



BlueCross BlueShield of Illinois

Experience. Wellness. Everywhere.SM

HSA-Compatible Health Plans!

Blue Cross and Blue Shield of Illinois is pleased to offer high deductible health plans that are designed to be used with Health Savings Accounts (HSAs)

Two plans:

**BlueEdgeSM Individual HSA and
BlueEdgeSM Individual HSA 5000**

- A wide range of deductibles
- Low prices
- Highly competitive benefits with up to 100% coverage

**INDIVIDUAL AND FAMILY
HEALTH INSURANCE**

it just fits.

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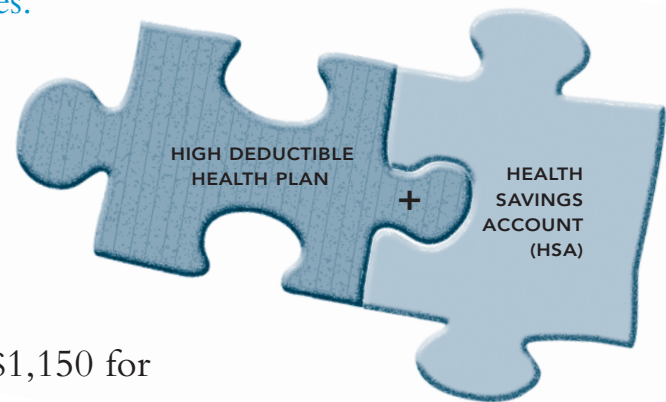
INDIVIDUAL & FAMILY HEALTH INSURANCE FROM BLUE CROSS AND BLUE SHIELD OF ILLINOIS

HSA Health Plans:

High deductible health insurance plans answer the need for reliable coverage with lower prices.

They typically cost less than major medical plans with lower deductibles, because you agree to assume a greater share of the cost of your health care expenses initially.

The minimum annual deductible is \$1,150 for individuals and \$2,300 for families.



As of January 1, 2004, legislation passed by Congress made high deductible health plans even more attractive than ever — by allowing them to qualify for use with a Health Savings Account (HSA).^{*} This legislation is the result of a provision of the Medicare Prescription Drug, Improvement and Modernization Act of 2003. An HSA is a tax-advantaged, individually owned savings account that you can use to cover a wide range of qualified medical expenses. These expenses may generally include your annual deductible and, if applicable, any out-of-pocket cost-sharing for covered services.

An HSA is similar to an individual retirement account (IRA), because funds can be invested in stocks, bonds and mutual funds while accumulating tax-free interest. The advantage of an HSA compared with an IRA is that HSA funds are generally not taxed when they are withdrawn to pay for qualified medical expenses.



In response to the federal legislation, Blue Cross and Blue Shield of Illinois has created innovative BlueEdge high deductible plans, which are designed to be used with an HSA.

^{*}Please be reminded that Health Savings Accounts (HSA) have tax and legal ramifications. Blue Cross and Blue Shield of Illinois does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.

More Advantages Than Ever!

Here are the major benefits of a Health Savings Account (HSA):

Control: The money in an HSA belongs to you. YOU decide how to spend it based on your particular health care needs and budget. HSA funds can be used to pay for qualified medical expenses not covered by your health insurance plan.

NOTE: Funds withdrawn other than for qualified medical expenses may be subject to tax and a 10% penalty.


Flexibility: You can deposit (generally until age 65) or withdraw your money *anytime* without a tax penalty as long as you use it for qualified medical expenses. There is a yearly maximum amount for contributions.

Ownership: The money in an HSA belongs to you. You can take it with you from one employer to another and continue to make contributions and withdrawals. Also, unused funds roll over from one year to the next.

Tax Savings*: An HSA allows you to put away money that may be fully tax-deductible to cover future qualified medical expenses. This means that you can set aside income-tax-free dollars, subject to certain limits, in an HSA to pay for your qualified medical expenses. While your HSA builds savings, it also accumulates interest on a tax-free basis. You generally will pay no taxes or penalties when you use funds from your HSA to pay for qualified medical expenses.



**BlueCross BlueShield
of Illinois**



3 Easy Steps to Setting Up Your BlueEdge Health Plan and Health Savings Account (HSA)

STEP 1: Select and apply for one of the BlueEdge HSA plans.

- Choose the deductible and level of coverage that best fit your needs.
- Complete and mail in your application for the health plan.
- Start thinking about and determine which HSA you want to use in conjunction with your health plan.

STEP 2: Open a Health Savings Account (HSA) once your BlueEdge HSA health plan is activated.

- You may choose any HSA available to work in conjunction with your BlueEdge HSA health plan. Consider the associated fees, investment choices and debit card/checkbook options to determine which HSA is right for you.
- If you need direction on how to find an HSA, please contact your agent for more information.
- Fund your HSA as soon as possible in order to maximize your tax advantages for the year.

