

**GREENBUSH HEALTH TRUST  
GRANDFATHERED TRIPLE OPTION SELECTION CHANGE FORM**

**Note: You can only change one option level up or down per year**

- Plan 1:** \$500/\$1000/\$1500 Deductible then 100% no coinsurance, with \$20 Office Visit Copay, Unlimited Lifetime Maximum, Accidents subject to deductible and coinsurance, Mental Health Parity, Unlimited Home Health Care & Private Duty Nursing, \$5000 Hospice; Dependents to age 26. BlueRx Card \$15/\$30/\$45 with oral contraceptive. Blue Rx Mail \$37.50/\$75/\$112.50.
  
- Plan 2:** \$1000/\$2000/\$3000 Deductible (\$1000/\$2000/\$2500 coinsurance @ 90%), with \$20 Office Visit Copay, Unlimited Lifetime Maximum, Accidents subject to deductible and coinsurance, Mental Health Parity, Unlimited Home Health Care & Private Duty Nursing, \$5000 Hospice; Dependents to age 26. BlueRx Card \$15/\$30/\$45 with oral contraceptive. Blue Rx Mail \$37.50/\$75/\$112.50.
  
- Plan 3:** \$1500/\$3000/\$4500 Deductible (\$2000/\$4000/\$5000 coinsurance @ 80%), Office Visits subject to deductible and Coinsurance, Unlimited Lifetime Maximum, Accidents subject to deductible and coinsurance, Mental Health Parity, Unlimited Home Health Care & Private Duty Nursing, \$5000 Hospice; Dependents to age 26. BlueRx Card \$15/\$30/\$45 with oral contraceptive. Blue Rx Mail \$37.50/\$75/\$112.50.

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Print Name

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Signature

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Date

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ID#

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Group Name