

2012 Benefits	UNITED HEALTHCARE PPO	BLUE ALLIANCE HMO (Excellus)	AETNA HMO	MVP HEALTH CARE
	Group # 195643	Group # 00033825	Group # 813972	Group #700136
<b>BENEFITS</b>				
Retiree Monthly Rates	Single: \$484.97	Single: \$383.25	Single: \$478.28	Single: \$512.55
	Two-person: \$969.94	Two-person: \$766.50	Two-person: \$956.58	Two-person: \$1,025.12
	Family: \$1,454.90	Family: \$ 1,149.75	Family: \$1,434.86	Family: \$1,537.69
In-network annual deductible	None	None	None	None
Annual out-of-pocket limit	Single, \$1,500; family \$3,000; Pharmacy, \$2,500/person	Single, \$1,250; family \$2,500;	Single, \$1,500; family \$3,000; including copayments; Pharmacy, \$2,500/person	None
Lifetime maximum	None	None	None	None
Out of network option	Annual deductible: single, \$500; family \$1,500; Then 70% to Out of pocket limit (\$3,000/\$6,000)	None	None	None
Fitness Center	None	None	GlobalFit Discount Program	\$50 Health Dollars for any health, wellness or fitness program
<b>HOSPITAL / Inpatient Care</b>				
Hospital care (semi-private room), surgery, x-rays and lab	\$250 copay per admission, then 85% coverage	\$250 copay, then 100% coverage	\$250 copay, then 100% coverage	\$250 copay, then 100% coverage
Skilled Nursing Facility	85% coverage, up to 120 days per confinement	100%+C14; 120 days/admission; 360 days/lifetime	\$250 copay, then 100% coverage	100%; 120 days/calendar year; 360 days/lifetime
<b>URGENT CARE</b>				
	\$25 copay, then 85%	100%	\$25 copay, then 100%	\$50 copay, then 100%
<b>EMERGENCY CARE</b>				
Emergency Room	\$100 copay, then 85% coverage; copay waived if admitted	\$100 copay, then 100% coverage; copay waived if admitted	\$100 copay, then 100% coverage; copay waived if admitted	\$100 copay, then 100% coverage; copay waived if admitted

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Emergency transportation	85% coverage	\$25 copay	100% coverage	\$20 copay; copay waived if admitted
<b>OUTPATIENT CARE</b>				
Office visit	\$25 copay, PCP; \$35 copay, specialist	\$20 copay, PCP; \$30 copay, specialist	\$25 copay, PCP; \$35 copay, specialist	\$20 copay, PCP; \$30 copay, specialist
Immunizations and injections	\$7 copay	\$20 copay, PCP; \$30 copay, specialist	\$25 copay, PCP; \$35 copay, specialist. No serum copay	\$20 copay PCP, \$30 specialist immunizations; 100% coverage for allergy serum
Preventive care (care covered under the Affordable Care Act is reimbursed at 100% with no copay)	\$25 copay, PCP; \$35 copay, specialist	\$20 copay; \$30 copay specialist; Well child exams covered in full to age 19	\$25 copay, PCP; \$35 copay, specialist	\$20 copay, PCP; \$30 copay, specialist
Maternity care	\$25 copay for first visit, then 15% coinsurance of global obstetrician's fee	Pre/Post natal, \$5 for the first 10 visits Delivery and facility, 100% coverage after \$250 admission copay	Inpatient maternity care 100% after \$250 copay	\$50 copay per pregnancy 100% coverage for hospital after admission copay
Pediatric care	\$25 copay, includes well baby and child care	\$20 copay; \$20 visit and treatment of sick children up to age 5	\$25 copay	\$20 copay; 100% for well-child care to age 19
Gynecological care	\$25 copay	\$20 copay	\$25 copay	\$20 copay
X-ray, lab and diagnostic testing	Included in copay if performed in a physician's office, otherwise 85% coverage	\$20 copay, PCP; \$30 copay, specialist; for diagnostic imaging; 100%, Lab	\$35 copay, for lab and x-rays performed in outpatient facility.  Office copay applies to diagnostic testing performed in a physician's office.	\$25 copay x-ray; \$30 specialist; 100% Lab; 100% pregnancy related radiological and mammograms
<b>OTHER BENEFITS</b>				
Mental health				
Outpatient	\$35 copay, visit	\$30 copay per visit	\$35 copay per visit	\$30 copay per visit

