

**GREENBUSH HEALTH INSURANCE TRUST
2022 EMPLOYEE OPTION SELECTION CHANGE FORM – NON-GRANDFATHERED**

Insureds will be allowed to upgrade or downgrade to any level of coverage at open enrollment or a qualifying event. Any changes will require a completed option selection change form. If a option selection change form is not completed the insured will remain in their current option selection of A,B,C or D.

- Option A**-Blue Choice Comprehensive Major Medical \$1500/3000/3500 Deductible (80/20 coins to \$1000/2000/3000); \$35 OVC; \$300 Lab/Xray Rider; Unlimited Lifetime Max; Dependents to 26; Mental Health Parity; OB Benefit Available to All Females;Accidents subj to ded/coins; Home Health/PDN/Hospice Rider subj to ded/coins - Unlimited; HCR Preventive Services @ 100%; BlueRx Card \$15/\$50/\$75/\$150/20% up to \$1000; Mail Order (2½ x Copay);ResultsRx formulary; with oral contraceptives; ESN\$15/\$30/\$30 for generic; Excludes drug maintenance list; Integrated Health/Rx Out of Pocket Max \$6,350/\$12,700; Includes Autism Coverage; Includes Telemedicine; Excludes Elective Abortions; Mandatory Designated Specialty Pharmacy (Copay Max) RX CREDITABLE
Employee \$742.00 Emp/Ch \$1308.00 Emp/Sp \$1322.00 Emp/Deps \$1894.00

- Option B**-Blue Choice Comprehensive Major Medical \$2000/4000/5000 Deductible (80/20 coins to \$1500/3000/4500); \$35 OVC; \$300 Lab/Xray Rider; Unlimited Lifetime Max; Dependents to 26; Mental Health Parity; OB Benefit Available to All Females;Accidents subj to ded/coins; Home Health/PDN/Hospice Rider subj to ded/coins - Unlimited; HCR Preventive Services @ 100%;BlueRx Card \$15/\$50/\$75/\$150/20% up to \$1000; Mail Order (2½ x Copay); ResultsRx formulary; with oral contraceptives; ESN \$15/\$30/\$30 for generic; Excludes drug maintenance list; Integrated Health/Rx Out of Pocket Max \$6,350/\$12,700; Includes Autism Coverage; Includes Telemedicine; Excludes Elective Abortions; Mandatory Designated Specialty Pharmacy (Copay Max) RX CREDITABLE
Employee \$664.00 Emp/Ch \$1168.00 Emp/Sp \$1182.00 Emp/Deps \$1694.00

- Option C**- Blue Choice Comprehensive Major Medical \$2500/5000/6500 Deductible (80/20 coins to \$2000/4000/6000); \$35 OVC; \$300 Lab/Xray Rider; Unlimited Lifetime Max; Dependents to 26; Mental Health Parity; OB Benefit Available to All Females;Accidents subj to ded/coins; Home Health/PDN /Hospice Rider subj to ded/coins - Unlimited; HCR Preventive Services @ 100%;BlueRx Card \$15/\$50/\$75/\$150/20% up to \$1000; Mail Order (2½ x Copay); ResultsRx formulary; with oral contraceptives; ESN \$15/\$30/\$30 for generic; Excludes drug maintenance list; Integrated Health/Rx Out of Pocket Max \$6,350/\$12,700; Includes Autism Coverage; Includes Telemedicine; Excludes Elective Abortions; Mandatory Designated Specialty Pharmacy (Copay Max) RX CREDITABLE
Employee \$635.00 Emp/Ch \$1119.00 Emp/Sp \$1130.00 Emp/Deps \$1621.00

- Option D**- Blue Choice HDHP Comprehensive Major Medical \$5,000/\$10,000 deductible; coins. @ 100%; Accidents subject to deductible; HCR Preventive Services @ 100%; Unlimited Lifetime Max; Dependents to 26; OB benefits available to all females; Mental Health Parity; Embedded Home Health/Hospice Unlimited - both subject to deductible and coinsurance; Integrated Drugs (Pharmacy submit) until deductible met then BlueRx Card \$15/\$50/\$75/\$150/20% to \$250 copay with BlueRx Mail (2½ x Copay) with ResultsRx formulary; ESN \$15/\$30/\$30 for generic; Excludes drug maintenance list; Combined Health/Drug Out-of-Pocket Maximum is \$6,350/\$12,700; Includes Autism Coverage; Includes Telemedicine; Excludes Elective Abortions, Mandatory Designated Specialty Pharmacy (Copay Max) RX CREDITABLE
Employee \$507.00 Emp/Ch \$894.00 Emp/Sp \$902.00 Emp/Deps \$1294.00

Print Name	Member ID Number
Signature	Date
USD 289 Wellsville	3200012
Group Name	Group Number