



## 2011 PLAN DESIGN SUMMARY

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
<b>Note: The maximums listed below are the total for Network and Non-Network expenses. For example, if a maximum of 60 days is listed twice under a service, the Calendar Year maximum is 60 days total which may be split between Network and Non-Network providers.</b>		
<b>MEDICAL DEDUCTIBLE, PER CALENDAR YEAR</b>		
Per Individual	\$350	\$500
Per Family Unit	\$1,050	\$1,500
<b>COPAYMENTS</b>		
Hospital services	N/A	\$250*
*The Non-Network Hospital per confinement Copayment applies to elective admissions only. It does not apply toward the deductible or out-of-pocket maximums.		
<b>MAXIMUM OUT-OF-POCKET AMOUNT, PER CALENDAR YEAR (In-Network and Out-Of-Network Combined)</b>		
Per Individual	\$1,850	\$6,500
Per Family Unit	\$4,050	\$13,500
The Plan will pay the designated percentage of Covered Expenses until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered Expenses for the rest of the Calendar Year unless stated otherwise.		
The following charges do not apply toward the out-of-pocket maximum and are never paid at 100%. <ul style="list-style-type: none"> <li>■ Cost containment penalties</li> <li>■ Pharmacy coinsurance</li> <li>■ Non Covered Expenses</li> </ul>		
<b>COVERED MEDICAL EXPENSES</b>		
	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
<b>Acupuncture and Spinal Manipulation / Chiropractic</b>	50% after deductible 12 visits per year maximum 60 visits lifetime maximum	50% after deductible 12 visits per year maximum 60 visits lifetime maximum
<b>Ambulance Service</b>	80% after deductible	60% after deductible
<b>Durable Medical Equipment</b>	80% after deductible	60% after deductible
<b>Home Health Care</b>	80% after deductible 100 visit Calendar Year maximum	60% after deductible 100 visit Calendar Year maximum
<b>Hospice Care</b>	80% after deductible 180 day inpatient and outpatient Lifetime maximum	80% after deductible 180 day inpatient and outpatient Lifetime maximum
<b>Bereavement Counseling (within 3 months of death)</b>	80% after deductible	80% after deductible
<b>Hospital Services</b>		
Room and Board the semiprivate room rate	80% after deductible	60% after copayment and deductible
Intensive Care Unit Hospital's ICU Charge	80% after deductible	60% after copayment and deductible
Outpatient/Ambulatory Surgery Center	80% after deductible	60% after deductible
Emergency Room	80% after deductible	60% after deductible
Birthing Center	80% after deductible	60% after deductible
Newborn Care in Hospital or Birthing Center Nursery	80%	60%
<b>Infertility Benefits</b>	80% after deductible	60% after deductible
Includes: services for the initial diagnosis and initial testing of infertility.		
<b>Laboratory Services</b>	80% after deductible	60% after deductible

