

**Benefit Summary for Greenbush Health Insurance Trust
Blue Choice Triple Option Comprehensive Major Medical Program
Effective October 1, 2010 — September 30, 2011**

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	
Triple Option (Deductible per group anniversary benefit period) Option 1 Option 2 Option 3	\$500/per person; \$1000/two person; \$1500/three or more person maximum \$1000/per person; \$2000/two person; \$3000/three or more person maximum \$1500/per person; \$3000/two person; \$4500/three or more person maximum
Coinsurance (Member portion for most services) Option 1 Option 2 Option 3	0% of allowed charges after deductible has been met 10% of allowed charges after deductible has been met up to \$1000/\$2000/\$2500 20% of allowed charges after deductible has been met up to \$2000/\$4000/\$5000
Annual Out-of-Pocket Maximum (includes deductible and coinsurance) Copays do not apply to the annual out-of-pocket amount	Option 1 \$500/per person; \$1000/two person; \$1500/three or more person maximum Option 2 \$2000/per person; \$4000/two person; \$5500/three or more person maximum Option 3 \$3500/per person; \$7000/two person; \$9500/three or more person maximum 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.
Maximum Lifetime Benefit — Unlimited for each covered person. Dependents covered to age 26.	

Covered Services	
Medical Services • Doctor Visits — home/office (including hearing and eye exam) • Surgery — inpatient and outpatient • Maternity Care • Well Child & Well Baby Office Visit • Immunizations up to age 72 months • Immunizations over 72 months • Well Women — Annual Check Up Office Visit Mammogram Pap Smear • Routine Physicals — Annual Check Up Office Visit • Injections • Outpatient Radiology and Lab Services * Combined benefit period maximum.	Option 1 & 2 - \$20 office visit copay/Option 3 - Subject to Ded/Coins Subject to deductible/coinsurance Subject to deductible/coinsurance Covers 100% of maximum allowance Option 1 & 2 only - Covers 100% of max allowance; Option 3 Ded/Coins Option 1 & 2 - \$20 office visit copay/Option 3 - Subject to Ded/Coins Option 1 & 2 - Pays 100% of the allowable charge to a maximum of \$300 per person each benefit period, then subject to deductible/coinsurance*/Option 3 – Ded/Coins Option 1 & 2 - \$20 office visit copay/Option 3 – Subject to Ded/Coins Option 1 & 2 Covers 100% of maximum allowance/Option 3 – Ded/Coins Option 1 & 2 Pays 100% of allowable charges up to a combined maximum of \$300 for each covered person, each benefit period* Option 3 – Subject to ded/coins
Inpatient Hospital Pre-admission certification required for all planned inpatient admissions at 1-800-782-4437	Subject to deductible/coinsurance
Accidental Injury Services	Subject to deductible/coinsurance
Ambulance Services	Subject to deductible/coinsurance
Outpatient Hospital	Subject to deductible/coinsurance

Covered Services	
Emergency Room Services	Subject to deductible/coinsurance.
Home Health Care & Private Duty Nursing	Unlimited
Hospice	100% with a \$5,000 lifetime maximum
Freestanding Outpatient Facilities (Examples: surgery, renal dialysis)	Subject to deductible/coinsurance
Medical Equipment/Disposable Supplies	Subject to deductible/coinsurance
Short-term Therapies — Physical, Speech and Occupational, Respiratory and Cardiac	Subject to deductible/coinsurance
Mental Illness & Substance Use Disorders • Inpatient Services Requires a pre-admission certification from New Directions Behavioral Health at 1-800-952-5906 • Outpatient Services	Subject to deductible/coinsurance Option 1 & 2 - \$20 office visit copay/Option 3 – deductible/coinsurance
Prescription Drugs • BlueRx Card - Retail Generic/brand formulary/brand non-formulary • BlueRx Mail (90-day supply)	The quantity per prescription shall be the greater of a 34-day supply or 100 unit dosage, if defined as a maintenance drug \$15/\$30/\$45 copay \$37.50/\$75/\$112.50 copay (Note: prior authorization and quantity limits may apply)

Monthly Premium - Current Rates Effective 10-1-09 through 9-30-10	Option 1	Option 2	Option 3
Emp	\$523.00	\$464.00	\$381.00
Emp/Ch	\$880.00	\$782.00	\$637.00
Emp/Sp	\$930.00	\$822.00	\$670.00
Emp/Deps	\$1,288.00	\$1,140.00	\$923.00
Monthly Premium - Renewal Rates Effective 10-1-10 through 9-30-11	Option 1	Option 2	Option 3
Emp	\$555.00	\$503.00	\$421.00
Emp/Ch	\$967.00	\$875.00	\$735.00
Emp/Sp	\$988.00	\$894.00	\$751.00
Emp/Deps	\$1,399.00	\$1,266.00	\$1,063.00

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; 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; dental implants; services or supplies related to sex changes, sexual dysfunctions or inadequacies; any medically-aided insemination procedure; services related to the reversal of sterilization procedures; treatment of nervous or mental conditions over the amount specified in the certificate; 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.

General Information

Resource BlueSM

Blue Cross and Blue Shield of Kansas (BCBSKS) is pleased to offer this exciting Web-based program that's available absolutely free to our members.

Resource Blue is our value-added discount and health & wellness awareness program. There are no enrollment forms to fill out. Members are automatically eligible!

In this section, you can:

- Take a health assessment and create a personalized dashboard with information customized to your needs.
- Find extensive information on complementary and alternative medicine resources.
- Browse through in-depth disease and health condition centers.
- Take advantage of discounts on eyewear, hearing aids, vitamins, and much more.

Be sure to visit our Web site regularly for information about new enhancements to Resource Blue.

www.bcbsks.com – your online source for health and benefit information

- Tour the **BlueAccess[®]** area and sign up for access to:
 - review details of your specific coverage, including year-to-date **deductible, coinsurance and copay information.**
 - get detailed information about your **health care claims.** Also, for each member choosing to receive his or her summary of claims processed (SOCP) statements online, we'll **donate \$1 to the American Lung Association.** You'll receive your claims information faster while helping reduce paper waste.
- Check out our enhanced **provider directory** that allows visitors to search for doctors by address, county, name, gender and specialty.
- Change an **address or primary care physician** or **order a new ID card** without having to call customer service.
- Sign up to **receive an e-mail message** from

BCBSKS when we've added new or updated information to the Web site.

Healthy Options – your road to good health

If you suffer from diabetes, heart disease, asthma, high blood pressure or high cholesterol, you may be eligible for our Healthy Options care management programs.

Our nurse care managers contact members suffering from a chronic condition, and those members are invited to participate in the program. Eligible members receive free education materials and quarterly mailings stressing key elements of managing their specific health condition. A nurse care manager can assist the member in identifying risk factors and coach the member on appropriate self-management skills.

Healthy You – information for a healthier lifestyle

With your coverage you will receive a newsletter delivered to your home three times a year. You also may view the newsletter online at www.bcbsks.com.

The newsletter contains valuable information to help you better understand the benefits available to you under your health care plan, along with timely information to help you stay healthy.

Remember, if you have health concerns be sure to discuss them with your health care provider.

Service is Number One

- Monday through Friday, 8:00 a.m. — 4:30 p.m.
- Phone: **1-800-432-3990 (toll free)**



Choose the Best Value.[®]



Your Benefit Summary Resource

An Independent Licensee of the Blue Cross and Blue Shield Association.