

Full-time 2009—2010 Health Choice Chart

All reimbursements are subject to plan provisions and medical necessity

	MMO Traditional PPO Network	MMO Traditional Out-of-Network	MMO Value PPO Network	MMO Value Out-of-Network	Kaiser HMO
Employee Payroll Contributions	Single \$95 / month Family \$246 / month		Single \$42 / month Family \$110 / month		Single \$20 / month Family \$54 / month
Dependent Eligibility	Spouse / Same-Sex Domestic Partner; Dependent Children to Age 19; Full-Time Student to Age 23 ¹				Spouse / Same-Sex Domestic Partner; Dependent Children to Age 25 ¹
	¹ Note: IRS rules require that the value of any benefits provided to same sex domestic partners is taxable to the employee.				
Annual Deductible (Calendar Year)	\$150 per person / \$300 per family (covered preventive care services NOT subject to deductible)	\$300 per person / \$600 per family	\$250 per person / \$500 per family (covered preventive care services NOT subject to deductible)	\$500 per person / \$1,000 per family	None required
Physician Office Visit Copayment/ Coinsurance (Primary Care & Specialists)	100% after \$15 co-pay	80% ² After Deductible	100% after \$25 co-pay	70% ² After Deductible	100% after \$15 co-pay
Hospital Inpatient Admission Co-payment	\$200 per admission (Not subject to annual deductible)	None required	None required	None required	\$200 per admission
Medical & Surgical Inpatient Hospital Services	100% Subject to Admission Copayment	80% ² After Deductible <u>within plan limits</u> May require pre-authorization	80% After Deductible <u>within plan limits</u> May require pre-authorization	70% ² After Deductible <u>within plan limits</u> May require pre-authorization	100%
Medical/Surgical Outpatient Hospital Services and Laboratory & Diagnostic Tests	100% After Deductible <u>within plan limits</u> May require pre-authorization	80% ² After Deductible <u>within plan limits</u> May require pre-authorization	80% After Deductible <u>within plan limits</u> May require pre-authorization	70% ² After Deductible <u>within plan limits</u> May require pre-authorization	100%
Urgent Care Services	100% after \$35 co-pay	80% ² after deductible <u>within plan limits</u>	100% after \$50 co-pay	70% ² after deductible <u>within plan limits</u>	100% after \$35 co-pay
Emergency Room Services	100% after \$75 co-pay	100% ² after \$75 co-pay if life/limb threatening; otherwise 80% after deductible	80% after \$150 co-pay	90% ² after \$150 co-pay if life/limb threatening; otherwise 70% after deductible	100% after \$75 co-pay (waived if admitted)
Non-Maintenance Retail Pharmacy Prescription Drugs <u>ALL Mandatory Generic</u>	\$10 Generic; \$20 Formulary Brand; \$35 Non-Formulary Brand 30-day Supply Co-pay for maintenance medications doubles after five fills	75% ² Claim form required 30-day Supply	\$15 Generic; \$25 Formulary Brand; \$40 Non-Formulary Brand 30-day Supply Co-pay for maintenance medications doubles after five fills	75% ² Claim form required 30-day Supply	\$10 Generic / \$15 Brand (Kaiser Formulary) 30-day Supply
Mail Order Maintenance Prescription Drugs	\$20 Generic; \$30 Formulary Brand; \$40 Non-Formulary Brand 90-day supply	N/A	\$30 Generic; \$40 Formulary Brand; \$60 Non-Formulary Brand 90-day supply	N/A	\$10 Generic / \$15 Brand (Kaiser Formulary) 62-day supply
Maximum Annual Out-Of-Pocket Limit	N/A	\$1,200 per person / \$2,400 per family (Does not include co-pays or deductibles)	\$500 per person / \$1,000 per family (Does not include co-pays or deductibles)	\$2,000 per person / \$4,000 per family (Does not include co-pays or deductibles)	N/A
Lifetime Maximum	\$2.5 Million per Covered Person				None

² MMO OUT-OF-NETWORK REIMBURSEMENT IS SUBJECT TO ALLOWABLE CHARGE . PRE-AUTHORIZATION (BY MMO) MAY BE REQUIRED FOR SOME SERVICES (E.G. SURGICAL PROCEDURES, DIAGNOSTIC TESTS, MRI, SCANS) FOR WHICH YOU ARE FINANCIALLY RESPONSIBLE. REFER TO YOUR PLAN CERTIFICATE.