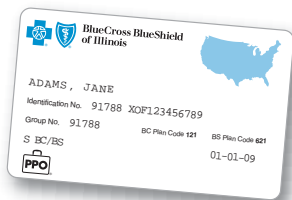
STEP 3: Pay for your qualified medical expenses out of your Health Savings Account (HSA).

- Most HSA providers will give you a checkbook and/or debit card so you can pay claims directly out of your HSA. These are convenient ways to pay for prescription or over-the-counter drugs. For doctor or hospital visits, we recommend that you ask to be billed later in case adjustments are made to your expenses.
- While you are not required to open an HSA to be used with your health plan, most customers agree that they get the most out of their plan by taking advantage of the tax benefits, control and flexibility of an HSA.

Innovative HSA-Compatible Plans

from Blue Cross and Blue Shield of Illinois

As the leading health insurer in Illinois, Blue Cross and Blue Shield of Illinois is always looking for innovative ways to help you satisfy your health insurance needs.



We are pleased to offer **BlueEdge Individual HSA** and **BlueEdge Individual HSA 5000** — high deductible health insurance plans that can be used with a Health Savings Account (HSA).

Not only do both of our BlueEdge high deductible health products provide benefits for the same services as our top-of-the-line major medical plan...*they even offer more coverage than high deductible health plans from other companies.*

Of course, you can expect to find all the “standard” coverage of major medical plans — like benefits for hospitalization, surgery, doctor office visits, inpatient and outpatient care and emergency care. In fact, both **BlueEdge Individual HSA** and **BlueEdge Individual HSA 5000** offer up to \$5,000,000 in lifetime protection!

Check to see how many other plans offer these features:

- Optional maternity benefits
- Prescription drug coverage, well-child care and adult wellness
- 100% coverage after deductible as with **BlueEdge Individual HSA 5000**
- 100% or 80% coverage as with **BlueEdge Individual HSA**

Product Profiles

BlueEdge Individual HSA

- Choice of four deductibles for individuals: \$1,150, \$1,750, \$2,600 and \$3,500
- Choice of four deductibles for families: \$2,300, \$3,500, \$5,200 and \$7,000
- 100% or 80% coverage for service through participating providers
- When the out-of-pocket expense limits are reached, all covered benefits through participating providers are fully paid
- Prices reflect a 10% discount for families

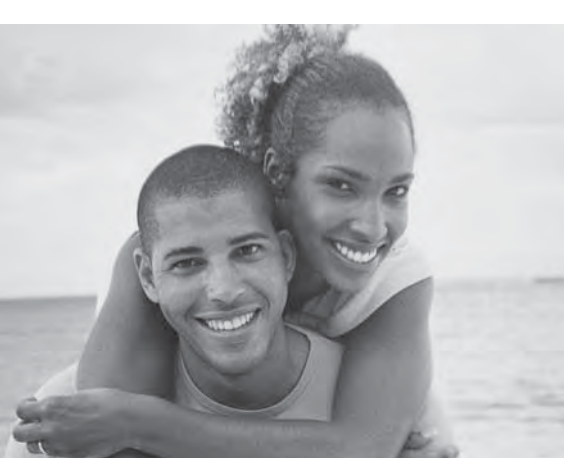
BlueEdge Individual HSA 5000

- \$5,000 deductible for individuals and \$10,000 deductible for families
- 100% coverage for services through participating providers (This means you pay nothing for covered services used through participating providers once you meet your deductible.)
- Prices reflect a 10% discount for families

Which BlueEdge HSA Insurance Plan Is Right for You?

Although there is no “right” answer to this question, here are some guidelines for helping you make an informed decision. If you are relatively young with a good health history, you may want to choose **BlueEdge Individual HSA 5000**. That’s because you may feel that you are unlikely to incur high health care expenses in any given year. Also, your monthly premium will be lower with this plan.

On the other hand, if you are willing to pay a little more for your monthly premiums in return for a lower annual deductible — as low as \$1,150 for individuals — you may want to consider **BlueEdge Individual HSA**.



Getting the Facts on High Deductible Health

Q. What is a high deductible health plan?

A. A high deductible health plan is a health insurance plan that features an annual deductible ranging from \$1,150 to \$5,000 for individuals and from \$2,300 to \$10,000 for families. Because the deductible is high, monthly premiums are typically lower than they are for other health plans. What's more, certain high deductible health plans — like **BlueEdge Individual HSA** and **BlueEdge Individual HSA 5000** from Blue Cross and Blue Shield of Illinois — are designed to be used with a Health Savings Account (HSA), which may offer you tax advantages and greater control of how you spend your money for health care expenses.

Q. What is an HSA?

A. An HSA, or Health Savings Account, is a tax-advantaged, individually owned savings account that you can use with a high deductible health plan to cover a wide range of qualified medical expenses. That includes your annual deductible and, if applicable, any out-of-pocket cost-sharing for covered services.

