

# Comparison of benefits for Canandaigua Chamber of Commerce

4/1/2008

type of care/plan features	HealthyBlue Copay Option		HealthyBlue Copay and Deductible Option		HealthyBlue Health Savings Account (HSA) Option	
	In-Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
<p><b>Plan features</b></p> <ul style="list-style-type: none"> <li>Primary Care Physician (PCP)</li> <li>Referrals</li> <li>Out of network benefits</li> <li>Out of area benefits</li> <li>Student/Dependent coverage</li> <li>Domestic partner</li> </ul> <p><b>Plan cost-sharing highlights</b></p> <ul style="list-style-type: none"> <li>Office visit copay (Primary Care Physician)</li> <li>Office visit copay (Specialist)</li> <li>Coinsurance</li> <li>Deductible</li> <li>Out of pocket maximum</li> <li>Lifetime maximum</li> </ul> <p><b>HealthyRewards</b></p> <ul style="list-style-type: none"> <li>Earn \$500 with HealthyRewards</li> </ul>	<ul style="list-style-type: none"> <li>Not required</li> <li>Not required</li> <li>Covered at 80%, subject to the deductible</li> <li>Coverage provided worldwide through the BlueCard® program.</li> <li>Qualified dependents and students are covered to age 26.</li> <li>Covered</li> </ul> <ul style="list-style-type: none"> <li>Adult: \$15 Copay per visit; Children to age 19: \$0 Copay per visit</li> <li>\$25 copay per visit</li> </ul> <ul style="list-style-type: none"> <li>In-network: None; Out-of-network: 20%</li> <li>In-network: None Out of Network \$500 individual /\$1,500 family</li> <li>In-network: None; Out of Network \$1,500 individual /\$4,500 family</li> <li>None</li> </ul> <ul style="list-style-type: none"> <li>Earn up to \$500 in rewards by scheduling regular check-ups, eating right and staying active. Then get paid anytime throughout the year.</li> </ul>	<ul style="list-style-type: none"> <li>Not required</li> <li>Not required</li> <li>Covered at 60%, subject to the deductible</li> <li>Coverage provided worldwide through the BlueCard® program.</li> <li>Qualified dependents and students are covered to age 26.</li> <li>Covered</li> </ul> <ul style="list-style-type: none"> <li>Adult: \$25 Copay per visit; Children to age 19: \$0 Copay per visit</li> <li>\$40 copay per visit</li> </ul> <ul style="list-style-type: none"> <li>In-network: 20%; Out-of-network: 40%</li> <li>Combined in and out of network: \$500 individual/\$1,500 family</li> <li>Combined in and out of network: \$1,500 individual/\$4,500 family</li> <li>None</li> </ul> <ul style="list-style-type: none"> <li>Earn up to \$500 in rewards by scheduling regular check-ups, eating right and staying active. Then get paid anytime throughout the year.</li> </ul>	<ul style="list-style-type: none"> <li>Not required</li> <li>Not required</li> <li>Covered at 100%, subject to the deductible</li> <li>Coverage provided worldwide through the BlueCard® program.</li> <li>Qualified dependents and students are covered to age 26.</li> <li>Covered</li> </ul> <ul style="list-style-type: none"> <li>No copay, office visit covered at 100% in-network and 100% out-of-network, subject to the deductible</li> <li>No copay, office visit covered at 100% in-network and 100% out-of-network, subject to the deductible</li> <li>In-network: 0%; Out-of-network: 0%</li> </ul> <ul style="list-style-type: none"> <li>Combined in- and out-of-network: \$2,600 individual/\$5,200 family</li> <li>Combined in and out-of-network: \$5,500 individual/\$11,000 family</li> <li>None</li> </ul> <ul style="list-style-type: none"> <li>Earn up to \$500 in rewards by scheduling regular check-ups, eating right and staying active. Then get paid anytime throughout the year.</li> </ul>			

