

**2012 MEDICAL PLANS COMPARISON
HIGH OPTION - A ACTIVE**

Benefit	Indemnity*	UHC/PacificCare High	Kaiser High
Calendar Year Deductible	\$100/person; \$200/family	None	None
Calendar Year and lifetime Maxmiums	\$1,250,000/person/cy; no lifetime maximum	Unlimited	Unlimited
Ambulance	PPO - 20%; OON - 20% UCR	No charge	No charge
Annual Co-pay limit			
Individual	\$500 - PPO; OON - None	\$600	\$1,500
Family	None	\$1,800	\$3,000
Durable Medical Equipment	PPO - 20%; OON - 20% UCR	No charge	No charge
Emergency Services	20%** of allowable services over \$500	No copay	No copay
Home Health Care	20%; 30 visits/CY	\$3 copay	No charge
Hospital			
Inpatient	PPO - No charge; OON - 20% UCR	No charge	No charge
Outpatient	PPO - No charge; OON - 20% UCR	No charge	No charge
Mental Health			
Inpatient***	MHN:no charge 1-14 days; 25% co-insurance 5-45 days; 45 days/CY; no day limit mental health parity. Subsequent treatment w/in 12 mos of start of 1st treatment Episode days 1 - 14 - 10% coinsurance; days 1-45 25% coinsurance.	MHN:no charge up to 45 days/CY no day limit mental health parity (services must be preauthorized by MHN)	No charge; up to 45 days/CY no limit on mental health parity
Outpatient***	Provided by MHN: \$10 copay individual; \$5 copay group; 20 visits CY; no day limit mental health parity	MHN: no charge; 20 visits/CY; no day limit mental health parity. (services must be preauthorized by MHN)	MHN: no charge; 20 visits/CY; no day limit mental health parity
Outpatient Diagnostic-X-ray and Laboratory	PPO - No charge; OON - 20% of UCR	No charge	No charge
Physical exam	PPO- no charge; OON no charge 1st \$500, balance 20%; frequency - AMA guidelines	\$3 copay	No charge
Physician Services -			
Office/Home visit	PPO - No charge; OON - 20% UCR	\$3 copay	No charge
Well child care	PPO - no charge; OON no charge 1st \$200 balance 20%	No charge	No charge
Physical therapy	13 visits		
Prescription Drugs	Express Scripts; Retail (30 days) and Mail Order (60 days) - \$2 copay	Retail: \$2 copay Mail - \$2 copay	Retail (100 day supply): No copay
Skilled Nursing Facility	No charge up to maximum Plan payment of \$20/day	No charge; 100 consecutive days per disability	No charge; 100 days/CY
Substance Abuse			
Inpatient	Provided by MHN: No charge, no max. medical necessity only. Penalty for not completing SA treatment (leaving before transfer or discharge) plan pays only 70%.	Provided by MHN: No charge; \$750,000 max/CY (no lifetime max) based on medical necessity; (services must be preauthorized by MHN)	No charge; Detox only
Outpatient	Provided by MHN: No charge; no max. medical necessity only. Penalty for not completing SA treatment (leaving before transfer or discharge) plan pays only 70%.	Provided by MHN: No charge; \$750,000 max/CY (no lifetime max) based on medical necessity. (services must be preauthorized by MHN)	No charge
Vision (through VSP)	\$5 copay/exam and materials 12-12-24	\$5 copay/exam and materials 12-12-24	\$5 copay/exam and materials 12-12-24
Wellness Benefit****	PPO - no charge; OON - no charge 1st \$500 adults,\$200 children; balance 20%	\$5 copay/exam and materials 12-12-24	\$5 copay/exam and materials 12-12-24

*Charges in excess of UCR are paid by the participant in addition to normal co-insurance for out-of-network (OON) providers and services.

**Deductible waived only for emergency accident admits under indemnity medical plan.

***MHN Authorization is required for PPO; no pre-treatment required if emergency inpatient but must notify MHN within 24 hrs of admit.

****Includes: OB/GYN, Pap smear, Mammogram, routine Lab, immunizations, hearing, colonoscopy, bone density

Note: This is only a summary of your benefits; Refer to EOC or disclosure form for HMO benefit details, and exclusions and limitations.

