

2010 Benefits	UNITED HEALTHCARE PPO	AETNA HMO Open Access	BLUE CROSS/BLUE SHIELD PPO	KAISER MID-ATLANTIC
	Group # 195643	Group # 813972	Group #13570-00	Group # 10030-0
BENEFITS				
Monthly Retiree under 65 rates	Single: \$ 417.43	Single: \$ 417.43	Single: \$ 421.91	Single: \$343.00
	Two: \$ 834.86	Two: \$ 834.86	Two: \$ 843.82	Two: \$686.03
	Family: \$1,252.29	Family: \$1,252.29	Family: \$1,265.73	Family: \$994.73
In-network annual deductible	None	None	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	Single, \$750; family \$1,500; prescription copayments per person, \$1,500	Single, \$3,500; family, \$9,400
Lifetime maximum	\$2 million	\$2 million	\$2 million	None
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	Annual deductible: single, \$500; family \$1,500; Then 70% to Out of Pocket limit (\$2,000/\$4,000)	None
Fitness Center	None	GlobalFit Discount Program	None	None
HOSPITAL / Inpatient Care				
Hospital care (semi-private room), surgery, x-rays and lab	\$250 copay per admission, then 85% coverage	\$150 copay, then 100% coverage	90% coverage	\$100 copay per admission, then 100% coverage
Skilled Nursing Facility	85% coverage, up to 120 days per confinement	\$150 copay, then 100% coverage	90% coverage	\$100 per admission, 100 days per year
EMERGENCY CARE				
Emergency Room	\$65 copay, then 85% coverage; copay waived if admitted	\$100 copay, then 100% coverage; copay waived if admitted	\$50 copay, then 100%	\$50 copay; copay waived if admitted
Emergency transportation	85% coverage	100% coverage	90% coverage	100% coverage
OUTPATIENT CARE				
Office visit	\$20 copay, PCP; \$30 copay, specialist	\$20 copay, PCP; \$30 copay, specialist	\$15 copay, PCP; \$25 copay, specialist	\$15 copay, PCP; \$25 copay, specialist
Immunizations and injections	\$7 copay	\$20 copay, PCP; \$30 copay,	90% coverage ; Adult and	100% coverage

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X-ray, lab and diagnostic testing	Included in copay if performed in a physician's office, otherwise 85% coverage	\$30 copay	90% coverage	100% coverage; specialty imaging \$50 (CT, MRI, PET Scan, nuclear medicine)
OTHER BENEFITS				
Mental health				
Outpatient	\$30 copay, visit	\$30 copay, visit	\$25 copay, then 90% coverage	\$25 copay / visit
Inpatient	\$250 copay per admission, then 85% coverage	\$150 copay per admission, then 100% coverage	90% coverage	\$100 per admission
Substance abuse				
Outpatient	\$30 copay, visit	\$30 copay, visit	\$25 copay, then 90% coverage	\$25 copay per visit
Inpatient	\$250 copay per admission, then 85% coverage	\$150 copay per admission, then 100% coverage	90% coverage	\$100 per admittance
Cancer care (radiation therapy and chemotherapy)	\$30 copay, visit	\$30 copay, visit	90%	100% coverage
Outpatient Short-term speech, physical, occupational and respiratory therapy	\$30 copay, visit; limited to 20 visits per calendar year	\$30 copay, 60 visits per calendar year	\$25 copay, visit; limited to 30 visits per calendar year	\$25 copay; 90 visits per incident
Medical Supplies				
Prosthetics	85% coverage	100% coverage	90% coverage	100% coverage
Durable Medical	85% coverage	100% coverage	90% coverage	100% coverage for Basic DME
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)			\$10/\$20/\$35 copay at Kaiser Pharmacy; \$20/\$40/\$55 copay at other pharmacies; Mail Order 90-day Supply: \$16/\$36/\$66
Chiropractic	\$30 copay, visit; \$1,500 limit	\$30 copay, limited to 20 visits per	\$25 copay, visit; limited to 20	None
Website/Provider Directory	https://www.myuhc.com	http://www.aetna.com/docfind/	www.mybenefitshome.com	https://www.kaiserpermanente.or
Product Name	Choice Plus PPO	Aetna Select (SM) Open Access		Signature HMO

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.

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