

**HealthyBlue benefits**

**Prepared for St Lawrence County Chamber Of Commerce - \$1000 Ded**

**10/11/2008**

Type of Care/Plan Benefits	In-Network	Out Of Network
<p><b>Plan features</b></p> <ul style="list-style-type: none"> <li>• <b>Primary Care Physician (PCP)</b></li> <li>• <b>Referrals</b></li> <li>• <b>Out of network benefits</b></li> <li>• <b>Out of area benefits</b></li> <li>• <b>Student/Dependent coverage</b></li> <li>• <b>Domestic partner</b></li> </ul> <p><b>Plan cost-sharing highlights</b></p> <ul style="list-style-type: none"> <li>• <b>Office visit copay (Primary Care Physician)</b></li> <li>• <b>Office visit copay (Specialist)</b></li> <li>• <b>Coinsurance</b></li> <li>• <b>Deductible</b></li> <li>• <b>Out of pocket maximum</b></li> <li>• <b>Lifetime maximum</b></li> </ul>	<ul style="list-style-type: none"> <li>• Not required</li> <li>• Not required</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Coverage provided worldwide through the BlueCard® program.</li> <li>• Qualified dependents are covered to age 19. Qualified students are covered to age 23.</li> <li>• Covered</li> </ul> <ul style="list-style-type: none"> <li>• Adult: \$25 Copay per visit; Children to age 19: \$0 Copay per visit</li> <li>• \$40 copay per visit</li> <li>• In-network: 20%; Out-of-network: 40%</li> <li>• Combined in and out of network: \$1,000 individual/\$3,000 family</li> <li>• Combined in and out-of-network: \$3,000 individual/\$9,000 family</li> <li>• None</li> </ul>	

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<p><b>HealthyRewards</b></p> <ul style="list-style-type: none"> <li>• <b>Earn cash back with HealthyRewards</b></li> </ul> <p><b>Preventive Health Care Services</b></p> <ul style="list-style-type: none"> <li>• <b>Well child visits</b></li> <li>• <b>Adult routine physical exams</b></li> <li>• <b>Adult immunizations</b></li> <li>• <b>Mammography</b></li> <li>• <b>Pap smear</b></li> <li>• <b>Routine GYN exam</b></li> <li>• <b>Prostate cancer screening</b></li> <li>• <b>Routine vision</b></li> <li>• <b>Colonoscopy</b></li> </ul>	<ul style="list-style-type: none"> <li>• Earn up to \$1,000 in rewards per family by scheduling regular check-ups, eating right and staying active. Then get paid anytime throughout the year.</li> <li>• Covered in full</li> <li>• Covered in full for 1 exam per calendar year</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• \$40 copay for one routine exam every year; \$60 eyewear allowance available per calendar year</li> <li>• Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full</li> <li>• Covered at 60%, subject to the deductible for one routine exam per calendar year</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible for one routine exam per calendar year. \$60 eyewear allowance available per calendar year</li> <li>• Covered at 60%, subject to the deductible</li> </ul>

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<p><b>Physician Office Services</b></p> <ul style="list-style-type: none"> <li>• <b>Diagnostic office visits</b></li>   <li>• <b>Diagnostic x-rays</b></li> <li>• <b>Diagnostic laboratory and pathology</b></li> <li>• <b>Allergy tests</b></li>   <li>• <b>Allergy injections</b></li>   <li>• <b>Chemotherapy</b></li> <li>• <b>Radiation therapy</b></li>   <p><b>Maternity Services</b></p> <ul style="list-style-type: none"> <li>• <b>Prenatal and postpartum care</b></li> <li>• <b>Hospital care for mom (including delivery)</b></li> <li>• <b>Newborn nursery care</b></li> </ul> <p><b>Prescription Drug</b></p> <ul style="list-style-type: none"> <li>• <b>Short-term and maintenance drugs are covered up to a 30-day supply at participating retail pharmacies; 90-day supply (subject to two copays per 90-day supply) is available through PrimeMail® mail order pharmacy. Contraceptives included.</b></li> </ul> <p><b>Inpatient Hospital Benefits</b></p> <ul style="list-style-type: none"> <li>• <b>Hospital benefits</b></li> <li>• <b>Physician visits in the hospital</b></li> <li>• <b>Inpatient physical rehabilitation</b></li>   <li>• <b>Surgery</b></li> <li>• <b>Anesthesia</b></li> </ul> </ul>	<ul style="list-style-type: none"> <li>• Adult: \$25 copay per visit to your PCP; \$40 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$40 copay per visit to a specialist.</li> <li>• \$40 copay per visit</li>   <li>• Covered in full</li>   <li>• Adult: \$25 copay per visit to your PCP; \$40 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$40 copay per visit to a specialist.</li> <li>• Adult: \$25 copay per visit to your PCP; \$40 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$40 copay per visit to a specialist.</li> <li>• \$25 copay per visit</li> <li>• \$40 copay per visit</li>   <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered in full</li>   <li>• \$5/\$35/\$70 with a brand deductible of \$250 individual and \$750 family per calendar year; \$0 copay for generics for children to age 19. (Generic drugs do not apply to the annual brand deductible.)</li>   <li>• Covered at 80%, subject to the deductible.</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible for up to 60 days per calendar year</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 60%, subject to the deductible</li>   <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li>   <li>• Covered at 60%, subject to the deductible</li>   <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li>   <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li>   <li>• Not covered</li>   <li>• Covered at 60%, subject to the deductible.</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible for up to 60 days per calendar year</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> </ul>

