GREENBUSH HEALTH INSURANCE TRUST
2024 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 $1500/3000/4500 Deductible (80/20 coins to $1000/2000/3000); $35/$70 OVC; $250 ER Copay, then subject to ded/coins; $300 Lab/Xray Rider; Unlimited Lifetime Max; Dependents to 26; Mental Health Parity; OB Benefit Available to All Females;Accidents subject to ded/coins; Home Health/PDN/Hospice Rider subject to ded/coins -Unlimited; HCR Preventive Services @ 100%; BlueRx Card $15/$50/$75/25% up to $250/25% 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 (FlexAccess) RX CREDITABLE No deductible carry over
Employee $942.00   Emp/Ch $1,651.00   Emp/Sp $1,677.00 Emp/Deps $2,391.00

☐ **Option B -** Blue Choice Comprehensive Major Medical $2000/4000/6000 Deductible (80/20 coins to $1500/3000/4500); $35/$70 OVC; $250 ER Copay, then subject to ded/coins; $300 Lab/Xray Rider; Unlimited Lifetime Max; Dependents to 26; Mental Health Parity; OB Benefit Available to All Females;Accidents subject to ded/coins; Home Health/PDN/Hospice Rider subj to ded/coins -Unlimited; HCR Preventive Services @ 100%;BlueRx Card $15/$50/$75/25% up to $250/25% 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 (FlexAccess) RX CREDITABLE No deductible carry over
Employee $825.00 Emp/Ch $1,446.00   Emp/Sp $1,470.00 Emp/Deps $2,098.00

☐ **Option C -** Blue Choice Comprehensive Major Medical $2500/5000/7500 Deductible (80/20 coins to $2000/4000/6000); $35 /$70 OVC; $250 ER Copay, then subject to ded/coins; $300 Lab/Xray Rider; Unlimited Lifetime Max; Dependents to 26; Mental Health Parity; OB Benefit Available to All Females;Accidents subject to ded/coins; Home Health/PDN/Hospice Rider subj to ded/coins - Unlimited; HCR Preventive Services @100%;BlueRx Card $15/$50/$75/25% up to $250//25% 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 (FlexAccess) RX CREDITABLE No deductible carry
Employee $774.00   Emp/Ch $1,356.00   Emp/Sp $1,376.00   Emp/Deps $1,965.00

☐ **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/$75/25% to $250 /25% up to $1000; 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 RX CREDITABLE
Employee $604.00 Emp/Ch $1,063.00 Emp/Sp $1,074.00 Emp/Deps $1,539.00

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Print Name   Member ID Number

_____   _____

Signature   Date

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Group Name   Group Number