

2010 Benefits Retirees- Rochester under 65	UNITED HEALTHCARE PPO Group # 195643	BLUE ALLIANCE HMO Group # 7630-003	MVP HEALTH CARE Group #D001360010
<b>BENEFITS</b>			
Monthly Retiree under 65 rates	Single: \$ 417.43	Single: \$313.39	Single: \$ 351.15
	Two: \$ 834.86	Two: \$626.78	Two: \$ 702.30
	Family: \$1,252.29	Family: \$940.17	Family: \$1,053.45
In-network annual deductible	None	None	None
Annual out-of-pocket limit	Single, \$1,500; family \$3,000; prescription copayments per person, \$1,500	None	None
Lifetime maximum	\$2 million	None	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	None
<b>HOSPITAL / Inpatient Care</b>			
Hospital care (semi-private room), surgery, x-rays and lab	\$250 copay per admission, then 85% coverage	100% coverage	100% coverage
Skilled Nursing Facility	85% coverage, up to 120 days per confinement	100%; 120 days/admission; 360 days/lifetime	100%; 120 days/calendar year; 360
<b>EMERGENCY CARE</b>			
Emergency Room	\$65 copay, then 85% coverage; copay waived if admitted	\$50 copay; copay waived if admitted within 24 hours.	\$50 copay; copay waived if admitted; \$25 copay, urgent care centers
Emergency transportation	85% coverage	\$25 copay	\$15 copay; copay waived if admitted
<b>OUTPATIENT CARE</b>			
Office visit	\$20 copay, PCP; \$30 copay, specialist	\$15 copay, PCP; \$25 copay specialist	\$15 copay, PCP; \$25 copay specialist
<b>Immunizations and injections</b>			
Maternity care	\$7 copay \$20 copay for first visit, then 15% coverage of global obstetrician's fee	\$15 copay, DCD; \$25 copay specialist Pre/Post natal, \$5 for the first 10 visits, remainder at 100%; delivery and facility, 100% coverage	\$15 copay, DCD; \$25 specialist \$50 copay per pregnancy
Pediatric care	\$20 copay, includes well baby and child care	\$15 copay; \$5 visit and treatment of sick children up to age 5	\$15 copay; 100% for well-child care to age 19
X-ray, lab and diagnostic testing	Included in copay if performed in a physician's office, otherwise 85% coverage	\$15 copay, PCP; \$25 copay, specialist; 100%, Lab	\$25 copay x-ray; \$25 specialist; 100% lab; 100% pregnancy related radiological, 100% mammograms

	UNITED HEALTHCARE PPO	BLUE ALLIANCE HMO	MVP HEALTH CARE
<b>OTHER BENEFITS</b>			
<b>Mental health</b>			
Outpatient	\$30 copay, visit	\$25 copay, visit	\$25 copay, visit
Inpatient	\$250 copay per admission, then 85% coverage	100% coverage	100% coverage
<b>Substance abuse</b>			
Outpatient	\$30 copay, visit	\$25 copay, visit	\$25 copay, visit
Inpatient	\$250 copay per admission, then 85% coverage	100% coverage	100% coverage, detox only
<b>Cancer care (radiation therapy and chemotherapy)</b>			
	\$30 copay, visit	100% coverage	100% coverage inpatient; \$15 copay, physician administered prescription medications (including chemo)
<b>Outpatient Short-term speech, physical, occupational and respiratory therapy</b>			
	\$30 copay, visit; limited to 20 visits per calendar year	\$25 copay, private office or group health; 45 combined visits/ calendar year	\$25 copay; 45 combined visits/calendar year
<b>Medical Supplies</b>			
Prosthetics	85% coverage	100% coverage, internal; 80% coverage external; \$15,000/year	100%, internal; External 20% coinsurance, Coverage is limited to \$15,000 per unit per Member per Calendar Year. (This limit applies to all external prosthetics except breast prosthetics.)
Durable Medical	85% coverage	80% from a participating provider	20% copay, \$15,000 max / year
<b>Prescriptions</b>			
	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)	30-day Supply: \$5 copay, generic; \$25 copay, preferred brand; \$40 copay, non-preferred brand; includes oral contraceptives. Mandatory generic substitution.	30-day Supply: \$5 copay, generic; \$25 copay, brand name formulary; \$40 brand-name non-formulary. Mail order 90-day supply: \$12.50, \$62.50, and \$100.00. Mandatory generic substitution.
Materials	None	None	Up to \$600 every 3 years for children to age 18
<b>Chiropractic</b>			
	\$30 copay, visit; \$1,500 limit	\$25 copay	\$25 copay
<b>Website/Provider Directory</b>			
	<a href="https://www.myuhc.com">https://www.myuhc.com</a>	<a href="http://www.excellusbcbs.com">www.excellusbcbs.com</a>	<a href="http://www.preferredcare.org">http://www.preferredcare.org</a>
<b>Product Name</b>			
	Choice Plus PPO		

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.