	<b>NETWORK PROVIDERS</b>	<b>NON-NETWORK PROVIDERS</b>
<b>Marital Counseling Benefit</b> (all covered expenses)	50% after deductible. 30 visits lifetime maximum.	
<b>Mental Health and Substance Abuse Treatment</b>		
Mental Disorders		
Inpatient	80% after deductible	60% after copayment and deductible
Outpatient	80% after deductible	60% after deductible
Substance Abuse		
Inpatient	80% after deductible	60% after copayment and deductible
Outpatient	80% after deductible	60% after deductible
<b>Morbid Obesity</b>	50% after deductible. One treatment lifetime maximum.	
Includes: Initial workup, hospital room and board, intensive care, miscellaneous charges, charges relating to surgery, assistant surgeon or anesthesiology and complications and/or reversal of bypass surgery.		
<b>Organ Transplants</b>	As any other illness See Medical Benefits Section	As any other illness See Medical Benefits Section
<b>Outpatient Private Duty Nursing</b>	80% after deductible 20 visits per year maximum 50 visits lifetime maximum	60% after deductible 20 visits per year maximum 50 visits lifetime maximum
<b>Pain Clinics, Facilities, Centers</b>	As any other illness	
<b>Physical, Speech and Occupational Therapy</b>	80% after deductible (60 visits combined annual maximum)	60% after deductible (60 visits combined annual maximum)
<b>Preadmission Testing</b> (within 7 days of hospitalization)	80% after deductible	60% after deductible
<b>Physician Services</b>		
Inpatient visits	80% after deductible	60% after deductible
Office visits	80% after deductible	60% after deductible
Surgery	80% after deductible	60% after deductible
Physician Emergency Room Visit	80% after deductible	60% after deductible
Allergy testing	80% after deductible	60% after deductible
Allergy serum and injections	80% after deductible	60% after deductible
<b>Pregnancy</b>	As any other illness	
<b>Preventive / Routine</b>	100%	60% after deductible
Preventive/Routine Mammogram, Pap Test, Prostate Exam  Prostate Cancer Screening Age 50 and Older Age 40-50 (High Risk Men) Mammography Screening Age 35-39 – One baseline mammogram Age 40-49 – Once every two Years Age 50-64+ - Annually	100% coverage in compliance with healthcare reform and subject to age/frequency limitations	Subject to deductible, then 60/40 coinsurance in compliance with healthcare reform and subject to age/frequency limitations.
Colonoscopy (Routine, 50+)	100% coverage in compliance with healthcare reform limitations.	Subject to deductible, then 60/40 coinsurance and in compliance with healthcare reform limitations.
Bone Densitometry Screening: Routine for women age 65+; postmenopausal, and men age 70+. Those with increased risk factors if baseline is normal may retest once every two years	100% coverage in compliance with healthcare reform limitations.	No out of network benefit.

	<b>NETWORK PROVIDERS</b>	<b>NON-NETWORK PROVIDERS</b>
<b>Prosthetics</b>	80% after deductible	60% after deductible
<b>Sleep Apnea</b>	50% after deductible	50% after deductible
<b>Skilled Nursing Facility</b> one-half Hospital average semiprivate room and board rate	80% after deductible within 7 days of a 3 day stay; 60 day Calendar Year maximum	60% after deductible within 7 days of a 3 day stay; 60 day Calendar Year maximum
<b>Urgent Care Facility/Extended Hour/Walk-in Facility (not ER of hospital)</b>		
Emergency or illness care	80% after deductible	80% after deductible
<b>Vehicle Injury Deductible</b>	\$5,000 per Member per Calendar Year (This deductible is separate from and in addition to the overall plan deductible)	
<b>All Other Eligible Expenses</b>	80% after deductible	60% after deductible
The term "as any other illness" means covered expenses will be paid based on the type of service rendered.		

<b>PRESCRIPTION DRUG BENEFIT</b>		
	<b>Medco Pharmacies</b>	<b>All Other Pharmacies</b>
<b>PRESCRIPTION DEDUCTIBLE</b>	\$75 / 3x family	N/A
<b>RETAIL</b>	<b>(30-day supply or 100 units)</b>	<b>N/A</b>
Tier 1: Generic Drugs	100% after 10% Coinsurance, (does not apply to out of pocket maximum)	N/A
Tier 2: Preferred Brand Name Drugs	100% after 20% Coinsurance, (does not apply to out of pocket maximum)	N/A
Tier 3: Other Brand Name Drugs	100% after 30% Coinsurance, (does not apply to out of pocket maximum)	N/A
Tier 4: Specialty Drugs	100% after 40% coinsurance to a maximum of \$250 per prescription (does not apply to out of pocket maximum)	N/A
<b>MAIL ORDER</b>	<b>(90-day supply)</b>	
Tier 1: Generic Drugs	100% after 10% Coinsurance, (does not apply to out of pocket maximum)	N/A
Tier 2: Preferred Brand Name Drugs	100% after 20% Coinsurance, (does not apply to out of pocket maximum)	N/A
Tier 3: Other Brand Name Drugs	100% after 30% Coinsurance, (does not apply to out of pocket maximum)	N/A
Tier 4: Specialty Drugs	100% after 40% coinsurance to a maximum of \$250 per prescription (does not apply to out of pocket maximum)	N/A
<b>NOTE: Maintenance prescriptions must be filled via mandatory mail order.</b>		

*This Schedule of Benefits is intended to be a summary of medical and prescription drug coverage. For a complete description of Covered Charges refer to the Benefit Provisions, Medical Plan Exclusions and Prescription Drug Plan sections of this Medical Plan Document.*