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<b>Preventive Health Care Services</b>						
<ul style="list-style-type: none"> <li>Well child visits</li> <li>Adult routine physical exams</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full for 1 exam per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered at 80%, subject to the deductible for one routine exam per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full for 1 exam per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered at 60%, subject to the deductible for one routine exam per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full for 1 exam per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered at 100%, subject to the deductible for one routine exam per calendar year</li> </ul>
<ul style="list-style-type: none"> <li>Adult immunizations</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 60%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible</li> </ul>
<ul style="list-style-type: none"> <li>Mammography</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 60%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible</li> </ul>
<ul style="list-style-type: none"> <li>Pap smear</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 60%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible</li> </ul>
<ul style="list-style-type: none"> <li>Routine GYN exam</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 60%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible</li> </ul>
<ul style="list-style-type: none"> <li>Prostate cancer screening</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 60%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible</li> </ul>
<ul style="list-style-type: none"> <li>Routine vision</li> </ul>	<ul style="list-style-type: none"> <li>\$25 copay for one routine exam every year; \$60 eyewear allowance available per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible for one routine exam per calendar year. \$60 eyewear allowance available per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>\$40 copay for one routine exam every year; \$60 eyewear allowance available per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 60%, subject to the deductible for one routine exam per calendar year. \$60 eyewear allowance available per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible for one routine exam per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible for one routine exam per calendar year</li> </ul>
<b>Physician Office Services</b>						

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• Diagnostic office visits	• Adult: \$15 copay per visit to your PCP; \$25 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$25 copay per visit to a specialist.	• Covered at 80%, subject to the deductible	• Adult: \$25 copay per visit to your PCP; \$40 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$40 copay per visit to a specialist.	• Covered at 60%, subject to the deductible	• Covered at 100%, subject to the deductible	• Covered at 100%, subject to the deductible
• Diagnostic x-rays	• \$25 copay per visit	• Covered at 80%, subject to the deductible	• \$40 copay per visit	• Covered at 60%, subject to the deductible	• Covered at 100%, subject to the deductible	• Covered at 100%, subject to the deductible
• Diagnostic laboratory and pathology	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 60%, subject to the deductible	• Covered at 100%, subject to the deductible	• Covered at 100%, subject to the deductible
• Allergy tests	• Adult: \$15 copay per visit to your PCP; \$25 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$25 copay per visit to a specialist.	• Covered at 80%, subject to the deductible	• Adult: \$25 copay per visit to your PCP; \$40 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$40 copay per visit to a specialist.	• Covered at 60%, subject to the deductible	• Covered at 100%, subject to the deductible	• Covered at 100%, subject to the deductible
• Allergy injections	• Adult: \$15 copay per visit to your PCP; \$25 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$25 copay per visit to a specialist.	• Covered at 80%, subject to the deductible	• Adult: \$25 copay per visit to your PCP; \$40 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$40 copay per visit to a specialist.	• Covered at 60%, subject to the deductible	• Covered at 100%, subject to the deductible	• Covered at 100%, subject to the deductible
• Chemotherapy	• \$15 copay per visit	• Covered at 80%, subject to the deductible	• \$25 copay per visit	• Covered at 60%, subject to the deductible	• Covered at 100%, subject to the deductible	• Covered at 100%, subject to the deductible
• Radiation therapy	• \$25 copay per visit	• Covered at 80%, subject to the deductible	• \$40 copay per visit	• Covered at 60%, subject to the deductible	• Covered at 100%, subject to the deductible	• Covered at 100%, subject to the deductible
<b>Maternity Services</b>						

