



## 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><b>Plan features</b></p> <ul style="list-style-type: none"> <li>Primary Care Physician (PCP)</li> <li>Referrals</li> <li>Out of network benefits</li> <li>Out of area benefits</li> <li>Student/Dependent coverage</li> <li>Domestic partner</li> </ul>	<ul style="list-style-type: none"> <li>Not required</li> <li>Not required</li> <li>Covered at 60%, subject to the deductible</li> <li>Coverage provided worldwide through the BlueCard® program.</li> <li>Qualified dependents are covered to age 19. Qualified students are covered to age 23.</li> <li>Covered</li> </ul>	<ul style="list-style-type: none"> <li>Not required</li> <li>Not required</li> <li>Covered at 80%, subject to the deductible</li> <li>Coverage provided worldwide through the BlueCard® program.</li> <li>Qualified dependents are covered to age 19. Qualified students are covered to age 23.</li> <li>Covered</li> </ul>	<ul style="list-style-type: none"> <li>Not required</li> <li>Not required</li> <li>Covered at 100%, subject to the deductible</li> <li>Coverage provided worldwide through the BlueCard® program.</li> <li>Qualified dependents are covered to age 19. Qualified students are covered to age 23.</li> <li>Covered</li> </ul>			
<p><b>Plan cost-sharing highlights</b></p> <ul style="list-style-type: none"> <li>Office visit copay (Primary Care Physician)</li> <li>Office visit copay (Specialist)</li> <li>Coinsurance</li> <li>Deductible</li> <li>Out of pocket maximum</li> <li>Lifetime maximum</li> </ul>	<ul style="list-style-type: none"> <li>No copay, office visit covered at 80% in-network and 60% out-of-network, subject to the deductible</li> <li>No copay, office visit covered at 80% in-network and 60% out-of-network, subject to the deductible</li> <li>In-network: 20%; Out-of-network: 40%</li> <li>Combined in- and out-of-network: \$1,300 individual/\$2,600 family</li> <li>Combined in and out of network: \$3,000 individual/\$6,000 family</li> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>No copay, office visit covered at 90% in-network and 80% out-of-network, subject to the deductible</li> <li>No copay, office visit covered at 90% in-network and 80% out-of-network, subject to the deductible</li> <li>In-network: 10% Out-of-network: 20%</li> <li>Combined in- and out-of-network: \$1,800 individual/\$3,600 family</li> <li>Combined in and out of network: \$3,600 individual/\$7,200 family</li> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>No copay, office visit covered at 100% in-network and 100% out-of-network, subject to the deductible</li> <li>No copay, office visit covered at 100% in-network and 100% out-of-network, subject to the deductible</li> <li>In-network: 0%; Out-of-network: 0%</li> <li>Combined in- and out-of-network: \$2,600 individual/\$5,200 family</li> <li>Combined in and out-of-network: \$5,500 individual/\$11,000 family</li> <li>None</li> </ul>			
<p><b>HealthyRewards</b></p> <ul style="list-style-type: none"> <li>Earn cash back with HealthyRewards</li> </ul>	<ul style="list-style-type: none"> <li>Earn up to \$1,000 in rewards per family by scheduling regular check-ups, eating right and staying active. Then get paid anytime throughout the year.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>			
<p><b>Preventive Health Care Services</b></p>						



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



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<ul style="list-style-type: none"> <li>Allergy injections</li> <li>Chemotherapy</li> <li>Radiation therapy</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 60%, subject to the deductible</li> <li>Covered at 60%, subject to the deductible</li> <li>Covered at 60%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 90%, subject to the deductible</li> <li>Covered at 90%, subject to the deductible</li> <li>Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> </ul>
<b>Maternity Services</b>						
<ul style="list-style-type: none"> <li>Prenatal and postpartum care</li> <li>Hospital care for mom (including delivery)</li> <li>Newborn nursery care</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 60%, subject to the deductible</li> <li>Covered at 60%, subject to the deductible</li> <li>Covered at 60%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 90%, subject to the deductible</li> <li>Covered at 90%, subject to the deductible</li> <li>Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> </ul>
<b>Prescription Drug</b>						
<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>\$5/\$35/\$70; \$0 copay for generics for children to age 19, subject to deductible.</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>	<ul style="list-style-type: none"> <li>\$5/\$35/\$70; \$0 copay for generics for children to age 19, subject to deductible.</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100% subject to the plan deductible.</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>
<b>Inpatient Hospital Benefits</b>						
<ul style="list-style-type: none"> <li>Hospital benefits</li> <li>Physician visits in the hospital</li> <li>Inpatient physical rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible.</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible for up to 60 days per year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 60%, subject to the deductible.</li> <li>Covered at 60%, subject to the deductible</li> <li>Covered at 60%, subject to the deductible for up to 60 days per year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 90%, subject to the deductible</li> <li>Covered at 90%, subject to the deductible</li> <li>Covered at 90%, subject to the deductible for up to 60 days per year.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible.</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible for up to 60 days per year.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible.</li> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible for up to 60 days per year.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible.</li> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible for up to 60 days per year.</li> </ul>