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<p><b>Emergency Care</b></p> <ul style="list-style-type: none"> <li>• <b>Emergency room care</b></li> <li>• <b>Freestanding urgent care center</b></li> <li>• <b>Ambulance</b></li> </ul>	<ul style="list-style-type: none"> <li>• \$250 copay per visit, unless admitted within 24 hours</li> <li>• \$40 copay per visit</li> <li>• \$250 copay</li> </ul>	<ul style="list-style-type: none"> <li>• \$250 copay per visit, unless admitted within 24 hours</li> <li>• Covered at 60%, subject to the deductible</li> <li>• \$250 copay</li> </ul>
<p><b>Outpatient Hospital Benefits</b></p> <ul style="list-style-type: none"> <li>• <b>Diagnostic x-rays</b></li> <li>• <b>Diagnostic laboratory and pathology</b></li> <li>• <b>Surgical care</b></li> <li>• <b>Chemotherapy</b></li> <li>• <b>Radiation therapy</b></li> </ul>	<ul style="list-style-type: none"> <li>• \$40 copay per visit</li> <li>• Covered in full</li> <li>• Covered at 80%, subject to the deductible</li> <li>• \$25 copay per visit</li> <li>• \$40 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> </ul>
<p><b>Mental Health and Chemical Dependence</b></p> <ul style="list-style-type: none"> <li>• <b>Inpatient mental health care</b></li> <li>• <b>Outpatient mental health care</b></li> <li>• <b>Inpatient chemical dependence</b></li> <li>• <b>Outpatient chemical dependence</b></li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible for up to 30 days per calendar year</li> <li>• \$40 copay for up to 20 visits per calendar year. Services can be provided in an outpatient facility or in a provider's office.</li> <li>• Covered at 80%, subject to the deductible for up to 7 days for detoxification and 30 days for rehabilitation per calendar year; limited to 2 admissions per lifetime.</li> <li>• \$40 copay per visit for up to 60 visits per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 60%, subject to the deductible for up to 30 days per calendar year</li> <li>• Covered at 60%, subject to the deductible, for up to 20 visits per calendar year. Services can be provided in an outpatient facility or in a provider's office.</li> <li>• Covered at 60%, subject to the deductible for up to 7 days for detoxification and 30 days for rehabilitation per calendar year; limited to 2 admissions per lifetime.</li> <li>• Covered at 60%, subject to the deductible for up to 60 visits per calendar year</li> </ul>
<p><b>Other Services</b></p> <ul style="list-style-type: none"> <li>• <b>Diabetic insulin and supplies</b></li> <li>• <b>Skilled nursing facility</b></li> <li>• <b>Home care</b></li> <li>• <b>Hospice</b></li> <li>• <b>Outpatient therapy</b></li> </ul>	<ul style="list-style-type: none"> <li>• \$25 copay for up to a 30 day supply</li> <li>• Covered at 80%, subject to the deductible for up to 45 days per calendar year</li> <li>• Covered in full for up to 40 visits per calendar year</li> <li>• Covered in full for unlimited days</li> <li>• \$40 copay for up to a combined total of 45 visits per calendar year for physical, speech and occupational therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 60%, subject to the deductible for up to a 30 day supply</li> <li>• Covered at 60%, subject to the deductible for up to 45 days per calendar year</li> <li>• Covered at 75%, subject to a \$50 deductible for up to 40 visits per calendar year.</li> <li>• Covered at 60%, subject to the deductible for unlimited visits per calendar year</li> <li>• Covered at 60%, subject to the deductible for a combined total of 45 visits per calendar year for physical, speech, and occupational therapy</li> </ul>

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<ul style="list-style-type: none"> <li>• <b>Durable medical equipment</b></li>   <li>• <b>External prosthetics</b></li>   <li>• <b>Chiropractic</b></li> <li>• <b>Acupuncture</b></li>   <li>• <b>Dental</b></li>   <li>• <b>Hearing</b></li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80% subject to the deductible for up to \$15,000 per calendar year combined with external prosthetics and orthotics</li> <li>• Covered at 80% subject to the deductible for up to \$15,000 per calendar year combined with DME and orthotics</li> <li>• \$40 copay per visit</li>   <li>• \$40 copay for up to 10 visits per calendar year</li>   <li>• \$40 copay per visit for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>• \$40 copay for one routine hearing exam per calendar year. Hearing aids covered up to \$600 every 3 years for children to age 19.</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 60% subject to the deductible for up to \$15,000 per calendar year combined with external prosthetics and orthotics</li> <li>• Covered at 60% subject to the deductible for up to \$15,000 per calendar year combined with DME and orthotics</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible, for up to 10 visits per calendar year</li> <li>• Covered at 60%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>• Covered at 60%, subject to the deductible, for one routine hearing exam per calendar year. Hearing aids covered up to \$600 every 3 years for children to age 19.</li> </ul>

\*Must be supplied by a participating provider.

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. All benefits are subject to medical necessity. 10/11/2008

\$500 cash back a year applies to each subscriber and adult spouse or domestic partner.