



| Product Description HB HDHP | Proposed Rates | | | |
|------------------------------------|----------------|------------|-----------|-----------|
| | Single | Sub/Spouse | Sub/Child | Family |
| HB HDHP 1300/2600 19/23 Rx 5/35/70 | \$ 195.31 | \$ 476.56 | \$ 398.05 | \$ 507.13 |
| HB HDHP 1800/3600 19/23 Rx 5/35/70 | \$ 181.53 | \$ 442.94 | \$ 369.93 | \$ 471.30 |
| HB HDHP 2600/5200 19/23 Rx 5/35/70 | \$ 176.41 | \$ 430.43 | \$ 359.46 | \$ 457.97 |

Comparison of benefits for Geneva Chamber of Commerce -2010

11/5/2009

| type of care/plan features | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | |
|--|--|--|---|----------------|--|----------------|
| | In-Network | Out Of Network | In-Network | Out Of Network | 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 <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"> Not required Not required Covered at 60%, 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 80% in-network and 60% out-of-network, subject to the deductible No copay, office visit covered at 80% in-network and 60% out-of-network, subject to the deductible In-network: 20%; Out-of-network: 40% Combined in- and out-of-network: \$1,300 individual/\$2,600 family Combined in and out of network: \$3,000 individual/\$6,000 family None <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> Not required Not required Covered at 80%, 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 90% in-network and 80% out-of-network, subject to the deductible No copay, office visit covered at 90% in-network and 80% out-of-network, subject to the deductible In-network: 10% Out-of-network: 20% Combined in- and out-of-network: \$1,800 individual/\$3,600 family Combined in and out of network: \$3,600 individual/\$7,200 family None <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. | <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 <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. | | | |



