowance per family toward gym membership, Lasik, teeth whitening, toddler gym and swim programs and drivers education	Lifestyle Benefits - \$100 annual allowance per family toward gym membership, Lasik, teeth whitening, toddler gym and swim programs and drivers education
Plan Features		
Primary Care Physician (PCP)	Not Required	Not Required
Referrals	Not Required	Not Required
Out of network benefits	None	None
Out of area benefits	Coverage provided worldwide through the BlueCard <sup>®</sup> program.	Coverage provided worldwide through the BlueCard <sup>®</sup> program.
Student/Dependent coverage	Qualified dependents to age 19 and qualified students covered at age 23.	Qualified dependents to age 19 and qualified students covered at age 23.
Plan Cost Sharing Highlights		
Office visit copay (PCP)	\$20	Adults - \$25 Kids to 19 - \$0
Office visit copay (Specialist)	\$40	\$40
Coinsurance	None	None
Deductible	None	None
Out of pocket maximum	None	None
Lifetime maximum	None	None
Plan Benefits		
<u>Preventive Healthcare Services</u>		
Well child visits	Covered in full	Covered in full
Adult routine physical exams	\$20 copay	\$25 copay
Adult immunizations	\$20 copay	\$25 copay

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<b>Mammography</b>	Covered in full	Covered in full
<b>Pap smear</b>	Covered in full	Covered in full
<b>Routine GYN Exam</b>	Covered in full	Covered in full
<b>Prostate cancer screening</b>	\$20 copay	\$25 copay
<b>Routine vision</b>	\$20 copay for one routine eye exam every year; \$20 copay for children to age 19.	\$25 copay for one routine eye exam every year; \$0 copay for children to age 19. \$100 eyewear allowance for children to age 19.
<b><u>Physicians Office Services</u></b>		
<b>Diagnostic office visits</b>	<u>PCP</u> : \$20 copay <u>Specialist</u> : \$40 copay	<u>PCP</u> : Adults: \$25 copay Kids to 19: \$0 copay <u>Specialist</u> : \$40 copay
<b>Diagnostic x-rays</b>	\$40 copay	\$40 copay
<b>Diagnostic laboratory and pathology</b>	Covered in full	Covered in full
<b>Allergy tests</b>	<u>PCP</u> : \$20 copay <u>Specialist</u> : \$40 copay	<u>PCP</u> : Adults: \$25 copay Kids to 19: \$0 copay <u>Specialist</u> : \$40 copay
<b>Allergy injections</b>	<u>PCP</u> : \$20 copay <u>Specialist</u> : \$40 copay	<u>PCP</u> : Adults: \$25 copay Kids to 19: \$0 copay <u>Specialist</u> : \$40 copay

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<b>Chemotherapy</b>	IV/injectable chemotherapy will be covered with a \$20 copay on the drug, in addition to a \$20 office visit copay.	IV/injectable chemotherapy will be covered with a \$25 copay on the drug, in addition to a \$25 office visit copay.
<b>Radiation therapy</b>	\$20 copay	\$25 copay
<b><u>Maternity Services</u></b>		
<b>Prenatal and postpartum care</b>	\$20 copay for the first 10 visits, remainder covered in full	Covered in full
<b>Hospital care for mom (including delivery)</b>	<u>Facility</u> : Covered in full after a \$500 copay. <u>Delivery</u> : 20% coinsurance or \$200 copay, whichever is less	<u>Facility</u> : Covered in full <u>Physician</u> : Covered in full
<b>Newborn nursery care</b>	Covered in full	Covered in full
<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 (with two separate copays for each 90-day supply) available through Express Scripts, Inc., mail order service. Contraceptives included.	\$10/\$25/\$40 w/\$0 generic for kids to age 19. IV/ injectable drugs will be covered with a PCP/Specialist copay on the drug, in addition to a PCP/Specialist copay for the visit.	\$10/\$25/\$40 w/\$0 generic for kids to age 19. IV/ injectable drugs will be covered with a PCP/Specialist copay on the drug, in addition to a PCP/Specialist copay for the visit.
<b><u>Inpatient Hospital Benefits</u></b>		
<b>Hospital benefits</b>	Covered in full after a \$500 copay	Covered in full after a \$500 copay
<b>Physician visits in the hospital</b>	Covered in full	Covered in full

