



State Farm Group Medical PPO Plan
Option 3A HDHP - HSA Compatible
 Benefits Summary

| Benefits effective January 1, 2010 | | |
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| Important Information: As a high deductible health plan (HDHP), the following are notable differences: (1) Prescription drugs are subject to the annual deductible; (2) Prime Therapeutics is the prescription benefit manager; and (3) an aggregate deductible and out-of-pocket expense limit applies to members with one or more covered dependents (family coverage). | | |
| Related Internet Sites | www.bcbsil.com/statefarm www.myrxhealth.com (Prime Therapeutics) www.SFLiveWell.com (Alere) | |
| Customer Service Numbers | Group Medical and Prime Therapeutics 1-888-652-4013 Good Neighbor Healthy Living (Alere) ¹ 1-866-549-5088 (toll free) | |
| Annual Deductible for <u>Member ONLY</u> coverage with no covered dependents | \$ 2,500 | |
| Annual Aggregate Deductible for <u>Member plus one or more dependents</u> (family coverage) | \$ 5,000 The entire aggregate deductible must be satisfied before benefits are paid. The full aggregate deductible may be satisfied by one or more family members. There are no "individual" deductibles. | |
| Lifetime Maximum Aggregate Benefit Per Individual | The maximum lifetime benefit per individual is \$2,000,000. The net cost of prescription drugs (the amount State Farm pays) applies toward the individual lifetime maximum of \$2,000,000. | |
| Annual Out-of-Pocket Expense Limit (includes the Annual Deductible) ² for <u>Member ONLY</u> coverage with no covered dependents | PPO Provider | Non-PPO Provider |
| | \$5,000 | \$7,500 |
| Annual Aggregate Out-of-Pocket Expense Limit (includes the Annual Deductible) ² for <u>Member plus one or more dependents</u> (family coverage) | \$10,000 | \$15,000 |
| | Prior to eligible charges being covered at 100%, the entire aggregate out-of-pocket expense limit must be satisfied. The full aggregate out-of-pocket expense limit may be satisfied by one or more family members. There are no "individual" out-of-pocket expense limits. | |
| Coinsurance Percentage | After the satisfaction of the deductible, 10% coinsurance required for charges from PPO Providers until the annual Out-of-Pocket Expense Limit is reached. Eligible charges are not subject to U&C limitations. | After the satisfaction of the deductible, 40% coinsurance required for charges from Non-PPO Providers until the annual Out-of-Pocket Expense Limit is reached. Eligible charges are subject to U&C limitations. |
| Physician Services | Eligible charges subject to deductible and 10% PPO Provider coinsurance. | Eligible charges subject to deductible, U&C and 40% Non-PPO Provider coinsurance. |
| Inpatient Hospitalization ³ | Eligible charges subject to deductible and 10% PPO Provider coinsurance. | Eligible charges subject to deductible, U&C and 40% Non-PPO Provider coinsurance. |
| Emergency Care For each Visit to an Emergency Room, the member will be responsible for the first \$100 in Eligible Charges. | After the application of the Emergency Room Visit Charge, remaining eligible charges subject to deductible and 10% PPO Provider coinsurance. | After the application of the Emergency Room Visit Charge, remaining eligible charges subject to deductible, U&C and 10% PPO Provider coinsurance. |
| Ambulance | Eligible charges subject to deductible and 10% PPO Provider coinsurance. | Eligible charges subject to deductible and 10% coinsurance of billed charges. |