**2012 MEDICAL PLANS COMPARISON
HIGH OPTION - B ACTIVE**

Benefit	Indemnity*	UHC/PacifiCare High	Kaiser High
Calendar Year Deductible	\$100/person; \$200/family	None	None
Calendar Year and lifetime maximums	\$1,250,000/person/CY; no lifetime maximum	None	None
Ambulance	PPO - 20%; OON - 20% UCR	No charge	No charge
Annual Co-pay limit			
Individual	\$500 - PPO; OON - None	\$600	\$1,500
Family	None	\$1,800	\$3,000
Durable Medical Equipment	PPO - 20%; OON - 20% UCR	No charge	No charge
Emergency Services	20%** of allowable services over \$500	No copay	No copay
Home Health Care	20%; 30 visits/CY	\$3 copay	No charge
Hospital			
Inpatient	PPO - No charge; OON - 20% UCR	No charge	No charge
Outpatient	PPO - No charge; OON - 20% UCR	No charge	No charge
Mental Health			
Inpatient***	MHN:no charge 1-14 days; 25% co-insurance 5-45 days; 45 days/CY no day limit mental health parity. Subsequent treatment w/in 12 mos of start of 1st treatment Episode days 1 - 14 - 10% coinsurance; days 1-45 25% coinsurance.	MHN:no charge up to 45 days/CY no day limit mental health parity. (must be preauthorized by MHN)	No charge; up to 45 days/CY no limit on mental health parity
Outpatient***	Provided by MHN: \$10 copay individual; \$5 copay group; 20 visits CY; no day limit mental health parity	MHN: no charge; 20 visits/CY; no day limit mental health parity. (Must be preauthorized by MHN)	MHN: no charge; 20 visits/CY; no day limit mental health parity
Outpatient Diagnostic-X-ray and Laboratory	PPO - No charge; OON - 20% of UCR	No charge	No charge
Physical exam	PPO - No charge; OON no charge 1st \$500, 20% of UCR balance; frequency - AMA guidelines	\$3 copay	No charge
Physical therapy	6 visits		
Physician Services -			
Office/Home visit	PPO - No charge; OON - 20% UCR	\$3 copay	No charge
Well baby care	PPO - charge; OON - no charge 1st \$200, 20% UCR balance	No charge	No charge
Prescription Drugs	Express Scripts; Retail (30 days) and Mail Order (60 days) - \$2 copay	Retail: \$2 copay Mail - \$2 copay	Retail (100 day supply): No copay
Skilled Nursing Facility	No charge up to a maximum Plan payment of \$20/day	No charge; 100 consecutive days per disability	No charge; 100 days/CY
Substance Abuse			
Inpatient	Provided by MHN: No charge; no max. medical necessity only. Penalty for not completing SA treatment (leaving before transfer or discharge) plan pays only 70%.	Provided by MHN: No charge; \$750,000 max/CY (no lifetime max) based on medical necessity; (services must be preauthorized by MHN)	No charge; Detox only
Outpatient	Provided by MHN: No charge; no max. medical necessity only. Penalty for not completing SA treatment (leaving before transfer or discharge) plan pays only 70%.	Provided by MHN: No charge; \$750,000 max/CY (no lifetime max) based on medical necessity. (services must be preauthorized by MHN)	No charge
MES (Vision Benefits)	\$0 copay/exam and materials 12-12-24	\$0 copay/exam and materials 12-12-24	\$0 copay/exam and materials 12-12-24

*Charges in excess of UCR are paid by the participant in addition to normal co-insurance for out-of-network (OON) providers and services.

**Deductible waived only for emergency accident admits under indemnity medical plan.

***MHN Authorization is required for PPO; no pre-treatment required if emergency inpatient but must notify MHN within 24 hrs of admit.

Note: This is only a summary of your benefits; Refer to EOC or disclosure form for HMO benefit details, and exclusions and limitations.

