



Comparison of benefits for Geneva Chamber of Commerce -2010

11/5/2009

type of care/plan features	HealthyBlue 2010 - Copay and Deductible Option		HealthyBlue 2010 - Copay and Deductible Option	
	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 	<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"> 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 		
<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"> Adult: \$25 Copay per visit; Children to age 19: \$0 Copay per visit \$40 copay per visit In-network: 20%; Out-of-network: 40% Combined in and out of network: \$250 individual/\$750 family Combined in and out-of-network: \$750 individual/\$2,250 family None 	<ul style="list-style-type: none"> Adult: \$30 Copay per visit; Children to age 19: \$0 Copay per visit \$50 copay per visit In-network: 20%; Out-of-network: 40% Combined in and out of network: \$250 individual/\$750 family Combined in and out-of-network: \$750 individual/\$2,250 family None 		
<p>HealthyRewards</p> <ul style="list-style-type: none"> Earn cash back with HealthyRewards 	<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"> 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. 		
<p>Preventive Health Care Services</p> <ul style="list-style-type: none"> Well child visits Adult routine physical exams Adult immunizations Mammography 	<ul style="list-style-type: none"> Covered in full Covered in full for 1 exam per year Covered in full Covered in full 	<ul style="list-style-type: none"> Covered in full Covered at 60%, subject to the deductible for one routine exam per year Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible 	<ul style="list-style-type: none"> Covered in full Covered in full for 1 exam per year Covered in full Covered in full 	<ul style="list-style-type: none"> Covered in full Covered at 60%, subject to the deductible for one routine exam per year Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible



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<ul style="list-style-type: none"> Pap smear Routine GYN exam Prostate cancer screening Routine vision Colonoscopy 	<ul style="list-style-type: none"> Covered in full Covered in full Covered in full \$40 copay for one routine exam every year; \$60 eyewear allowance available per year Preventive covered in full, diagnostic covered according to the surgical benefit 	<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 for one routine exam per year. \$60 eyewear allowance available per year Covered at 60%, subject to the deductible 	<ul style="list-style-type: none"> Covered in full Covered in full Covered in full \$50 copay for one routine exam every year; \$60 eyewear allowance available per year Preventive covered in full, diagnostic covered according to the surgical benefit 	<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 for one routine exam per year. \$60 eyewear allowance available per year Covered at 60%, subject to the deductible
Physician Office Services				
<ul style="list-style-type: none"> Diagnostic office visits Diagnostic x-rays Diagnostic laboratory and pathology Allergy tests Allergy injections Chemotherapy Radiation therapy 	<ul style="list-style-type: none"> 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. \$40 copay per visit Covered in full 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. 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. \$25 copay per visit \$40 copay per visit 	<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 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"> Adult: \$30 copay per visit to your PCP; \$50 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$50 copay per visit to a specialist. \$50 copay per visit Covered in full Adult: \$30 copay per visit to your PCP; \$50 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$50 copay per visit to a specialist. Adult: \$30 copay per visit to your PCP; \$50 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$50 copay per visit to a specialist. \$30 copay per visit \$50 copay per visit 	<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 Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible
Maternity Services				
<ul style="list-style-type: none"> Prenatal and postpartum 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 80%, subject to the deductible 	<ul style="list-style-type: none"> Covered at 60%, subject to the deductible



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<ul style="list-style-type: none"> Hospital care for mom (including delivery) Newborn nursery care 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible Covered in full 	<ul style="list-style-type: none"> Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible Covered in full 	<ul style="list-style-type: none"> Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible
<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. 	<ul style="list-style-type: none"> \$5/\$35/\$70; \$0 copay for generics for children to age 19. 	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> \$5/\$25/\$50 with a brand maximum of \$1,000 per individual per year; \$0 copay for generics for children to age 19. (Generic drugs do not apply to the annual brand maximum.) 	<ul style="list-style-type: none"> Not covered
<p>Inpatient Hospital Benefits</p> <ul style="list-style-type: none"> Hospital benefits Physician visits in the hospital Inpatient physical rehabilitation Surgery Anesthesia 	<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 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 for up to 60 days per year 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 80%, subject to the deductible Covered at 80%, subject to the deductible for up to 60 days per year 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 for up to 60 days per year Covered at 60%, subject to the deductible Covered at 80%, subject to the deductible
<p>Emergency Care</p> <ul style="list-style-type: none"> Emergency room care Freestanding urgent care center Ambulance 	<ul style="list-style-type: none"> \$150 copay per visit, unless admitted within 24 hours \$40 copay per visit \$150 copay 	<ul style="list-style-type: none"> \$150 copay per visit, unless admitted within 24 hours Covered at 60%, subject to the deductible \$150 copay 	<ul style="list-style-type: none"> \$250 copay per visit, unless admitted within 24 hours \$50 copay per visit \$250 copay 	<ul style="list-style-type: none"> \$250 copay per visit, unless admitted within 24 hours Covered at 60%, subject to the deductible \$250 copay
<p>Outpatient Hospital Benefits</p> <ul style="list-style-type: none"> Diagnostic x-rays Diagnostic laboratory and pathology 	<ul style="list-style-type: none"> \$40 copay per visit Covered in full 	<ul style="list-style-type: none"> Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible 	<ul style="list-style-type: none"> \$50 copay per visit Covered in full 	<ul style="list-style-type: none"> Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible



