



FEH Health Insurance Consortium
Current Indemnity/Classic Blue Indemnity/BluePPO J Comparison
(After Federal Mental Health Mandate Becomes Effective on July 1, 2010)

	Current Indemnity Plan		Classic Blue Indemnity Plan Effective January 1, 2011		BluePPO J	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Blue Cross – Inpatient – Hospital						
Semi-Private Room & Board	CIF after \$50 copay	\$50 copay per member then plan pays 80% of charges	CIF after \$200 copay**	\$200 copay per member** then 80% of charges	\$100 copay per member** (Subject to Prior Approval)	Ded/Coins, BB (Subject to Prior Approval)
Maternity	CIF after \$50 copay	\$50 copay per member then plan pays 80% of charges	CIF after \$200 copay**	\$200 copay per member** then 80% of charges	\$100 copay	Ded/Coins, BB
Routine Newborn Nursery Care	CIF	80% of charges	CIF	80% of charges	CIF	Ded/Coins, BB
Mental Health	CIF after \$50 copay	\$50 copay per member then plan pays 80% of charges	CIF after \$200 copay**	\$200 copay per member** then 80% of charges	\$100 copay per member** (Subject to Prior Approval)	Ded/Coins, BB (Subject to Prior Approval)
IP Detox & Rehabilitation	CIF after \$50 copay	\$50 copay per member then plan pays 80% of charges	CIF after \$200 copay**	\$200 copay per member** then 80% of charges	\$100 copay per member** (Subject to Prior Approval)	Ded/Coins, BB (Subject to Prior Approval)
IP Physical Rehabilitation	Not Covered	Not Covered	CIF after \$200 copay** (30 days)	\$200 copay per member** then 80% of charges (30 days)	\$100 copay per member** (60 days per calendar year) (Subject to Prior Approval)	Ded/Coins, BB (60 days per calendar year) (Subject to Prior Approval)
Skilled Nursing	CIF (100 days)	100% of allowed amount subject to balance billing	CIF after \$200 copay** (100 days)	\$200 copay per member** then 80% of charges (100 days)	\$100 copay per member** (120 days per calendar year) (Subject to Prior Approval)	Ded/Coins, BB (120 days per calendar year) (Subject to Prior Approval)

KEY: CIF = Covered In Full Out-of-Network = BlueCross BlueShield Indemnity/PPO Providers, *BB – Balance Billing may occur.
 This is an outline of benefits only and does not represent a specific contract. All benefits are subject to the provisions within the contracts.
 All benefits are subject to medical necessity. **Inpatient copayment applies to each Single Confinement.



FEH Health Insurance Consortium
Current Indemnity/Classic Blue Indemnity/BluePPO J Comparison
(After Federal Mental Health Mandate Becomes Effective on July 1, 2010)

	Current Indemnity Plan		Classic Blue Indemnity Plan Effective January 1, 2011		BluePPO J	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
BlueCross – Outpatient – Hospital (facility)						
Emergency Room	CIF	80% of charges	CIF	80% of charges	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)
Outpatient Surgery	CIF	80% of charges	CIF	80% of charges	\$20 copay	Ded/Coins, BB
Pre -Admission Testing	CIF	80% of charges	CIF	80% of charges	CIF	Ded/Coins, BB
X-Rays & other radiology services	CIF	80% of charges	CIF	80% of charges	\$20 copay (Prior Approval MRI, CAT, PET scans)	Ded/Coins, BB (Prior Approval MRI, CAT, PET scans)
Routine Mammography Services	CIF	80% of charges	CIF	80% of charges	CIF	Ded/Coins, BB
Routine Cervical Cancer Screening	CIF	80% of charges	CIF	80% of charges	CIF	Ded/Coins, BB
Radiation Therapy	CIF	80% of charges	CIF	80% of charges	CIF	Ded/Coins, BB
Hospice	CIF (210 days)	80% of charges	CIF	80% of charges	CIF	Ded/Coins, BB
Home Health Care	CIF (40 days)	80% of charges	CIF (60 days)	80% of charges	CIF	\$50 Ded/25% Coins, BB
OP Treatment of Alcohol & Substance Abuse	CIF	80% of charges	CIF	80% of charges	\$20 copay	Ded/Coins, BB

KEY: CIF = Covered In Full Out-of-Network = BlueCross BlueShield Indemnity/PPO Providers, *BB – Balance Billing may occur.
 This is an outline of benefits only and does not represent a specific contract. All benefits are subject to the provisions within the contracts.
 All benefits are subject to medical necessity. **Inpatient copayment applies to each Single Confinement.



