

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	BCBS PPO	CIGNA Choice Fund		
	In-Network	Out-of-Network	BlueAdvantage Plus Plan	In-Network	Out-of-Network
Health Reimbursement Account	N/A	N/A	N/A	Pensioners who are not eligible for Medicare: \$1,100 Individual; \$2,200 Family Pensioners eligible for Medicare: N/A	
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.	None	\$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 80% of Medicare allowed amount	Plan pays 90% after plan deductible	Plan pays 70% of maximum allowable charges after plan deductible
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 per Individual	\$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	100% coverage; unlimited days	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	\$50 copay, waived if admitted. Worldwide coverage	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	100% coverage after \$10 copay	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	Covered as any other medical condition	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	See Prescription Drug Benefit Chart
Diabetic Supplies	See Prescription Drug Benefit	See Prescription Drug Benefit Chart	Medicare Part B covered at 100%	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	100% coverage at a Medicare-approved facility	90% after plan deductible; must be approved by provider	70% after plan deductible; must be approved by provider
Home health visits	80% of maximum allowable charges	60% of maximum allowable charges	100% coverage for Medicare - approved Home Health	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	80% of Medicare-covered item	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% coverage (including mammograms, pap smears, pelvic exams, prostate cancer screening exams, bone mass measurement)	100% coverage (and does not apply to HRA fund) (including mammograms, pap smears, pelvic exams, prostate cancer screening exams)	70% after plan deductible

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	In-Network	Out-of-Network		Network	of-Network
Allergy injections	80% of maximum allowable charges after \$10 copay if physician consultation	60% of maximum allowable charge after \$10 copay if physician consultation	100% coverage after \$10 copay	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%	N/A	100% (and does not apply to HRA fund)	70% after plan deductible
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	100% coverage (Flu, Hepatitis B, Pneumonia)	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)	100% coverage, 100 days per benefit period	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	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)	80% coverage of Medicare-covered item	90% after plan deductible, up to \$1,500 lifetime maximum (includes repair and maintenance)	70% after plan deductible, up to a \$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	Covered as any other medical condition	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 charge; 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	100% coverage after \$10 copay for Medicare covered services	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	Not covered	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	100% (See Inpatient Hospitalization)	Special provisions apply to transplant coverage	Special provisions apply to transplant coverage

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	In-Network	Out-of-Network		Network	of-Network
Physical therapy	80% of maximum allowable charges	60% of maximum allowable charges	100% coverage after \$10 copay	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	Member must seek services from a physician that accepts Medicare and the terms and conditions of the plan	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	100% coverage	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	100% coverage with 190 day lifetime maximum in a psychiatric hospital	90% of maximum allowable charges; pre-authorization required; maximum of 45 days per year	70% of maximum allowable charges; 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;	100% coverage after \$10 copay for group/ individual visit	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	100% coverage with 190 day lifetime maximum in a psychiatric hospital	90% of maximum allowable charges; pre-authorization required; 30 days per calendar year; lifetime maximum of \$50,000	70% of maximum allowable charges; 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	100% coverage after \$10 copay for group/ individual visit	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	Covered as mental health outpatient
Routine Hearing Exam	Covered if performed during the Preventive Care physical exam screening	Covered if performed during the Preventive Care physical exam screening	100% coverage after \$10 copay	Covered if performed during the Preventive Care physical exam screening	Covered if performed during the Preventive Care physical exam screening
Hearing Aid Repair	Not covered	Not covered	\$200 allowance / 2 years	Not covered	Not covered
Routine Vision Exam	Covered if performed during the Preventive Care physical exam screening	Covered if performed during the Preventive Care physical exam screening	100% coverage after \$10 copay	Covered if performed during the Preventive Care physical exam screening	Covered if performed during the Preventive Care physical exam screening
Eyewear	80% of maximum allowable charge after cataract surgery. Limitations apply.	60% of maximum allowable charge after cataract surgery. Limitations apply.	\$100 allowance/year	90% of maximum allowable charge after cataract surgery. Limitations apply.	70% of maximum allowable charge after cataract surgery. Limitations apply.
Dental	Not covered	Not covered	\$100 allowance/year	Not covered	Not covered