



*Please read legal disclaimers at the end of this printout.

Live Assistance

1-866-619-1419

Available weekdays: 9:00 am - 6:00 pm

Your Quote Summary

Coverage for: Applicant (M/30), Spouse (F/30)

State / Zip Code: VA / 22209

County: ARLINGTON

Coverage Start Date: 8/1/2009

Quotes generated on 7/27/2009

BlueChoice HSA - \$1,200

\$214.00

Monthly Cost

Overview

Optional Benefits


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Information below describes the in-network coverage for this plan. The amounts shown are your share of the costs for covered benefits.

Details at a Glance

Plan Type	HMO
<u>Office Visit for Primary Doctor</u>	\$30 Copay after deductible
<u>Office Visit for Specialist</u>	\$40 Copay after deductible
<u>Coinsurance</u>	None
<u>Annual Deductible</u>	Family:\$2,400
<u>Separate Prescription Drugs Deductible</u>	Medical Plan Deductible Applies
<u>Prescription Drugs</u>	Generic: \$5 Copay after deductible Brand: \$25 Copay after deductible Non-Formulary: \$45 Copay after deductible
<u>Annual Out-of-Pocket Limit</u>	Family:\$4,800 Includes deductible
<u>Lifetime Maximum</u>	Unlimited
<u>Health Savings Account (HSA) Eligible</u>	Yes (See HSA Administrators)
<u>Out-of-Network Coverage</u>	No
<u>Out of Country Coverage</u>	Emergency Care Only. Claims subject to review in accordance with contract terms.

 [Find Doctors](#) (Search to see if your doctors are part of this plan's network.)

Physicians

<u>Primary Care Physician (PCP) Required</u>	Yes
<u>Specialist Referrals Required</u>	Yes

Preventive Care Coverage

Periodic Health Exam	No Charge, no deductible
Periodic OB-GYN Exam	No Charge, no deductible
Well Baby Care	No Charge, no deductible

Prescription Drug Coverage

<u>Generic Prescription Drugs</u>	\$5 Copay after deductible
<u>Brand Prescription Drugs</u>	\$25 Copay after deductible
<u>Non-Formulary Prescription Drugs Coverage</u>	\$45 Copay after deductible
<u>Mail Order for Prescription Drugs</u>	Generic: \$10 Copay after deductible Brand: \$50 Copay after deductible Non-Formulary: \$90 Copay after deductible Days Supply: 31-90
<u>Separate Prescription Drugs Deductible</u>	Medical Plan Deductible Applies

Hospital Services Coverage

<u>Emergency Room</u>	\$100 copay after deductible, waived if admitted
<u>Outpatient Lab/X-Ray</u>	No Charge after deductible
<u>Outpatient Surgery</u>	\$30 Copay PCP/\$40 Copay Specialist after deductible
<u>Hospitalization</u>	\$600 Copay after deductible per day

Maternity Coverage

<u>Pre & Postnatal Office Visit</u>	\$30 Copay PCP/\$40 Copay Specialist after deductible
<u>Labor & Delivery Hospital Stay</u>	\$500 Copay after deductible per admission

Additional Coverage

Chiropractic Coverage	Not Covered
Mental Health Coverage	Coverage in accordance with the Virginia Mental Health and Substance Abuse guidelines.

Additional Information

Application Fee No

Electronic Signature for Application Available Yes

Will insurance company obtain and pay for medical records? No

Additional information about this health insurance plan is available in the documents below.

[Plan Brochure \(PDF\)](#)

[Exclusions and Limitations \(PDF\)](#)

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IMPORTANT NOTICES AND DISCLAIMERS

- Note: the monthly rates shown reflect the current premium levels based on the information you initially provided to receive a quote. Your actual premium rate may be higher than the rate shown based on the data on your signed application and the results of Medical Underwriting. All rates are subject to change.

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