

**Benefit Summary for Crawford County Employees
Triple Option Comprehensive Major Medical Program
Effective January 1, 2010 – December 31, 2010**

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 | |
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| Triple Option (Calendar year) Option 1 Option 2 Option 3 | \$500/\$1,000, individual/two-or-more persons \$1,000/\$2,000, individual/two-or-more persons \$2,000/\$4,000 individual/two-or-more persons |
| Coinsurance (Member portion for most services) | 50% of allowed amounts after deductible has been met; up to \$2,000/\$4,000 individual/two-or-more persons |
| Annual Out-of-Pocket Maximum (includes deductible and coinsurance) Copays do not apply to the annual out-of-pocket amount. At the group's anniversary, an employee can upgrade no more than one deductible level within an option per benefit period. An employee can downgrade to any deductible level within an option per benefit period. | Option 1 \$2,500/\$5,000, individual/two-or-more persons Option 2 \$3,000/\$6,000 individual/two-or-more persons Option 3 \$4,000/\$8,000 individual/two-or-more persons After the annual out-of-pocket amount has been reached (ded/coins), eligible benefits will be paid at 100% of the allowed amount for the remainder of the benefit period. |
| Maximum Lifetime Benefit — \$5 million for each covered person. Unmarried dependents covered to age 23. | |

| Covered Services | |
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| 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. | \$25 office visit copay Subject to deductible/coinsurance Subject to deductible/coinsurance \$25 office visit copay Covers 100% of maximum allowance Covers 100% of maximum allowance \$25 office visit copay Pays 100% of the allowable charge to a maximum of \$300 per person each benefit period, then subject to deductible and coinsurance* \$25 office visit copay Covers 100% of maximum allowance Pays 100% of the allowable charge to a maximum of \$300 per person each benefit period, then subject to deductible and coinsurance* |
| Inpatient Hospital Pre-admission certification required for all planned inpatient admissions at 1-800-782-4437 | Subject to deductible/coinsurance |
| Accidental Injury Services | Pays 100% up to \$1,000 per person each benefit period, then subject to deductible/coinsurance |
| Ambulance Services | Subject to deductible/coinsurance |
| Outpatient Hospital | Subject to deductible/coinsurance |

| Covered Services | |
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| Emergency Room Services | Subject to deductible / coinsurance |
| Private Duty Nursing | Subject to deductible / coinsurance \$1,500 per member / \$3,000 per family 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 <ul style="list-style-type: none"> • Inpatient Services Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906 • Outpatient Services | Subject to deductible/coinsurance \$25 office visit copay |
| Prescription Drugs <ul style="list-style-type: none"> • 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) |

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; mental illness or substance use disorder services provided by a non-eligible provider; 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.