

## Greenbush Health Insurance Trust Comprehensive Major Medical<sup>SM</sup>

Grandfathered

Effective October 01, 2015 - September 30, 2016

Maximum benefits are available when services are received from Blue Choice providers. Your financial responsibility is based on the provider network you select. **Non-Blue Choice & Non-CAP:** Difference between the payment allowance and provider charge, additional 20% coinsurance amount, deductible, coinsurance or copay amount **CAP (Non-Blue Choice):** Additional 20% coinsurance amount,\* deductible, coinsurance or copay amount **Blue Choice:** Deductible, coinsurance or copay amount

\*Limited to a combined \$2,000 per person, \$4,000 two-or-more persons each benefit period.

Member Pays	
<b>Deductible (Per group anniversary benefit period)</b>	
Option 1	\$500 individual / \$1,000 two persons / \$1,500 three or more persons
Option 2	\$1,000 individual / \$2,000 two persons / \$3,000 three or more persons
Option 3	\$1,500 individual / \$3,000 two persons / \$4,500 three or more persons
<b>Coinsurance (Member portion for most services)</b>	
Option 1	0% of allowed amounts after deductible has been met
Option 2	10% of allowed amounts after deductible has been met
Option 3	20% of allowed amounts after deductible has been met
<b>Coinsurance Maximum</b>	
Option 1	Not Applicable
Option 2	\$1,000 individual / \$2,000 two persons / \$2,500 three or more persons
Option 3	\$2,000 individual / \$4,000 two persons / \$5,000 three or more persons
<b>Annual Out-of-Pocket Maximum</b> (includes deductible and coinsurance) (Copays do not apply to the annual max out of pocket)	Option 1-\$500 individual / \$1,000 two persons / \$1,500 three or more persons Option 2-\$2,000 individual / \$4,000 two persons / \$5,500 three or more persons Option 3-\$3,500 individual / \$7,000 two persons / \$9,500 three or more persons After the annual out-of-pocket amount has been reached (deductible/coinsurance) eligible benefits will be paid at 100% of the allowed amount for the remainder of the benefit period

Doctor's Office Visits	
<b>Home and Office Visits</b>	
Option 1	\$20 office visit copay
Option 2	\$20 office visit copay
Option 3	Deductible/Coinsurance
<b>Preventive Care</b>	
Option 1	Subject to deductible/coinsurance
Option 2	Subject to deductible/coinsurance
Option 3	Subject to deductible/coinsurance

Drug Coverage	
<b>Prescription Drugs &amp; Mail Order</b>	BlueRx Card \$15/\$30/\$45; Mail order is 2 1/2 x copay The quantity per prescription shall be the greater of a 34-day supply or 100 unit dosage, if defined as a maintenance drug.

Medical Services	
<b>Emergency Medical Transportation</b>	Subject to deductible/coinsurance
<b>Inpatient Surgery Physician/Surgical</b>	Subject to deductible/coinsurance
<b>Inpatient Facility Fee</b>	Subject to deductible/coinsurance
<b>Outpatient Surgery Physician/Surgical</b>	Subject to deductible/coinsurance

<b>Outpatient Lab and Radiology</b>	
Option 1	Pays at 100% to a combined maximum of \$300 for each covered person, each benefit period then subject to deductible/coinsurance
Option 2	Pays at 100% to a combined maximum of \$300 for each covered person, each benefit period then subject to deductible/coinsurance
Option 3	Subject to deductible/coinsurance
<b>Emergency Room</b>	Subject to deductible/coinsurance
<b>Accidental Injury Services</b>	Subject to deductible/coinsurance

Recovery/Special Needs	
<b>Outpatient Rehabilitation</b>	Subject to deductible/coinsurance
<b>Hospice</b>	Paid at 100% of the allowable charge.
<b>Home Health Care</b>	Paid at 100% of the allowable charge.

Mental Health	
<b>Mental/Behavioral Health</b>	
<b>Inpatient Services</b> Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906	Subject to deductible/coinsurance
<b>Outpatient Services</b>	
Option 1	\$20 office visit copay
Option 2	\$20 office visit copay
Option 3	Deductible/Coinsurance

Other	
<b>Maximum Lifetime Benefit</b>	Unlimited
<b>Eligible Dependents</b>	Covered to age 26

\* Combined benefit period maximum

	Monthly Premium				
	2015 Health/Rx	Employee	Employee/Child	Employee/Spouse	Family
Option 1		\$599.00	\$1,046.00	\$1,069.00	\$1,514.00
Option 2		\$548.00	\$958.00	\$976.00	\$1,384.00
Option 3		\$475.00	\$831.00	\$849.00	\$1,201.00

BCBSKS reserves the right to adjust premiums accordingly should enrollment vary from the census.

**Exclusions:** The following procedures and all related services and supplies are not covered under this program. Services provided directly for or relative to diseases or injuries caused by or arising out of acts of war, insurrection, rebellion, armed invasion, or aggression; duplicate benefits provided under federal, state or local laws, regulations or programs, except Medicaid; cosmetic or reconstructive surgery (except as stated in the certificate); any keratotomy procedures; charges for personal items; convalescent or custodial/maintenance care or rest cures; blood or payments to donors of blood; any service or supply related to the medical management of obesity except for eligible preventive services; charges for services by immediate relatives or by members of your household; acupuncture and admissions for acupuncture; services related to temporomandibular joint dysfunction syndrome over the amount specified in the certificate; services or supplies related to sex changes, sexual dysfunctions or inadequacies; any medically-aided insemination procedure; services related to the reversal of sterilization procedures; mental illness or substance use disorder services provided by a non-eligible provider; hearing aids; eyeglasses or contact lenses (except after the removal of cataracts); unnecessary services and admissions; services or supplies which are experimental or investigative in nature; services not specifically listed as benefits in the certificate; services covered and payable by any medical expense payment provision of any automobile insurance policy.

This is a brief summary of the coverage available under this program. It is not a legal document.  
The exact provisions of the benefits and exclusions are contained in the certificate.