

IN-NETWORK SERVICES

In-network Medical Deductible / Coinsurance / Maximums		
	2009	2010
In-network deductible and coinsurance	Applies to most inpatient and outpatient facility services and office surgeries - see below for details	Applies to most inpatient and outpatient facility services, plus certain treatments and specialty drugs provided by a clinician - see below for details
Individual	\$3,000 deductible, then 20% coinsurance, up to out-of-pocket max	\$3,500 deductible, then 30% coinsurance, up to out-of-pocket max
Family	Two \$3,000 individual deductibles, then 20% coinsurance, up to out-of-pocket max	Two \$3,500 individual deductibles, then 30% coinsurance, up to out-of-pocket max
In-network out-of-pocket maximum	Maximum you pay annually towards deductible and coinsurance	Maximum you pay annually towards deductible and coinsurance
Individual	\$13,000	\$18,000
Family	\$26,000	\$36,000
Preventive Care (subject to age limitations and other guidelines)		
	2009	2010
Annual physical exam	\$30 copayment	\$0 copayment
Colorectal cancer screenings (age 50-74)	Deductible and coinsurance apply (up to out-of-pocket max)	\$0 copayment
Doctor Visits		
	2009	2010
Primary care office visits	\$30 copayment	\$35 copayment
Specialist office visits	\$50 copayment	\$55 copayment
Chiropractor visits		
Allergy consultation / testing		
All other specialists		

Surgical procedures	Deductible and coinsurance apply (up to out-of-pocket max)	Included in office visit copayment
Imaging tests	20% coinsurance (no out-of-pocket max)	30% coinsurance (no out-of-pocket max)
Cardiac rehabilitation	\$0 copayment	\$35 copayment
Pulmonary rehabilitation	\$50 copayment	\$35 copayment
Physical / occupational therapy	\$50 copayment (60 visits per year combined with speech / vision)	\$55 copayment (30 visits per year)
Speech / vision therapy	\$50 copayment (60 visits per year combined with physical / occupational)	\$55 copayment (20 visits per year)

Outpatient Facility Services	2009	2010
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Physician services	\$0 copayment	Deductible and coinsurance apply (up to out-of-pocket max)
Lab tests	\$0 copayment	Deductible and coinsurance apply (up to out-of-pocket max)
Imaging tests	20% coinsurance (no out-of-pocket max)	30% coinsurance (no out-of-pocket max)

Inpatient Facility Services	2009	2010
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Physician Services	\$0 copayment	Deductible and coinsurance apply (up to out-of-pocket max)
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Treatments and Supplies (regardless of place of service)	2009	2010
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Chemotherapy (see pharmacy section for oral)	\$0 copayment for outpatient; deductible and coinsurance apply (up to out-of-pocket max for in-patient)	Deductible and coinsurance apply regardless of place of service (up to out-of-pocket max). * Please note: Certain specialty drugs are covered only through Accredo, Medco's specialty mail order pharmacy.
Radiation therapy		
Hemodialysis		
Specialty drugs provided and administered by a physician or other provider*		

Mental Health		
	2009	2010
Outpatient mental health	\$50 copayment (20 visits per year, unless biologically-based)	\$55 copayment (20 visits per year, unless biologically-based)
Inpatient mental health (30 days per year, unless biologically-based)	Deductible and coinsurance apply (up to out-of-pocket max)	Deductible and coinsurance apply (up to out-of-pocket max)
Sustance Abuse		
	2009	2010
Outpatient chemical dependency (60 visits per year)	\$50 copayment	\$55 copayment
Chemical dependency detox (7 days per year)	Deductible and coinsurance apply (up to out-of-pocket max)	Deductible and coinsurance apply (up to out-of-pocket max)
Inpatient rehabilitation (30 days per year)		
Home care		
	2009	2010
Home care visit (40 per year)	\$10 copayment	\$35 copayment
Urgent and emergency care		
	2009	2010
Ambulance and pre-hospital emergency services	Deductible and coinsurance apply (up to out-of-pocket max)	Deductible and coinsurance apply (up to out-of-pocket max)
Emergency room visit	\$100 copayment (waived if admitted within 24 hours)	\$250 copayment (waived if admitted within 24 hours)
Urgent care center	\$50 copayment	\$100 copayment
Pharmacy		
	2009	2010
Generic drugs	\$10 copayment	\$15 copayment
Diabetic supplies	20% coinsurance	\$15 copayment for a 1-month supply
Mail order prescriptions	2 copayments for a 3-month supply	3 copayments for a 3-month supply

OUT-OF-NETWORK SERVICES

Out-of-Network Medical Deductible / Coinsurance / Maximums	2009	2010
Out-of-network deductible and coinsurance	Applies to all out-of-network services; emergencies treated as in-network	Applies to all out-of-network services; emergencies treated as in-network
Individual	\$6,000 deductible, then 50% coinsurance, up to out-of-pocket max	\$7,500 deductible, then 50% coinsurance, up to out-of-pocket max
Family	Two \$6,000 individual deductibles, then 50% coinsurance, up to out-of-pocket max	Two \$7,500 individual deductibles, then 50% coinsurance, up to out-of-pocket max
Out-of-network out-of-pocket maximum	Maximum you pay annually towards deductible and coinsurance	Maximum you pay annually towards deductible and coinsurance
Individual	\$25,000	\$30,000
Family	\$50,000	\$60,000