FEH Health Insurance Consortium
Current Indemnity/Classic Blue Indemnity/BluePPO J Comparison
(After Federal Mental Health Mandate Becomes Effective on July 1, 2010)

	Current Indemnity Plan		Classic Blue Indemnity Plan Effective January 1, 2011		BluePPO J	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Blue Shield – Professional Services (physician)						
Surgery	Paid up to set first dollar limited fee schedule under BS – balances roll to EHCB and pay after deductible at 80% of allowed amount	Paid up to set first dollar limited fee schedule under BS – balances roll to EHCB and pay after deductible at 80% of allowed amount – subject to BB.	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Assistance at Surgery	Paid up to set first dollar limited fee schedule under BS – balances roll to EHCB and pay after deductible at 80% of allowed amount	Paid up to set first dollar limited fee schedule under BS – balances roll to EHCB and pay after deductible at 80% of allowed amount – subject to BB.	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Voluntary Second Opinion	Paid up to set first dollar limited fee schedule under BS – balances roll to EHCB and pay after deductible at 80% of allowed amount	Paid up to set first dollar limited fee schedule under BS – balances roll to EHCB and pay after deductible at 80% of allowed amount – subject to BB.	CIF	CIF to allowed amount and BB	\$20 copay	Ded/Coins, BB

KEY: CIF = Covered In Full Out-of-Network = BlueCross BlueShield Indemnity/PPO Providers, *BB – Balance Billing may occur.
 This is an outline of benefits only and does not represent a specific contract. All benefits are subject to the provisions within the contracts.
 All benefits are subject to medical necessity. **Inpatient copayment applies to each Single Confinement.



FEH Health Insurance Consortium
Current Indemnity/Classic Blue Indemnity/BluePPO J Comparison
(After Federal Mental Health Mandate Becomes Effective on July 1, 2010)

	Current Indemnity Plan		Classic Blue Indemnity Plan Effective January 1, 2011		BluePPO J	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Maternity Care	Paid up to set first dollar limited fee schedule under BS – balances roll to EHCB and pay after deductible at 80% of allowed amount	Paid up to set first dollar limited fee schedule under BS – balances roll to EHCB and pay after deductible at 80% of allowed amount – subject to BB.	CIF	CIF to allowed amount and BB	CIF after initial \$20 copay	Ded/Coins, BB
Anesthesia Services	Paid up to set first dollar limited fee schedule under BS – balances roll to EHCB and pay after deductible at 80% of allowed amount	Paid up to set first dollar limited fee schedule under BS – balances roll to EHCB and pay after deductible at 80% of allowed amount – subject to BB.	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Doctor Visits in a hospital	Paid up to set first dollar limited fee schedule under BS – balances roll to EHCB and pay after deductible at 80% of allowed amount	Paid in full to schedule of allowance (SA) difference between SA and allowed amount will roll to EHCB and pay according to EHCB fee schedule and BB	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Well Child Care	CIF	100% of allowed amount and BB	CIF	CIF to allowed amount and BB	CIF	CIF

KEY: CIF = Covered In Full Out-of-Network = BlueCross BlueShield Indemnity/PPO Providers, *BB – Balance Billing may occur.
 This is an outline of benefits only and does not represent a specific contract. All benefits are subject to the provisions within the contracts.
 All benefits are subject to medical necessity. **Inpatient copayment applies to each Single Confinement.



FEH Health Insurance Consortium
Current Indemnity/Classic Blue Indemnity/BluePPO J Comparison
(After Federal Mental Health Mandate Becomes Effective on July 1, 2010)

	Current Indemnity Plan		Classic Blue Indemnity Plan Effective January 1, 2011		BluePPO J	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
X-Rays & Radiology Services	Paid up to set first dollar limited fee schedule under BS – balances roll to EHCB and pay after deductible at 80% of allowed amount	Paid in full to schedule of allowance (SA) difference between SA and allowed amount will roll to EHCB and pay according to EHCB fee schedule and BB	CIF	CIF to allowed amount and BB	\$20 copay (Prior Approval MRI, CAT, PET scans)	Ded/Coins, BB (Prior Approval MRI, CAT, PET scans)
Routine Mammography Services	Paid up to set first dollar limited fee schedule under BS – balances roll to EHCB and pay after deductible at 80% of allowed amount	Paid in full to schedule of allowance (SA) difference between SA and allowed amount will roll to EHCB and pay according to EHCB fee schedule and BB	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Routine Cervical Cancer Screening	Paid up to set first dollar limited fee schedule under BS – balances roll to EHCB and pay after deductible at 80% of allowed amount	Paid in full to schedule of allowance (SA) difference between SA and allowed amount will roll to EHCB and pay according to EHCB fee schedule and BB	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB

KEY: CIF = Covered In Full Out-of-Network = BlueCross BlueShield Indemnity/PPO Providers, *BB – Balance Billing may occur.
 This is an outline of benefits only and does not represent a specific contract. All benefits are subject to the provisions within the contracts.
 All benefits are subject to medical necessity. **Inpatient copayment applies to each Single Confinement.