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<ul style="list-style-type: none"> • Surgical care • Chemotherapy • Radiation therapy 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible • \$25 copay per visit • \$40 copay per visit 	<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 80%, subject to the deductible • \$30 copay per visit • \$50 copay per visit 	<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
<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 80%, subject to the deductible. • \$40 copay. Services can be provided in an outpatient facility or in a provider's office. • Covered at 80%, subject to the deductible. • \$40 copay per visit 	<ul style="list-style-type: none"> • Covered at 60%, subject to the deductible. • Covered at 60%, 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. • Covered at 60%, subject to the deductible 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible. • \$50 copay. Services can be provided in an outpatient facility or in a provider's office. • Covered at 80%, subject to the deductible. • \$50 copay per visit 	<ul style="list-style-type: none"> • Covered at 60%, subject to the deductible. • Covered at 60%, 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. • Covered at 60%, subject to the deductible
<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 	<ul style="list-style-type: none"> • \$25 copay for up to a 30 day supply • Covered at 80%, subject to the deductible for up to 45 days per year • Covered in full for up to 40 visits per year • Covered in full for unlimited days • \$40 copay for up to a combined total of 45 visits per year for physical, speech and occupational therapy • Covered at 80% subject to the deductible for up to \$15,000 per year combined with external prosthetics and orthotics 	<ul style="list-style-type: none"> • Covered at 60%, subject to the deductible for up to a 30 day supply • Covered at 60%, subject to the deductible for up to 45 days per year • Covered at 75%, subject to a \$50 deductible for up to 40 visits per year. • Covered at 60%, subject to the deductible for unlimited visits per year • Covered at 60%, 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 up to \$15,000 per year combined with external prosthetics and orthotics 	<ul style="list-style-type: none"> • \$30 copay for up to a 30 day supply • Covered at 80%, subject to the deductible for up to 45 days per year • Covered in full for up to 40 visits per year • Covered in full for unlimited days • \$50 copay for up to a combined total of 45 visits per year for physical, speech and occupational therapy • Covered at 80% subject to the deductible for up to \$15,000 per year combined with external prosthetics and orthotics 	<ul style="list-style-type: none"> • Covered at 60%, subject to the deductible for up to a 30 day supply • Covered at 60%, subject to the deductible for up to 45 days per year • Covered at 75%, subject to a \$50 deductible for up to 40 visits per year. • Covered at 60%, subject to the deductible for unlimited visits per year • Covered at 60%, 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 up to \$15,000 per year combined with external prosthetics and orthotics



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<ul style="list-style-type: none"> External prosthetics Chiropractic Acupuncture Dental Hearing 	<ul style="list-style-type: none"> Covered at 80% subject to the deductible for up to \$15,000 per year combined with DME and orthotics \$40 copay per visit \$40 copay for up to 10 visits per year \$40 copay per visit for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly \$40 copay for one routine hearing exam per year. Hearing aids covered up to \$600 every 3 years for children to age 19. 	<ul style="list-style-type: none"> Covered at 60% subject to the deductible for up to \$15,000 per year combined with DME and orthotics Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible, for up to 10 visits per year 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 60%, subject to the deductible, for one routine hearing exam per year. Hearing aids covered up to \$600 every 3 years for children to age 19. 	<ul style="list-style-type: none"> Covered at 80% subject to the deductible for up to \$15,000 per year combined with DME and orthotics \$50 copay per visit \$50 copay for up to 10 visits per year \$50 copay for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly \$50 copay for one routine hearing exam per year. Hearing aids covered up to \$600 every 3 years for children to age 19. 	<ul style="list-style-type: none"> Covered at 60% subject to the deductible for up to \$15,000 per year combined with DME and orthotics Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible, for up to 10 visits per year 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 60%, subject to the deductible, for one routine hearing exam per year. Hearing aids covered up to \$600 every 3 years for children to age 19.

		Proposed Rates			
Product Description Hb Hybrid		Single	Sub/Spouse	Sub/Child	Family
HB \$25/40 Ded \$250/750 ER150 19/23 Rx 5/35/70	188	\$ 388.71	\$ 948.44	\$ 788.54	\$ 1,004.66
HB \$30/50 Ded \$250/750 ER250 19/23 Rx 5/25/50 max	192	\$ 353.64	\$ 862.87	\$ 718.23	\$ 915.07