



**BlueCross  
BlueShield  
of Kansas**

# *Your Benefit Summary Resource*



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

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

<b>Member Pays</b>	
<b>Triple Option</b> (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
<b>Coinsurance</b> (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
<b>Annual Out-of-Pocket Maximum</b> (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.
<b>Maximum Lifetime Benefit — Unlimited for each covered person.</b>	
<b>Dependents covered to age 26.</b>	

<b>Covered Services</b>	
<b>Medical Services</b> <ul style="list-style-type: none"> <li>• Doctor Visits — home/office (including hearing and eye exam)</li> <li>• Surgery — inpatient and outpatient</li> <li>• Maternity Care</li> <li>• Well Child &amp; Well Baby Office Visit</li> <li>• Immunizations up to age 72 months</li> <li>• Immunizations over 72 months</li> <li>• Well Women — Annual Check Up               <ul style="list-style-type: none"> <li>Office Visit</li> <li>Mammogram</li> <li>Pap Smear</li> </ul> </li> <li>• Routine Physicals — Annual Check Up               <ul style="list-style-type: none"> <li>Office Visit</li> </ul> </li> <li>• Injections</li> <li>• Outpatient Radiology and Lab Services</li> </ul> <p align="center">* Combined benefit period maximum.</p>	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
<b>Inpatient Hospital</b> Pre-admission certification required for all planned inpatient admissions at 1-800-782-4437	Subject to deductible/coinsurance
<b>Accidental Injury Services</b>	Subject to deductible/coinsurance
<b>Ambulance Services</b>	Subject to deductible/coinsurance
<b>Outpatient Hospital</b>	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	Subject to deductible/coinsurance
<ul style="list-style-type: none"> <li>• Inpatient Services Requires a pre-admission certification from New Directions Behavioral Health at 1-800-952-5906</li> <li>• Outpatient Services</li> </ul>	Option 1 & 2 - \$20 office visit copay/Option 3 – deductible/coinsurance
Prescription Drugs	The quantity per prescription shall be the greater of a 34-day supply or 100 unit dosage, if defined as a maintenance drug
<ul style="list-style-type: none"> <li>• BlueRx Card - Retail Generic/brand formulary/brand non-formulary</li> <li>• BlueRx Mail (90-day supply)</li> </ul>	\$15/\$30/\$45 copay \$37.50/\$75/\$112.50 copay (Note: prior authorization and quantity limits may apply)

**Monthly Premium - Current Rates 2010-2011** (Effective 10-1-2010 through 09-30-2011)

Monthly Premiums:	Option 1			Option 2			Option 3		
	Option 1 Premium	Board Paid Amount	Your Cost After Board Paid	Option 2 Premium	Board Paid Amount	Your Cost After Board Paid	Option 3 Premium	Board Paid Amount	Your Cost After Board Paid
Employee Only	560	430	130	508	430	78	426	370	56
Employee/Child(ren)	972	530	442	880	530	350	740	530	210
Employee/Spouse	993	530	463	899	530	369	756	530	226
Employee/Spouse/Child(ren)	1404	630	774	1271	630	641	1068	630	438

**Monthly Premium - Renewal Rates 2011-12** (Effective 10-1-2011 through 09-30-2012)

Monthly Premiums:	Option 1			Option 2			Option 3		
	Option 1 Premium	Board Paid Amount	Your Cost After Board Paid	Option 2 Premium	Board Paid Amount	Your Cost After Board Paid	Option 3 Premium	Board Paid Amount	Your Cost After Board Paid
Employee Only	557	450	107	504	450	54	429	390	40
Employee/Child(ren)	967	550	417	876	550	326	747	550	197
Employee/Spouse	988	550	438	894	550	344	763	550	213
Employee/Spouse/Child(ren)	1397	650	747	1264	650	614	1078	650	428

**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.

# 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](http://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](http://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)**

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