Comparison of benefits for Geneva Chamber of Commerce -2010

11/5/2009

| type of care/plan features | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | |
|---|--|--|--|--|--|---|
| | In-Network | Out Of Network | In-Network | Out Of Network | In-Network | Out Of Network |
| <ul style="list-style-type: none"> Well child visits Adult routine physical exams | <ul style="list-style-type: none"> Covered in full Covered in full for 1 exam per year | <ul style="list-style-type: none"> Covered in full Covered at 60%, subject to the deductible for one routine exam per year | <ul style="list-style-type: none"> Covered in full Covered in full for 1 exam per year | <ul style="list-style-type: none"> Covered in full Covered at 80%, subject to the deductible for one routine exam per year | <ul style="list-style-type: none"> Covered in full Covered in full for 1 exam per year | <ul style="list-style-type: none"> Covered in full Covered at 100%, subject to the deductible for one routine exam per year |
| <ul style="list-style-type: none"> Adult immunizations | <ul style="list-style-type: none"> Covered in full | <ul style="list-style-type: none"> Covered at 60%, subject to the deductible | <ul style="list-style-type: none"> Covered in full | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> Covered in full | <ul style="list-style-type: none"> Covered at 100%, subject to the deductible |
| <ul style="list-style-type: none"> Mammography | <ul style="list-style-type: none"> Covered in full | <ul style="list-style-type: none"> Covered at 60%, subject to the deductible | <ul style="list-style-type: none"> Covered in full | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> Covered in full | <ul style="list-style-type: none"> Covered at 100%, subject to the deductible |
| <ul style="list-style-type: none"> Pap smear | <ul style="list-style-type: none"> Covered in full | <ul style="list-style-type: none"> Covered at 60%, subject to the deductible | <ul style="list-style-type: none"> Covered in full | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> Covered in full | <ul style="list-style-type: none"> Covered at 100%, subject to the deductible |
| <ul style="list-style-type: none"> Routine GYN exam | <ul style="list-style-type: none"> Covered in full | <ul style="list-style-type: none"> Covered at 60%, subject to the deductible | <ul style="list-style-type: none"> Covered in full | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> Covered in full | <ul style="list-style-type: none"> Covered at 100%, subject to the deductible |
| <ul style="list-style-type: none"> Prostate cancer screening | <ul style="list-style-type: none"> Covered in full | <ul style="list-style-type: none"> Covered at 60%, subject to the deductible | <ul style="list-style-type: none"> Covered in full | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> Covered in full | <ul style="list-style-type: none"> Covered at 100%, subject to the deductible |
| <ul style="list-style-type: none"> Routine vision | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible for one routine exam per year | <ul style="list-style-type: none"> Covered at 60%, subject to the deductible for one routine exam per year | <ul style="list-style-type: none"> Covered at 90%, subject to the deductible for one routine exam per year | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible for one routine exam per year | <ul style="list-style-type: none"> Covered at 100%, subject to the deductible for one routine exam per year | <ul style="list-style-type: none"> Covered at 100%, subject to the deductible for one routine exam per year |
| <ul style="list-style-type: none"> Colonoscopy | <ul style="list-style-type: none"> Preventive covered in full, diagnostic covered according to the surgical benefit | <ul style="list-style-type: none"> Covered at 60%, subject to the deductible | <ul style="list-style-type: none"> Preventive covered in full, diagnostic covered according to the surgical benefit | <ul style="list-style-type: none"> Covered at 60%, subject to the deductible | <ul style="list-style-type: none"> Preventive covered in full, diagnostic covered according to the surgical benefit | <ul style="list-style-type: none"> Covered at 60%, subject to the deductible |
| Physician Office Services | | | | | | |
| <ul style="list-style-type: none"> Diagnostic office visits | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> Covered at 60%, subject to the deductible | <ul style="list-style-type: none"> Covered at 90%, subject to the deductible | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> Covered at 100%, subject to the deductible | <ul style="list-style-type: none"> Covered at 100%, subject to the deductible |
| <ul style="list-style-type: none"> Diagnostic x-rays | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> Covered at 60%, subject to the deductible | <ul style="list-style-type: none"> Covered at 90%, subject to the deductible | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> Covered at 100%, subject to the deductible | <ul style="list-style-type: none"> Covered at 100%, subject to the deductible |
| <ul style="list-style-type: none"> Diagnostic laboratory and pathology | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> Covered at 60%, subject to the deductible | <ul style="list-style-type: none"> Covered at 90%, subject to the deductible | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> Covered at 100%, subject to the deductible | <ul style="list-style-type: none"> Covered at 100%, subject to the deductible |
| <ul style="list-style-type: none"> Allergy tests | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> Covered at 60%, subject to the deductible | <ul style="list-style-type: none"> Covered at 90%, subject to the deductible | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> Covered at 100%, subject to the deductible | <ul style="list-style-type: none"> Covered at 100%, subject to the deductible |



Comparison of benefits for Geneva Chamber of Commerce -2010

11/5/2009

| type of care/plan features | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | |
|--|---|---|---|--|---|---|
| | In-Network | Out Of Network | In-Network | Out Of Network | In-Network | Out Of Network |
| <ul style="list-style-type: none"> Allergy injections Chemotherapy Radiation therapy | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible | <ul style="list-style-type: none"> Covered at 90%, subject to the deductible Covered at 90%, subject to the deductible Covered at 90%, subject to the deductible | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible Covered at 80%, 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 |
| Maternity Services | | | | | | |
| <ul style="list-style-type: none"> Prenatal and postpartum care Hospital care for mom (including delivery) Newborn nursery care | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible | <ul style="list-style-type: none"> Covered at 90%, subject to the deductible Covered at 90%, subject to the deductible Covered at 90%, subject to the deductible | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible Covered at 80%, 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 |
| Prescription Drug | | | | | | |
| <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. | <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"> Not covered | <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"> Not covered | <ul style="list-style-type: none"> Covered at 100% subject to the plan deductible. | <ul style="list-style-type: none"> Not covered |
| Inpatient Hospital Benefits | | | | | | |
| <ul style="list-style-type: none"> Hospital benefits Physician visits in the hospital Inpatient physical rehabilitation | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible. Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible for up to 60 days per year | <ul style="list-style-type: none"> Covered at 60%, subject to the deductible. Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible for up to 60 days per year | <ul style="list-style-type: none"> Covered at 90%, subject to the deductible Covered at 90%, subject to the deductible Covered at 90%, subject to the deductible for up to 60 days per year. | <ul style="list-style-type: none"> Covered at 80%, subject to the deductible. Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible for up to 60 days per year. | <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. | <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. |