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<ul style="list-style-type: none"> <li>• Prenatal and postpartum care</li> <li>• Hospital care for mom (including delivery)</li> <li>• Newborn nursery care</li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full</li> <li>• Subject to \$500 copay per admission</li> <li>• Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible</li> </ul>
<p><b>Prescription Drug</b></p> <ul style="list-style-type: none"> <li>• Short-term and maintenance drugs are covered up to a 30-day supply at participating retail pharmacies; 90-day supply (subject to two copays per 90-day supply) is available through Express Scripts, Inc. mail order pharmacy. Contraceptives included.</li> </ul>	<ul style="list-style-type: none"> <li>• \$5/\$25/\$50 with a brand maximum of \$1,000 per individual per calendar year; \$0 copay for generics for children to age 19. (Generic drugs do not apply to the annual brand maximum.)</li> </ul>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<ul style="list-style-type: none"> <li>• \$5/\$25/\$50 with a brand maximum of \$1,000 per individual per calendar year; \$0 copay for generics for children to age 19. (Generic drugs do not apply to the annual brand maximum.)</li> </ul>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<ul style="list-style-type: none"> <li>• \$5/\$35/\$70; \$0 copay for generics for children to age 19, subject to deductible.</li> </ul>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>
<p><b>Inpatient Hospital Benefits</b></p> <ul style="list-style-type: none"> <li>• Hospital benefits</li> <li>• Physician visits in the hospital</li> <li>• Inpatient physical rehabilitation</li> <li>• Surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to \$500 copay per admission for unlimited days</li> <li>• Covered in full</li> <li>• Subject to \$500 copay per admission for up to 60 days per calendar year</li> <li>• \$500 copay per admission</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible.</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible for up to 60 days per calendar year.</li> <li>• Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible.</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible for up to 60 days per calendar year</li> <li>• Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 60%, subject to the deductible.</li> <li>• Covered at 60%, subject to the deductible</li> <li>• Covered at 60%, subject to the deductible for up to 60 days per calendar year</li> <li>• Covered at 60%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 100%, subject to the deductible.</li> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible for up to 60 days per calendar year.</li> <li>• Covered at 100%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 100%, subject to the deductible.</li> <li>• Covered at 100%, subject to the deductible</li> <li>• Covered at 100%, subject to the deductible for up to 60 days per calendar year.</li> <li>• Covered at 100%, subject to the deductible</li> </ul>

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<ul style="list-style-type: none"> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 60%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible</li> </ul>
<b>Emergency Care</b>						
<ul style="list-style-type: none"> <li>Emergency room care</li> <li>Freestanding urgent care center</li> <li>Ambulance</li> </ul>	<ul style="list-style-type: none"> <li>\$250 copay per visit, unless admitted within 24 hours</li> <li>\$25 copay per visit</li> <li>\$250 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$250 copay per visit, unless admitted within 24 hours</li> <li>Covered at 80%, subject to the deductible</li> <li>\$250 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$250 copay per visit, unless admitted within 24 hours</li> <li>\$40 copay per visit</li> <li>\$250 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$250 copay per visit, unless admitted within 24 hours</li> <li>Covered at 60%, subject to the deductible</li> <li>\$250 copay</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> </ul>
<b>Outpatient Hospital Benefits</b>						
<ul style="list-style-type: none"> <li>Diagnostic x-rays</li> <li>Diagnostic laboratory and pathology</li> <li>Surgical care</li> <li>Chemotherapy</li> <li>Radiation therapy</li> </ul>	<ul style="list-style-type: none"> <li>\$25 copay per visit</li> <li>Covered in full</li> <li>\$250 copay</li> <li>\$15 copay per visit</li> <li>\$25 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$40 copay per visit</li> <li>Covered in full</li> <li>Covered at 80%, subject to the deductible</li> <li>\$25 copay per visit</li> <li>\$40 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 60%, subject to the deductible</li> <li>Covered at 60%, subject to the deductible</li> <li>Covered at 60%, subject to the deductible</li> <li>Covered at 60%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> <li>Covered at 100%, subject to the deductible</li> </ul>
<b>Mental Health and Chemical Dependence</b>						

