



## Comparison of benefits for Geneva Chamber of Commerce -2010

11/5/2009

type of care/plan features	SimplyBlue Copay Option		SimplyBlue Copay Option		SimplyBlue High Deductible Health Plan (HDHP) Option	
	In-Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
<b>Plan features</b>						
<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> </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> </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; Qualified dependents and students are covered to age 26.</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; Qualified dependents and students are covered to age 26.</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; Qualified dependents and students are covered to age 26.</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; Qualified dependents and students are covered to age 26.</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; Qualified dependents and students are covered to age 26.</li> </ul>
<ul style="list-style-type: none"> <li>Student/Dependent coverage</li> </ul>	<ul style="list-style-type: none"> <li>Qualified dependents are covered to age 19. Qualified students are covered to age 23.</li> </ul>	<ul style="list-style-type: none"> <li>Qualified dependents are covered to age 19. Qualified students are covered to age 23; Qualified dependents and students are covered to age 26.</li> </ul>	<ul style="list-style-type: none"> <li>Qualified dependents are covered to age 19. Qualified students are covered to age 23; Qualified dependents and students are covered to age 26.</li> </ul>	<ul style="list-style-type: none"> <li>Qualified dependents are covered to age 19. Qualified students are covered to age 23; Qualified dependents and students are covered to age 26.</li> </ul>	<ul style="list-style-type: none"> <li>Qualified dependents are covered to age 19. Qualified students are covered to age 23; Qualified dependents and students are covered to age 26.</li> </ul>	<ul style="list-style-type: none"> <li>Qualified dependents are covered to age 19. Qualified students are covered to age 23; Qualified dependents and students are covered to age 26.</li> </ul>
<ul style="list-style-type: none"> <li>Domestic partner</li> </ul>	<ul style="list-style-type: none"> <li>Covered</li> </ul>	<ul style="list-style-type: none"> <li>Covered</li> </ul>	<ul style="list-style-type: none"> <li>Covered</li> </ul>	<ul style="list-style-type: none"> <li>Covered</li> </ul>	<ul style="list-style-type: none"> <li>Covered</li> </ul>	<ul style="list-style-type: none"> <li>Covered</li> </ul>
<b>Plan cost-sharing highlights</b>						
<ul style="list-style-type: none"> <li>Office visit copay (Primary Care Physician)</li> </ul>	<ul style="list-style-type: none"> <li>Adults and Children: \$30 Copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Adults and Children: \$30 Copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Adults and Children: \$30 Copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Adults and Children: \$30 Copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Adults and Children: \$30 Copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Adults and Children: \$30 Copay per visit</li> </ul>
<ul style="list-style-type: none"> <li>Office visit copay (Specialist)</li> </ul>	<ul style="list-style-type: none"> <li>\$50 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>\$50 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>\$50 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>\$50 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>\$50 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>\$50 copay per visit</li> </ul>
<ul style="list-style-type: none"> <li>Coinsurance</li> <li>Deductible</li> </ul>	<ul style="list-style-type: none"> <li>In-network: None; Out-of-network: 40%</li> <li>In-network: None Out of Network \$2,000 individual /\$6,000 family</li> <li>Combined in and out-of-network: \$6,000 individual/\$18,000 family</li> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>In-network: None; Out-of-network: 40%</li> <li>In-network: None Out of Network \$2,000 individual /\$6,000 family</li> <li>Combined in and out-of-network: \$6,000 individual/\$18,000 family</li> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>In-network: None; Out-of-network: 40%</li> <li>In-network: None Out of Network \$2,000 individual /\$6,000 family</li> <li>Combined in and out-of-network: \$6,000 individual/\$18,000 family</li> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>In-network: None; Out-of-network: 40%</li> <li>In-network: None Out of Network \$2,000 individual /\$6,000 family</li> <li>Combined in and out-of-network: \$6,000 individual/\$18,000 family</li> <li>None</li> </ul>	<ul style="list-style-type: none"> <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>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>Out of pocket maximum</li> <li>Lifetime maximum</li> </ul>	<ul style="list-style-type: none"> <li>Out of pocket maximum: \$6,000 individual/\$18,000 family</li> <li>Lifetime maximum: None</li> </ul>	<ul style="list-style-type: none"> <li>Out of pocket maximum: \$6,000 individual/\$18,000 family</li> <li>Lifetime maximum: None</li> </ul>	<ul style="list-style-type: none"> <li>Out of pocket maximum: \$6,000 individual/\$18,000 family</li> <li>Lifetime maximum: None</li> </ul>	<ul style="list-style-type: none"> <li>Out of pocket maximum: \$6,000 individual/\$18,000 family</li> <li>Lifetime maximum: None</li> </ul>	<ul style="list-style-type: none"> <li>Out of pocket maximum: \$6,000 individual/\$18,000 family</li> <li>Lifetime maximum: None</li> </ul>	<ul style="list-style-type: none"> <li>Out of pocket maximum: \$6,000 individual/\$18,000 family</li> <li>Lifetime maximum: None</li> </ul>
<b>Preventive Health Care Services</b>						