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| Maternity Care: Pre-/Post-Natal Office Visit | Eligible charges subject to deductible and 10% PPO Provider coinsurance. | Eligible charges subject to deductible, U&C and 40% Non-PPO Provider coinsurance. |
| Maternity Care: Inpatient Delivery ³ | Eligible charges subject to deductible and 10% PPO Provider coinsurance. | Eligible charges subject to deductible, U&C and 40% Non-PPO Provider coinsurance. |
| Well Child Care (Not subject to annual deductible) Sports and employment physicals are not eligible. | 100% coverage for regularly scheduled checkups, immunizations, screening lab tests, and other associated diagnostic services from birth through age 16. | 60% coverage subject to U&C allowance for regularly scheduled checkups, immunizations, screening lab tests, and other associated diagnostic services from birth through age 16. |
| Preventive Care – adults age 17 or older (Not subject to annual deductible) | 100% coverage for preventive diagnostic tests and services not provided under the Cancer Prevention Screenings. Benefits are limited to \$1000 per individual per year. | 60% coverage subject to U&C allowance for preventive diagnostic tests and services not provided under the Cancer Prevention Screenings. Benefits are limited to \$1000 per individual per year. |
| Cancer Prevention Screenings (Not subject to annual deductible and does not apply towards the \$1000 Preventive Care benefit listed above) | 100% coverage for preventive cancer screenings for breast, colorectal, cervical and prostate cancer. Eligible screening intervals may vary. | 60% coverage subject to U&C allowance for preventive cancer screenings for breast, colorectal, cervical and prostate cancer. Eligible screening intervals may vary. |
| Mental Health and Substance Abuse | Eligible charges subject to deductible and 10% PPO Provider coinsurance. Treated as any other illness. | Eligible charges subject to deductible, U&C and 40% Non-PPO Provider coinsurance. Treated as any other illness. |
| Physical, Occupational and Speech Therapy Coverage | Eligible charges subject to deductible and 10% PPO Provider coinsurance with the following calendar year maximums per covered individual: Physical Therapy - \$2500 Occupational Therapy - \$1000 Speech Therapy - \$1000 | Eligible charges subject to deductible, U&C and 40% Non-PPO Provider coinsurance with the following calendar year maximums per covered individual: Physical Therapy - \$2500 Occupational Therapy - \$1000 Speech Therapy - \$1000 |
| Organ Transplants ⁴ | Eligible charges subject to deductible and 10% PPO Provider coinsurance. | Eligible charges subject to deductible, U&C and 40% Non-PPO Provider coinsurance. |
| Durable Medical Equipment | Eligible charges subject to deductible and 10% PPO Provider coinsurance. | Eligible charges subject to deductible, U&C and 40% Non-PPO Provider coinsurance. |
| Contraceptive Coverage | Oral contraceptives are covered under the Outpatient Prescription Drug Benefit; FDA approved prescription devices, procedures, and supplies and corresponding office visits subject to deductible and 10% PPO Provider coinsurance. | Oral contraceptives are covered under the Outpatient Prescription Drug Benefit; FDA approved prescription devices, procedures, and supplies and corresponding office visits subject to deductible, U&C and 40% Non-PPO Provider coinsurance. |
| Prescription Drug Coverage (administered by Prime Therapeutics) | <ul style="list-style-type: none"> • Prescription drugs apply toward the annual deductible⁵ • Once the deductible is satisfied, prescription drugs are subject to coinsurance of: <ul style="list-style-type: none"> - 10% for retail PPO pharmacies and mail order - 40% for non-PPO pharmacies <p>Until the Out-of-Pocket Expense Limit is reached.</p> | |
| Retail | Maximum 30-Day Supply Prescription drugs that treat conditions that are not expected to last for more than 30 days are short-term medications. Most coughs, colds, flu and infections require short-term medications. Remember to use a participating retail pharmacy. | |

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| Mail Order | Maximum 90-Day Supply Long term or maintenance medications are drugs that you will need to have refilled several times. Common maintenance medications are those used to treat chronic conditions like high blood pressure, diabetes, asthma, depression, and ulcers. Ordering through the home delivery program with PrimeMail is a convenient way to fill prescriptions for maintenance medications. |
| Quantity Limitations | All drugs prescribed for the treatment of erectile dysfunction will be limited to 8 pills per 30-day supply and 24 pills per 90-day supply. |
| Diabetic Supplies | Insulin, insulin syringes, lancets, lancing devices and glucagon emergency kits are eligible under the Outpatient Prescription Drug Expense Benefit through Prime Therapeutics. A separate prescription is required for each item and each prescription will be subject to the applicable deductible and/or coinsurance. Test strips for glucose monitors will be provided free of charge after the satisfaction of the applicable deductible⁵ when purchased at a Prime Therapeutics participating pharmacy or through Prime's mail order pharmacy, PrimeMail. Alcohol wipes and cotton balls are not eligible under the Plan. |

Disclaimer: This summary does not create a contract or binding agreement. This information is provided in summary for ease of comparison only. In the event there is a discrepancy between the information presented here and the actual plan document, the plan document or contract will prevail.

¹ Good Neighbor Healthy Living is a program available under the Group Medical PPO plan designed to help covered individuals better understand and manage certain chronic health conditions through the use of health coaches and other tools and resources. In addition, Good Neighbor Healthy Living provides a variety of on-line healthy living programs to promote healthier lifestyles among covered associates and their eligible dependents.

² Eligible Charges incurred by PPO Providers will be used toward satisfying the Non-PPO Provider Out-of-Pocket Expense Limits up to the PPO Provider Out-of-Pocket Expense Limits and Eligible Charges incurred by Non-PPO Providers will be used to satisfy the PPO Provider Out-of-Pocket Expense Limits up to the PPO Provider Out-of-Pocket Expense Limits.

³ An additional **\$100** Pre-Admission Utilization Review Charge (per hospitalization) is applied if the Blue Cross Blue Shield Medical Services Advisor is not contacted within one business day prior to a scheduled hospital admission or within two business days of an emergency admission, maternity care, mental health or chemical dependency admission.

⁴ For transplants performed at a Blue Distinction Centers for Transplants, after the applicable annual deductible is satisfied, benefits will be increased 10% (not to exceed 100%) for the global fee for the transplant. For other benefits associated with this program, contact the Group Medical Customer Service Unit.

⁵ Under IRS regulations a medical plan can have a prescription drug plan, either as part of the plan or as a separate plan (rider), and qualify as an HDHP only if it does not provide benefits until the annual deductible is satisfied.