



Comparison of benefits for Geneva Chamber of Commerce -2010

11/5/2009

type of care/plan features	HealthyBlue 2010 - Copay Option		HealthyBlue 2010 - Copay Option		HealthyBlue 2010 - Copay Option		HealthyBlue 2010 - Copay Option	
	In-Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
Plan features								
<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 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; Qualified dependents and students are covered to age 26. Covered 	<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; Qualified dependents and students are covered to age 26. Covered 	<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; Qualified dependents and students are covered to age 26. Covered 	<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; Qualified dependents and students are covered to age 26. Covered 	<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"> 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"> 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"> 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
Plan cost-sharing highlights								
<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: \$15 Copay per visit; Children to age 19: \$0 Copay per visit \$25 copay per visit In-network: None; Out-of-network: 20% In-network: None Out of Network \$500 individual /\$1,500 family In-network: None; Out of Network \$1,500 individual /\$4,500 family None 	<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: None; Out-of-network: 20% In-network: None Out of Network \$500 individual /\$1,500 family In-network: None; Out of Network \$1,500 individual /\$4,500 family None 	<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: None; Out-of-network: 20% In-network: None Out of Network \$500 individual /\$1,500 family In-network: None; Out of Network \$1,500 individual /\$4,500 family None 	<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: None; Out-of-network: 20% In-network: None Out of Network \$500 individual /\$1,500 family In-network: None; Out of Network \$1,500 individual /\$4,500 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: None; Out-of-network: 20% In-network: None Out of Network \$500 individual /\$1,500 family In-network: None; Out of Network \$1,500 individual /\$4,500 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: None; Out-of-network: 20% In-network: None Out of Network \$500 individual /\$1,500 family In-network: None; Out of Network \$1,500 individual /\$4,500 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: None; Out-of-network: 20% In-network: None Out of Network \$500 individual /\$1,500 family In-network: None; Out of Network \$1,500 individual /\$4,500 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: None; Out-of-network: 20% In-network: None Out of Network \$500 individual /\$1,500 family In-network: None; Out of Network \$1,500 individual /\$4,500 family None
HealthyRewards								



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	In-Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
<ul style="list-style-type: none"> Earn cash back with HealthyRewards 	<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"> 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"> 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"> 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"> 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"> 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"> 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"> 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.
Preventive Health Care Services								
<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 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 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 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 80%, 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 80%, 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 80%, 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"> Mammography 	<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 80%, 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 80%, 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 80%, 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 80%, 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"> Routine GYN exam 	<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 80%, 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 80%, 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 80%, 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 80%, 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



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<ul style="list-style-type: none"> • Routine vision 	<ul style="list-style-type: none"> • \$25 copay for one routine exam every year; \$60 eyewear allowance available per year 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible for one routine exam per year. \$60 eyewear allowance available per year 	<ul style="list-style-type: none"> • \$40 copay for one routine exam every year; \$60 eyewear allowance available per year 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible for one routine exam per year. \$60 eyewear allowance available per year 	<ul style="list-style-type: none"> • \$40 copay for one routine exam every year; \$60 eyewear allowance available per year 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible for one routine exam per year. \$60 eyewear allowance available per year 	<ul style="list-style-type: none"> • \$50 copay for one routine exam every year; \$60 eyewear allowance available per year 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible for one routine exam per year. \$60 eyewear allowance available 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 80%, 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 80%, 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 80%, 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 80%, subject to the deductible
Physician Office Services								
<ul style="list-style-type: none"> • Diagnostic office visits 	<ul style="list-style-type: none"> • Adult: \$15 copay per visit to your PCP; \$25 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$25 copay per visit to a specialist. 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible 	<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. 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible 	<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. 	<ul style="list-style-type: none"> • Covered at 80%, 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. 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible
<ul style="list-style-type: none"> • Diagnostic x-rays 	<ul style="list-style-type: none"> • \$25 copay per visit 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible 	<ul style="list-style-type: none"> • \$40 copay per visit 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible 	<ul style="list-style-type: none"> • \$40 copay per visit 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible 	<ul style="list-style-type: none"> • \$50 copay per visit 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible
<ul style="list-style-type: none"> • Diagnostic laboratory and pathology 	<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 80%, 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 80%, subject to the deductible
<ul style="list-style-type: none"> • Allergy tests 	<ul style="list-style-type: none"> • Adult: \$15 copay per visit to your PCP; \$25 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$25 copay per visit to a specialist. 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible 	<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. 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible 	<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. 	<ul style="list-style-type: none"> • Covered at 80%, 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. 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible



