

## 2010 HEALTH PLAN OPTIONS

	HMO PLANS		PPO PLAN	
	Kaiser	PacifiCare	Consortium Health Plan	
			PPO Providers	Non-PPO Providers
<b>PROVIDER NETWORK</b>	Kaiser Facilities	Local Participating Medical Group	PHCS/Multiplan Nationwide PPO Provider Network	
<b>ACCESS</b>	Authorized through Kaiser	Primary care physician directs all care	Doctor of choice. Use of PPO provider offers <u>maximum</u> benefit	Doctor of choice. Use of Non-PPO provider offers <u>least</u> benefit
<b>PER PERSON DEDUCTIBLE</b> <i>(A deductible is the amount of covered charges that you must incur before plan pays).</i>	None	None	\$100 Individual \$300 Family	\$250 Individual \$750 Family
<b>PRE-EXISTING CONDITION PLAN LIMITATIONS:</b>	None	None	<b>All newly hired or newly eligible employees and their dependents will have no benefit for any condition for which treatment was received during the ninety days immediately preceding the member's effective date of coverage under this plan. Limitation ceases to apply to any member after 12 consecutive months of membership in this plan.</b>	
<b>LIFETIME MAXIMUM</b>	None	None	\$5,000,000	
<b>OUT-OF-POCKET LIMIT</b> <b>(Excluding deductible, co-pays)</b>	\$1,500 Individual \$3,000 Family	\$2,000 Individual \$6,000 Family (max)	\$2,500 Individual \$5,000 Family	
<b>HOSPITAL RM &amp; BOARD; MISC. EXPENSES (EXCLUDING INPATIENT MENTAL HEALTH)</b>	100%	100%	90% of charges, after deductible	60% of UCR* charges after deductible
<b>PRE-ADMISSION REVIEW (HOSPITAL ONLY)</b>	Must be authorized through Kaiser	Must be authorized through Primary Medical Group	Pre-certification required - \$300 penalty if no pre-certification	
<b>HOSPITAL EMERGENCY ROOM OR NON-AFFILIATED URGENT CARE CENTER</b>	\$35 co-pay (waived if admitted) <u>Emergency Care Only:</u> Palomar Hosp., Tri City Medical Ctr., Pomerado Hosp.	\$50 co-pay, if approved emergency (waived if admitted)	\$50 co-pay, then 90% of charges after deductible. Co-pay waived if admitted.	\$50 co-pay, then 60% of UCR* charges after deductible. Co-pay waived if admitted.
<b>SURGEON, ASST. SURGEON, ANESTHETIST</b>	100%	100%	90% of charges, after deductible	60% of UCR* charges after deductible
<b>X-RAYS; LABS</b>	100%	100%	90% of charges after deductible	60% of UCR* charges after deductible
<b>OFFICE VISITS</b>	\$10 co-pay	\$20 co-pay	\$10 co-pay, deductible waived	60% of UCR* charges after deductible
<b>OUTPATIENT PRESCRIPTIONS</b>	\$10 co-pay	At participating pharmacies: \$10 co-pay for generic meds; \$25 co-pay for name brand meds; 30 day supply on the PC formulary; prior authorization required for non-formulary meds  <b>Mail Order: \$20 co-pay/90 day supply generics</b> <b>Mail Order: \$50 co-pay/90 day supply name brand</b>	\$10 co-pay or 20%, whichever is greater (100 units or 30 day supply, whichever is less)  Mail Order: \$20 co-pay for 90 day supply <b>Mandatory Mail Order for Maintenance Medications</b> <b>EXPRESS SCRIPTS</b> <b>NO FORMULARY</b>	

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<b>OUTPATIENT PRESCRIPTIONS (continued)</b> <b>Injectable Drugs (Outpatient Injectable Meds and Self-Injectable Meds)</b>	100%	\$50 co-pay per visit* (co-pay not applicable to allergy serum, immunizations, birth control, infertility and insulin).  * Injectable med co-pay applies per 30 days OR treatment plan, whichever is shorter. Office visit co-pay may also apply.  <b>Please see the PacifiCare Combined Evidence of Coverage and Disclosure for more information.</b>	\$10 co-pay or 20%, whichever is greater (100 units or 30 day supply, whichever is less)  Mail Order: \$20 co-pay for 90 day supply <b>Mandatory Mail Order for Maintenance Medications</b> <b>EXPRESS SCRIPTS</b> <b>NO FORMULARY</b>	
<b>PREVENTIVE CARE (Based on AMA Guidelines)</b>  <b>Well Baby Care &amp; Immunizations (up to 24 months)</b>	\$10 office co-pay Immunizations: \$5 co-pay	100% for children age 0-2, over 2 yrs, \$10 co-pay	90% of charges after deductible	60% of UCR* charges, after deductible
<b>Routine Physical Exams</b>	\$10 co-pay	\$20 co-pay	90% of charges after deductible	60% of UCR* charges, after deductible
<b>Female Exams</b>	\$10 co-pay	\$20 co-pay	90% of charges after deductible	60% of UCR* charges, after deductible
<b>DURABLE MEDICAL EQUIPMENT</b>	100%, no max	100%, no max	90% of charges after deductible	60% of UCR* charges, after deductible
<b>HOME HEALTH CARE</b>	100%, no max for authorized charges	\$20 co-pay, 100 visits per calendar year	90% of charges after deductible 100 visits max per calendar year	60% of UCR* charges, after deductible 100 visits max per calendar year
<b>PHYSICAL THERAPY</b>	100% inpatient, \$10 co-pay outpatient 60 day max	100% inpatient, \$10 co-pay outpatient 60 day max	90% of charges after deductible 60 visits max per benefit year	60% of UCR* charges, after deductible 60 visits max per benefit year
<b>SERVICE OUTSIDE THE SERVICE AREA</b>	Emergencies only, Kaiser must be notified within 48 hours; 100% of UCR* charges	Emergencies only, with Plan approval	Nationwide PPO Provider Network Otherwise Coverage for Non-PPO Providers Applies	
<b>ACUPUNCTURE</b>	Not a covered benefit	Not a covered benefit	90% of charges after deductible Limited to \$50 per visit \$1,000 max benefit per calendar year	60% of UCR* charges, after deductible Limited to \$50 per visit \$1,000 max benefit per calendar year
<b>CHIROPRACTIC</b>	\$10 co-pay, 30 visits per calendar year, \$50 annual (appliances)	\$5 co-pay, up to 40 visits per calendar year, \$50 annual (appliances)	90% of charges after deductible Limited to \$50 per visit \$1,000 max per benefit year	60% UCR* of charges, after deductible Limited to \$50 per visit \$1,000 max per benefit year
<b>DEPENDENT DEFINITION</b>	Spouse, Domestic Partner, children to age 19 OR to age 25 if a full-time student (full-time student enrollment applies to medical coverage only)			
<b>MENTAL HEALTH BENEFITS (Outpatient &amp; Inpatient)</b>	PACIFICARE BEHAVIORAL HEALTH PLAN (see booklet for co-pay and coverage details)			

Health Plan Comparison 2010.xls (rev. 10/09)

\* Amounts in excess of UCR charges are members responsibility and do not apply to annual deductible or out-of-pocket maximums.