

ResourceBlue™

Blue Cross and Blue Shield of Kansas (BCBSKS) is pleased to offer this exciting Web-based program that's absolutely free to our members. Our value-added discount and health & wellness program now includes national partners **WebMD®** and **Blue365®**.

- Using the WebMD Health Assessment tool, you can create an easy-to-understand report highlighting your individual health risks along with a plan to reduce them.
- With Blue65, you'll enjoy select savings on products and services from leading national companies in fitness, nutrition, vision, hearing and complementary and alternative medicine.
- Resource Blue also includes **Healthy Options**. This series of care management initiatives focuses on:
 - Asthma
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Diabetes
 - Heart Disease
 - High Blood Pressure and High Cholesterol

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 summary of claims processed (SOCP) statements online, we'll **donate \$1 to a worthy charitable organization**. 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 You – information for a healthier lifestyle

With your coverage you will receive the *Healthy You* 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.

Health Care Reform



Health Care Reform is reshaping the U.S. health insurance industry. BCBSKS wants to help you stay informed of changes affecting you and your health care plan.

Visit our Web site and click on the Health Care Reform logo to learn the latest on the health care reform law.

Service is Number One

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

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. WebMD provides health information and services to consumers and health care professionals and is responsible for privacy policies governing its site. WebMD is not affiliated with Blue Cross and Blue Shield of Kansas.

Blue365® offers access to savings on items that Members may purchase directly from independent vendors, which are different from items that are covered under your policies with your local Blue company, its contracts with Medicare, or any other applicable federal healthcare program. To find out what is covered under your policies, call your local Blue company. The products and services described herein are neither offered nor guaranteed under your local Blue company's contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to your local Blue company's grievance process. Blue Cross and Blue Shield Association (BCBSA) and local Blue companies may receive payments from Blue365 vendors. Neither any local Blue company nor BCBSA recommends, endorses, warrants or guarantees any specific Blue365 vendor or item.



Independent • Member Owned®



Your Benefit Summary Resource

**Benefit Summary for Greenbush Health Insurance Trust
Blue Choice Triple Option Comprehensive Major Medical Program
Effective October 1, 2011 — September 30, 2012 – Non-Grandfathered**

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 Paid at 100% of allowable charge for preventative Paid at 100% of allowable charge for preventative Paid at 100% of allowable charge for preventative Paid at 100% of allowable charge for preventative Paid at 100% of allowable charge for preventative Options 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
Preventative Services	In network 100% coverage; out of network subject to policy provisions including the non-network penalties.
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)

	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>
Emp	\$566.00	\$518.00	\$437.00
Emp/Ch	\$986.00	\$900.00	\$762.00
Emp/Sp	\$1,007.00	\$920.00	\$779.00
Emp/Deps	\$1,426.00	\$1,303.00	\$1,103.00

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.