



2009 MEDICAL PLAN COMPARISON

Benefit	PPO 250		PPO 350		PPO 500		PPO 750		PPO 1000		Selections		PPO 50/50		PPO 50/50 Ded		PPO 50/50 Ded Waived on Rx		HSA 1500	
	PPO 90/60/20	PPO 80/50/25	PPO 80/50/30	PPO 80/50/25	PPO 80/50/25	PPO 80/50/25	PPO 80/50/25	PPO 80/50/25	PPO 80/50/25	PPO 80/50/25	POS 80/50/30	PPO 50/50	PPO 50/50	PPO 50/50	PPO 50/50	PPO 50/50	PPO 50/50	PPO 50/50	PPO 80/60	PPO 80/60
Provider Network	Pref	Par	Pref	Par	Pref	Par	Pref	Par	Pref	Par	In-Net	Ext-Net	Pref	Par	Pref	Par	Pref	Par	Pref	Par
Lifetime Maximum	\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000	
Annual Deductible	\$250 / \$500 waived on Office Visits		\$350 / \$700 waived on Office Visits		\$500 / \$1,000 waived on Office Visits		\$750 / \$2,250 waived on Office Visits and first \$500/year outpatient x-ray and lab		\$1,000 / \$3,000 waived on Office Visits and first \$500/year outpatient x-ray and lab		None	\$500 / \$1,000	No deductible		\$500 / \$1,000		\$500 / \$1,000		\$1,500 / \$3,000	
Annual Out-of-Pocket Maximum	\$2,000 / \$4,000		\$2,500 / \$5,000		\$3,500 / \$7,000		\$2,500 / \$7,500		\$5,000 / \$15,000		\$3,500 / \$7,000	\$10,000 / \$20,000	\$3,500 / \$7,000		\$2,500 / \$5,000		\$2,500 / \$5,000		\$5,000 / \$10,000	
Coinsurance Level Professional & Facility/Services	90%	60%	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%	50%	50%	50%	50%	50%	50%	80%	60%
Office Visits	\$20 then 100%	\$20 then 60%	\$25 then 100%	\$25 then 50%	\$30 then 100%	\$30 then 50%	\$25 then 100%	\$25 then 50%	\$25 then 100%	\$25 then 50%	\$30 then 80%	\$30 then 50%	50%	50%	50%	50%	50%	50%	80%	60%
Emergency Room Copay	\$125		\$125		\$125		\$75		\$75		\$125		\$125		\$125		\$125		80%	60%
Preventive Care (Unlimited)	\$20 then 100%	\$20 then 60%	\$25 then 100%	\$25 then 50%	\$30 then 100%	\$30 then 50%	\$25 then 100%	\$25 then 50%	\$25 then 100%	\$25 then 50%	\$30 then 80%	Not Covered	50%		50%		50%		80%	60%
Mental/Nervous • Inpatient	90% to 8 days	60% to 8 days	80% to 8 days	50% to 8 days	80% to 8 days	50% to 8 days	80% to 8 days	50% to 8 days	80% to 8 days	50% to 8 days	80% to 8 days	50% to 8 days	50% to 8 days		50% to 8 days		50% to 8 days		80% to 8 days	60% to 8 days
• Outpatient	90% to 12 visits	60% to 12 visits	80% to 12 visits	50% to 12 visits	80% to 12 visits	50% to 12 visits	80% to 12 visits	50% to 12 visits	80% to 12 visits	50% to 12 visits	80% to 12 visits	50% to 12 visits	50% to 12 visits		50% to 12 visits		50% to 12 visits		80% to 12 visits	60% to 12 visits
Prescription Drug Benefit*	90% *		80% *		Rx \$15/\$40/\$60		Rx \$15/\$40/\$60		Rx \$15/\$40/\$60		Rx \$15/\$40/\$60		50%		50%		50%, deductible waived on Rx		80%	
Vision – This benefit not subject to any deductible requirements. ▪ 1 routine eye exam	Exam paid at 100% subject to \$20 copay		Exam paid at 100% subject to \$25 copay		Exam paid at 100% subject to \$30 copay		Exam paid at 100%		Exam paid at 100%		\$30 then 80%	Not Covered	Exam paid at 50%		Not Covered		Not Covered		Exam paid at 100%	
▪ Lenses & Frames – every 2 years	Hardware 90% to \$200		Hardware 80% to \$200		Hardware 80% to \$200		Hardware 80% to \$200		Hardware 80% to \$200		Hardware 80% to \$200		Hardware 50% to \$200		Not Covered		Not Covered		Hardware 80% to \$200	

* Additional Plans (250a and 350a) are available with a \$15/\$40/\$60 Rx copay program. Not Subject to Annual Deductible.