

2009 Medical Plan Highlights

Note: You may be responsible for your portion of the costs at the time services are scheduled or provided. This chart is a summary only. If the information differs from that of the official plan documents, the plan documents will govern. For details, contact the insurance carrier.

Covered Benefit	BCBS PPO In-Network	BCBS PPO Out-of-Network	CIGNA Choice Fund In-Network	CIGNA Choice Fund Out-of-Network
Health Reimbursement Account	N/A	N/A	\$1,100 Individual; \$2,200 Family	
Deductible Gap (Deductible is applied toward your out-of-pocket maximum)	None	\$200 individual, \$600 family. Note: Deductible required for out-of-network care and services.	\$400 Individual; \$800 Family	
Coinsurance	Plan pays 80% of maximum allowable charges for most services	Plan pays 60% of maximum allowable charges for most services after deductible. You pay any amount over maximum allowable charge.	Plan pays 90% after plan deductible	Plan pays 70% of maximum allowable charges after deductible. You pay any amount over maximum allowable charge.
Annual out-of-pocket maximum (Includes your portion of Annual deductible plus Coinsurance)	\$1,000 Individual \$2,000 Family	\$5,000 Individual \$10,000 Family	\$1,000 Individual \$2,000 Family	\$5,000 Individual \$10,000 Family
Hospital (semi-private room, supplies, drugs, X-rays, tests)	80% of maximum allowable charges	60% of maximum allowable charges	90% after plan deductible	70% after plan deductible
Emergency Room care	80% after \$50 copay, waived if admitted	60% of maximum allowable charges after \$50 copay	90% after plan deductible	70% after plan deductible
Surgery, office visits, anesthesia, consults, treatment, second surgical opinion	80%; office visits 80% after \$10 copay per visit	60% of maximum allowable charges after \$10 copay per visit	90% after plan deductible	70% after plan deductible
Maternity	80% of maximum allowable charges after \$10 copay for initial visit	60% of maximum allowable charges after \$10 copay for initial visit	90% after plan deductible	70% after plan deductible
Prescription drugs	See Prescription Drug Benefit Chart	See Prescription Drug Benefit Chart	See Prescription Drug Benefit Chart	See Prescription Drug Benefit Chart
Hospice care	80%; must be approved provider	60% of maximum allowable charges; must be approved provider	90% after plan deductible; must be approved provider	70% after plan deductible; must be approved provider
Home health visits	80% of maximum allowable charges	60% of maximum allowable charges	90% after plan deductible	70% after plan deductible
Medical equipment (DME, wheel chairs, crutches, etc)	80% of maximum allowable charges	60% of maximum allowable charges	90% after plan deductible	70% after plan deductible
Preventive care (age 7 or older)	100% up to \$750 annual benefit	60% of maximum allowable charges after \$10 copay (covers only an annual physical exam; \$750 maximum annual benefit)	100% (and does not reduce HRA fund)	70% after plan deductible
Allergy injections	80% of maximum allowable charges after \$10 copay if physician consultation	60% of maximum allowable charge after \$10 copay if physician consultation	90% after plan deductible if physician consultation	70% after plan deductible if physician consultation
Well-baby care	Routine care until age 2; annual checkups through age 6 paid at 80%	Routine care until age 2; annual checkups through age 6 paid at 60%	100% (and does not reduce HRA fund)	70% after plan deductible

