

Simply Blue plan highlights

The Simply Blue individual health plan provides coverage immediately for office visits and one annual physical per year. You also have access to our fitness discounts program that reimburses up to \$20 per month of your health club dues, an online wellness center, stop-smoking program and 24-hour nurse advice line.

	Plan 1	Plan 2	Plan 3			
Annual deductible	\$5,000	\$7,500	\$10,000			
Out-of-pocket maximum	Equal to the deductible					
Office visits In the doctor's office or urgent care facility (within the network) for an illness or injury including allergy testing, serum and injections, and lab and X-ray services	Plan pays 100% of first \$1,000, then 100% after you meet your deductible*	Plan pays 100% of first \$750, then 100% after you meet your deductible*	Plan pays 100% of first \$500, then 100% after you meet your deductible*			
Preventive care (routine physicals, eye exams, cancer screening)	Plan pays annual preventive care visit up to \$200, then pays as office visit					
Prescription drugs 31-day supply Maintenance prescriptions: 90-day supply available through 90dayRx program at participating retail pharmacies or by mail order	<ul style="list-style-type: none"> • 100%* coverage for generic drugs • \$25 copay for formulary brand-name drugs • \$50 copay for non-formulary brand-name drugs 	<ul style="list-style-type: none"> • 100%* coverage for generic drugs • \$35 copay for formulary brand-name drugs • \$70 copay for non-formulary brand-name drugs 	<ul style="list-style-type: none"> • \$15 copay coverage for generic drugs • \$50 copay for formulary brand-name drugs • \$80 copay for non-formulary brand-name drugs 			
Emergency room care	100% after \$250 copay (limited to one visit annually) Additional visits covered 100% after deductible*					
Inpatient and outpatient lab and X-ray services	100% after deductible*					
Inpatient and outpatient hospital services						
Ambulance						
Medical supplies						
Chiropractic, occupational, physical and speech therapy						
Home health care						
Behavioral health/mental health care						
Behavioral health/substance abuse (You can decline this coverage and receive a lower rate)						
Prenatal care				100%*		
Maternity labor, delivery and and post-delivery care				No coverage		
Lifetime maximum benefit per person	\$5 million					

*Plan pays 100 percent of the allowed amount when you use a participating provider. You are responsible for charges greater than the allowed amount when you use a non-participating provider.

Coverage for substance abuse care is available for an additional amount. See "Simply Blue Monthly Rates" for more information. Dependents may not be added to this plan, but they can apply for their own Simply Blue plan.

This is only a summary. Your contract will provide a detailed description of what is and is not covered. Services not covered include childbirth labor and delivery, private-duty nursing, custodial care or rest cures, eyewear, dental services, hearing aids, services that are experimental, not medically necessary or received while on military duty.

Pre-existing conditions you had during the six months before your enrollment date are not covered. This limit applies for 12 months. Prior continuous coverage without a gap in coverage greater than 63 days counts toward reducing the 12-month period.