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• Allergy injections	• Adult: \$15 copay per visit to your PCP; \$25 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$25 copay per visit to a specialist.	• Covered at 80%, subject to the deductible	• 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.	• Covered at 80%, subject to the deductible	• 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.	• Covered at 80%, subject to the deductible	• 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.	• Covered at 80%, subject to the deductible
• Chemotherapy	• \$15 copay per visit	• Covered at 80%, subject to the deductible	• \$25 copay per visit	• Covered at 80%, subject to the deductible	• \$25 copay per visit	• Covered at 80%, subject to the deductible	• \$30 copay per visit	• Covered at 80%, subject to the deductible
• Radiation therapy	• \$25 copay per visit	• Covered at 80%, subject to the deductible	• \$40 copay per visit	• Covered at 80%, subject to the deductible	• \$40 copay per visit	• Covered at 80%, subject to the deductible	• \$50 copay per visit	• Covered at 80%, subject to the deductible
Maternity Services								
• Prenatal and postpartum care	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible
• Hospital care for mom (including delivery)	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible
• Newborn nursery care	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible
Prescription Drug								
• 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.	• \$5/\$25/\$50; \$0 copay for generics for children to age 19.	• Not covered	• \$5/\$25/\$50; \$0 copay for generics for children to age 19.	• Not covered	• \$5/\$35/\$70; \$0 copay for generics for children to age 19.	• Not covered	• \$5/\$35/\$70 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.)	• Not covered



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Inpatient Hospital Benefits								
• Hospital benefits	• Subject to \$150 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.	• Subject to \$250 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.	• Subject to \$500 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.	• Subject to \$500 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.
• Physician visits in the hospital	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible
• Inpatient physical rehabilitation	• Subject to \$150 copay per admission for up to 60 days per year	• Covered at 80%, subject to the deductible for up to 60 days per year.	• Subject to \$250 copay per admission for up to 60 days per year	• Covered at 80%, subject to the deductible for up to 60 days per year.	• Subject to \$500 copay per admission for up to 60 days per year	• Covered at 80%, subject to the deductible for up to 60 days per year.	• Subject to \$500 copay per admission for up to 60 days per year	• Covered at 80%, subject to the deductible for up to 60 days per year.
• Surgery	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible
• Anesthesia	• Covered in full	• Covered in full	• Covered in full	• Covered in full	• Covered in full	• Covered in full	• Covered in full	• Covered in full
Emergency Care								
• Emergency room care	• \$75 copay per visit, unless admitted within 24 hours	• \$75 copay per visit, unless admitted within 24 hours	• \$150 copay per visit, unless admitted within 24 hours	• \$150 copay per visit, unless admitted within 24 hours	• \$250 copay per visit, unless admitted within 24 hours	• \$250 copay per visit, unless admitted within 24 hours	• \$250 copay per visit, unless admitted within 24 hours	• \$250 copay per visit, unless admitted within 24 hours
• Freestanding urgent care center	• \$25 copay per visit	• Covered at 80%, subject to the deductible	• \$40 copay per visit	• Covered at 80%, subject to the deductible	• \$40 copay per visit	• Covered at 80%, subject to the deductible	• \$50 copay per visit	• Covered at 80%, subject to the deductible
• Ambulance	• \$75 copay	• \$75 copay	• \$150 copay	• \$150 copay	• \$250 copay	• \$250 copay	• \$250 copay	• \$250 copay
Outpatient Hospital Benefits								
• Diagnostic x-rays	• \$25 copay per visit	• Covered at 80%, subject to the deductible	• \$40 copay per visit	• Covered at 80%, subject to the deductible	• \$40 copay per visit	• Covered at 80%, subject to the deductible	• \$50 copay per visit	• Covered at 80%, subject to the deductible
• Diagnostic laboratory and pathology	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible
• Surgical care	• \$75 copay	• Covered at 80%, subject to the deductible	• \$150 copay	• Covered at 80%, subject to the deductible	• \$250 copay	• Covered at 80%, subject to the deductible	• \$250 copay	• Covered at 80%, subject to the deductible