**2012 MEDICAL PLANS COMPARISON
MEDIUM OPTION - ACTIVE**

Benefit	Indemnity	UHC/PacifiCare Medium	Kaiser Medium
Deductible	\$100/person; \$300/family	None	None
Ambulance	PPO - 20%; OON - 30%	No charge	No charge
Calendar Year and lifetime maximums	\$1,250,000/person/CY; no lifetime maximum	Unlimited	Unlimited
Annual Co-pay limit			
Individual	\$3,000 - PPO; OON - None	\$1,000	\$1,500
Family	None	\$3,000	\$3,000
Durable Medical Equipment	PPO - 20%; OON - 30%	No charge	No charge
Emergency Services	20%**	\$100 copay; waived if admitted	\$100 copay; waived if admitted
Home Health Care	20%; 30 visits/CY	No charge	No charge; 100 2-hr visits/CY
Hospital			
Inpatient	PPO - 20%; OON - 30%	\$100 per admit	\$100 per admit
Outpatient	PPO - 20%; OON - 30%	\$15 copay	\$15 copay
Mental Health			
Inpatient*	MHN:no charge 1-14 days; 25% co-insurance 5-45 days; 45 days/CY no day limit mental health parity. Subsequent treatment w/in 12 mos of start of 1st treatment Episode days 1 - 14 - 10% coinsurance; days 1-45 25% coinsurance.	MHN:no charge up to 45 days/CY no day limit mental health parity. (services must be preauthorized by MHN)	\$100 copay/admit; 45 days/CY no limit on mental health parity
Outpatient*	Provided by MHN: \$10 copay individual; \$5 copay group; 20 visits CY; no day limit mental health parity	MHN: no charge; 20 visits/CY; no day limit mental health parity. (services must be preauthorized by MHN)	\$15 copay/individual; \$7 group; 20 visits/CY; no day limit - mental health parity
Outpatient Diagnostic-X-ray and Laboratory	PPO - 20%; OON - 30%	No charge	No charge
Physical exam	PPO - No charge 1st \$500, 20% balance; OON - no charge 1st \$500, 30% balance; frequency AMA	\$15 copay	\$15 copay
Physical Therapy	6 visits		
Physician Services -			
Office/Home visit	PPO - 20%; OON - 30%	\$15 copay	\$15 copay
Well baby care	PPO - 100% 1st \$100/yr/child up to age 2, 20% balance for PPO and 30% balance OON	No charge to age 2	No charge to age 2
Prescription Drugs	Express Scripts; Retail (30 day supply) and Mandatory Mail Order (60 day supply) - \$10 copay - Generic; \$30 copay Brand; Mail - 2 x retail	Retail: \$10 copay/Generic; \$30 copay/ Brand; Mail - 2 x retail	Retail (100 day supply): \$10 copay - Generic; \$30 copay Brand;
Skilled Nursing Facility	No charge up to a maximum Plan payment of \$20/day	\$100 copay; 100 days/CY	No charge; 100 days/CY
Substance Abuse			
Inpatient	Provided by MHN: No charge, no max. medical necessity only. Penalty for not completing SA treatment (leaving before transfer or discharge) plan pays only 70%.	Provided by MHN: No charge; \$750,000 max/CY - no lifetime max - based on medical necessity; (services must be preauthorized by MHN)	\$100 copay/admit; Detox only
Outpatient	Provided by MHN: No charge, no max. medical necessity only. Penalty for not completing SA treatment (leaving before transfer or discharge) plan pays only 70%.	Provided by MHN: No charge; \$750,000 max/CY -no lifetime max - based on medical necessity. (services must be preauthorized by MHN)	\$15 copay/individual; \$5 group

*MHN Authorization is required for PPO; no pre-treatment required if emergency inpatient but must notify MHN within 24 hrs of admit.