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<ul style="list-style-type: none"> <li>Inpatient mental health care</li> <li>Outpatient mental health care</li> </ul>	<ul style="list-style-type: none"> <li>Subject to \$500 copay per admission for up to 30 days per calendar year</li> <li>\$25 copay for up to 20 visits per calendar year. Services can be provided in an outpatient facility or in a provider office.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible for up to 30 days per calendar year</li> <li>Covered at 80%, subject to the deductible, for up to 20 visits per calendar year. Services can be provided in an outpatient facility or in a provider office.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible for up to 30 days per calendar year</li> <li>\$40 copay for up to 20 visits per calendar year. Services can be provided in an outpatient facility or in a provider's office.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 60%, subject to the deductible for up to 30 days per calendar year</li> <li>Covered at 60%, subject to the deductible, for up to 20 visits per calendar year. Services can be provided in an outpatient facility or in a provider's office.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible for up to 30 days per calendar year.</li> <li>Covered at 100%, subject to the deductible, for up to 20 visits per calendar year. Services can be provided in an outpatient facility or in a provider's office.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible for up to 30 days per calendar year.</li> <li>Covered at 100%, subject to the deductible, for up to 20 visits per calendar year. Services can be provided in an outpatient facility or in a provider's office.</li> </ul>
<ul style="list-style-type: none"> <li>Inpatient chemical dependence</li> <li>Outpatient chemical dependence</li> </ul>	<ul style="list-style-type: none"> <li>Subject to \$500 copay per admission for up to 7 days for detoxification and 30 days for rehabilitation per calendar year; limited to 2 admissions per lifetime.</li> <li>\$25 copay per visit for up to 60 visits per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible for up to 7 days for detoxification and 30 days for rehabilitation per calendar year; limited to 2 admissions per lifetime.</li> <li>Covered at 80%, subject to the deductible for up to 60 visits per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible for up to 7 days for detoxification and 30 days for rehabilitation per calendar year; limited to 2 admissions per lifetime.</li> <li>\$40 copay per visit for up to 60 visits per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 60%, subject to the deductible for up to 7 days for detoxification and 30 days for rehabilitation per calendar year; limited to 2 admissions per lifetime.</li> <li>Covered at 60%, subject to the deductible for up to 60 visits per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible for up to 7 days for detoxification and 30 days for rehabilitation per calendar year; limited to 2 admissions per lifetime.</li> <li>Covered at 100%, subject to the deductible for up to 60 visits per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible for up to 7 days for detoxification and 30 days for rehabilitation per calendar year; limited to 2 admissions per lifetime.</li> <li>Covered at 100%, subject to the deductible for up to 60 visits per calendar year</li> </ul>
<p><b>Other Services</b></p> <ul style="list-style-type: none"> <li>Diabetic insulin and supplies</li> <li>Skilled nursing facility</li> </ul>	<ul style="list-style-type: none"> <li>\$15 copay for up to a 30 day supply</li> <li>Subject to \$500 copay per admission for up to 45 days per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible for up to a 30 day supply</li> <li>Covered at 80%, subject to the deductible for up to 45 days per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>\$25 copay for up to a 30 day supply</li> <li>Covered at 80%, subject to the deductible for up to 45 days per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 60%, subject to the deductible for up to a 30 day supply</li> <li>Covered at 60%, subject to the deductible for up to 45 days per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible for up to a 30 day supply</li> <li>Covered at 100%, subject to the deductible for up to 45 days per calendar year.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible for up to a 30 day supply</li> <li>Covered at 100%, subject to the deductible for up to 45 days per calendar year</li> </ul>