FEH Health Insurance Consortium
Current Indemnity/Classic Blue Indemnity/BluePPO J Comparison
(After Federal Mental Health Mandate Becomes Effective on July 1, 2010)

	Current Indemnity Plan		Classic Blue Indemnity Plan Effective January 1, 2011		BluePPO J	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Laboratory Tests	First \$100 paid in full, balances roll to EHCB and pay after deductible at 80% of allowed amount.	First \$100 paid in full, balances roll to EHCB and pay after deductible at 80% of allowed amount and BB	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Radiation Therapy	Paid up to set first dollar limited fee schedule under BS – balances roll to EHCB and pay after deductible at 80% of allowed amount	Paid up to set first dollar limited fee schedule under BS – balances roll to EHCB and pay after deductible at 80% of allowed amount and BB	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Extended Health Care Benefits/Enhanced Benefits (Additional Health Benefits)						
Deductible Individual/Family	\$150/\$450	\$150/\$450	\$200/600	\$200/600	None	\$750/\$2250
4 th quarter Carry Over Deductible	Yes	Yes	Yes	Yes	N/A	N/A
Coinsurance	20% by member	20% by member	20% by member	20% by member	None	30% by member
Maximum Coinsurance/Out of Pocket (OOP) Individual/Family	\$400/\$400 (Max Coins)	\$400/\$400 (Max Coins)	\$200/\$600 (Max Coins)	\$200/\$600 (Max Coins)	None	\$2000/\$6000 (Max OOP)

KEY: CIF = Covered In Full Out-of-Network = BlueCross BlueShield Indemnity/PPO Providers, *BB – Balance Billing may occur.
 This is an outline of benefits only and does not represent a specific contract. All benefits are subject to the provisions within the contracts.
 All benefits are subject to medical necessity. **Inpatient copayment applies to each Single Confinement.



FEH Health Insurance Consortium
Current Indemnity/Classic Blue Indemnity/BluePPO J Comparison
(After Federal Mental Health Mandate Becomes Effective on July 1, 2010)

	Current Indemnity Plan		Classic Blue Indemnity Plan Effective January 1, 2011		BluePPO J	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Benefits subject to deductible & coinsurance						
Roll over claims from Blue Shield after allowance	Ded/Coins	Ded/Coins, BB	N/A	N/A	N/A	N/A
Physician Office Visits	Ded/Coins	Ded/Coins, BB	Ded/Coins	Ded/Coins, BB	\$20 copay	Ded/Coins, BB
Speech Therapy	Ded/Coins	Ded/Coins, BB	CIF	CIF to allowed amount and BB	\$20 copay (Combined ST, PT, OT, RT – 45 combined visits per year)	Ded/Coins, BB (Combined ST, PT, OT, RT – 45 combined visits per year)
Cardiac Rehabilitation	Ded/Coins (20 visits)	80% of charges (20 visits)	CIF (1 program per lifetime)	CIF to allowed amount and BB (1 program per lifetime)	\$20 copay	Ded/Coins, BB
Chiropractic Care	Ded/Coins	Ded/Coins, BB	Ded/Coins	Ded/Coins, BB	\$20 copay	Ded/Coins, BB
Chemotherapy	Ded/Coins	Ded/Coins, BB	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Immunizations - Adult	Ded/Coins	Ded/Coins, BB	CIF	CIF to allowed amount and BB	\$20 copay	Ded/Coins, BB
Diabetic Treatment	Ded/Coins	Ded/Coins, BB	Ded/Coins	Ded/Coins, BB	\$20 copay	Ded/Coins, BB
Home Care	Ded/Coins (40 visits)	Ded/Coins, BB (40 visits)	Ded/Coins (additional 325 days)	Ded/Coins, BB (additional 325 days)	CIF	\$50 Ded/25% Coins, BB

KEY: CIF = Covered In Full Out-of-Network = BlueCross BlueShield Indemnity/PPO Providers, *BB – Balance Billing may occur.
 This is an outline of benefits only and does not represent a specific contract. All benefits are subject to the provisions within the contracts.
 All benefits are subject to medical necessity. **Inpatient copayment applies to each Single Confinement.



