

GREENBUSH HEALTH INSURANCE TRUST
2025 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 OVC at 100%; Excludes Elective Abortions; Mandatory Designated Specialty Pharmacy (FlexAccess) RX CREDITABLE No deductible carry over
Employee \$966.00 Emp/Ch \$1,696.00 Emp/Sp \$1,723.00 Emp/Deps \$2,458.00
- ☐ **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 OVC at 100%; Excludes Elective Abortions; Mandatory Designated Specialty Pharmacy (FlexAccess) RX CREDITABLE No deductible carry over
Employee \$845.00 Emp/Ch \$1,485.00 Emp/Sp \$1,509.00 Emp/Deps \$2,155.00
- ☐ **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 OVC at 100%; Excludes Elective Abortions; Mandatory Designated Specialty Pharmacy (FlexAccess) RX CREDITABLE No deductible carry
Employee \$793.00 Emp/Ch \$1,392.00 Emp/Sp \$1,413.00 Emp/Deps \$2019.00
- ☐ **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 \$618.00 Emp/Ch \$1,091.00 Emp/Sp \$1,102.00 Emp/Deps \$1,581.00

Print Name

Member ID Number

Signature

Date

Group Name

Group Number