

# GoBlue<sup>SM</sup> plan highlights

Coverage effective date on or after 4/1/12

Plan highlights apply to plans with the following group numbers: YB025, YB026, YB027, YB028



For the health of all.

GoBlue	
<b>In-network plan features</b>	
<b>Calendar-year deductible options</b> • In-network and out-of-network deductibles are combined • Amount you pay toward health care before your plan starts to pay	(a) \$4,000 (b) \$5,500 (c) \$7,500 (d) \$10,000
<b>Out-of-pocket (OOP) maximum</b> Once deductible is reached, plan pays 100% of covered expenses. Copays do not apply to the out-of-pocket maximum. Prescription drug coinsurance amounts do not apply to the out-of-pocket maximum.	(a) \$4,000 (b) \$5,500 (c) \$7,500 (d) \$10,000
<b>Coinsurance</b> Percentage that you pay after deductible	You pay 0% after deductible
<b>Lifetime maximum</b>	Unlimited
<b>In-network benefits</b>	
<b>Prescription drugs (GenRx formulary)</b> 31-day supply. 90-day supply available through 90dayRx program at participating retail pharmacies or by PrimeMail <sup>1</sup>	Preferred generic: \$10 copay Preferred brand: You pay 100% at Blue Cross' discounted rate Non-preferred drug: No coverage
<b>Physician services</b> Office visits or retail health clinic visit for illness or injury	<b>Covered</b> You pay 0% after deductible
<b>Urgent care visit</b>	\$40 copay first visit; subsequent visits you pay 0% after deductible
<b>All other professional services in the office</b>	<b>Covered</b> You pay 0% after deductible
<b>Preventive care/prenatal care</b>	<b>Covered</b> You pay 0% (no deductible)
<b>Inpatient/outpatient lab and diagnostic imaging/X-ray services</b>	<b>Covered</b> You pay 0% after deductible
<b>Emergency care</b> • Outpatient facility services • Outpatient professional services	
<b>Inpatient/outpatient hospital services</b>	
<b>Ambulance</b>	
<b>Medical supplies</b>	
<b>Chiropractic care</b> No maximum	
<b>Physical, occupational, speech therapy</b> No maximum	
<b>Home health care</b> Maximum of 180 visits per person per calendar year	
<b>Mental health/substance abuse</b> <i>You have an option to remove mental health and substance abuse coverage. Removing coverage will decrease your monthly premium.</i>	
<b>Maternity labor, delivery, post-delivery care and maternity complications*</b>	<b>Not covered</b>
<b>Out-of-network plan features</b>	
<b>Calendar-year deductible</b> In-network and out-of-network deductibles are combined	(a) \$4,000 (b) \$5,500 (c) \$7,500 (d) \$10,000
<b>Out-of-pocket (OOP) maximum</b> Separate from in-network OOP	(a) \$8,000 (b) \$11,000 (c) \$15,000 (d) \$20,000
<b>Coinsurance</b>	You pay 20% after deductible
<b>Physical, occupational, speech therapy</b> Combined maximum of 15 services per calendar year	You pay 20% after deductible

\*If you are looking for maternity coverage, we have other plans available.

When you choose a network provider you will receive the highest benefit levels and the lowest out-of-pocket costs. If you receive services from a nonparticipating provider, you will be responsible for: any deductibles or coinsurance plus the DIFFERENCE between what Blue Cross would reimburse for the nonparticipating provider and the actual charges the nonparticipating provider bills. This difference does not apply to your out-of-pocket maximum. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.

**This is only a summary.** Your contract will provide a detailed description of what is and is not covered. Services not covered include maternity labor and delivery, custodial care or rest cures, bariatric surgery, infertility, intensive behavioral therapy programs for treatment of autism spectrum disorders, eyewear, dental services, services that are experimental, not medically necessary or received while on military duty. Preexisting conditions you had during the six months before your enrollment date are not covered. This limit applies for 12 months. Prior continuous coverage without a gap in coverage greater than 63 days counts toward reducing the 12-month period.

Deductible, copays and out-of-pocket maximums are subject to adjustments at our annual renewal based on Consumer Price Index.

<sup>1</sup>PrimeMail is a mail-service pharmacy owned and operated by Prime Therapeutics LLC, an independent company providing pharmacy benefit management services.