Q. Who is eligible for an HSA*?

A. Individuals, generally those under age 65, who are covered by a qualified high deductible health plan — and who are not (a) covered by other health insurance or health benefit plan, or (b) entitled to or currently enrolled in Medicare (typically at age 65) — can qualify. You cannot be claimed as a dependent on someone else's tax return.

Q. Do I have to set up an HSA before I start paying for my medical expenses?

A. If you want to take full advantage of a high deductible health plan that is designed for an HSA — like **BlueEdge Individual HSA** or **BlueEdge Individual HSA 5000** from Blue Cross and Blue Shield of Illinois — the answer is “Yes.”

Q. How do I set up an HSA*?

A. Your Blue Cross and Blue Shield of Illinois agent can provide you with information to help you set up an HSA. Or, you may already have a particular financial institution in mind.

Q. How much can I contribute to my HSA?

A. The amount individuals can contribute to their HSA on an annual basis is mandated by the United States Department of the Treasury, and may change year to year. Please visit www.treasury.gov to review the current contribution amounts.

Q. How do I contribute to my HSA*?

A. Within limits, you may contribute money to your account by making a lump sum contribution or periodic payments at any time. You can claim your total amount contributed for the year as an “above the line” tax deduction when you file your income taxes. You have until April 15 of the following year to make HSA contributions for the prior year. If you are over age 55, you can make additional catch-up contributions.

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Insurance Plans and Health Savings Accounts (HSAs)*

Q. How do I use the funds in my HSA?

A. Using funds in your HSA is easy. Typically, a financial institution will provide you with a debit card and/or a checkbook. When you pay for a qualified medical expense, use the debit card or check to make the payment.

Q. What are qualified medical expenses?

A. An HSA can be used to pay for many types of qualified medical expenses, even some that are often excluded through health insurance plans. Here is a partial list of what's included:

- Health insurance plan deductibles, copayments and coinsurance paid for qualified medical expenses
- Prescription and most over-the-counter drugs
- Dental services, including braces, bridges and crowns
- Vision care, including glasses and Lasik eye surgery
- Psychiatric and certain psychological treatments
- Qualified long-term care services and insurance premiums (subject to limits based on age and are adjusted annually)[†]
- Medically related transportation and lodging (subject to certain limitations)

Check with your tax advisor or go to www.irs.gov to obtain a current list of qualified medical expenses as determined by the IRS. (See Publication 502 and 969)

Q. Can I use my HSA to pay for non-health-related expenses*?

A. You may withdraw money from your HSA for items other than qualified health expenses, but it will be subject to income tax and, if you are under 65 years old, there is generally an additional 10 percent tax penalty on the amount withdrawn.

Q. Can the unused funds in my HSA be rolled over each year?

A. Yes. Your funds will accumulate without a maximum limit.

Q. Does the money in my HSA earn interest?

A. In most cases, the funds in your HSA will earn interest. Many financial institutions that offer HSAs will also have other investment options.

Q. How long can I keep my HSA?

A. Your HSA is yours to *own*. You can take it from one job to the next, and you can even use it when you retire.

Q. Can an HSA be used by individuals over age 65?

A. Yes. Although individuals over age 65 generally may not contribute to their HSA, they may continue to earn tax-free interest on the balance and can use their account to pay for health-related medical expenses tax-free.

[†]Note: Generally, an HSA may not be used to purchase health insurance unless specifically excepted. Expenses that are not qualified medical expenses include premiums paid for Medicare supplemental coverage and Medigap. To be sure if a medical expense qualifies as eligible, you should check with a tax advisor or the IRS.



See Why More Than 6.5 Million Illinois Residents Choose Blue Cross and Blue Shield of Illinois

The Size and Strength of the Contracting Provider Network Assure You Freedom of Choice

BlueEdge Individual HSA and **BlueEdge Individual HSA 5000** provide access to one of the largest contracting provider networks in Illinois. In fact, with 90% of Illinois doctors included — as well as more than 200 hospitals — it's likely that your current health care providers participate.

Blue Cross and Blue Shield of Illinois Offers You and Eligible Family Members Choices

Blue Cross and Blue Shield of Illinois offers you and eligible family members choices when it comes to your care. Members and eligible dependents have the freedom to visit any physician they choose, with benefits paid at the highest level of benefits when the doctor is in the participating provider network. Members do not need to select a primary care physician to coordinate care, and no referrals are needed to see a specialist.

Travel with Confidence — You're Covered Away from Home

As a member of Blue Cross and Blue Shield of Illinois, you'll have access to a program called BlueCard PPO. Contracting providers linked through the BlueCard program allow you to receive benefits for covered services when you travel. Simply present your Blue Cross and Blue Shield of Illinois ID card to a participating provider wherever you are. To find a participating provider while you're away, just call the toll-free number on the back of your card. It's that easy.