<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 calendar 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 calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full for 1 exam per calendar 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 calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full for 1 exam per calendar 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 calendar 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 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 60%, 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 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 60%, subject to the deductible</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>Pap smear</li> <li>Routine GYN exam</li> <li>Prostate cancer screening</li> <li>Routine vision</li> <li>Colonoscopy</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>\$50 copay for one routine exam every year; \$60 eyewear allowance available per calendar year</li> <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> <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 one routine exam per calendar year. \$60 eyewear allowance available per calendar year</li> <li>Covered at 60%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>\$50 copay for one routine exam every year; \$60 eyewear allowance available per calendar year</li> <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> <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 one routine exam per calendar year. \$60 eyewear allowance available per calendar year</li> <li>Covered at 60%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered at 80%, subject to the deductible for one routine exam per calendar year</li> <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> <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 one routine exam per calendar year</li> <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> <li>Diagnostic x-rays</li> <li>Diagnostic laboratory and pathology</li> <li>Allergy tests</li> <li>Allergy injections</li> <li>Chemotherapy</li> </ul>	<ul style="list-style-type: none"> <li>\$30 copay per visit to your PCP; \$50 copay per visit to a specialist</li> <li>\$75 copay per visit</li> <li>\$50 copay per visit to a specialist.</li> <li>\$30 copay per visit to your PCP. \$50 copay per visit to a specialist.</li> <li>\$30 copay per visit to your PCP; \$50 copay per visit to a specialist</li> <li>\$30 copay for IV/injectable chemotherapy, in addition to a \$30 copay for the office visit</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> <li>Covered at 60%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$30 copay per visit to your PCP; \$50 copay per visit to a specialist</li> <li>\$75 copay per visit</li> <li>\$50 copay per visit to a specialist.</li> <li>\$30 copay per visit to your PCP. \$50 copay per visit to a specialist.</li> <li>\$30 copay per visit to your PCP; \$50 copay per visit to a specialist</li> <li>\$30 copay for IV/injectable chemotherapy, in addition to a \$30 copay for the office visit</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> <li>Covered at 60%, 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> <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> <li>Covered at 60%, subject to the deductible</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>• Radiation therapy</li> </ul>	<ul style="list-style-type: none"> <li>• \$50 copay per visit</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>• \$50 copay per visit</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 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 60%, subject to the deductible</li> </ul>
<b>Maternity Services</b>						
<ul style="list-style-type: none"> <li>• Prenatal and postpartum care</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 60%, 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 60%, subject to the deductible</li> </ul>
<ul style="list-style-type: none"> <li>• Hospital care for mom (including delivery)</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 60%, 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 60%, subject to the deductible</li> </ul>
<ul style="list-style-type: none"> <li>• Newborn nursery care</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 60%, 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 60%, subject to the deductible</li> </ul>
<b>Prescription Drug</b>						
<ul style="list-style-type: none"> <li>• Short-term and maintenance drugs</li> </ul>	<ul style="list-style-type: none"> <li>• \$5/\$35/\$70; \$0 copay for generics for children to age 19.</li> </ul>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<ul style="list-style-type: none"> <li>• \$7 copay for generics only; \$0 copay for generics for children to age 19.</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>
<b>Inpatient Hospital Benefits</b>						
<ul style="list-style-type: none"> <li>• Hospital benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to \$500 copay per day for up to 4 days per admission for unlimited days</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>• Subject to \$500 copay per day for up to 4 days per admission for unlimited days</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 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>• Physician visits in the hospital</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 60%, 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 60%, subject to the deductible</li> </ul>
<ul style="list-style-type: none"> <li>• Inpatient physical rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to \$500 copay per day for up to 4 days per admission and 60 days per calendar year.</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 60%, subject to the deductible for up to 60 days per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to \$500 copay per day for up to 4 days per admission and 60 days per calendar year.</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 60%, subject to the deductible for up to 60 days per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible for up to 60 days per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 60%, subject to the deductible for up to 60 days per calendar year</li> </ul>
<ul style="list-style-type: none"> <li>• Surgery</li> </ul>	<ul style="list-style-type: none"> <li>• \$250 Copay</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>• \$250 Copay</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 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>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full</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 at 80%, subject to the deductible</li> </ul>
<b>Emergency Care</b>						