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Inpatient	\$250 copay per admission, then 85% coverage	\$250 copay per admission, then 100% coverage	\$250 copay per admission, then 100% coverage	\$250 copay per admission, then 100% coverage
Substance abuse				
Outpatient	\$35 copay	\$30 copay, visit	\$35 copay per visit	\$30 copay per visit
Inpatient	\$250 copay per admission, then 85% coverage	\$250 copay per admission, then 100% coverage	\$250 copay per admission, then 100% coverage	100% coverage, detox only
Cancer care (radiation therapy and chemotherapy)	\$35 copay	100% coverage	\$35 copay per visit	100% coverage inpatient; \$30 copay, physician administered prescription medications (including chemo)
Outpatient Short-term speech, physical, occupational and respiratory therapy	\$35 copay, visit; limited to 20 visits per calendar year	\$30 copay, private office or group health; 45 combined visits/ calendar year	\$35 copay, 60 visits per calendar year	\$30 copay; 45 combined visits/calendar year
Medical Supplies				
Prosthetics	85% coverage	100% coverage, internal; 80% coverage external	100% coverage	100%, internal; External 20% coinsurance.
Durable Medical	85% coverage	20% coinsurance	100% coverage	20% coinsurance
Prescriptions	30-day Supply: Generic - \$7 copay Formulary - 20% (Min-\$25; Max \$75) Non-Formulary - (50% Min - \$50; Max \$100) Mail Order 90-day Supply: \$17.50, 20% - \$62.50, \$187.50 and 50%, \$125, \$250 copays. Administered through ExpressScripts ( <a href="http://www.expresscripts.com">http://www.expresscripts.com</a> )	30-day Supply: Generic - \$5 copay Formulary - 20% (Min-\$25; Max \$75) Non-Formulary - 50% Min - \$50; Max \$100  Mail Order 90-day Supply: \$12.50, 20% - \$62.50, \$187.50 and 50%, \$125, \$250 copays.	30-day Supply: Generic - \$7 copay Formulary - 20% (Min-\$25; Max \$75) Non-Formulary - (50% Min - \$50; Max \$100) Mail Order 90-day Supply: \$17.50, 20% - \$62.50, \$187.50 and 50%, \$125, \$250 copays. Administered through ExpressScripts ( <a href="http://www.expresscripts.com">http://www.expresscripts.com</a> )	30-day Supply: Generic - \$5 copay Formulary - 20% (Min-\$25; Max \$75) Non-Formulary - 50% Min - \$50; Max \$100  Mail Order 90-day Supply: \$12.50, 20% - \$62.50, \$187.50 and 50%, \$125, \$250 copays.

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Vision				
Routine Exam	None	\$30 copay every 24 months	\$35 copay, one routine exam per 24 months; through Vision One Discount Program	\$30 copay diagnostic. \$30 routine exams, covered one per calendar year
Materials	None	\$60 allowance, glasses or contacts, every 24 months; 12 months to age 19 once every year	Discounts available through Vision One Discount Program	\$60 credit and 20% discount, every calendar year
Hearing				
Routine Exam	None	None	None	\$30 copay per visit
Materials	None	None	None	Every 3 years for children to age 18
Chiropractic	\$35 copay, visit; \$1,500 limit	\$30 copay	\$35 copay, limited to 20 visits per year	\$30 copay
Website/Provider Directory	<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.aetna.com/docfir/">http://www.aetna.com/docfir/</a>	<a href="http://www.preferredcare.org">http://www.preferredcare.org</a>
Product Name	Choice Plus PPO		Aetna Select (SM) Open Access	

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.