Comparison of benefits for Geneva Chamber of Commerce -2010

11/5/2009

| type of care/plan features | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | |
|--|---|---|---|---|--|--|
| | In-Network | Out Of Network | In-Network | Out Of Network | In-Network | Out Of Network |
| <ul style="list-style-type: none"> • Surgery • Anesthesia | <ul style="list-style-type: none"> • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> • Covered at 60%, subject to the deductible • Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> • Covered at 90%, subject to the deductible • Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> • Covered at 80%, subject to the deductible • Covered at 80%, 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"> • Covered at 100%, subject to the deductible • Covered at 100%, subject to the deductible |
| Emergency Care | | | | | | |
| <ul style="list-style-type: none"> • Emergency room care • Freestanding urgent care center • Ambulance | <ul style="list-style-type: none"> • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> • Covered at 80%, subject to the deductible • Covered at 60%, subject to the deductible • Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> • Covered at 80%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, 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 |
| Outpatient Hospital Benefits | | | | | | |
| <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 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible | <ul style="list-style-type: none"> • Covered at 60%, subject to the deductible • Covered at 60%, subject to the deductible • Covered at 60%, subject to the deductible • Covered at 60%, subject to the deductible • Covered at 60%, subject to the deductible | <ul style="list-style-type: none"> • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible • Covered at 90%, subject to the deductible | <ul style="list-style-type: none"> • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, 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 | <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 |
| Mental Health and Chemical Dependence | | | | | | |
| <ul style="list-style-type: none"> • Inpatient mental health care | <ul style="list-style-type: none"> • Covered at 80%, subject to the deductible. | <ul style="list-style-type: none"> • Covered at 60%, subject to the deductible. | <ul style="list-style-type: none"> • Covered at 90%, subject to the deductible | <ul style="list-style-type: none"> • Covered at 80%, subject to the deductible. | <ul style="list-style-type: none"> • Covered at 100%, subject to the deductible for up to 30 days per year. | <ul style="list-style-type: none"> • Covered at 100%, subject to the deductible for up to 30 days per year. |



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11/5/2009

| type of care/plan features | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | |
|----------------------------------|--|---|---|---|---|---|
| | In-Network | Out Of Network | In-Network | Out Of Network | In-Network | Out Of Network |
| • Outpatient mental health care | • Covered at 80%, subject to the deductible. Services can be provided in an outpatient facility or in a provider's office. | • Covered at 60%, subject to the deductible. Services can be provided in an outpatient facility or in a provider's office. | • Covered at 90%, subject to the deductible. Services can be provided in an outpatient facility or in a provider's office. | • Covered at 80%, subject to the deductible. Services can be provided in an outpatient facility or in a provider office. | • 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 20 visits per year. Services can be provided in an outpatient facility or in a provider's office. |
| • Inpatient chemical dependence | • Covered at 80%, subject to the deductible. | • Covered at 60%, subject to the deductible. | • Covered at 90%, subject to the deductible | • Covered at 80%, subject to the deductible. | • 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 7 days for detoxification and 30 days for rehabilitation per year; limited to 2 admissions per lifetime. |
| • Outpatient chemical dependence | • Covered at 80%, subject to the deductible | • Covered at 60%, subject to the deductible | • Covered at 90%, subject to the deductible | • Covered at 80%, subject to the deductible | • Covered at 100%, subject to the deductible for up to 60 visits per year | • Covered at 100%, subject to the deductible for up to 60 visits per year |
| Other Services | | | | | | |
| • Diabetic insulin and supplies | • Covered at 80%, subject to the deductible for up to a 30 day supply | • Covered at 60%, subject to the deductible for up to a 30 day supply | • Covered at 90%, subject to the deductible for up to a 30 day supply | • Covered at 80%, subject to the deductible for up to a 30 day supply | • Covered at 100%, subject to the deductible for up to a 30 day supply | • Covered at 100%, subject to the deductible for up to a 30 day supply |
| • Skilled nursing facility | • Covered at 80%, subject to the deductible for up to 45 days per year | • Covered at 60%, subject to the deductible for up to 45 days per year | • Covered at 90%, subject to the deductible for up to 45 days per year | • Covered at 80%, subject to the deductible for up to 45 days per year | • Covered at 100%, subject to the deductible for up to 45 days per year. | • Covered at 100%, subject to the deductible for up to 45 days per year |
| • Home care | • Covered at 80%, subject to the deductible for up to 40 visits per year. | • Covered at 60%, subject to the deductible for up to 40 visits per year. | • Covered at 90%, subject to the deductible for up to 40 visits per year. | • Covered at 80%, subject to the deductible for up to 40 visits per year. | • Covered at 100%, subject to the deductible for up to 40 visits per year. | • Covered at 100%, subject to the deductible for up to 40 visits per year. |
| • Hospice | • Covered at 80%, subject to the deductible for unlimited visits per year | • Covered at 60%, subject to the deductible for unlimited visits per year | • Covered at 90%, subject to the deductible for unlimited visits per year | • Covered at 80%, subject to the deductible for unlimited visits per year | • Covered at 100%, subject to the deductible for unlimited visits per year | • Covered at 100%, subject to the deductible for unlimited visits per year |
| • Outpatient therapy | • Covered at 80%, subject to the deductible for a combined total of 45 visits per year for physical, speech and occupational therapy | • Covered at 60%, subject to the deductible for a combined total of 45 visits per year for physical, speech, and occupational therapy | • Covered at 90%, subject to the deductible for a combined total of 45 visits per year for physical, speech, and occupational therapy | • Covered at 80%, 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 a combined total of 45 visits per year for physical, speech and occupational therapy | • Covered at 100%, subject to the deductible for a combined total of 45 visits per year for physical, speech and occupational therapy |