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<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>\$250 copay per visit, unless admitted within 24 hours</li> <li>\$75 copay per visit</li> <li>\$250 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$250 copay per visit, unless admitted within 24 hours</li> <li>Covered at 60%, subject to the deductible</li> <li>\$250 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$250 copay per visit, unless admitted within 24 hours</li> <li>\$75 copay per visit</li> <li>\$250 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$250 copay per visit, unless admitted within 24 hours</li> <li>Covered at 60%, subject to the deductible</li> <li>\$250 copay</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>
<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>\$75 copay per visit</li> <li>\$50 copay per visit to a specialist.</li> <li>\$250 copay</li> <li>\$30 copay for IV/injectable chemotherapy, in addition to a \$30 copay for the office visit</li> <li>\$50 copay per visit</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>\$75 copay per visit</li> <li>\$50 copay per visit to a specialist.</li> <li>\$250 copay</li> <li>\$30 copay for IV/injectable chemotherapy, in addition to a \$30 copay for the office visit</li> <li>\$50 copay per visit</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 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>
<b>Mental Health and Chemical Dependence</b>						
<ul style="list-style-type: none"> <li>Inpatient mental health care</li> <li>Outpatient mental health care</li> </ul>	<ul style="list-style-type: none"> <li>Subject to \$500 copay per day for up to 4 days per admission for unlimited days</li> <li>\$50 copay. Services can be provided in an outpatient facility or in a provider's office.</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. Services can be provided in an outpatient facility or in a provider's office.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to \$500 copay per day for up to 4 days per admission for unlimited days</li> <li>\$50 copay. Services can be provided in an outpatient facility or in a provider's office.</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. Services can be provided in an outpatient facility or in a provider's office.</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. Services can be provided in an outpatient facility or in a provider's office.</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. Services can be provided in an outpatient facility or in a provider's office.</li> </ul>



**Comparison of benefits for Geneva Chamber of Commerce -2010**

11/5/2009

type of care/plan features	SimplyBlue Copay Option		SimplyBlue Copay Option		SimplyBlue 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>Inpatient chemical dependence</li> <li>Outpatient chemical dependence</li> </ul>	<ul style="list-style-type: none"> <li>Subject to \$500 copay per day for up to 4 days per admission for unlimited days</li> <li>\$50 copay per visit</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> </ul>	<ul style="list-style-type: none"> <li>Subject to \$500 copay per day for up to 4 days per admission for unlimited days</li> <li>\$50 copay per visit</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> </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 60%, subject to the deductible</li> </ul>
<b>Other Services</b>						
<ul style="list-style-type: none"> <li>Diabetic insulin and supplies</li> <li>Skilled nursing facility</li> <li>Home care</li> <li>Hospice</li> <li>Outpatient therapy</li> <li>Durable medical equipment</li> </ul>	<ul style="list-style-type: none"> <li>\$30 copay for up to a 30 day supply</li> <li>Subject to \$500 copay per day for up to 4 days per admission and up to 45 days per calendar year</li> <li>Covered in full for up to 40 visits per calendar year</li> <li>Covered in full for unlimited visits</li> <li>\$50 copay for up to a combined total of 45 visits per calendar year for physical, speech and occupational therapy</li> <li>Covered at 50% for up to \$15,000 per calendar year combined with external prosthetics and orthotics</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 60%, subject to the deductible for up to a 30 day supply</li> <li>Covered at 60%, subject to the deductible for up to 45 days per calendar year</li> <li>Covered at 60%, subject to a \$50 deductible for up to 40 visits per calendar year.</li> <li>Covered at 60%, subject to the deductible for unlimited visits per calendar year</li> <li>Covered at 60%, subject to the deductible for a combined total of 45 visits per calendar year for physical, speech, and occupational therapy</li> <li>Not covered</li> </ul>	<ul style="list-style-type: none"> <li>\$30 copay for up to a 30 day supply</li> <li>Subject to \$500 copay per day for up to 4 days per admission and up to 45 days per calendar year</li> <li>Covered in full for up to 40 visits per calendar year</li> <li>Covered in full for unlimited visits</li> <li>\$50 copay for up to a combined total of 45 visits per calendar year for physical, speech and occupational therapy</li> <li>Covered at 50% for up to \$15,000 per calendar year combined with external prosthetics and orthotics</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 60%, subject to the deductible for up to a 30 day supply</li> <li>Covered at 60%, subject to the deductible for up to 45 days per calendar year</li> <li>Covered at 60%, subject to a \$50 deductible for up to 40 visits per calendar year.</li> <li>Covered at 60%, subject to the deductible for unlimited visits per calendar year</li> <li>Covered at 60%, subject to the deductible for a combined total of 45 visits per calendar year for physical, speech, and occupational therapy</li> <li>Not covered</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible for up to a 30 day supply</li> <li>Covered at 80%, subject to the deductible for up to 45 days per calendar year</li> <li>Covered at 80%, subject to the deductible for up to 40 visits per calendar year.</li> <li>Covered at 80%, subject to the deductible for unlimited visits per calendar year</li> <li>Covered at 80%, subject to the deductible for a combined total of 45 visits per calendar year for physical, speech and occupational therapy</li> <li>Covered at 80% subject to the deductible for up to \$15,000 per calendar year combined with external prosthetics and orthotics</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 60%, subject to the deductible for up to a 30 day supply</li> <li>Covered at 60%, subject to the deductible for up to 45 days per calendar year</li> <li>Covered at 60%, subject to the deductible for up to 40 visits per calendar year.</li> <li>Covered at 60%, subject to the deductible for unlimited visits per calendar year</li> <li>Covered at 60%, subject to the deductible for a combined total of 45 visits per calendar year for physical, speech, and occupational therapy</li> <li>Covered at 60% subject to the deductible for up to \$15,000 per calendar year combined with external prosthetics and orthotics</li> </ul>



