

APP-ATT-B

Preferred Provider Organization Master Group Contract HSA-eligible High Deductible Health Plan Design Options

These options are intended to be suitable as HSA-eligible "high deductible health plans." Deductible and Coinsurance Limits may be adjusted annually as necessary, in conformance with the cost-of-living adjustments permitted by Section 223 of the I.R.C.

Contract Form No. _____ **Group – Dept. No.** _____

This Attachment may be duplicated as necessary to include additional options. Please indicate number of options here: _____

OPTION _____	In-Network	Out-of-Network
Deductible:		
Individual	_____	_____
Family Maximum	_____	_____
Coinsurance Limit:		
Individual	_____	_____
Family Maximum	_____	_____
Coinsurance Percentage for:		
Hospital/Medical/Surgical	_____	_____
Inpatient Mental Illness, Drug Abuse and Alcoholism	_____	_____
Outpatient Mental Illness, Drug Abuse and Alcoholism	_____	_____

- A. **Inpatient Notification, Certification and Concurrent Review:** Failure to notify BCBSNE of an inpatient admission or to certify an admission, as required, will result in a 25% _____ reduction of benefits for all covered services related to that admission. Certification denial of an admission or continued stay will result in a denial of benefits for all services determined to be not medically necessary.
- B. **Total Benefits For All Covered Services (Per Person)** - \$2,000,000 Other: _____
- C. **Total Benefits (Per Person) For Drug Abuse and Alcoholism** - \$20,000 Other: _____
- D. **Appeals Procedure Endorsement:** (B) (C) (D)
- E. **HSA Endorsement: 9-2152**
- F. **Preventive (Routine) Care** Yes No
- G. **Family Deductible/Coinsurance:** Aggregate Embedded. If embedded, each family member must only meet the embedded single Deductible of \$_____ and the embedded Coinsurance Limit (not including the deductible) of \$_____. NOTE: Combined Coinsurance and Deductible cannot exceed the federally mandated out-of-pocket maximum.