

HealthyBlue benefits

Prepared for St Lawrence County Chamber of Commerce: Plan T & TS

12/3/2009

Grp# 408987-001 & 002

Type of Care/Plan Benefits	In-Network	Out Of Network
<p>Plan features</p> <ul style="list-style-type: none"> • Primary Care Physician (PCP) • Referrals • Out of network benefits • Out of area benefits • Student/Dependent coverage • Domestic partner <p>Plan cost-sharing highlights</p> <ul style="list-style-type: none"> • Office visit copay (Primary Care Physician) • Office visit copay (Specialist) • Coinsurance • Deductible • Out of pocket maximum • Lifetime maximum 	<ul style="list-style-type: none"> • Not required • Not required • Covered at 100%, subject to the deductible • Coverage provided worldwide through the BlueCard® program. • Qualified dependents are covered to age 19. Qualified students are covered to age 23. • Covered <ul style="list-style-type: none"> • No copay, office visit covered at 100% in-network and 100% out-of-network, subject to the deductible • No copay, office visit covered at 100% in-network and 100% out-of-network, subject to the deductible • In-network: 0%; Out-of-network: 0% • Combined in- and out-of-network: \$2,600 individual/\$5,200 family • Combined in and out-of-network: \$5,500 individual/\$11,000 family • None 	

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<p>HealthyRewards</p> <ul style="list-style-type: none"> • Earn cash back with HealthyRewards <p>Preventive Health Care Services</p> <ul style="list-style-type: none"> • Well child visits • Adult routine physical exams • Adult immunizations • Mammography • Pap smear • Routine GYN exam • Prostate cancer screening • Routine vision • Colonoscopy 	<ul style="list-style-type: none"> • You can earn up to \$500 individually, or a combined \$1,000 cash back for you and an eligible adult member just for doing healthy stuff that fits into your day. Then get paid anytime throughout the year. • Covered in full • Covered in full for 1 exam per year • Covered in full • Covered in full • Covered in full • Covered in full • Covered in full • Covered at 100%, subject to the deductible for one routine exam per year • Preventive covered in full, diagnostic covered in full 	<ul style="list-style-type: none"> • Covered in full • Covered at 100%, subject to the deductible for one routine exam per year • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible for one routine exam per year • Covered at 100%, subject to the deductible

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<p>Physician Office Services</p> <ul style="list-style-type: none"> • Diagnostic office visits • Diagnostic x-rays • Diagnostic laboratory and pathology • Allergy tests • Allergy injections • Chemotherapy • Radiation therapy <p>Maternity Services</p> <ul style="list-style-type: none"> • Prenatal and postpartum care • Hospital care for mom (including delivery) • Newborn nursery care <p>Prescription Drug</p> <ul style="list-style-type: none"> • 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. <p>Inpatient Hospital Benefits</p> <ul style="list-style-type: none"> • Hospital benefits • Physician visits in the hospital • Inpatient physical rehabilitation • Surgery • Anesthesia <p>Emergency Care</p> <ul style="list-style-type: none"> • Emergency room care • Freestanding urgent care center • Ambulance 	<ul style="list-style-type: none"> • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible <ul style="list-style-type: none"> • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible <ul style="list-style-type: none"> • \$5/\$35/\$70; \$0 copay for generics for children to age 19, subject to deductible. <ul style="list-style-type: none"> • Covered at 100%, subject to the deductible. • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible for up to 60 days per year. • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible <ul style="list-style-type: none"> • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible 	<ul style="list-style-type: none"> • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible <ul style="list-style-type: none"> • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible <ul style="list-style-type: none"> • Not covered <ul style="list-style-type: none"> • Covered at 100%, subject to the deductible. • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible for up to 60 days per year. • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible <ul style="list-style-type: none"> • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible

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<p>Outpatient Hospital Benefits</p> <ul style="list-style-type: none"> • Diagnostic x-rays • Diagnostic laboratory and pathology • Surgical care • Chemotherapy • Radiation therapy 	<ul style="list-style-type: none"> • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible 	<ul style="list-style-type: none"> • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible
<p>Mental Health and Chemical Dependence</p> <ul style="list-style-type: none"> • Inpatient mental health care • Outpatient mental health care • Inpatient chemical dependence • Outpatient chemical dependence 	<ul style="list-style-type: none"> • Covered at 100%, subject to the deductible for up to 30 days per year. • Covered at 100%, 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 100%, 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 100%, subject to the deductible for up to 60 visits per year 	<ul style="list-style-type: none"> • Covered at 100%, subject to the deductible for up to 30 days per year. • Covered at 100%, 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 100%, 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 100%, subject to the deductible for up to 60 visits per year
<p>Other Services</p> <ul style="list-style-type: none"> • Diabetic insulin and supplies • Skilled nursing facility • Home care • Hospice • Outpatient therapy • Durable medical equipment • External prosthetics • Chiropractic 	<ul style="list-style-type: none"> • Covered at 100%, subject to the deductible for up to a 30 day supply • Covered at 100%, subject to the deductible for up to 45 days per year. • Covered at 100%, subject to the deductible for up to 40 visits per year. • Covered at 100%, subject to the deductible for unlimited visits per year • Covered at 100%, subject to the deductible for a combined total of 45 visits per year for physical, speech and occupational therapy • Covered at 100% subject to the deductible for up to \$15,000 per year combined with external prosthetics and orthotics • Covered at 100%, subject to the deductible for up to \$15,000 per year combined with DME and orthotics • Covered at 100%, subject to the deductible 	<ul style="list-style-type: none"> • Covered at 100%, subject to the deductible for up to a 30 day supply • Covered at 100%, subject to the deductible for up to 45 days per year • Covered at 100%, subject to the deductible for up to 40 visits per year. • Covered at 100%, subject to the deductible for unlimited visits per year • Covered at 100%, subject to the deductible for a combined total of 45 visits per year for physical, speech and occupational therapy • Covered at 100% subject to the deductible for up to \$15,000 per year combined with external prosthetics and orthotics • Covered at 100%, subject to the deductible for up to \$15,000 per year combined with DME and orthotics • Covered at 100%, subject to the deductible

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<ul style="list-style-type: none"> • Acupuncture • Dental • Hearing 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible, for up to 10 visits per year • Covered at 100%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly • Covered at 100%, subject to the deductible, for one routine hearing exam per year. 	<ul style="list-style-type: none"> • Covered at 100%, subject to the deductible, for up to 10 visits per year • Covered at 100%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly • Covered at 100%, subject to the deductible, for one routine hearing exam per year.