

		Maximum Lifetime Benefits	Calendar year Deductible	Member Coinsurance	Prescription Drug Benefits	
					Retail Pharmacy	Mail order
HMO PLANS						
CIGNA Plan		N/A	\$0	N/A	\$10 Generic; \$20 Brand; \$40 Non-Formulary (up to 30 day supply)	\$10 Generic; \$20 Brand; \$40 Non-Formulary (up to 90 day supply)
Kaiser Senior Advantage Plan		N/A	\$0	N/A	\$10 Generic; \$20 Brand (up to 100 day supply)	\$10 Generic; \$20 Brand (up to 100 day supply)
PRIVATE FEE-FOR-SERVICE PLANS						
Blue Cross Custom PFFS Plan PART A&B		N/A	\$0	N/A	\$10 Generic; \$15 Brand (up to 30 day supply)	\$20 Generic; \$30 Brand (up to 90 day supply)
Blue Cross Standard PFFS Plan PART A&B		N/A	\$0	N/A	\$10 Generic; \$30 Brand; \$60 Non-Formulary (up to 30 day supply)	\$20 Generic; \$60 Brand; \$120 Non-Formulary (up to 90 day supply)
PPO PLANS						
Premier Wellwise	In Network	\$3,000,000	\$300/\$600	10%	20%/25%/30% Drug Card Program	20%/25%/30% Drug Card Program
	Out of Network	\$3,000,000	\$500/\$1000	30%		
Premier Sharewell	In Network	\$1,000,000	\$5,000 per family	10%	20%	20%
	Out of Network	\$1,000,000		20%	20%	20%
Exclusive Care	Tier 1 - Exclusive Care Network	\$1,000,000	\$250/\$750	10%	\$15 generic, \$25 brand, \$40 non-formulary deductible does not apply, Medco pharmacies only	\$30 generic, \$50 brand, \$80 non-formulary (90 day supply) Medco pharmacies only
	Tier 2 - Medicare Provider		\$500/\$1500	20%		

Hospital / Facility Benefits						
		Inpatient	Outpatient	Pre-certification review	Emergency Services	Ambulance
HMO PLANS						
CIGNA Plan		\$100 per admission	\$15 copay	N/A	\$50 copay, waived if admitted	\$0 copay
Kaiser Senior Advantage Plan		\$100 per admission	\$15 copay per procedure	N/A	\$50 copay, waived if admitted	\$0 copay
PRIVATE FEE-FOR -SERVICE PLANS						
Blue Cross Custom PFFS Plan PART A&B		\$100 per admission	\$15 copay	N/A	\$50 copay, waived if admitted w/in 72 hours	\$0 copay
Blue Cross Standard PFFS Plan PART A&B		\$750 per admission; \$500 if Pre-Notification	\$20 copay	N/A	\$50 copay, waived if admitted w/in 72 hours	\$100 copay
PPO PLANS						
Premier Wellwise	In Network	10%	10%	N/A	10%	20%
	Out of Network	30%	30%	N/A	30%	30%
Premier Sharewell	In Network	10%	10%	N/A	10%	20%
	Out of Network	20%	20%	N/A	20%	20%
Exclusive Care	Tier 1 - Exclusive Care Network	10%	10%	Without review, 50% reduction in benefits for inpatient, outpatient and outpatient diagnostic testing	\$50 copay plus 10%	10% life threatening only
	Tier 2 - Medicare Provider	20%	20%		\$100 copay plus 20%	20% life threatening only

Physical & Professional Services						
		Physician Office Visits (Primary Care)	Physician Second Opinion	Physician Office Visits (Specialty Care)	Diagnostic X-ray / Lab	
HMO PLANS						
CIGNA Plan		\$15 copay	\$15 copay	\$15 copay	\$0 copay	
Kaiser Senior Advantage Plan		\$15 copay	\$15 copay	\$15 copay	\$0 copay	
PRIVATE FEE-FOR -SERVICE PLANS						
Blue Cross Custom PFFS Plan PART A&B		\$15 copay	\$15 copay	\$15 copay	\$0 copay	
Blue Cross Standard PFFS Plan PART A&B		\$20 copay	\$20 copay	\$20 copay	\$0 copay for Medicare approved lab, 20% coinsurance for x-ray	
PPO PLANS						
Premier Wellwise	In Network	10%	10%	10%	10%	
	Out of Network	30%	30%	30%	30%	
Premier Sharewell	In Network	10%	10%	10%	10%	
	Out of Network	20%	20%	20%	20%	
Exclusive Care	Tier 1 - Exclusive Care Network	\$10 copay	\$10 PCP \$20 Speciality	\$20 copay	10%; Without review, 50% reduction in benefits for inpatient, outpatient and outpatient diagnostic testing	
	Tier 2 - Medicare Provider	\$25 copay	\$25 PCP \$50 Speciality	\$50 copay	20%; Without review, 50% reduction in benefits for inpatient, outpatient and outpatient diagnostic testing	

