

2010 Benefits	UNITED HEALTHCARE POS Plan	Health First HMO
	Group # 195643	Group # 113348
BENEFITS		
Monthly Retiree under 65 rates	Single: \$ 417.43	Single: \$419.68
	Two: \$ 834.86	Two: \$839.36
	Family: \$1,252.29	Family: \$1,259.04
In-network annual deductible	None	None
Annual out-of-pocket limit	Single, \$1,500; family \$3,000; prescription copayments per person, \$1,500	Single, \$1,500; family \$3,000; prescription copayments per person, \$1,500
Lifetime maximum	\$2 million	\$2 million
Out of network option	Annual deductible: single, \$500; family \$1,500; Then 70% to Out of pocket limit (\$3,000/\$6,000) Separate/equal mental health/substance abuse deductible and limit	None
Fitness Center	None	Membership to Pro-Health and Fitness for all covered family members age 13 or
HOSPITAL / Inpatient Care		
Hospital care (semi-private room), surgery, x-rays and lab	\$250 copay per admission, then 85% coverage; Wuesthoff Hospital - 95%	\$100 per day (maximum \$500 per calendar year), then 100% coverage
Skilled Nursing Facility	85% coverage, up to 120 days per confinement	100% coverage, maximum 120 per calendar year
EMERGENCY CARE		
Emergency Room	\$65 copay, then 85% coverage; copay waived if admitted	\$75 copay, then 100% coverage; copay waived if admitted
Emergency transportation	85% coverage	100% coverage when medically necessary
OUTPATIENT CARE		
Office visit	\$20 copay, PCP; \$30 copay, specialist; \$15 copay, PCP at Harris Family Medical Center; \$22.50 copay, specialist at Harris Family Medical Center	\$20 copay, PCP; \$30 copay, specialist; \$15 copay, PCP at Harris Family Medical Center; \$22.50 copay, specialist at Harris Family Medical Center
Immunizations and injections	\$7 copay	\$7 copay

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X-ray, lab and diagnostic testing	Included in copay if performed in a physician's office, otherwise 85% coverage. All outpatient, non-emergency diagnostic imaging must be performed at UCI with applicable copayments	100% coverage. All outpatient, non-emergency diagnostic imaging must be performed at UCI with applicable copayments
OTHER BENEFITS		
Mental health		
Outpatient	\$30 copay, visit	\$30 copay, visit
Inpatient	\$250 copay per admission, then 85% coverage	\$100 per day (maximum \$500 per calendar year), then 100% coverage
Substance abuse		
Outpatient	\$30 copay, visit	\$30 copay, visit
Inpatient	\$250 copay per admission, then 85% coverage	\$100 per day (maximum \$500 per calendar year), then 100% coverage
Cancer care (radiation therapy and chemotherapy)	\$30 copay, visit	100% coverage
Outpatient Short-term speech, physical, occupational and respiratory therapy	\$30 copay, visit; limited to 20 visits per calendar year	\$30 copay; up to 90 days per condition
Medical Supplies		
Prosthetics	85% coverage	100% coverage; Initial provision of prosthetic appliances and replacement due to normal growth are covered. \$2,000 annual maximum
Durable Medical	85% coverage	100% coverage, \$2,000 annual maximum
Prescriptions	30-day Supply: \$10 copay, generic; \$35 copay, brand (formulary); \$55 copay, brand (non-formulary); Mail Order 90-day Supply: \$25, \$87.50 and \$137.50 copays. Administered through Caremark. HFMC Pharmacy: \$7.50 copay, generic; \$26.25 copay, brand (formulary); \$41.25 copay, brand (non-formulary)	

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Chiropractic	\$30 copay, visit; \$1,500 limit	\$30 copay
Website/Provider Directory	https://www.myuhc.com	http://www.health-first.org/health_plans/aso/index.cfm
Product Name	Select Plus POS	

The above contains a brief overview of the various benefit programs and does not describe any plan, its provisions or limitations in any detail. Please refer to the benefit plan booklet for more information.