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| type of care/plan features | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | | HealthyBlue 2010 - High Deductible Health Plan (HDHP) Option | |
|-----------------------------|---|---|---|---|--|--|
| | In-Network | Out Of Network | In-Network | Out Of Network | In-Network | Out Of Network |
| • Durable medical equipment | • Covered at 80% subject to the deductible for up to \$15,000 per year combined with external prosthetics and orthotics | • Covered at 80% subject to the deductible for up to \$15,000 per year combined with external prosthetics and orthotics | • Covered at 90% subject to the deductible for up to \$15,000 per year combined with external prosthetics and orthotics | • Covered at 80% 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 external prosthetics and orthotics | • Covered at 100% subject to the deductible for up to \$15,000 per year combined with external prosthetics and orthotics |
| • External prosthetics | • Covered at 80%, subject to the deductible for up to \$15,000 per year combined with DME and orthotics | • Covered at 60% subject to the deductible for up to \$15,000 per year combined with DME and orthotics | • Covered at 90% subject to the deductible for up to \$15,000 per year combined with DME and orthotics | • Covered at 80%, subject to the deductible for up to \$15,000 per year combined with DME 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 for up to \$15,000 per year combined with DME and orthotics |
| • Chiropractic | • Covered at 80%, subject to the deductible | • Covered at 60%, subject to the deductible | • Covered at 90%, subject to the deductible | • Covered at 80%, subject to the deductible | • Covered at 100%, subject to the deductible | • Covered at 100%, subject to the deductible |
| • Acupuncture | • Covered at 80%, subject to the deductible, for up to 10 visits per year | • Covered at 60%, subject to the deductible, for up to 10 visits per year | • Covered at 90%, subject to the deductible, for up to 10 visits per year | • Covered at 80%, subject to the deductible, for up to 10 visits per year | • Covered at 100%, subject to the deductible, for up to 10 visits per year | • Covered at 100%, subject to the deductible, for up to 10 visits per 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 | • Covered at 90%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly | • 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 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 accidental injury to sound, natural teeth and for care due to congenital disease or anomaly |
| • Hearing | • Covered at 80%, subject to the deductible, for one routine hearing exam per year. | • Covered at 60%, subject to the deductible, for one routine hearing exam per year. | • Covered at 90%, subject to the deductible, for one routine hearing exam per year. | • Covered at 80%, subject to the deductible, for one routine hearing exam per year. | • Covered at 100%, subject to the deductible, for one routine hearing exam per year. | • Covered at 100%, subject to the deductible, for one routine hearing exam per year. |