Comparison of benefits for Geneva Chamber of Commerce -2010

11/5/2009

type of care/plan features	SimplyBlue Copay Option		SimplyBlue Copay Option		SimplyBlue High Deductible Health Plan (HDHP) Option	
	In-Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
• External prosthetics	• Covered at 50% for up to \$15,000 per calendar year combined with DME and orthotics	• Not covered	• Covered at 50% for up to \$15,000 per calendar year combined with DME and orthotics	• Not covered	• Covered at 80%, subject to the deductible for up to \$15,000 per calendar year combined with DME and orthotics	• Covered at 60% subject to the deductible for up to \$15,000 per calendar year combined with DME and orthotics
• Chiropractic	• \$50 copay per visit	• Covered at 60%, subject to the deductible	• \$50 copay per visit	• Covered at 60%, subject to the deductible	• Covered at 80%, subject to the deductible	• Covered at 60%, subject to the deductible
• Acupuncture	• \$50 copay for up to 10 visits per calendar year	• Covered at 60%, subject to the deductible, for up to 10 visits per calendar year	• \$50 copay for up to 10 visits per calendar year	• Covered at 60%, subject to the deductible, for up to 10 visits per calendar year	• Covered at 80%, subject to the deductible, for up to 10 visits per calendar year	• Covered at 60%, subject to the deductible, for up to 10 visits per calendar year
• Dental	• \$50 copay 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	• \$50 copay 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 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
• Hearing	• \$50 copay for one routine hearing exam per calendar year. Hearing aids covered up to \$600 every 3 years for children to age 19.	• Covered at 60%, subject to the deductible, for one routine hearing exam per calendar year. Hearing aids covered up to \$600 every 3 years for children to age 19.	• \$50 copay for one routine hearing exam per calendar year. Hearing aids covered up to \$600 every 3 years for children to age 19.	• Covered at 60%, subject to the deductible, for one routine hearing exam per calendar 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 calendar year.	• Covered at 60%, subject to the deductible, for one routine hearing exam per calendar year.

**Geneva Chamber 7494-012**

Rating Region - ROC (Sole Props)

The product(s) you have requested is/are called Simply Blue

Product Description SB Copay Options	Pkg #	Proposed Rates			
		Single	Sub/Spouse	Sub/Child	Family
SB \$30/\$50 M 19/23 ER 250 IP500/4 day Rx 5/35/70 0GK	174	\$ 359.07	\$ 876.12	\$ 728.39	\$ 928.02
SB \$30/\$50 M 19/23 ER 250 IP500/4 day Rx \$7 Generic 0GK	170	\$ 299.60	\$ 728.44	\$ 619.73	\$ 779.32
SB \$30/\$50 M 26/26 ER 250 IP500/4 day Rx \$7 Generic 0GK	171	\$ 299.60	\$ 728.44	\$ 630.71	\$ 793.32

Product Description SB HDHP		Single	Sub/Spouse	Sub/Child	Family
SB HDHP 1300/2600 19/23 Rx 5/35/70	172	\$ 218.12	\$ 532.23	\$ 444.84	\$ 566.76
SB HDHP 1300/2600 26/26 Rx 5/35/70	173	\$ 218.12	\$ 532.23	\$ 453.39	\$ 577.64