No Paperwork in Most Cases — Your Claims Are Handled for You

- Simply present your BlueEdge HSA ID card to your health care provider. Do not make a payment at this time.
- Your health care provider will submit a claim to Blue Cross and Blue Shield of Illinois.
- Blue Cross and Blue Shield of Illinois will send you an Explanation of Benefits — which will also show you how much of your deductible and your out-of-pocket maximum you have met to date.

Guaranteed Renewability

Your individual or family coverage is guaranteed to be renewable. This means that as long as your premiums are paid on time, renewal of your coverage can be refused only for the following reasons:

- (1) fraud or an intentional material misrepresentation, or
- (2) all policies bearing your policy's form number have not been renewed.

Financial Stability You Can Count On

Today, one American out of three carries a Blue Cross and Blue Shield membership card. In fact, more than 6.5 million residents across Illinois carry our membership card because they trust Blue Cross and Blue Shield of Illinois to give them more health care value for their premium dollar. Blue Cross and Blue Shield of Illinois has been serving the health insurance needs of Illinois residents for more than 65 years. We're one of the largest and most financially secure insurance companies in the state. A.M. Best, one of the leading rating agencies of the insurance industry, has awarded us an "A+" (Superior) rating.*

* As of November 2007



BlueEdgeSM Individual HSA

With Your Choice of Deductibles and Participating Provider Coinsurance Levels.

OUTLINE OF COVERAGE

- 1. READ YOUR POLICY CAREFULLY** — This outline of coverage provides a brief description of the important features of your Policy. This is not the insurance contract, and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
- 2. BlueEdge Individual HSA Coverage** — BlueEdge Individual HSA coverage is designed to provide you with economic incentives for using designated health care providers. It provides, to persons insured, coverage for

major Hospital, medical, and surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided for daily Hospital room and board, miscellaneous Hospital services, surgical services, anesthesia services, In-Hospital medical services and Out-of-Hospital care, subject to any deductibles or other limitations which may be set forth in the Policy. **Although you can go to the Hospitals and Physicians of your choice, your Hospital benefits under the BlueEdge Individual HSA plan will be greater when you use the services of participating Hospitals and Physicians.**

BASIC PROVISIONS	BlueEdge Individual HSA	
	Participating Provider Coverage	Non-Participating Provider Coverage
Lifetime Benefit	\$5,000,000	
Individual Coverage Deductible Per calendar year.	\$1,150 [†] \$1,750 \$2,600 \$3,500	
Family Coverage Deductible Per calendar year.	Equal to two times the individual deductible	
Hospital Admission Deductible Per admission, per individual.	\$0	\$300
Coinsurance The level of coverage provided by the plan after the calendar-year Deductible has been satisfied. You must select a level of participating provider coverage 100% participating provider coverage, or 80% participating provider coverage	100% ----- 80%	80% ----- 60%
Individual Out-of-Pocket Expense Limit The amount of money an individual pays toward covered hospital and medical expenses during any one calendar year. Items asterisked (*) <u>do not</u> apply to the out-of-pocket expense limit.	Annual deductible plus \$3,000**	Annual deductible plus \$6,000
Family Aggregate Out-of-Pocket Expense Limit Equal to two times the individual out-of-pocket limit, per family, per calendar year.	Annual deductible plus \$6,000**	Annual deductible plus \$12,000

[†] The deductible amount will be adjusted automatically if the amount is lower than the amount required by law.

** The individual out-of-pocket expense plus individual deductible can not exceed \$5,000. The family aggregate out-of-pocket expense plus family deductible can not exceed \$10,000.

