



Preferred Provider Organization (PPO)

When you choose a health care coverage program, you also choose the insurer behind it as your partner in health care coverage. You want to choose carefully, so you know your insurer has the experience, provider relationships, financial resources and service expertise to meet your needs. So go with an experienced, reliable health insurer – Mountain State Blue Cross Blue Shield (MSBCBS).

MSBCBS utilizes a Preferred Provider Organization (PPO) with all product options. Your relationship with your local doctors, hospitals and other providers is an important part of getting well and staying that way. That's why we've credentialed providers to help ensure you receive quality care. Our network includes 95% of the hospitals and 75% of the physicians in West Virginia. To find out if your provider is in our network, you can call 1-800-533-3627.

The BlueCard PPO Program allows members traveling outside the MSBCBS service area to receive high level of benefits when utilizing the services of more than 385,000 Blue Cross Blue Shield Preferred Providers nationwide.

Prescription drug coverage is offered through our extensive preferred pharmacy network of more than 40,000 pharmacies nationwide.

SuperBlue Plus 2000

Super Blue Plus 2000 is a PPO managed care health plan. Participants receive maximum benefits when their care is provided by the many hospitals and the thousands of physicians and other professional provider in the Mountain State Blue Cross Blue Shield Super Blue Plus Network. Participants can elect to use provider not in the network but must pay a higher percentage of their health care costs.

SuperBlue Plus 2004

Super Blue Plus 2004 is a PPO product that is designed to be compatible with a Health Reimbursement Account (HRA). However, it works just as well without the HRA for groups looking for catastrophic coverage. This product is also used for the West Virginia Small Business Plan.

SuperBlue Plus 2008

Super Blue Plus 2008 is a PPO product designed with prevention in mind. The product was developed in an effort to reduce costs but also to apply emphasis on preventive benefits to coincide with our wellness initiatives.

Qualified High Deductible Health Plan (HDHP) is designed for individuals who wish to enroll in a qualified high deductible health plan for use with a Health Savings Account as defined by the Internal Revenue Service. However, it is not a requirement of this product to open a Health Savings Account. The decision is determined by each subscriber of the policy.

Limited Benefits is a product with a \$25,000 annual maximum and is designed to provide a cost effective alternative for those who cannot afford traditional coverage. This product is not designed to be a comprehensive medical policy.

WEBSITE ACCESS 24/7 – www.mybenefitshome.com

As a MSBCBS member, you will have a wealth of health information at your fingertips via our innovative internet web site, www.mybenefitshome.com. You'll find a wide range of tools to help you take greater control of your health. From the Person Wellness Profile that provides a comprehensive health assessment to online access to 24-hour-a-day health decision support, your MSBCBS member web site provides in-depth health information. Through My Benefits Home you will have access to physician and pharmacy directories, so you can look up a physician in your plan or locate your nearest pharmacy. You can request an ID card, order a claim form, send a secure message to customer service, check on a claim or sign up to receive edelivery of EOB (Explanation of Benefits) statements - **all online**.

