

**2013 MEDICAL PLANS COMPARISON
HIGH OPTION - A ACTIVE**

Benefit	Indemnity*	UHC/PacifiCare High	Kaiser High
Calendar Year Deductible	\$100/person; \$200/family	None	None
Calendar Year and lifetime Maxmiums	\$2,000,000/person/calendar year; 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/calendar year	\$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***	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential PPO - No charge; OON - 20% UCR	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential Provided by MHN-No charge	No charge; up to 45 days/calender year no limit on mental health parity
Outpatient***	Mental Health and Substance Abuse PPO - No charge; OON - 20% UCR	Mental Health and Substance Abuse Provided by MHN - No charge	MHN: no charge; 20 visits/calender year no day limit mental health parity
Outpatient Diagnostic-X-ray and Laboratory	PPO - No charge; OON - 20% of UCR	No charge	No charge
Physician Services -			
Office/Home visit	PPO - No charge; OON - 20% UCR	\$3 copay	No charge
Therapies (includes Rehab, Acupuncture, Chiropractic, Physical, Speech, Respiratory and Vision Therapies)	13 visits - PPO - No charge; OON - 20%		
Prescription Drugs (800)699-3542	ProCare Rx; 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/calender year
Substance Abuse:			
Inpatient	Rehabilitation, Inpatient, Intensive outpatient, Partial Hospitalization and Residential PPO - No charge; OON - 20% UCR	Rehabilitation, Inpatient, Intensive outpatient, Partial Hospitalization and Residential Provided by MHN - No charge	No charge; Detox only
Outpatient	Mental Health or Substance Abuse PPO - No charge; OON - 20% UCR	Mental Health or Substance Abuse Provided by MHN - No charge	No charge
Vision (through VSP) (800)877-7195	\$5 copay/exam and materials	\$5 copay/exam and materials	\$5 copay/exam and materials
Wellness Benefit****	PPO - no charge; OON - no charge 1st \$500 adults,\$200 children; balance 20%	\$3 copay	No charge

*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 admissions 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: Physical Exam, Well Baby Care, OB/GYN, Pap smear, Mammogram, routine Lab, immunizations, hearing, colonoscopy, bone density

UCR= Unusual, Customary and Reasonable

PPO is referred to the Preferred (In) Network Providers and OON is referred to the Out of Network Providers

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	\$2,000,000/person/calender year; 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/calendar year	\$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***	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential PPO - No charge; OON - 20% UCR	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential Provided by MHN - No charge	No charge; up to 45 days/calender year no limit on mental health parity
Outpatient***	Mental Health and Substance Abuse PPO - No charge; OON - 20% UCR	Mental Health and Substance Abuse Provided by MHN - No charge	MHN: no charge; 20 visits/calender year no day limit mental health parity
Outpatient Diagnostic-X-ray and Laboratory	PPO - No charge; OON - 20% UCR	No charge	No charge
Therapies (includes Rehab, Acupuncture, Chiropractic, Physical, Speech, Respiratory and Vision Therapies)	6 visits - PPO - No charge; OON - 20% of UCR		
Physician Services -			
Office/Home visit	PPO - No charge; OON - 20% UCR	\$3 copay	No charge
Prescription Drugs (800) 699-3542	ProCare Rx; 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/calendar year
Substance Abuse:			
Inpatient	Rehabilitation, Inpatient, Intensive outpatient, Partial Hospitalization and Residential PPO - No charge; OON - 20% UCR	Rehabilitation, Inpatient, Intensive outpatient, Partial Hospitalization and Residential Provided by MHN - No charge	No charge; Detox only
Outpatient	Mental Health or Substance Abuse PPO - No charge; OON - 20% UCR	Mental Health or Substance Abuse Provided by MHN - No charge	No charge
MES (Vision Benefits) (800) 638-3120	\$0 copay/exam and materials	\$0 copay/exam and materials	\$0 copay/exam and materials
Wellness Benefit****	PPO - no charge; OON - no charge 1st \$500 adults,\$200 children; balance 20%	\$3 copay	No charge

*Charges in excess of UCR are paid by the participant in addiiton 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.

PPO is referred to the Preferred (In) Network Providers and OON is referred to the Out of Network Providers

UCR= Unusual, Customary and Reasonable

****Includes: Physical Exam, Well Baby Care, OB/GYN, Pap smear, Mammogram, routine Lab, immunizations, hearing, colonoscopy, bone density

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**2013 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	\$2,000,000/person/calender year 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/calender year	No charge	No charge; 100 2-hr visits/calender year
Hospital			
Inpatient	PPO - 20%; OON - 30%	\$100 per admit	\$100 per admit
Outpatient	PPO - 20%; OON - 30%	\$15 copay	\$15 copay
Mental Health:			
Inpatient*	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential PPO- 20%; OON - 30% UCR	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential \$100 Copay Provided by MHN	\$100 copay/admit; 45 days/calender year no limit on mental health parity
Outpatient*	Mental Health and Substance Abuse PPO - 20%; OON - 30% UCR	Mental Health and Substance Abuse \$15 Copay Provided 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
Therapies includes Rehab, Acupuncture, Chiropractic, Physical, Speech, Respiratory	6 visits		
Physician Services -			
Office/Home visit	PPO - 20%; OON - 30%	\$15 copay	\$15 copay
Prescription Drugs (800) 699-3542	ProCare Rx; 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	Rehabilitation, Inpatient, Intensive outpatient, Partial Hospitalization and Residential PPO - 20%; OON - 30% UCR	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential \$100 Copay Provided by MHN	\$100 copay/admit; Detox only
Outpatient	Mental Health or Substance Abuse PPO - 20%; OON - 30% UCR	Mental Health and Substance Abuse Copay Provided by MHN \$15	\$15 copay/individual; \$5 group
Wellness Benefit***	PPO - no charge; OON - no charge 1st \$500 adults,\$200 children; balance 20%	\$15 copay	\$15 copay

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

***Includes: Physical Exam, Well Baby Care, OB/GYN, Pap smear, Mammogram, routine Lab, immunizations, hearing, colonoscopy, bone density

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**2013 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*	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential \$100 Copay Provided by MHN	\$100 copay/admit; 45 days/calender year; no limit on mental health parity
Outpatient*	Mental Health and Substance Abuse \$15 Copay provided by MHN	\$15 copay/individual; \$7 group; 20 visits/calender year 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/calender year
Substance Abuse:		
Inpatient	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential \$100 Copay Provided by MHN	\$100 copay/admit; Detox only
Outpatient	Mental Health and Substance Abuse \$15 Copay Provided by MHN	\$15 copay/individual; \$5 group

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**2013 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*	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential Provided by MHN: No charge	\$100 copay/admit; 45 days/calender year; no limit on mental health parity
Outpatient*	Mental Health and Substance Abuse Copay provided by MHN \$25	\$25 copay/individual; \$12 group; 20 visits/calender year; 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/calender year
Substance Abuse:		
Inpatient	Inpatient, Intensive Outpatient, Partial Hospitalization and Residential Provided by MHN: No charge	\$100 copay/admit; Detox only
Outpatient	Mental Health and Substance Abuse \$25 Copay provided by MHN	\$25 copay/individual; \$5 group

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