BASIC PROVISIONS	BlueEdge Individual HSA	
	Participating Provider Coverage	Non-Participating Provider Coverage
Inpatient/Outpatient Physician Medical/Surgical Services	100% ----- 80%	80% ----- 60%
Wellness Care From age 16. Covers services associated with both an annual physical exam and an annual gynecological exam. Includes immunizations and routine diagnostic tests received or ordered on the same day as the exam. (\$500 calendar-year maximum, per person.)	100% ----- 80%	80% ----- 60%
Well-Child Care To age 16. Includes immunizations, physical exams and routine diagnostic tests. (\$500 calendar-year maximum, per dependent.)	100% ----- 80%	80% ----- 60%
Inpatient/Outpatient Hospital Services Includes surgery, preadmission testing and services received in a skilled nursing facility, coordinated home care program and hospice. (For mental health coverage levels, please refer to mental health benefits on the next page.)	100% ----- 80%	80% ----- 60%
Inpatient/Outpatient Hospital Diagnostic Services Includes, but not limited to, X-rays, lab tests, EKGs, ECGs, pathology services, pulmonary function studies, radioisotope tests and electromyograms.	100% ----- 80%	80% ----- 60%
Physical, Occupational, and Speech Therapist Services (\$3,000 maximum per therapy, per calendar year.)	100% ----- 80%	80% ----- 60%
Temporomandibular Joint Dysfunction and Related Disorders (\$1,000 lifetime maximum.)	100% ----- 80%	80% ----- 60%
Muscle Manipulations Rendered by a Physician or Chiropractor (\$1,000 per calendar year.)	100% ----- 80%	80% ----- 60%
Optional Maternity Coverage Inpatient/Outpatient Hospital services and Physician Medical/Surgical services. <i>When elected, maternity benefits will begin 365 days after the effective date of the maternity coverage.</i>	100% ----- 80%	80% ----- 60%
Outpatient Emergency Care (Accident or Illness) For both Hospital and Physician.	100% ----- 80%	
Additional Surgical Opinion Program Following a recommendation for elective surgery, provides additional consultations and related diagnostic service by a Physician, as needed.	100%	80%
Other Covered Services Ambulance services; services of a private duty nursing service (\$1,000 per month maximum); naprapathic services rendered by a Naprapath (\$1,000 per calendar-year maximum); oxygen and its administration; blood plasma; surgical dressings; casts and splints.	100% ----- 80%	

BASIC PROVISIONS	BlueEdge Individual HSA	
	Participating Provider Coverage	Non-Participating Provider Coverage
Outpatient Prescription Drugs	----- 100% ----- ----- 80% -----	
Mental Illness Treatment and Substance Abuse Rehabilitation Treatment Inpatient Care (30 Inpatient Hospital days per calendar year.) Physician Hospital First 14 days Thereafter Outpatient Care (30 visits per calendar year combined annual maximum and 100 visits per lifetime maximum.) Physician and Hospital	----- 100% ----- ----- 80% ----- 60% 50% 50%	----- 80% ----- ----- 60% ----- 50% 50% 50%
Medical Services Advisory (MSA®') The MSA helps you maximize your benefits.	The Participating Provider is responsible for notifying MSA when services are rendered in a Participating Hospital.	The Policyholder is responsible for notifying MSA for Hospital admissions at Non-Participating and and Non-Plan Hospitals. MSA notification is required within three business days for non-emergencies and within one business day or as soon as reasonably possible for emergencies and maternity admissions. If Policyholder does not notify MSA, the Policyholder will then be responsible for the first \$1,000 or 50% of the Hospital charge, whichever is less.
Mental Health Unit In order to maximize your benefits, the Policyholder is responsible for notifying the Mental Health Unit for ALL care related to mental health and substance abuse. In the event of an admission, for either mental illness or substance abuse, notification is required three days prior for non-emergencies and within 24 hours or as soon as reasonably possible for emergencies. If Policyholder does not notify the Mental Health Unit, the Policyholder will then be responsible for the first \$1,000 or 50% of the Hospital charge, whichever is less.		

Durable Medical Equipment (DME) providers, Orthotic providers and Prosthetic providers are participating providers. Please refer to your Policy Book for details.

* Does not apply to out-of-pocket expense limit.

IF USING A NON-PLAN PROVIDER... A \$300 per Hospital admission Deductible will apply. If using a Non-Plan Provider, benefits are reduced to 50%. However, Outpatient Hospital emergency care is paid at 80% regardless of your coverage level or whether services were received from a Participating, Non-Participating or Non-Plan Provider.

PRE-EXISTING CONDITIONS LIMITATION Pre-existing Conditions are those health conditions which were diagnosed or treated by a Provider during the 12 months prior to the coverage effective date, or for which symptoms existed which would cause an ordinarily prudent person to seek diagnosis or treatment. Any Pre-existing Condition will be subject to a waiting period of 365 days.

PREMIUMS We may change premium rates only if we do so on a class basis for all DB-50 HCSC policies. Premiums can be changed based on age, sex and rating area.

COST OF LIVING ADJUSTMENT (COLA) The deductible and/or out-of-pocket expense amounts may be adjusted for inflation based on the Consumer Price Index or other index used by the Federal Government and rounded up to the nearest \$50 increment.

GUARANTEED RENEWABILITY Coverage under this Policy will be terminated for nonpayment of premiums. In addition, Blue Cross and Blue Shield may terminate or refuse to renew this Policy only for the following reasons:

1. If every Policy that bears this Policy form number, DB-50 HCSC, is not renewed. If this should occur:
 - a. Blue Cross and Blue Shield will give you at least 90 days prior to written notice.
 - b. You may convert to any other individual policy Blue Cross and Blue Shield offers to the individual market.
2. In the event of fraud or an intentional misrepresentation of material fact under the terms of this Policy. In this case, Blue Cross and Blue Shield will give you at least thirty (30) days prior written notice.
3. If you no longer reside, live or work in an area for which Blue Cross and Blue Shield is authorized to do business. Blue Cross and Blue Shield will never terminate or refuse to renew this Policy because of the condition of your health. Blue Cross and Blue Shield may uniformly modify coverage provided by every Policy which bears this Policy form number only on the coverage Renewal Date.

