

2010 Medical Plan Highlights

Note: You may be responsible for your portion of the costs at the time services are scheduled or provided. **This chart is a summary only.** If the information differs from that of the official plan documents, the plan documents will govern. For details, contact the insurance carrier.

Covered Benefit	BCBS PPO	BCBS PPO	BlueAdvantage Plus Plan	CIGNA Choice Fund	CIGNA Choice Fund
	In-Network	Out-of-Network		In-Network	Out-of-Network
Health Reimbursement Account	N/A	N/A	N/A	Pensioners who are not eligible for Medicare: \$1,100 Individual; \$2,200 Family Pensioners eligible for Medicare: N/A	
Deductible Gap (Deductible is applied toward your out-of-pocket maximum)	None	\$200 individual, \$600 family. Note: deductible required for out-of-network care and services.	None	\$400 Individual; \$800 Family	
Coinsurance	Plan pays 80% of maximum allowable charges for most services	Plan pays 60% of maximum allowable charges for most services after deductible. You pay any amount over maximum allowable charge.	Plan pays 80% of Medicare allowed amount	Plan pays 90% after plan deductible	Plan pays 70% of maximum allowable charges after plan deductible
Annual out-of-pocket maximum (Includes your portion of Annual deductible plus Coinsurance)	\$1,000 Individual \$2,000 Family	\$5,000 Individual \$10,000 Family	\$1,000 per Individual	\$1,000 Individual \$2,000 Family	\$5,000 Individual \$10,000 Family
Hospital (semi-private room, supplies, drugs, X-rays, tests)	80% of maximum allowable charges	60% of maximum allowable charges	100% coverage; unlimited days	90% after plan deductible	70% after plan deductible
Emergency Room care	80% after \$100 copay, waived if admitted	60% of maximum allowable charges after \$100 copay	\$50 copay, waived if admitted. Worldwide coverage	90% after plan deductible	70% after plan deductible
Surgery, office visits, anesthesia, consults, treatment, second surgical opinion	80%; office visits 80% after \$20 copay per visit for primary care physicians and \$30 for specialists*	60% of maximum allowable charges after \$20 copay per visit for primary care physicians and \$30 for specialists*	100% coverage after \$10 copay	90% after plan deductible	70% after plan deductible
Maternity	80% of maximum allowable charges after \$20 copay for initial visit	60% of maximum allowable charges after \$20 copay for initial visit	Covered as any other medical condition	90% after plan deductible	70% after plan deductible
Diabetic Supplies	See Prescription Drug Benefit	See Prescription Drug Benefit Chart	Medicare Part B covered at 100%	See Prescription Drug Benefit Chart	See Prescription Drug Benefit Chart
Hospice care	80%; must be approved provider	60% of maximum allowable charges; must be approved provider	100% coverage at a Medicare-approved facility	90% after plan deductible; must be approved by provider	70% after plan deductible; must be approved by provider
Home health visits	80% of maximum allowable charges	60% of maximum allowable charges	100% coverage for Medicare - approved Home Health	90% after plan deductible	70% after plan deductible
Medical equipment (DME, wheel chairs, crutches, etc)	80% of maximum allowable charges	60% of maximum allowable charges	80% of Medicare-covered item	90% after plan deductible	70% after plan deductible
Preventive care (age 7 or older)	100% up to \$750 annual benefit	60% of maximum allowable charges after \$20 copay (covers only an annual physical exam; \$750 maximum annual benefit)	100% coverage (including mammograms, pap smears, pelvic exams, prostate cancer screening exams, bone mass measurement)	100% coverage (and does not reduce HRA fund – includes mammograms, pap smears, pelvic exams, prostate cancer screening exams)	70% after plan deductible

