

2010 Benefits	UNITED HEALTHCARE PPO	AETNA HMO	BLUE CROSS/BLUE SHIELD PPO
	Group # 195643	Group # 813972	Group #13570-00
<b>BENEFITS</b>			
Monthly Retiree under 65 rates	Single: \$ 417.43	Single: \$ 417.43	Single: \$ 421.91
	Two: \$ 834.86	Two: \$ 834.86	Two: \$ 843.82
	Family: \$1,252.29	Family: \$1,252.29	Family: \$1,265.73
In-network annual deductible	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
Lifetime maximum	\$2 million	\$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	Annual deductible: single, \$500; family \$1,500; Then 70% to Out of Pocket limit (\$2,000/\$4,000)
Fitness Center	None	GlobalFit Discount Program	None
<b>HOSPITAL / Inpatient Care</b>			
Hospital care (semi-private room), surgery, x-rays and lab	\$250 copay per admission, then 85% coverage	\$150 copay, then 100% coverage	90% coverage
Skilled Nursing Facility	85% coverage, up to 120 days per confinement	\$150 copay, then 100% coverage	90% coverage
<b>EMERGENCY CARE</b>			
Emergency Room	\$65 copay, then 85% coverage; copay waived if admitted	\$100 copay, then 100% coverage; copay waived if admitted	\$50 copay, then 100%
Emergency transportation	85% coverage	100% coverage	90% coverage
<b>OUTPATIENT CARE</b>			
Office visit	\$20 copay, PCP; \$30 copay, specialist	\$20 copay, PCP; \$30 copay, specialist	\$15 copay, PCP; \$25 copay, specialist
Immunizations and injections	\$7 copay	\$20 copay, PCP; \$30 copay, specialist. No	90% coverage ; Adult and pediatric
Maternity care	\$20 copay for first visit, then 15% coverage of global obstetrician's fee	Inpatient maternity care 100% after \$150 copayment.	90% coverage
Pediatric care	\$20 copay, includes well baby and child care	\$20 copay	\$15 copay, includes well baby and child

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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
<b>OTHER BENEFITS</b>			
Mental health			
Outpatient	\$30 copay, visit	\$30 copay, visit	\$25 copay, then 90% coverage
Inpatient	\$250 copay per admission, then 85% coverage	\$150 copay per admission, then 100% coverage	90% coverage
Substance abuse			
Outpatient	\$30 copay, visit	\$30 copay, visit	\$25 copay, then 90% coverage
Inpatient	\$250 copay per admission, then 85% coverage	\$150 copay per admission, then 100% coverage	90% coverage
Cancer care (radiation therapy and chemotherapy)	\$30 copay, visit	\$30 copay, visit	90%
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
Medical Supplies			
Prosthetics	85% coverage	100% coverage	90% coverage
Durable Medical	85% coverage	100% coverage	90% coverage
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)		
Chiropractic	\$30 copay, visit; \$1,500 limit	\$30 copay, limited to 20 visits per year	\$25 copay, visit; limited to 20 visits per
Website/Provider Directory	<a href="https://www.myuhc.com">https://www.myuhc.com</a>	<a href="http://www.aetna.com/docfind/">http://www.aetna.com/docfind/</a>	<a href="http://www.mybenefitshome.com">www.mybenefitshome.com</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.