

Page 2	WELLNESS PLAN		PPO PLAN 7C		PPO PLAN 8C		PPO PLAN 9C		PPO PLAN 10C		HDHP 1
PHYSICAL THERAPY	Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined max of 13 visits per year.		Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined max of 13 visits per year.		Major Medical* Non-Par Providers limited to a combined max of 13 visits per year.		Major Medical* Non-Par Providers limited to a combined max of 13 visits per year.		Major Medical* Non-Par Providers limited to a combined max of 13 visits per year.		Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year.
CHIROPRACTIC	Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined max of 13 visits per year.		Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined max of 13 visits per year.		Major Medical* Non-Par Providers limited to a combined max of 13 visits per year.		Major Medical* Non-Par Providers limited to a combined max of 13 visits per year.		Major Medical* Non-Par Providers limited to a combined max of 13 visits per year.		Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year.
ACUPUNCTURE	Major Medical* (Copay, if applicable) Maximum of 12 visits per calendar year		Major Medical* (Copay, if applicable) Maximum of 12 visits per calendar year		Major Medical* Maximum of 12 visits per calendar year		Major Medical* Maximum of 12 visits per calendar year		Major Medical* Maximum of 12 visits per calendar year		Major Medical* Maximum of 12 visits per calendar year
HOSPITAL INPATIENT	Major Medical* Unlimited days, semi-private room		Major Medical* Unlimited days, semi-private room		Major Medical* Unlimited days, semi-private room		Major Medical* Unlimited days, semi-private room		Major Medical* Unlimited days, semi-private room		Major Medical* Unlimited days, semi-private room
HOSPITAL EMERGENCY ROOM	\$75 Copay Major Medical* (Copay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)		\$75 Copay Major Medical* (Copay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)		\$75 Copay Major Medical* (Copay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)		\$75 Copay Major Medical* (Copay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)		\$75 Copay Major Medical* (Copay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)		Major Medical*
HOME HEALTH CARE	Major Medical* Limited to 100 visits per calendar year		Major Medical* Limited to 100 visits per calendar year		Major Medical* Limited to 100 visits per calendar year		Major Medical* Limited to 100 visits per calendar year		Major Medical* Limited to 100 visits per calendar year		Major Medical* Limited to 100 visits per calendar year
HOSPICE	100%** of Covered Expense		100%** of Covered Expense		100%** of Covered Expense		100%** of Covered Expense		100%** of Covered Expense		Major Medical*
PRESCRIPTION DRUGS (CO-PAYMENTS)	<u>Retail</u> \$7 Generic \$25 Prefrd \$40 Non-Pref (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Prefrd \$90 Non-Pref (90-day supply)	<u>Retail</u> \$7 Generic \$25 Prefrd \$40 Non-Pref (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Prefrd \$90 Non-Pref (90-day supply)	<u>Retail</u> \$7 Generic \$25 Prefrd \$40 Non-Pref (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Prefrd \$90 Non-Pref (90-day supply)	<u>Retail</u> \$7 Generic \$25 Prefrd \$40 Non-Pref (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Prefrd \$90 Non-Pref (90-day supply)	<u>Retail</u> \$7 Generic \$25 Prefrd \$40 Non-Pref (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Prefrd \$90 Non-Pref (90-day supply)	Major Medical*
2011 – 2012 COMPOSITE RATES	\$1188.00		\$1150.00		\$1053.00		\$942.00		\$818.00		\$960.00

* Major Medical - Deductible and coinsurance apply.

**Explanation of Covered Expense:

Plan payments are based on covered expense, which is the lesser of the charges billed by the provider or the following: **PPO Providers** - PPO negotiated rates. Members are not responsible for the difference between the provider's usual charges & the negotiated amount. **Non-PPO Providers** - For non-emergency services, the scheduled amount. For emergency services, same as other health care providers. **Other Health Care Providers** (includes those not represented in the PPO provider network) - The customary & reasonable charge for professional services or the reasonable charge for institutional services. **When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay.** All percentages are based on payments to preferred hospitals, physicians and other network providers. **Mental Health Parity Effective October 1, 2010.** This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits.

NEW BENEFITS EFF 10/1/2011: 24/7 NURSELINE