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<b>Inpatient Physical Rehabilitation</b>	Covered in full after a \$500 copay for up to 60 days	Covered in full after a \$500 copay for up to 60 days
<b>Surgery</b>	20% coinsurance or a \$200 copay, whichever is less	20% coinsurance or a \$200 copay, whichever is less
<b>Anesthesia</b>	Covered in full	Covered in full
<b><u>Emergency Care</u></b>		
<b>Emergency room care</b>	\$100 copay per visit unless admitted within 24 hours	\$100 copay per visit unless admitted within 24 hours
<b>Freestanding urgent care center</b>	\$40 copay	\$40 copay
<b>Ambulance (Ground)</b>	\$100 copay for emergency transportation	\$100 copay for emergency transportation
<b><u>Outpatient Hospital Benefits</u></b>		
<b>Diagnostic x-rays</b>	\$40 copay	\$40 copay
<b>Diagnostic laboratory and pathology</b>	Covered in full	Covered in full
<b>Surgical Care</b>	<u>Facility:</u> \$75 copay <u>Physician:</u> \$40 copay	<u>Facility:</u> \$75 copay <u>Physician:</u> \$40 copay
<b>Chemotherapy</b>	IV/injectable chemotherapy will be covered with a \$20 copay on the drug, in addition to a \$20 visit copay.	IV/injectable chemotherapy will be covered with a \$25 copay on the drug, in addition to a \$25 visit copay.
<b>Radiation Therapy</b>	\$20 copay	\$25 copay
<b><u>Mental Health and Chemical Dependence Benefits</u></b>		
<b>Inpatient mental health care</b>	Covered in full after a \$500 copay for up to 30 days per calendar year	Covered in full after a \$500 copay for up to 30 days per calendar year

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<b>Outpatient mental health care</b>	\$40 copay for up to 20 visits per calendar year. Services can be provided in an outpatient facility or in a provider's office.	\$40 copay for up to 20 visits per calendar year. Services can be provided in an outpatient facility or in a provider's office.
<b>Inpatient chemical dependence care</b>	Covered in full after a \$500 copay for up to 7 days per calendar year for detoxification only.	Covered in full after a \$500 copay for up to 7 days per calendar year for detoxification only.
<b>Outpatient chemical dependence care</b>	\$20 copay for up to 60 visits per calendar year	\$25 copay for up to 60 visits per calendar year
<b><u>Other Services</u></b>		
<b>Diabetic insulin &amp; supplies</b>	\$20 copay for a 30-day supply	\$25 copay for a 30-day supply
<b>Skilled nursing facility</b>	Covered in full after a \$500 copay for up to 45 days per calendar year. 360 day lifetime maximum.	Covered in full after a \$500 copay for up to 45 days per calendar year. 360 day lifetime maximum.
<b>Home care</b>	Covered in full for up to 40 visits per calendar year.	Covered in full for up to 40 visits per calendar year.
<b>Hospice</b>	Covered in full after a \$500 copay for up to 210 days.	Covered in full after a (\$250, \$500) copay for up to 210 days.
<b>Outpatient therapy</b>	\$40 copay for up to 30 combined visits for physical, speech and occupational therapy.	\$40 copay for up to 30 combined visits for physical, speech and occupational therapy.

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<b>Durable medical equipment</b>	Covered at 50% up to a \$5,000 maximum per calendar year	Covered at 50% up to a \$5,000 maximum per calendar year
<b>External prosthetics</b>	Covered at 50% up to a \$15,000 maximum per calendar year	Covered at 50% up to a \$15,000 maximum per calendar year
<b>Chiropractic</b>	\$40 copay	\$40 copay
<b>Acupuncture</b>	Not Covered	Not Covered
<b>Dental</b>	\$40 copayment for accidental injury to sound and natural teeth and care due to congenital disease or anomaly	\$40 copayment for accidental injury to sound and natural teeth and care due to congenital disease or anomaly
<b>Hearing</b>	\$20 PCP copay or \$40 specialist copay for diagnostic hearing exams. Hearing aids not covered.	\$25 PCP or \$40 specialist copay for adults and \$0 PCP copay or \$40 specialist copay for children to age 19 for diagnostic hearing exams. \$600 hearing aid allowance once every 3 years for children to age 19.

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