

Medical Benefits for 2011-2012

Each plan option covers the same range of services. The plans differ, however, in terms of the out-of-pocket medical costs—deductibles and coinsurance—you could incur for the year, as well as the premium. The Core Plan, Copay Plan, and HDHP options offer lower monthly premiums in exchange for higher out-of-pocket costs for deductibles and coinsurance.

Overview	Core Plan		Core Plus Plan		Copay Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible ⁽¹⁾	<ul style="list-style-type: none"> • \$500/person • \$1,000/family of 2 • \$1,500/family of 3+ 	<ul style="list-style-type: none"> • \$1,000/person • \$2,000/family of 2 • \$3,000/family of 3+ 	<ul style="list-style-type: none"> • \$250/person • \$500/family of 2 • \$750/family of 3+ 	<ul style="list-style-type: none"> • \$500/person • \$1,000/family of 2 • \$1,500/family of 3+ 	<ul style="list-style-type: none"> • \$750/person • \$1,500/family of 2 • \$2,250/family of 3+ 	<ul style="list-style-type: none"> • \$1,500/person • \$3,000/family of 2 • \$4,500/family of 3+
Annual Out-of-Pocket Limit	\$3,500/person \$7,000/family of 2+	\$5,000/person \$10,000/family of 2+	\$2,500/person \$5,000/family of 2+	\$5,000/person \$10,000/family of 2+	\$3,500/person \$7,000/family of 2+	\$5,000/person \$10,000/family of 2+
Office Visit	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60% No deductible	\$20 copay primary care physician; \$40 copay specialist	Plan pays 60%
Well Adult Care	Plan pays 100% No deductible	Plan pays 60% No deductible	Plan pays 100% No deductible	Plan pays 60% No deductible or copay	Plan pays 100% No deductible	Plan pays 60% No deductible
Well Child Care	Plan pays 100% No deductible	Plan pays 60% No deductible	Plan pays 100% No deductible	Plan pays 60% No deductible or copay	Plan pays 100% No deductible	Plan pays 60% No deductible
Outpatient Lab and x-ray (including MRI, PET & CT scans)	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%
Urgent Care	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%	\$40 copay	Plan pays 60%
Emergency Room	Plan pays 80%	Plan pays 80%	Plan pays 80%	Plan pays 80%	Plan pays 80%	Plan pays 80%
Inpatient Hospital	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%
Outpatient Hospital	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%
Outpatient Behavioral Health Visits	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%	\$20 copay/visit No deductible	Plan pays 60%
Retail Prescription Drugs (30-day supply)	You pay: <ul style="list-style-type: none"> • Generic: Greater of \$10 or 25% • Preferred brand: Greater of \$20 or 30% (maximum of \$45) • Non-preferred brand: Greater of \$30 or 50% (maximum of \$90) 		You pay: <ul style="list-style-type: none"> • Generic: Greater of \$10 or 25% • Preferred brand: Greater of \$20 or 30% (maximum of \$45) • Non-preferred brand: Greater of \$30 or 50% (maximum of \$90) 		You pay: <ul style="list-style-type: none"> • Generic: Greater of \$10 or 25% • Preferred brand: Greater of \$20 or 30% (maximum of \$45) • Non-preferred brand: Greater of \$30 or 50% (maximum of \$90) 	
Mail Order Drugs (90-day supply)	You pay: <ul style="list-style-type: none"> • Generic: \$25 copay • Preferred brand: \$50 copay • Non-preferred brand: \$90 copay 		You pay: <ul style="list-style-type: none"> • Generic: \$25 copay • Preferred brand: \$50 copay • Non-preferred brand: \$90 copay 		You pay: <ul style="list-style-type: none"> • Generic: \$25 copay • Preferred brand: \$50 copay • Non-preferred brand: \$90 copay 	

⁽¹⁾ The deductible must be met before benefits are payable under the Core and Core Plus plans. All benefits are subject to the deductible, unless otherwise noted. The medical plan deductible need not be met for outpatient retail and mail order prescription drugs. Under the Copay Plan, certain services are covered by a copay; all other benefits are subject to the deductible, unless otherwise noted.

HDHP Medical Benefits for 2011-2012

Overview	\$1,500 HDHP with HSA		\$2,500 HDHP with HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible ⁽¹⁾	\$1,500/person \$3,000/family of 2+*	\$2,500/person \$5,000/family of 2+*	\$2,500/person \$5,000/family of 2+*	\$5,000/person \$10,000/family of 2+*
Annual Out-of-Pocket Limit	\$3,500/person \$7,000/family of 2+	\$5,000/person \$10,000/family of 2+	\$3,450/person \$6,900/family of 2+	\$5,000/person \$10,000/family of 2+
Office Visit	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%
Well Adult Care	Plan pays 100% No deductible	Plan pays 60% No deductible	Plan pays 100% No deductible	Plan pays 60% No deductible
Well Child Care	Plan pays 100% No deductible	Plan pays 60% No deductible	Plan pays 100% No deductible	Plan pays 60% No deductible
Outpatient Lab and x-ray (including MRI, PET & CT scans)	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%
Urgent Care	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%
Emergency Room	Plan pays 80%	Plan pays 80%	Plan pays 80%	Plan pays 80%
Inpatient Hospital	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%
Outpatient Hospital	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%
Outpatient Behavioral Health Visits	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%
Prescription Drugs (30-day supply) After deductible**	You pay: • Generic: Greater of \$10 or 25% • Preferred brand: Greater of \$20 or 30% (maximum of \$45) • Non-preferred brand: Greater of \$30 or 50% (maximum of \$90)		You pay: • Generic: Greater of \$10 or 25% • Preferred brand: Greater of \$20 or 30% (maximum of \$45) • Non-preferred brand: Greater of \$30 or 50% (maximum of \$90)	
Mail Order Drugs (90-day supply) After deductible**	You pay: • Generic: \$25 copay • Preferred brand: \$50 copay • Non-preferred brand: \$90 copay		You pay: • Generic: \$25 copay • Preferred brand: \$50 copay • Non-preferred brand: \$90 copay	

(1) The deductible must be met before the HDHP plan pays benefits. All benefits are subject to the deductible, unless otherwise noted.

* The family deductible must be met before claims are paid for any member of the family.

** You must meet the annual deductible before the HDHP plan pays a prescription drug benefit, with the exception of certain preventive medications and medical services not subject to the deductible. In the back pocket of this guide you will find a detailed list of medications that are exempt from this rule under the HDHP plans.