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Exclusions and Limitations:

Hospitalization, Services, and supplies which are not Medically Necessary; Services or supplies that are not specifically mentioned in this Policy; Services or supplies for any illness or injury arising out of or in the course of employment for which benefits are available under any Workers' Compensation Law or other similar laws whether or not you make a claim for such compensation or receive such benefits except where not required by law; Services or supplies that are furnished to you by the local, state, or federal government; Services and supplies for any illness or injury occurring on or after your Coverage Date as a result of war or an act of war; Services or supplies that do not meet accepted standards of medical or dental practice; Investigational Services and Supplies, including all related services and supplies; Custodial Care Service; Routine physical examinations, unless specifically stated in this Policy; Services or supplies received during an Inpatient stay when the stay is primarily related to behavioral, social maladjustment, lack of discipline, or other antisocial actions which are not specifically the result of Mental Illness; Cosmetic Surgery and related services and supplies, except for the correction of congenital deformities or for conditions resulting from accidental injuries, scars, tumors, or diseases; Services or supplies for which you are not required to make payment or would have no legal obligation to pay if you did not have this or similar coverage; Charges for failure to keep a scheduled visit or charges for completion of a Claim form; Personal hygiene, comfort, or convenience items commonly used for other than medical purposes, such as air conditioners, humidifiers, physical fitness equipment, televisions, and telephones; Special braces, splints, specialized equipment, appliances, ambulatory apparatus, battery controlled implants, except as specifically mentioned in this Policy; Eyeglasses, contact lenses, or cataract lenses and the examinations for prescribing or

fitting of glasses or contact lenses or for determining the refractive state of the eye, except as specifically mentioned in this Policy; Treatment of flat foot conditions and the prescription of supportive devices for such conditions and the treatment of subluxations of the foot or routine foot care; Immunizations, unless otherwise stated in this Policy; Maintenance Occupational Therapy, Maintenance Physical Therapy, and Maintenance Speech Therapy; Speech Therapy when rendered for the treatment of psychosocial speech delay, behavioral problems (including impulsive behavior and impulsivity syndrome), attention disorder, conceptual handicap, or mental retardation; Hearing aids or examinations for the prescription or fitting of hearing aids; Diagnostic Service as part of routine physical examinations or check-ups, premarital examinations, determination of the refractive errors of the eyes, auditory problems, surveys, casefinding, research studies, screening, or similar procedures and studies, or tests which are Investigational, unless otherwise specified in this Policy; Procurement or use of prosthetic devices, special appliances, and surgical implants which are for cosmetic purposes, or unrelated to the treatment of a disease or injury; Services and supplies provided for the diagnosis and/or treatment of infertility including, but not limited to, Hospital services, Medical Care, therapeutic injection, fertility and other drugs, Surgery, artificial insemination, and all forms of in-vitro fertilization; Maternity Service, including related services and supplies, unless selected as an option (Complications of Pregnancy are covered as any other illness); Long Term Care; Inpatient Private Duty Nursing Service; Maintenance Care; Wigs (also referred to as cranial prosthesis); and Services and supplies rendered or provided for human organ or tissue transplants other than those specifically named in this Policy.



BlueEdgeSM Individual HSA 5000

OUTLINE OF COVERAGE

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- 2. BlueEdge Individual HSA 5000 Coverage** — BlueEdge Individual HSA 5000 coverage is designed to provide you with economic incentives for using designated health care providers. It provides, to persons insured, coverage for

major Hospital, medical, and surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided for daily Hospital room and board, miscellaneous Hospital services, surgical services, anesthesia services, In-Hospital medical services and Out-of-Hospital care, subject to any deductibles or other limitations which may be set forth in the Policy. **Although you can go to the Hospitals and Physicians of your choice, your Hospital benefits under the BlueEdge Individual HSA 5000 plan will be greater when you use the services of participating Hospitals and Physicians.**

BASIC PROVISIONS	BlueEdge Individual HSA 5000	
	Participating Provider Coverage	Non-Participating Provider Coverage
Lifetime Benefit	\$5,000,000	
Individual Coverage Deductible Per calendar year.	\$5,000	
Family Coverage Deductible Per calendar year.	Equal to two times the individual deductible	
Hospital Admission Deductible Per admission, per individual.	\$0	\$300
Coinsurance The level of coverage provided by the plan after the calendar-year Deductible has been satisfied.	100%	80%
Individual Out-of-Pocket Expense Limit The amount of money an individual pays toward covered hospital and medical expenses during any one calendar year. Items asterisked (*) <u>do not</u> apply to the out-of-pocket expense limit.	Your annual deductible	Your annual deductible plus \$5,000
Family Aggregate Out-of-Pocket Expense Limit Equal to two times the individual out-of-pocket limit, per family, per calendar year.	Your annual deductible	Your annual deductible plus \$10,000