Yearly Deductible	In-network Coverage	Out-of-network Coverage	Network Annual Out-of-Pocket Maximum, Excluding Deductible Indiv/Family	OV/PCP Copay Then 100%, In Network	Preventive	ER Copay/Coins.	Rx
Super Blue Plus 2000							
\$100	80%	60%	\$1,000/\$2,000	\$10	Routine Gynecological, Mammograms, Prostate Screenings	100% up to \$500	R: 30% \$10 Min M: 30% \$30 Min
\$250	80%	60%	\$1,000/\$2,000	\$10	Routine Gynecological, Mammograms, Prostate Screenings	100% up to \$500	R: 30% \$10 Min M: 30% \$30 Min
\$500	80%	60%	\$1,000/\$2,000	\$10	Routine Gynecological, Mammograms, Prostate Screenings	100% up to \$500	R: 30% \$10 Min M: 30% \$30 Min
\$1,000	80%	60%	\$1,000/\$2,000	\$10	Routine Gynecological, Mammograms, Prostate Screenings	100% up to \$500	R: 30% \$10 Min M: 30% \$30 Min
\$2,500	80%	60%	\$2,500/\$5,000	\$25	Routine Gynecological, Mammograms, Prostate Screenings	100% up to \$500	R: 30% \$25 Min M: 30% \$75 Min
Super Blue Plus 2004							
\$1,000	80%	60%	\$1,000/\$2,000	N/A	First \$300 100%, then paid at 80% thereafter -subject to deductible	80% after deductible	R: 50% \$25 Min M: 50% \$75 Min
\$3,000	80%	60%	\$1,000/\$2,000	N/A	First \$300 100%, then paid at 80% thereafter -subject to deductible	80% after deductible	R: 50% \$25 Min M: 50% \$75 Min
\$5,000	80%	60%	\$1,000/\$2,000	N/A	First \$300 100%, then paid at 80% thereafter -subject to deductible	80% after deductible	R: 50% \$25 Min M: 50% \$75 Min
HDHP	High Deductible Health Plans, compatible with Health Savings Accounts						
Single \$3,000 Family \$6,000	100%	80%	\$2,500/\$5,000	N/A	First \$300 100%, then paid at 80% thereafter -subject to deductible	100% after deductible	50% after deductible with add'l coinsurance limit
Single \$5,000 Family \$10,000	100%	80%	\$5,000/\$10,000	N/A	First \$300 100%, then paid at 80% thereafter -subject to deductible	100% after deductible	50% after deductible with add'l coinsurance limit
<i>The individual deductible and out of pocket maximums only apply for a subscriber with individual coverage. The family deductible must be met by one or more members of the family.</i>							
LBP	Limited Benefit Plan \$25,000 Annual Maximum						
\$250	80%	60%	N/A	\$15/\$30	Annual Routine Physical Adult Immunizations Routine Diagnostics	\$100 ER copay, then 100% thereafter	Generic: 50% Brand: No Benefit

Yearly Deductible	In/Out-of Network Coverage %	Network Annual Out-of-Pocket Maximum, Excluding Deductible Indiv/Family	Office Visit Copay - In Network	Preventive	ER Copay/Coins.	Prescription Drug Coverage
Super Blue Plus 2008						
\$500	80 / 60	\$3,000/\$6,000	\$25, then 100%	Annual Routine Physical \$25 Office Visit Copay, Routine Diagnostics and Adult Immunizations subject to Deductible & Coinsurance	\$100 Copay, then subject to Deductible & Coinsurance	R: 50% \$10 Min M: 50% \$30 Min
\$500	70 / 50	\$4,500/\$9,000				or R: 30% \$10 Min M: 30% \$30 Min
\$1,000	80 / 60	\$3,000/\$6,000	\$25, then 100%	Annual Routine Physical \$25 Office Visit Copay, Routine Diagnostics and Adult Immunizations subject to Deductible & Coinsurance	\$100 Copay, then subject to Deductible & Coinsurance	R: 50% \$10 Min M: 50% \$30 Min
\$1,000	70 / 50	\$4,500/\$9,000				or R: 30% \$10 Min M: 30% \$30 Min
\$1,500	80 / 60	\$3,000/\$6,000	\$25, then 100%	Annual Routine Physical \$25 Office Visit Copay, Routine Diagnostics and Adult Immunizations subject to Deductible & Coinsurance	\$100 Copay, then subject to Deductible & Coinsurance	R: 50% \$10 Min M: 50% \$30 Min
\$1,500	70 / 50	\$4,500/\$9,000				or R: 30% \$10 Min M: 30% \$30 Min
\$2,500	80 / 60	\$3,000/\$6,000	\$25, then 100%	Annual Routine Physical \$25 Office Visit Copay, Routine Diagnostics and Adult Immunizations subject to Deductible & Coinsurance	\$100 Copay, then subject to Deductible & Coinsurance	R: 50% \$10 Min M: 50% \$30 Min
\$2,500	70 / 50	\$4,500/\$9,000				or R: 30% \$10 Min M: 30% \$30 Min
\$5,000	80 / 60	\$3,000/\$6,000	\$25, then 100%	Annual Routine Physical \$25 Office Visit Copay, Routine Diagnostics and Adult Immunizations subject to Deductible & Coinsurance	\$100 Copay, then subject to Deductible & Coinsurance	R: 50% \$10 Min M: 50% \$30 Min
\$5,000	70 / 50	\$4,500/\$9,000				or R: 30% \$10 Min M: 30% \$30 Min