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type of care/plan features	HealthyBlue Copay Option		HealthyBlue Copay and Deductible Option		HealthyBlue Health Savings Account (HSA) Option	
	In-Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
• Home care	• Covered in full for up to 40 visits per calendar year	• Covered at 80%, subject to a \$50 deductible for up to 40 visits per calendar year.	• Covered in full for up to 40 visits per calendar year	• Covered at 60%, subject to a \$50 deductible for up to 40 visits per calendar year.	• Covered at 100%, subject to the deductible for up to 40 visits per calendar year.	• Covered at 100%, subject to the deductible for up to 40 visits per calendar year.
• Hospice	• Covered in full for unlimited visits	• Covered at 80%, subject to the deductible for unlimited visits per calendar year	• Covered in full for unlimited days	• Covered at 60%, subject to the deductible for unlimited visits per calendar year	• Covered at 100%, subject to the deductible for unlimited visits per calendar year	• Covered at 100%, subject to the deductible for unlimited visits per calendar year
• Outpatient therapy	• \$25 copay for up to a combined total of 45 visits per calendar year for physical, speech and occupational therapy	• Covered at 80%, subject to the deductible for a combined total of 45 visits per calendar year for physical, speech, and occupational therapy	• \$40 copay for up to a combined total of 45 visits per calendar year for physical, speech and occupational therapy	• Covered at 60%, subject to the deductible for a combined total of 45 visits per calendar year for physical, speech, and occupational therapy	• Covered at 100%, subject to the deductible for a combined total of 45 visits per calendar year for physical, speech and occupational therapy	• Covered at 100%, subject to the deductible for a combined total of 45 visits per calendar year for physical, speech and occupational therapy
• Durable medical equipment	• Covered at 80% for up to \$15,000 per calendar year combined with external prosthetics and orthotics	• Covered at 80% subject to the deductible for up to \$15,000 per calendar year combined with external prosthetics and orthotics	• Covered at 80% subject to the deductible for up to \$15,000 per calendar year combined with external prosthetics and orthotics	• Covered at 60% subject to the deductible for up to \$15,000 per calendar year combined with external prosthetics and orthotics	• Covered at 100% subject to the deductible for up to \$15,000 per calendar year combined with external prosthetics and orthotics	• Covered at 100% subject to the deductible for up to \$15,000 per calendar year combined with external prosthetics and orthotics
• External prosthetics	• Covered at 80% for up to \$15,000 per calendar year combined with DME and orthotics	• Covered at 80%, subject to the deductible for up to \$15,000 per calendar year combined with DME and orthotics	• Covered at 80% subject to the deductible for up to \$15,000 per calendar year combined with DME and orthotics	• Covered at 60% subject to the deductible for up to \$15,000 per calendar year combined with DME and orthotics	• Covered at 100%, subject to the deductible for up to \$15,000 per calendar year combined with DME and orthotics	• Covered at 100%, subject to the deductible for up to \$15,000 per calendar year combined with DME and orthotics
• Chiropractic	• \$25 copay per visit	• Covered at 80%, subject to the deductible	• \$40 copay per visit	• Covered at 60%, subject to the deductible	• Covered at 100%, subject to the deductible	• Covered at 100%, subject to the deductible
• Acupuncture	• \$25 copay for up to 10 visits per calendar year	• Covered at 80%, subject to the deductible, for up to 10 visits per calendar year	• \$40 copay for up to 10 visits per calendar year	• Covered at 60%, subject to the deductible, for up to 10 visits per calendar year	• Covered at 100%, subject to the deductible, for up to 10 visits per calendar year	• Covered at 100%, subject to the deductible, for up to 10 visits per calendar year

**Comparison of benefits for Canandaigua Chamber of Commerce**

4/1/2008

type of care/plan features	HealthyBlue Copay Option		HealthyBlue Copay and Deductible Option		HealthyBlue Health Savings Account (HSA) Option	
	In-Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
<ul style="list-style-type: none"> <li>Dental</li> <li>Hearing</li> </ul>	<ul style="list-style-type: none"> <li>\$25 copay per visit for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>\$25 copay for one routine hearing exam per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>Covered at 80%, subject to the deductible, for one routine hearing exam per calendar year.</li> </ul>	<ul style="list-style-type: none"> <li>\$40 copay per visit for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>\$40 copay for one routine hearing exam per calendar year. Hearing aids covered up to \$600 every 3 years for children to age 19.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 60%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>Covered at 60%, subject to the deductible, for one routine hearing exam per calendar year.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>Covered at 100%, subject to the deductible, for one routine hearing exam per calendar year.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>Covered at 100%, subject to the deductible, for one routine hearing exam per calendar year.</li> </ul>

\$500 cash back a year applies to each subscriber and adult spouse or domestic partner. No co-pay for PCP and Generics applies to kids up to age 19. This is not a contract or binding agreement; it is a summary of benefits and services. For complete details, please refer to your member contract.