BASIC PROVISIONS	BlueEdge Individual HSA 5000	
	Participating Provider Coverage	Non-Participating Provider Coverage
Inpatient/Outpatient Physician Medical/Surgical Services	100%	80%
Wellness Care From age 16. Covers services associated with both an annual physical exam and an annual gynecological exam. Includes immunizations and routine diagnostic tests received or ordered on the same day as the exam. (\$500 calendar-year maximum, per person.)	100%	80%
Well-Child Care To age 16. Includes immunizations, physical exams and routine diagnostic tests. (\$500 calendar-year maximum, per dependent.)	100%	80%
Inpatient/Outpatient Hospital Services Includes surgery, preadmission testing and services received in a skilled nursing facility, coordinated home care program and hospice. (For mental health coverage levels, please refer to mental health benefits on the next page.)	100%	80%
Inpatient/Outpatient Hospital Diagnostic Services Includes, but not limited to, X-rays, lab tests, EKGs, ECGs, pathology services, pulmonary function studies, radioisotope tests and electromyograms.	100%	80%
Physical, Occupational, and Speech Therapist Services (\$3,000 maximum per therapy, per calendar year.)	100%	80%
Temporomandibular Joint Dysfunction and Related Disorders (\$1,000 lifetime maximum.)	100%	80%
Muscle Manipulations Rendered by a Physician or Chiropractor (\$1,000 per calendar year.)	100%	80%
Optional Maternity Coverage Inpatient/Outpatient Hospital services and Physician Medical/Surgical services. <i>When elected, maternity benefits will begin 365 days after the effective date of the maternity coverage.</i>	100%	80%
Outpatient Emergency Care (Accident or Illness) For both Hospital and Physician.	100%	
Additional Surgical Opinion Program Following a recommendation for elective surgery, provides additional consultations and related diagnostic service by a Physician, as needed.	100%	80%
Other Covered Services Ambulance services; services of a private duty nursing service (\$1,000 per month maximum); naprapathic services rendered by a Naprapath (\$1,000 per calendar-year maximum); oxygen and its administration; blood plasma; surgical dressings; casts and splints.	100%	
Outpatient Prescription Drugs	100%	

BASIC PROVISIONS	BlueEdge Individual HSA 5000	
	Participating Provider Coverage	Non-Participating Provider Coverage
<p>Mental Illness Treatment and Substance Abuse Rehabilitation Treatment</p> <p>Inpatient Care (30 Inpatient Hospital days per calendar year.)</p> <p>Physician</p> <p>Hospital First 14 days Thereafter</p> <p>Outpatient Care (30 visits per calendar year combined annual maximum and 100 visits per lifetime maximum.)</p> <p>Physician and Hospital</p>	<p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p>	<p>80%</p> <p>50%</p> <p>50%</p> <p>50%</p>
<p>Medical Services Advisory (MSA®) The MSA helps you maximize your benefits.</p>	<p>The Participating Provider is responsible for notifying MSA when services are rendered in a Participating Hospital.</p>	<p>The Policyholder is responsible for notifying MSA for Hospital admissions at Non-Participating and Non-Plan Hospitals.</p> <p>MSA notification is required within three business days for non-emergencies and within one business day or as soon as reasonably possible for emergencies and maternity admissions. If Policyholder does not notify MSA, the Policyholder will then be responsible for the first \$1,000 or 50% of the Hospital charge, whichever is less.</p>
<p>Mental Health Unit In order to maximize your benefits, the Policyholder is responsible for notifying the Mental Health Unit for ALL care related to mental health and substance abuse. In the event of an admission, for either mental illness or substance abuse, notification is required three days prior for non-emergencies and within 24 hours or as soon as reasonably possible for emergencies. If Policyholder does not notify the Mental Health Unit, the Policyholder will then be responsible for the first \$1,000 or 50% of the Hospital charge, whichever is less.</p>		

Durable Medical Equipment (DME) providers, Orthotic providers and Prosthetic providers are participating providers. Please refer to your Policy Book for details.

* Does not apply to out-of-pocket expense limit.

IF USING A NON-PLAN PROVIDER... A \$300 per Hospital admission Deductible will apply. If using a Non-Plan Provider, benefits are reduced to 50%. However, Outpatient Hospital emergency care is paid at 100% regardless of your coverage level or whether services were received from a Participating, Non-Participating or Non-Plan Provider.

PRE-EXISTING CONDITIONS LIMITATION Pre-existing Conditions are those health conditions which were diagnosed or treated by a Provider during the 12 months prior to the coverage effective date, or for which symptoms existed which would cause an ordinarily prudent person to seek diagnosis or treatment. Any Pre-existing Condition will be subject to a waiting period of 365 days.