COVERED SERVICES

Outpatient Services

Office Visits
Surgery
Diagnostic, X-ray, Lab Testing
Occupational & Physical Therapy (first 20 treatments)
Rehabilitation Services
Radiation & Chemotherapy
Respiratory/Hyperbaric/Pulmonary/Speech Therapy
Pre-Admission Testing
Allergy Testing & Treatment
TMD/CMD
Mental Health Care Services
Drug Abuse Services
Alcoholism Services

Inpatient Hospital Services

Physician Visits
Unlimited Day Semi-Private Room & Board
Ancillaries, Drugs, Therapy Services, X-ray, Lab
General Nursing Care & Surgical Services
Mental Health Care Services
Drug Abuse Services
Alcoholism Services

Other Covered Services

Private Duty Nursing
Skilled Nursing Facility
Medical Surgical Supplies
Durable Medical Equipment & Oxygen
Orthotic Devices & Prosthetic Appliances
Home Health Care Services

Ambulance
Hospice Care
Human Organ Transplants & Bone Marrow

Prescription Drug Coverage Mail Order Drugs

Well Baby Care Well Child Care Immunizations

Preventive Services

Routine Gynecological Exam (one per calendar year)
Routine Pap Smear (one per calendar year)
Routine Mammogram (per schedule)
Annual Prostate Screening (Males over 50)
Diabetes Education & Control

Additional Preventive Services - SB+ 2008

Routine Annual Physical & Associated Diagnostics
Lipid Panel
Urinalysis
Complete Blood Count (CBC)
Blood Glucose Screening
Rubella Titer Test
Adult Immunizations
MMR Pneumococcal Polysaccharide Vaccine
Influenza Vaccine
Varicella Vaccine
Hepatitis B Series
Hepatitis A Series
Meningococcal Vaccine

*For more detailed information, please request a Summary of Benefits Insert.

OTHER IMPORTANT INFORMATION

Eligible Dependent Age Limitation	Coverage stops at the end of the month of age 19 for a child who is an Eligible Dependent, but will continue to the end of the month the individual reaches the age of 25 if the adult child is unmarried and is either a full-time student or meets the criteria for Qualified Child or Qualified Relative under IRS rules.
Precertification Requirement	Penalty for no Precertification is \$500 reduction of benefits per Inpatient admission.
Preexisting Condition Limitation	Preexisting Condition Waiting Period: "If you were enrolled in another health insurance policy prior to the Hire Date of your coverage under this Contract, the length of time you were covered under the previous policy will be applied to the Preexisting Condition Waiting Period. If there is a 63 day lapse in coverage, the 365 day waiting period will apply."

This document does not constitute an insurance contract and is intended only to provide a brief overview of our products. The actual terms, conditions and limitations of coverage are contained in the Group Contract. They may vary and are subject to change without notice.

ALL SERVICES ARE SUBJECT TO A DETERMINATION OF MEDICAL NECESSITY BY MOUNTAIN STATE BLUE CROSS BLUE SHIELD. PAYMENT IS BASED ON THE ACTUAL CHARGES, PROFESSIONAL ALLOWANCE OR PROVIDERS REASONABLE CHARGE. IN ADDITION, YOU WILL BE RESPONSIBLE FOR THE NON-NETWORK LIABILITY.