



HealthChoice S-Account Plan Year 2009

Overview

The HealthChoice S-Account Plan is a qualified high deductible health plan to be used exclusively with a Health Savings Account (HSA).

The S-Account Plan gives you the freedom of your choice of providers with the same provider network as the HealthChoice High Option and Basic Plans. The Plan has an annual deductible of \$1,500 per individual and \$3,000 per family which applies to medical and pharmacy combined. The deductible must be met before any benefits are paid by the Plan.

Please refer to the HealthChoice High Option and Basic Health Plans Handbook for more information on covered services, exclusions, claim procedures, and eligibility.

Deductibles

Individual Each Calendar Year	\$1,500
Family Each Calendar Year*	\$3,000

Medical and pharmacy expenses combined apply to the deductible

*If you have family coverage (two or more people), the entire family deductible must be met before any benefits are paid for any covered family member.

Additional Deductibles

Each non-Network Hospital Confinement	\$300
Each Emergency Room visit to Network or non-Network facilities*	\$100

*Waived if patient is admitted or if death occurs prior to admission.

Copays

Network copays apply to medical and pharmacy expenses after the individual or family deductible is met. After the deductible is met, a \$25 copay applies to office visits and certain other services provided by Network providers. After the out-of-pocket maximum is met, copays no longer apply.

Out-of-Pocket Maximums

Medical and pharmacy expenses combined apply to the out-of-pocket maximum

Network individual	\$4,000
Network family	\$8,000

After the out-of-pocket maximum is met, Network copays no longer apply, but you are still responsible for any amounts above the Allowed Charges when using non-Network providers.

If you have family coverage (two or more people), the entire family out-of-pocket maximum must be met before Network benefits are paid at 100% of Allowed Charges for any family member. This can be met by one or more individuals. Only Network copays and coinsurance apply to the individual or family out-of-pocket maximum.

How Claims are Paid

Network Services

After the combined medical and pharmacy deductible is met, HealthChoice pays 80% of Allowed Charges until the calendar year out-of-pocket maximum is met. You are responsible for:

- Copays
- 20% coinsurance until the calendar year out-of-pocket maximum is met
- Emergency room deductible
- Charges above the maximum benefit limitations
- Non-covered services or charges
- Cost differences between brand-name and non-Preferred medications

After the calendar year out-of-pocket maximum is met, the HealthChoice Plan pays 100% of Allowed Charges for covered services for the remainder of the calendar year. After the out-of-pocket maximum is met, you are still responsible for:

- Non-covered services or charges
- Charges above the maximum benefit limitations

Please refer to the HealthChoice High Option and Basic Health Plans Handbook for more information on covered services, supplies, and equipment.

Non-Network Services

After the combined medical and pharmacy deductible is met, HealthChoice pays 50% of Allowed Charges until the calendar year out-of-pocket maximum is met. You are responsible for:

- 50% coinsurance
- Any amount above Allowed Charges, including all non-covered charges

- Emergency room deductible
- Non-Network inpatient deductibles
- Charges above the maximum benefit limitations

After the out-of-pocket maximum is met, you are still responsible for:

- Any amount above Allowed Charges, including all non-covered charges
- Non-covered services or charges
- Emergency room deductible
- Non-Network inpatient deductibles
- Charges above the maximum benefit limitations

Charges Not Applied to the Out-of-Pocket Maximum

The following charges do not apply to the out-of-pocket maximum and do not qualify for 100% payment after the out-of-pocket is met.

Health

- Charges above the HealthChoice Allowed Charges or maximum benefit limitation
- Non-covered services or charges
- Non-Network emergency room deductibles
- Non-Network inpatient deductibles

Pharmacy

- Non-Network pharmacy purchases
- Non-Preferred medications
- Cost differences between generic and brand-name medications
- Non-covered medications

Lifetime Maximums

Health Benefits	No Lifetime Maximum
Pharmacy Benefits Per Covered Member.....	\$2,000,000

Disclaimer

Although OSEEGIB and the Health Savings Account (HSA) trustee custodian together provide health insurance benefits, each are independent entities with separate responsibilities. OSEEGIB expressly disclaims any fiduciary obligation to manage the member's HSA funds or accounts. HSA account information concerning contributions, IRS determinations, withdrawals, or any matters regarding the HSA is the sole responsibility of the HSA trustee/custodian chosen by the member.