2010 Medical Plan Highlights (continued)

Covered Benefit	BCBS PPO In-Network	BCBS PPO Out-of-Network	BlueAdvantage Plus Plan	CIGNA Choice Fund In- Network	CIGNA Choice Fund Out- of-Network
Allergy injections	80% of maximum allowable charges after \$20 copay if physician consultation or \$30 copay for specialists	60% of maximum allowable charge after \$20 copay if physician consultation or \$30 copay for specialists	100% coverage after \$10 copay	90% after plan deductible if physician consultation	70% after plan deductible if physician consultation
Well-baby care	Routine care until age 2; annual checkups through age 6 paid at 80%	Routine care until age 2; annual checkups through age 6 paid at 60%	N/A	100% (and does not reduce HRA fund)	70% after plan deductible
Immunizations	Covered if required by public school guidelines through age 6; paid at 80%	Covered if required by public school guidelines through age 6; paid at 60%	100% coverage (Flu, Hepatitis B, Pneumonia)	100% (and does not reduce HRA fund)	70% after plan deductible
Skilled Nursing Facility	80%; 100-day maximum per person per year (must immediately follow 3-day hospital stay)	80%; 100-day maximum per person per year (must immediately follow 3-day hospital stay)	100% coverage, 100 days per benefit period	90%; 100-day maximum per person per year (must immediately follow 3-day hospital stay)	70%; 100-day maximum per person per year (must immediately follow 3-day hospital stay)
Radial keratotomy	80% (Lasik surgery not covered)	60% of maximum allowable charge; Lasik surgery not covered	Not covered	90% after plan deductible; Lasik surgery not covered	70% after plan deductible; Lasik surgery not covered
Custom-built shoes	80%, up to \$1,500 lifetime maximum (includes repair and maintenance)	60%, up to a \$1,500 lifetime maximum (includes repair and maintenance)	80% coverage of Medicare-covered item	90% after plan deductible, up to \$1,500 lifetime maximum (includes repair and maintenance)	70% after plan deductible, up to a \$1,500 lifetime maximum (includes repair and maintenance)
Temporomandibular joint syndrome (TMJ)	Surgical benefit: 80% of maximum allowable charges; Non-surgical benefit: 50% of maximum allowable charges with \$2,000 annual maximum and \$4,000 lifetime maximum	Surgical benefit: 60% of maximum allowable charges; Non-surgical benefit: 50% of maximum allowable charges with \$2,000 annual maximum and \$4,000 lifetime maximum	Covered as any other medical condition	Surgical benefit: 90% after plan deductible; Non-surgical benefit: 70% after plan deductible with \$2,000 annual maximum and \$4,000 lifetime maximum	Surgical benefit: 70% after plan deductible; Non-surgical benefit: 50% after plan deductible with \$2,000 annual maximum and \$4,000 lifetime maximum
Chiropractic services	50% of maximum allowable charge, up to \$2,000 maximum per person per year	50% of maximum allowable charges, up to \$2,000 maximum per person per year	100% coverage after \$10 copay for Medicare covered services	70% after plan deductible, up to \$2,000 maximum per person per year	50% after plan deductible, up to \$2,000 maximum per person per year
Acupuncture	50% of maximum allowable charges; \$1,000 maximum per person per year	50% of maximum allowable charges; \$1,000 maximum per person per year	Not covered	70% after plan deductible ; \$1,000 maximum per person per year	50% after plan deductible; \$1,000 maximum per person per year
Organ transplants	Special provisions apply to transplant coverage	Special provisions apply to transplant coverage	100% (See Inpatient Hospitalization)	Special provisions apply to transplant coverage	Special provisions apply to transplant coverage

2010 Medical Plan Highlights (continued)

Covered Benefit	BCBS PPO In-Network	BCBS PPO Out-of-Network	BlueAdvantage Plus Plan	CIGNA Choice Fund In- Network	CIGNA Choice Fund Out- of-Network
Physical therapy	80% of maximum allowable charges	60% of maximum allowable charges	100% coverage after \$10 copay	90% after plan deductible	70% after plan deductible
Selection of physicians	In-network benefits apply when you use in-network providers	Out-of-network benefits apply when you use out-of-network providers	Member must seek services from a physician that accepts Medicare and the terms and conditions of the plan	In-network benefits apply when you use in-network providers	Out-of-network benefits apply when you use out-of-network providers
Non-routine lab/X-ray (diagnostic services)	80% of maximum allowable charges	60% of maximum allowable charges	100% coverage	90% after plan deductible	70% after plan deductible
Mental health inpatient	80% of maximum allowable charges; pre-authorization required	60% of maximum allowable charges; pre-authorization required	100% coverage with 190 day lifetime maximum in a psychiatric hospital	90% after plan deductible charges; pre-authorization required	70% after plan deductible; pre-authorization required
Mental health outpatient	80% of maximum allowable charges; no pre-authorization required	60% of maximum allowable charges; no pre-authorization required	100% coverage after \$10 copay for group/ individual visit	90% after plan deductible; no pre-authorization required	70% after plan deductible; no pre-authorization required
Substance abuse inpatient	80% of maximum allowable charges; pre-authorization required	60% of maximum allowable charges; pre-authorization required	100% coverage with 190 day lifetime maximum in a psychiatric hospital	90% after plan deductible; pre-authorization required	70% after plan deductible; pre-authorization required
Substance abuse outpatient	80% of maximum allowable charges; no pre-authorization required	60% of maximum allowable charges; no pre-authorization required	100% coverage after \$10 copay for group/ individual visit	90% after plan deductible; no pre-authorization required	70% after plan deductible; no pre-authorization required
Group therapy	Covered as mental health outpatient	Covered as mental health outpatient	Covered as mental health outpatient	Covered as mental health outpatient	Covered as mental health outpatient
Routine Hearing Exam	Covered if performed during the Preventive Care physical exam screening	Covered if performed during the Preventive Care physical exam screening	100% coverage after \$10 copay	Covered if performed during the Preventive Care physical exam screening	Covered if performed during the Preventive Care physical exam screening
Hearing Aid Repair	Not covered	Not covered	\$200 allowance / 2 years	Not covered	Not covered
Routine Vision Exam	Covered if performed during the Preventive Care physical exam screening	Covered if performed during the Preventive Care physical exam screening	100% coverage after \$10 copay	Covered if performed during the Preventive Care physical exam screening	Covered if performed during the Preventive Care physical exam screening
Eyewear	80% of maximum allowable charge after cataract surgery; Limitations apply	60% of maximum allowable charge after cataract surgery; Limitations apply	\$100 allowance/year	90% of maximum allowable charge after cataract surgery; Limitations apply	70% of maximum allowable charge after cataract surgery; .Limitations apply
Dental	Not covered	Not covered	\$100 allowance/year	Not covered	Not covered

* Primary care physicians include pediatricians, family and general practitioners, internists, gynecologists and obstetricians. A specialist includes physicians highly trained in a specific area such as cardiology, dermatology, neurology, psychiatry, podiatry, oncology, and specialized obstetricians and gynecologists.