FEH Health Insurance Consortium
Current Indemnity/Classic Blue Indemnity/BluePPO J Comparison
(After Federal Mental Health Mandate Becomes Effective on July 1, 2010)

	Current Indemnity Plan		Classic Blue Indemnity Plan Effective January 1, 2011		BluePPO J	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Durable Medical Equipment / Prosthetics / Medical Supplies	Ded/Coins	Ded/Coins, BB	Ded/Coins	Ded/Coins, BB	20% coins (\$15,000 annual limit on external prosthetics (Subject to Prior Approval)	Ded/Coins, BB (\$15,000 annual limit on external prosthetics (Subject to Prior Approval)
Outpatient Mental Health	20 visits @ BS fee schedule, 30 visits @ \$50 payment towards visit, subject to ded, balance to member	20 visits @ BS fee schedule, 30 visits @ \$50 payment towards visit, subject to ded, balance to member	CIF	CIF to allowed amount, BB	\$20 copay	Ded/Coins, BB
Allergy Testing	Ded/Coins	Ded/Coins, BB	Ded/Coins	Ded/Coins, BB	\$20 copay	Ded/Coins, BB
Allergy Treatments	Ded/Coins	Ded/Coins, BB	Ded/Coins	Ded/Coins, BB	CIF	Ded/Coins, BB
Benefits not subject to deductible & coinsurance						
Kidney Dialysis	CIF	CIF to allowed amount and BB	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Physical & Occupational Therapy	CIF (PT treatment plan after 10 visits)	CIF to allowed amount and BB	CIF	CIF to allowed amount and BB	\$20 copay (Combined ST, PT, OT, RT 45 combined visits/ year.)	Ded/Coins, BB (Combined ST, PT, OT, RT 45 combined visits/ year.)
IUD's, Depo-Provera, Norplant	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Routine adult Physicals	\$50 Max payment after age 50	\$50 Max payment after age 50	CIF	CIF to allowed amount and BB	\$20 copay	Ded/Coins, BB
Ambulance – Ground	Ded/Coins	Ded/Coins, BB	CIF	CIF to allowed amount and BB	\$20 copay	Ded/Coins, BB

KEY: CIF = Covered In Full Out-of-Network = BlueCross BlueShield Indemnity/PPO Providers, *BB – Balance Billing may occur.
This is an outline of benefits only and does not represent a specific contract. All benefits are subject to the provisions within the contracts.
All benefits are subject to medical necessity. **Inpatient copayment applies to each Single Confinement.



FEH Health Insurance Consortium
Current Indemnity/Classic Blue Indemnity/BluePPO J Comparison
(After Federal Mental Health Mandate Becomes Effective on July 1, 2010)

	Current Indemnity Plan		Classic Blue Indemnity Plan Effective January 1, 2011		BluePPO J	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Ambulance – Air	Up to ground ambulance charges based on medical review	Up to ground ambulance charges and balance billing based on medical review	CIF subject to medical review	CIF to allowed amount and BB subject to medical review	\$20 copay (Prior Approval from Medical Director)	Ded/Coins, BB (Prior Approval from Medical Director)
Pulmonary Rehabilitation Therapy	Not Covered	Not Covered	CIF	CIF	\$20 copay (Combined ST, PT, OT, RT 45 combined visits/ year.)	Ded/Coins, BB (Combined ST, PT, OT, RT 45 combined visits/ year.)
Dental Coverage	Accidental injury to sound and natural teeth. Oral Surgery for impacted wisdom teeth and cutting procedures for diseases. Ded/Coins	Accidental injury to sound and natural teeth. Oral Surgery for impacted wisdom teeth and cutting procedures for diseases. Ded/Coins, BB	Accidental injury to sound and natural teeth only, covered based on type of service provided.	Accidental injury to sound and natural teeth only, covered based on type of service provided, BB may apply.	\$20 copay for OV, \$50 at ER, accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	Ded/Coins, BB for OV, \$50 at ER, accidental injury to sound, natural teeth and for care due to congenital disease or anomaly
Prior Approval	None	None	None	None	Yes	Yes
Lifetime Maximum	None	None	None	None	None	None
Network	BCBS Indemnity		BCBS Indemnity		BluePPO	
Pre-Existing Conditions	Covered	Covered	Covered	Covered	Covered	Covered
Prescription Coverage	Not Covered under Excellus, covered under Caremark.		Not Covered under Excellus, covered under Caremark.		Not Covered under Excellus, covered under Caremark.	

KEY: CIF = Covered In Full Out-of-Network = BlueCross BlueShield Indemnity/PPO Providers, *BB – Balance Billing may occur.
 This is an outline of benefits only and does not represent a specific contract. All benefits are subject to the provisions within the contracts.
 All benefits are subject to medical necessity. **Inpatient copayment applies to each Single Confinement.