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	In-Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
• Chemotherapy	• \$15 copay per visit	• Covered at 80%, subject to the deductible	• \$25 copay per visit	• Covered at 80%, subject to the deductible	• \$25 copay per visit	• Covered at 80%, subject to the deductible	• \$30 copay per visit	• Covered at 80%, subject to the deductible
• Radiation therapy	• \$25 copay per visit	• Covered at 80%, subject to the deductible	• \$40 copay per visit	• Covered at 80%, subject to the deductible	• \$40 copay per visit	• Covered at 80%, subject to the deductible	• \$50 copay per visit	• Covered at 80%, subject to the deductible
Mental Health and Chemical Dependence								
• Inpatient mental health care	• Subject to \$150 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.	• Subject to \$250 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.	• Subject to \$500 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.	• Subject to \$500 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.
• Outpatient mental health care	• \$25 copay. Services can be provided in an outpatient facility or in a provider office.	• Covered at 80%, subject to the deductible. Services can be provided in an outpatient facility or in a provider office.	• \$40 copay. 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.	• \$40 copay. 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.	• \$50 copay. 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.
• Inpatient chemical dependence	• Subject to \$150 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.	• Subject to \$250 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.	• Subject to \$500 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.	• Subject to \$500 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.
• Outpatient chemical dependence	• \$25 copay per visit	• Covered at 80%, subject to the deductible	• \$40 copay per visit	• Covered at 80%, subject to the deductible	• \$40 copay per visit	• Covered at 80%, subject to the deductible	• \$50 copay per visit	• Covered at 80%, subject to the deductible
Other Services								
• Diabetic insulin and supplies	• \$15 copay for up to a 30 day supply	• Covered at 80%, subject to the deductible for up to a 30 day supply	• \$25 copay for up to a 30 day supply	• Covered at 80%, subject to the deductible for up to a 30 day supply	• \$25 copay for up to a 30 day supply	• Covered at 80%, subject to the deductible for up to a 30 day supply	• \$30 copay for up to a 30 day supply	• Covered at 80%, subject to the deductible for up to a 30 day supply
• Skilled nursing facility	• Subject to \$150 copay per admission for up to 45 days per year	• Covered at 80%, subject to the deductible for up to 45 days per year	• Subject to \$250 copay per admission for up to 45 days per year	• Covered at 80%, subject to the deductible for up to 45 days per year	• Subject to \$500 copay per admission for up to 45 days per year	• Covered at 80%, subject to the deductible for up to 45 days per year	• Subject to \$500 copay per admission for up to 45 days per year	• Covered at 80%, subject to the deductible for up to 45 days per year