PREMIUMS We may change premium rates only if we do so on a class basis for all DB-51 HCSC policies. Premiums can be changed based on age, sex and rating area.

COST OF LIVING ADJUSTMENT (COLA) The deductible and/or out-of-pocket expense amounts may be adjusted for inflation based on the Consumer Price Index or other index used by the Federal Government and rounded up to the nearest \$50 increment.

GUARANTEED RENEWABILITY Coverage under this Policy will be terminated for nonpayment of premiums. In addition, Blue Cross and Blue Shield may terminate or refuse to renew this Policy only for the following reasons:

1. If every Policy that bears this Policy form number, DB-51 HCSC, is not renewed. If this should occur:
 - a. Blue Cross and Blue Shield will give you at least 90 days prior to written notice.
 - b. You may convert to any other individual policy Blue Cross and Blue Shield offers to the individual market.
2. In the event of fraud or an intentional misrepresentation of material fact under the terms of this Policy. In this case, Blue Cross and Blue Shield will give you at least thirty (30) days prior written notice.
3. If you no longer reside, live or work in an area for which Blue Cross and Blue Shield is authorized to do business. Blue Cross and Blue Shield will never terminate or refuse to renew this Policy because of the condition of your health. Blue Cross and Blue Shield may uniformly modify coverage provided by every Policy which bears this Policy form number only on the coverage Renewal Date.

Please be reminded that Health Savings Accounts (HSA) have tax and legal ramifications. Health Care Service Corporation, d/b/a Blue Cross and Blue Shield of Illinois, does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. Please consult your tax advisors for information regarding the tax consequences of specific health insurance plans or products.

Exclusions and Limitations:

Hospitalization, Services, and supplies which are not Medically Necessary; Services or supplies that are not specifically mentioned in this Policy; Services or supplies for any illness or injury arising out of or in the course of employment for which benefits are available under any Workers' Compensation Law or other similar laws whether or not you make a claim for such compensation or receive such benefits except where not required by law; Services or supplies that are furnished to you by the local, state, or federal government; Services and supplies for any illness or injury occurring on or after your Coverage Date as a result of war or an act of war; Services or supplies that do not meet accepted standards of medical or dental practice; Investigational Services and Supplies, including all related services and supplies; Custodial Care Service; Routine physical examinations, unless specifically stated in this Policy; Services or supplies received during an Inpatient stay when the stay is primarily related to behavioral, social maladjustment, lack of discipline, or other antisocial actions which are not specifically the result of Mental Illness; Cosmetic Surgery and related services and supplies, except for the correction of congenital deformities or for conditions resulting from accidental injuries, scars, tumors, or diseases; Services or supplies for which you are not required to make payment or would have no legal obligation to pay if you did not have this or similar coverage; Charges for failure to keep a scheduled visit or charges for completion of a Claim form; Personal hygiene, comfort, or convenience items commonly used for other than medical purposes, such as air conditioners, humidifiers, physical fitness equipment, televisions, and telephones; Special braces, splints, specialized equipment, appliances, ambulatory apparatus, battery controlled implants, except as specifically mentioned in this Policy; Eyeglasses, contact lenses, or cataract lenses and

the examinations for prescribing or fitting of glasses or contact lenses or for determining the refractive state of the eye, except as specifically mentioned in this Policy; Treatment of flat foot conditions and the prescription of supportive devices for such conditions and the treatment of subluxations of the foot or routine foot care; Immunizations, unless otherwise stated in this Policy; Maintenance Occupational Therapy, Maintenance Physical Therapy, and Maintenance Speech Therapy; Speech Therapy when rendered for the treatment of psychosocial speech delay, behavioral problems (including impulsive behavior and impulsivity syndrome), attention disorder, conceptual handicap, or mental retardation; Hearing aids or examinations for the prescription or fitting of hearing aids; Diagnostic Service as part of routine physical examinations or check-ups, premarital examinations, determination of the refractive errors of the eyes, auditory problems, surveys, casefinding, research studies, screening, or similar procedures and studies, or tests which are Investigational, unless otherwise specified in this Policy; Procurement or use of prosthetic devices, special appliances, and surgical implants which are for cosmetic purposes, or unrelated to the treatment of a disease or injury; Services and supplies provided for the diagnosis and/or treatment of infertility including, but not limited to, Hospital services, Medical Care, therapeutic injection, fertility and other drugs, Surgery, artificial insemination, and all forms of in-vitro fertilization; Maternity Service, including related services and supplies, unless selected as an option (Complications of Pregnancy are covered as any other illness); Long Term Care; Inpatient Private Duty Nursing Service; Maintenance Care; Wigs (also referred to as cranial prosthesis); and Services and supplies rendered or provided for human organ or tissue transplants other than those specifically named in this Policy.