

# Bluegrass Family Health

## 2009 In-Network Benefit Features

### You pay ...

#### Preventive Services

**Nothing!**

*No cost to you for routine annual preventive services and immunizations.\**

#### Deductible

Self Only  
\$2,500

Self and Family  
\$5,000

### Then, you pay ...

#### Medical Services

**Nothing!**

*Medical services are Covered in Full after you meet your Deductible*

#### Prescription Drugs

Retail Pharmacy  
*(up to a 30 day supply)*

Mail Order  
*(up to a 90 day supply)*

Tier I	\$10	\$20
Tier II	\$20	\$40
Tier III	\$40	\$80

### Up to ...

#### Maximum Out-of-Pocket

Self Only  
\$5,000

Self and Family  
\$7,500

*(including Deductible and Prescription Co-payments)*

## Rates for Non-Postal Employees

#### \*\*Monthly Employee Premium

Self Only  
\$108.33

Self and Family  
\$216.66

#### HSA Premium Pass-Through

Self Only  
\$104.17

Self and Family  
\$208.33

#### The Difference is ...

**\$4.16**

**\$8.33**

\* Refer to Pages 27 and 28 of your 2009 Bluegrass Family Health brochure for a list of covered preventive services.

\*\* These rates do not apply to all enrollees. If you are in a special enrollment category, please refer to your special FEHB Guide or contact the agency which maintains your health benefits enrollment.