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11/5/2009

type of care/plan features	HealthyBlue 2010 - Copay Option		HealthyBlue 2010 - Copay Option		HealthyBlue 2010 - Copay Option		HealthyBlue 2010 - Copay Option	
	In-Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
• Home care	• Covered in full for up to 40 visits per year	• Covered at 80%, subject to a \$50 deductible for up to 40 visits per year.	• Covered in full for up to 40 visits per year	• Covered at 80%, subject to a \$50 deductible for up to 40 visits per year.	• Covered in full for up to 40 visits per year	• Covered at 80%, subject to a \$50 deductible for up to 40 visits per year.	• Covered in full for up to 40 visits per year	• Covered at 80%, subject to a \$50 deductible for up to 40 visits per year.
• Hospice	• Covered in full for unlimited visits	• Covered at 80%, subject to the deductible for unlimited visits per year	• Covered in full for unlimited visits	• Covered at 80%, subject to the deductible for unlimited visits per year	• Covered in full for unlimited visits	• Covered at 80%, subject to the deductible for unlimited visits per year	• Covered in full for unlimited visits	• Covered at 80%, subject to the deductible for unlimited visits per year
• Outpatient therapy	• \$25 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 a combined total of 45 visits per year for physical, speech, and occupational therapy	• \$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 a combined total of 45 visits per year for physical, speech, and occupational therapy	• \$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 a combined total of 45 visits per year for physical, speech, and occupational therapy	• \$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 a combined total of 45 visits per year for physical, speech, and occupational therapy
• Durable medical equipment	• Covered at 80% 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 80% 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 80% 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 80% 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
• External prosthetics	• Covered at 80% 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 80% 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 80% 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 80% 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
• Chiropractic	• \$25 copay per visit	• Covered at 80%, subject to the deductible	• \$40 copay per visit	• Covered at 80%, subject to the deductible	• \$40 copay per visit	• Covered at 80%, subject to the deductible	• \$50 copay per visit	• Covered at 80%, subject to the deductible
• Acupuncture	• \$25 copay for up to 10 visits per year	• Covered at 80%, subject to the deductible, for up to 10 visits per year	• \$40 copay for up to 10 visits per year	• Covered at 80%, subject to the deductible, for up to 10 visits per year	• \$40 copay for up to 10 visits per year	• Covered at 80%, subject to the deductible, for up to 10 visits per year	• \$50 copay for up to 10 visits per year	• Covered at 80%, subject to the deductible, for up to 10 visits per year



Comparison of benefits for Geneva Chamber of Commerce -2010

11/5/2009

type of care/plan features	HealthyBlue 2010 - Copay Option		HealthyBlue 2010 - Copay Option		HealthyBlue 2010 - Copay Option		HealthyBlue 2010 - Copay Option	
	In-Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
. Dental	. \$25 copay per visit 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	. \$40 copay per visit 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	. \$40 copay per visit 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	. \$50 copay 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
. Hearing	. \$25 copay for one routine hearing exam per year. Hearing aids covered up to \$600 every 3 years for children to age 19.	. Covered at 80%, 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.	. \$40 copay for one routine hearing exam per year. Hearing aids covered up to \$600 every 3 years for children to age 19.	. Covered at 80%, 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.	. \$40 copay for one routine hearing exam per year. Hearing aids covered up to \$600 every 3 years for children to age 19.	. Covered at 80%, 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.	. \$50 copay for one routine hearing exam per year. Hearing aids covered up to \$600 every 3 years for children to age 19.	. Covered at 80%, 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.

Product Description HB Copay Options		Proposed Rates			
		Single	Sub/Spouse	Sub/Child	Family
HB \$15/\$25 M 19/23 ER 75 IP150 5/25/50 0G	181	\$ 378.54	\$ 923.62	\$ 767.84	\$ 978.28
HB \$15/\$25 M 26/26 ER 75 IP150 5/25/50 0G	190	\$ 378.54	\$ 923.62	\$ 779.39	\$ 992.99
HB \$25/40 H 19/23 ER150 IP250 Rx5/25/50 \$0GK	182	\$ 361.71	\$ 882.56	\$ 733.52	\$ 934.56
HB \$25/40 H 26/26 ER150 IP250 Rx5/25/50 \$0GK	183	\$ 361.71	\$ 882.56	\$ 744.38	\$ 948.39
HB \$25/40 H 19/23 ER250 IP500 Rx5/35/70 \$0GK	185	\$ 345.81	\$ 843.76	\$ 701.60	\$ 893.89
HB \$25/40 H 26/26 ER250 IP500 Rx5/35/70 \$0GK	192	\$ 345.81	\$ 843.76	\$ 712.27	\$ 907.47
HB \$30/50 19/23 ER250 IP500 Rx 5/35/70\$1000 brand max	183	\$ 314.24	\$ 766.75	\$ 638.45	\$ 813.43