

Springfield Twp

Effective Date: 05/01/2012

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Youngstown Chamber

Plan 1

Health Insurance offered by Community Insurance Company

Lumenos Health Savings Accounts Option 1 with Rx Option Z

	Network	Non-Network
Calendar Year Deductible (individual/family)	\$2,500 / \$5,000	\$5,000 / \$10,000
Annual Out-Of-Pocket Maximum (individual/family)	\$3,500 / \$7,000	\$7,000 / \$14,000
Physician Home and Office Services	0%	30%
Preventive Care Services	No Cost Share	30%
Emergency Room Services: Facility/Other Covered Services	0%	0%
Urgent Care Center	0%	30%
Inpatient/Outpatient Professional Services	0%	30%
Inpatient Facility Services (per admission)	0%	30%
Outpatient Hospital/Alternative Care Fac: Surgery (per visit)	0%	30%
Outpatient Services: Other (per visit)	0%	30%
Ambulance Services	0%	0%
Hospice Services	0%	0%

All deductibles and coinsurance apply toward the Out-of-pocket limits including prescription drug cost shares. Excludes Non-network Human Organ and Tissue Transplants. Network and non-network deductibles, coinsurance, and out of pocket maximums are separate and do not accumulate towards each other. Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance and prescription drug cost shares. 0% means no coinsurance up to the maximum allowable amount. No Cost Share means no deductible/copayment/coinsurance up to the maximum allowable amount.

Other Network Services:

Durable Medical Equipment, Orthotics, and Prosthetics	Non Biologically Based Mental Illness and Substance Abuse
Outpatient Therapies	- Inpatient: 30 days
- Physical Therapy: 20 visit limit	- Outpatient: 30 visits
- Occupational Therapy: 20 visit limit	- IP & OP S/A Rehab: 1 per benefit period
- Manipulation Therapy: 12 visit limit	- Biologically based mental illnesses are paid same as any other illness
- Speech Therapy: 20 visit limit	Home Care Services
- Cardiac Rehabilitation: 36 visit limit	- 100 visits excludes Private Duty Nursing and IV Therapy
- Pulmonary Rehabilitation: 20 visit limit	Private Duty Nursing
- Accidental Dental: \$3,000 limit	- \$50,000 annual/\$100,000 Lifetime Maximum
Human Organ / Tissue Transplants	Prescription Drugs (Network Pharmacy)
0%	- Retail (30-day Supply)
	\$10 / \$30 / \$50 / 25% \$150 max*
	- Home Delivery (90-day Supply)
	\$10 / \$75 / \$150 / 25% \$150 max*
	- *4th Tier per script max 30 day supply. Specialty medications are limited to a 30 day supply regardless of whether they are retail or home delivery.
	- Member may be responsible for additional cost when not selecting the available generic drug.

Benefit ID: 160436

Rewards Incentives:

MyHealth Assessment	Participate in Health Coaching Program	Graduate Health Coaching Program	Tobacco Free Program	Healthy Weight Program
\$50	\$100	\$200	\$50	\$50

Please note: as we receive additional guidance and clarification from the U.S. Department of Health and Human Services, we may be required to make additional changes to your benefits.

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Plan 2

Health Insurance offered by Community Insurance Company

Blue Access Option 1 with Rx Option C

	Network	Non-Network
Calendar Year Deductible (individual/family)	\$500 / \$1,500	\$1,000 / \$3,000
Annual Out-Of-Pocket Maximum (individual/family)	\$1,000 / \$2,000	\$2,000 / \$4,000
Physician Home and Office Services(per visit)(PCP/SCP)	\$20 / \$50	40%
Allergy injections	\$5	40%
Emergency Room Services: Facility/Other Covered Services	\$200/20%	\$200/20%
Urgent Care Center	\$75	40%
Inpatient/Outpatient Professional Services	20%	40%
Inpatient Facility Services (per admission)	20%	40%
Outpatient Hospital/Alternative Care Fac: Surgery (per visit)	20%	40%
Outpatient Services: Other (per visit)	20%	40%
Ambulance Services	20%	20%
Hospice Services	No Cost Share	No Cost Share

(PCP) means Primary Care Physician, (SCP) means Specialty Care Physician. Flat dollar copayments are excluded from the Out-of-pocket limits. Also Prescription Drug deductibles/copayments/coinsurance and Non-network Human Organ and Tissue Transplants are excluded from the Out-of-pocket limits. Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other. Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services @ Hospital where a copayment & (%) coinsurance applies. No Cost Share means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% coinsurance means no coinsurance up to the maximum allowable amount.

Other Network Services:

Durable Medical Equipment, Orthotics, and Prosthetics

Outpatient Therapies

- Physical Therapy: 20 visit limit
- Occupational Therapy: 20 visit limit
- Manipulation Therapy: 12 visit limit
- Speech Therapy: 20 visit limit
- Cardiac Rehabilitation: 36 visit limit
- Pulmonary Rehabilitation: 20 visit limit
- Accidental Dental: \$3,000 limit

Human Organ / Tissue Transplants

No Cost Share

Non Biologically Based Mental Illness and Substance Abuse

- Inpatient: 30 days
- Outpatient: 30 visits
- IP & OP S/A Rehab: 1 per benefit period
- Biologically based mental illnesses are paid same as any other illness

Home Care Services

- 100 visits excludes Private Duty Nursing and IV Therapy

Private Duty Nursing

- \$50,000 annual/\$100,000 Lifetime Maximum

Prescription Drugs (Network Pharmacy)

- Retail (30-day Supply)
 - \$10 / \$25 / \$40 / 25% \$150 max up to \$2,500
- Home Delivery (90-day Supply)
 - \$10 / \$65 / \$120 / 25% \$150 max up to \$2,500
- 4th Tier per script max 30 day supply. Specialty medications are limited to a 30 day supply regardless of whether they are retail or home delivery.
- Member may be responsible for additional cost when not selecting the available generic drug.
- Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits
- For groups size 100+ - refill by mail, if requested, requires special pricing from Underwriting.

Benefit ID: 160492

Please note: as we receive additional guidance and clarification from the U.S. Department of Health and Human Services, we may be required to make additional changes to your benefits.