**deductible waived only for emergency accident admits under indemnity medical plan.

Note: This is only a summary of your benefits; Refer to the EOC or disclosure forms for HMO benefit details, and exclusions and limitations

**2012 MEDICAL PLANS COMPARISON
MEDIUM OPTION - HMO ONLY - ACTIVE**

Benefit	UHC/PacifiCare Medium	Kaiser Medium
Deductible	None	None
Ambulance	No charge	No charge
Calendar Year and lifetime maximums		
Annual Co-pay limit		
Individual	\$1,000	\$1,500
Family	\$3,000	\$3,000
Durable Medical Equipment	No charge	No charge
Emergency Services	\$100 copay; waived if admitted	\$100 copay; waived if admitted
Home Health Care	No charge	No charge; 100 2-hr visits/CY
Hospital		
Inpatient	\$100 per admit	\$100 per admit
Outpatient	\$15 copay	\$15 copay
Maximums (lifetime and annual)	Unlimited	Unlimited
Mental Health		
Inpatient*	MHN: no charge up to 45 days/CY no day limit mental health parity. (services must be preauthorized by MHN)	\$100 copay/admit; 45 days/CY no limit on mental health parity
Outpatient*	MHN: no charge; 20 visits/CY; no day limit mental health parity. (services must be preauthorized by MHN)	\$15 copay/individual; \$7 group; 20 visits/CY; no day limit - mental health parity
Outpatient Diagnostic-X-ray and Laboratory	No charge	No charge
Physical exam	\$15 copay	\$15 copay
Physician Services -		
Office/Home visit	\$15 copay	\$15 copay
Well baby care	No charge to age 2	No charge to age 2
Prescription Drugs	Retail: \$10 copay/Generic; \$30 copay/ Brand; Mail - 2 x retail	Retail (100 day supply): \$10 copay - Generic; \$30 copay Brand;
Skilled Nursing Facility	\$100 copay; 100 days/CY	No charge; 100 days/CY
Substance Abuse		
Inpatient	Provided by MHN: No charge; \$750,000 max/CY - no lifetime max - based on medical necessity. (services must be preauthorized by MHN)	\$100 copay/admit; Detox only
Outpatient	Provided by MHN: No charge; \$750,000 max/CY - no lifetime max - based on medical necessity. (services must be preauthorized by MHN)	\$15 copay/individual; \$5 group

Note: This is only a summary of your benefits; Refer to the EOC or disclosure forms for HMO benefit details, and exclusions and limitations.

**2012 MEDICAL PLANS COMPARISON
LOW OPTION - HMO ONLY - ACTIVE**

Benefit	UHC/PacifiCare Low	Kaiser Low
Deductible	None	None
Ambulance	No charge	No charge
Annual Co-pay limit		
Individual	\$1,000	\$1,500
Family	\$3,000	\$3,000
Durable Medical Equipment	No charge	No charge
Emergency Services	\$100 copay; waived if admitted	\$100 copay; waived if admitted
Home Health Care	No charge	No charge
Hospital		
Inpatient	\$100 per admit	\$100 per admit
Outpatient	\$25 copay	\$25 copay
Maximums (lifetime and annual)	Unlimited	Unlimited
Mental Health		
Inpatient*	MHN: no charge up to 45 days/CY no day limit mental health parity. (services must be preauthorized by MHN)	\$100 copay/admit; 45 days/CY no limit on mental health parity
Outpatient*	MHN: no charge; 20 visits/CY; no day limit mental health parity. (services must be preauthorized by MHN)	\$25 copay/individual; \$12 group; 20 visits/CY; no day limit mental health parity
Outpatient Diagnostic-X-ray and Laboratory	No charge	No charge
Physical exam	\$25 copay	\$25 copay
Physician Services -		
Office/Home visit	\$25 copay	\$25 copay
Well baby care	No charge to age 2	No charge to age 2
Prescription Drugs	Retail: \$10 copay/Generic; \$30 copay/ Brand; Mail - 2 x retail	Retail (100 day supply): \$10 copay - Generic; \$30 copay Brand
Skilled Nursing Facility	\$100 copay; 100 days/CY	No charge; 100 days/CY
Substance Abuse		
Inpatient	Provided by MHN: No charge; \$750,000 max/CY (no lifetime max) based on medical necessity. (services must be preauthorized by MHN)	\$100 copay/admit; Detox only
Outpatient	Provided by MHN: No charge; \$750,000 max/CY (no lifetime max) based on medical necessity. (services must be preauthorized by MHN)	\$25 copay/individual; \$5 group

Note: This is only a summary of your benefits; Refer to the EOC or disclosure forms for HMO benefit details, and exclusions and limitations