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	In-Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
<ul style="list-style-type: none"> <li>• Surgery</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> </ul>
<b>Emergency Care</b>						
<ul style="list-style-type: none"> <li>• Emergency room care</li> <li>• Freestanding urgent care center</li> <li>• Ambulance</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> </ul>
<b>Outpatient Hospital Benefits</b>						
<ul style="list-style-type: none"> <li>• Diagnostic x-rays</li> <li>• Diagnostic laboratory and pathology</li> <li>• Surgical care</li> <li>• Chemotherapy</li> <li>• Radiation therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> </ul>
<b>Mental Health and Chemical Dependence</b>						
<ul style="list-style-type: none"> <li>• Inpatient mental health care</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible.</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 60%, subject to the deductible.</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible.</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 100%, subject to the deductible for up to 30 days per year.</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 100%, subject to the deductible for up to 30 days per year.</li> </ul>



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• 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
<b>Other Services</b>						
• 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



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"> <li>Durable medical equipment</li> <li>External prosthetics</li> <li>Chiropractic</li> <li>Acupuncture</li> <li>Dental</li> <li>Hearing</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80% subject to the deductible for up to \$15,000 per year combined with external prosthetics and orthotics</li> <li>Covered at 80%, subject to the deductible for up to \$15,000 per year combined with DME and orthotics</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible, for up to 10 visits per year</li> <li>Covered at 80%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>Covered at 80%, subject to the deductible, for one routine hearing exam per year.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80% subject to the deductible for up to \$15,000 per year combined with external prosthetics and orthotics</li> <li>Covered at 60% subject to the deductible for up to \$15,000 per year combined with DME and orthotics</li> <li>Covered at 60%, subject to the deductible</li> <li>Covered at 60%, subject to the deductible, for up to 10 visits per year</li> <li>Covered at 60%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>Covered at 60%, subject to the deductible, for one routine hearing exam per year.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 90% subject to the deductible for up to \$15,000 per year combined with external prosthetics and orthotics</li> <li>Covered at 90% subject to the deductible for up to \$15,000 per year combined with DME and orthotics</li> <li>Covered at 90%, subject to the deductible</li> <li>Covered at 90%, subject to the deductible, for up to 10 visits per year</li> <li>Covered at 90%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>Covered at 90%, subject to the deductible, for one routine hearing exam per year.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80% subject to the deductible for up to \$15,000 per year combined with external prosthetics and orthotics</li> <li>Covered at 80%, subject to the deductible for up to \$15,000 per year combined with DME and orthotics</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible, for up to 10 visits per year</li> <li>Covered at 80%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>Covered at 80%, subject to the deductible, for one routine hearing exam per year.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100% subject to the deductible for up to \$15,000 per year combined with external prosthetics and orthotics</li> <li>Covered at 100%, subject to the deductible for up to \$15,000 per year combined with DME and orthotics</li> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible, for up to 10 visits per year</li> <li>Covered at 100%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>Covered at 100%, subject to the deductible, for one routine hearing exam per year.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100% subject to the deductible for up to \$15,000 per year combined with external prosthetics and orthotics</li> <li>Covered at 100%, subject to the deductible for up to \$15,000 per year combined with DME and orthotics</li> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible, for up to 10 visits per year</li> <li>Covered at 100%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>Covered at 100%, subject to the deductible, for one routine hearing exam per year.</li> </ul>

Product Description HB HDHP		Proposed Rates			
		Single	Sub/Spouse	Sub/Child	Family
HB HDHP 1300/2600 19/23 Rx 5/35/70	186	\$ 224.61	\$ 548.05	\$ 457.75	\$ 583.20
HB HDHP 1800/3600 19/23 Rx 5/35/70	191	\$ 208.76	\$ 509.39	\$ 425.42	\$ 541.99
HB HDHP 2600/5200 19/23 Rx 5/35/70	187	\$ 202.87	\$ 495.00	\$ 413.38	\$ 526.66