2009 Medical Plan Highlights (continued)

Covered Benefit	BCBS PPO In-Network	BCBS PPO Out-of-Network	CIGNA Choice Fund In-Network	CIGNA Choice Fund Out-of- Network
Immunizations	Covered if required by public school guidelines through age 6; paid at 80% after \$10 copay	Covered if required by public school guidelines through age 6; paid at 60% after \$10 copay	Covered if required by public school guidelines through age 6; paid at 90% after plan deductible	Covered if required by public school guidelines through age 6; paid at 70% after plan deductible
Skilled Nursing Facility	80%; 100-day maximum per person per year (must immediately follow 3-day hospital stay)	60%; 100-day maximum per person per year (must immediately follow 3-day hospital stay)	90%; 100-day maximum per person per year (must immediately follow 3-day hospital stay)	70%; 100-day maximum per person per year (must immediately follow 3-day hospital stay)
Radial keratotomy	80% ; Lasik surgery not covered	60% of maximum allowable charge; Lasik surgery not covered	90% after plan deductible; Lasik surgery not covered	70% after plan deductible; Lasik surgery not covered
Custom-built shoes	80%, up to \$1,500 lifetime maximum (includes repair and maintenance)	60%, up to a \$1,500 lifetime maximum (includes repair and maintenance)	90% after plan deductible, up to \$1,500 lifetime maximum (includes repair and maintenance)	70% after plan deductible, up to \$1,500 lifetime maximum (includes repair and maintenance)
Temporomandibular joint syndrome (TMJ)	Surgery covered as any other surgical procedure; 80% of maximum allowable charges; 50% of maximum allowable charge non-surgical; \$2,000 annual maximum; \$4,000 lifetime maximum	Surgery covered as any other surgical procedure; 60% of maximum allowable charge; 50% of maximum allowable charge non-surgical; \$2,000 annual maximum; \$4,000 lifetime maximum	Surgery covered as any other surgical procedure; 90% of maximum allowable charges; 70% of maximum allowable charge non-surgical; \$2,000 annual maximum; \$4,000 lifetime maximum	Surgery covered as any other surgical procedure; 70% of maximum allowable charges; 50% of maximum allowable charge non-surgical; \$2,000 annual maximum; \$4,000 lifetime maximum
Chiropractic services	50% of maximum allowable charge, up to \$2,000 maximum per person per year	50% of maximum allowable charges, up to \$2,000 maximum per person per year	70% after plan deductible, up to \$2,000 maximum per person per year	50% after plan deductible, up to \$2,000 maximum per person per year
Acupuncture	50% of maximum allowable charges; \$1,000 maximum per person per year	50% of maximum allowable charges; \$1,000 maximum per person per year	70% after plan deductible ; \$1,000 maximum per person per year	50% after plan deductible; \$1,000 maximum per person per year
Organ transplants	Special provisions apply to transplant coverage	Special provisions apply to transplant coverage	Special provisions apply to transplant coverage	Special provisions apply to transplant coverage
Physical therapy	80% of maximum allowable charges	60% of maximum allowable charges	90% after plan deductible	70% after plan deductible
Selection of physicians	Above benefits apply when you use in-network provider	Above benefits apply when you use out-of-network provider	Above benefits apply when you use in-network provider	Above benefits apply when you use out-of-network provider
Non-routine lab/X-ray (diagnostic services)	80% of maximum allowable charges	60% of maximum allowable charges	90% after plan deductible	70% after plan deductible
Mental health inpatient	80% of maximum allowable charges; pre-authorization required; maximum of 45 days per year	60% of maximum allowable charges; pre-authorization required; maximum of 45 days per year	90% after plan deductible; pre-authorization required; maximum of 45 days per year	70% after plan deductible; pre-authorization required; maximum of 45 days per year
Mental health outpatient	80% of maximum allowable charges; no pre-authorization required; 50-visit max. per year combined with substance abuse	60% of maximum allowable charges; no pre-authorization required 50-visit max. per year combined with substance abuse;	90% after plan deductible; no pre-authorization required; 50-visit max. per year combined with substance abuse	70% after plan deductible; no pre-authorization required 50-visit max. per year combined with substance abuse;
Substance abuse inpatient	80% of maximum allowable charges; pre-authorization required; 30 days per calendar year; lifetime maximum of \$50,000	60% of maximum allowable charges; pre-authorization required; 30 days per calendar year; lifetime maximum of \$50,000	90% after plan deductible; pre-authorization required; 30 days per calendar year; lifetime maximum of \$50,000	70% after plan deductible; pre-authorization required; 30 days per calendar year; lifetime maximum of \$50,000
Substance abuse outpatient	80% of maximum allowable charges; no pre-authorization required; 50-visit max. per year combined with mental health	60% of maximum allowable charges; no pre-authorization required; 50-visit max. per year combined with mental health	90% after plan deductible; no pre-authorization required; 50-visit max. per year combined with mental health	70% after plan deductible; no pre-authorization required; 50-visit max. per year combined with mental health
Group therapy	Covered as mental health outpatient	Covered as mental health outpatient	Covered as mental health outpatient	Covered as mental health outpatient