Physical & Professional Services (continued)					
	Immunizations (Flu and Pneumonia)	Home Health Care	Skilled Nursing Facility	Chiropractic Therapy	
HMO PLANS					
CIGNA Plan	\$0 copay	\$0 copay	\$0 copay (up to 100 days)	\$15 copay per visit (30 visits/year)	
Kaiser Senior Advantage Plan	\$0 copay	\$0 copay	\$0 up to 100 days	\$15 copay up to 30 visits per year	
PRIVATE FEE-FOR-SERVICE PLANS					
Blue Cross Custom PFFS Plan PART A&B	\$0 copay	\$0 copay	\$0 copay up to 100 days	\$15 copay (30 visits/year)	
Blue Cross Standard PFFS Plan PART A&B	\$0 copay	\$25 copay; if you pre-notify copay is \$0	\$150 copay p/day; if you pre- notify copay is \$75. Responsible for 15% coinsurance of the Medicare allowed amt.	\$20 copay	
PPO PLANS					
Premier Wellwise	In Network	No charge	10%	Limited 60 Days	10% coinsurance for In Network, 30% coinsurance for Out of Network, max benefit of \$1,000 per calendar year
	Out of Network	Not covered	30%		
Premier Sharewell	In Network	No charge	10%	Limited 60 Days	10% (50 visits/yr)
	Out of Network	Not covered	20%		20% (50 visits/yr)
Exclusive Care	Tier 1 - Exclusive Care Network	\$10 copay	10% up to 100 days	10%	Not covered
	Tier 2 - Medicare Provider	\$25 copay	20% up to 100 days	20%	Not covered

Preventative Services					
	Annual Physical Exam	Well Woman Exams	Routine Vision Exam	Durable Medical Equipment	
HMO PLANS					
CIGNA Plan	\$15 copay	\$15 copay, breast and pelvic only. may self-refer w/in group	\$15 copay	\$0 copay when prescribed by PCP	
Kaiser Senior Advantage Plan	\$15 copay	\$15 copay, may self-refer to a Kaiser provider; mammography \$0 copay	Vision allowance: \$150 Frame and Lens Allowance Every 24 Months; contact lenses at no charge when medically necessary	\$0 copay	
PRIVATE FEE-FOR-SERVICE PLANS					
Blue Cross Custom PFFS Plan PART A&B	\$15 copay (1 per year)	Mammogram - \$0 copay Pelvic/Pap - \$15 copay - see health plan for further details	\$15 copay	\$0 copay for DME charges over \$750 if you pre-notify	
Blue Cross Standard PFFS Plan PART A&B	\$20 copay (1 per year)	Mammogram - \$0 copay Pelvic/Pap - \$0 copay - see health plan for further details	Not covered	\$100 copay for DME charges over \$750; \$0 copay if you pre- notify; 20% coinsurance on all Medicare approved DME	
PPO PLANS					
Premier Wellwise	In Network	750 in & out of network	750 in & out of network	N/A	Covered
	Out of Network	750 in & out of network	750 in & out of network	N/A	Covered
Premier Sharewell	In Network	No charge, up to a max annual benefit amount of \$250 (\$250 annual limit does not apply to specific procedures listed under "Wellness Benefit" in plan document		N/A	Covered
	Out of Network	Liimited to specific procedures listed under "Wellness Benefit" in plan document		N/A	Covered
Exclusive Care	Tier 1 - Exclusive Care Network	\$10 copay	\$10 copay	\$10 copay	10% up to a max of \$1,000
	Tier 2 - Medicare Provider	\$25 copay	\$25 copay	\$25 copay	20% up to a max of \$1,000

		Mental Health		
		Inpatient Facility	Outpatient Facility	Lifetime maximum
HMO PLANS				
CIGNA Plan		\$100 Per Admission up to 30 Days	\$20 copay	N/A
Kaiser Senior Advantage Plan		\$100 Per Admission first 190 days; thereafter up to 45 days; no limit for AB88 diagnosis.	\$15 copay (individual) \$5 copay (group)	190 Days
PRIVATE FEE-FOR -SERVICE PLANS				
Blue Cross Custom PFFS Plan PART A&B		\$100 per admission up to 30 days	\$20 copay	190 days, see health plan for further details
Blue Cross Standard PFFS Plan PART A&B		\$100 per admission up to 30 days	\$30 copay	190 days, see health plan for further details
PPO PLANS				
Premier Wellwise	In Network	10%, Pre-Admission required		\$30,000 combined with Alcohol & Substance Abuse.
	Out of Network	30%, Pre-Admission required, out-of-network coverage reduced to 50%		
Premier Sharewell	In Network	10%, Pre-Admission required		\$30,000 combined with Alcohol & Substance Abuse.
	Out of Network	20%, Pre-Admission required, out-of-network coverage reduced to 60%		
Exclusive Care	Tier 1 - Exclusive Care Network	Not covered unless a severe mental illness; then covered like any other benefit	\$20 copay up to 30 visits per year; unless a severe mental illness then covered like any other benefit	N/A
	Tier 2 - Medicare Provider			N/A

		Substance Abuse		
		Inpatient Facility	Outpatient Facility	Lifetime maximum
HMO PLANS				
CIGNA Plan		\$100 Per Admission Detox Only	\$15 copay	N/A
Kaiser Senior Advantage Plan		\$100 Per Admission, Detox Only; Transitional Residential Recovery Service in non-medical setting; \$100 up to 60 days per year, but no more than 120 days over 5 years	\$15 copay (individual) \$5 copay (group)	see above
PRIVATE FEE-FOR -SERVICE PLANS				
Blue Cross Custom PFFS Plan PART A&B		\$100 per admission	\$15 copay	190 days, see health plan for further details
Blue Cross Standard PFFS Plan PART A&B		\$750 per admission; \$500 if Pre-Notification	\$20 copay	190 days, see health plan for further details
PPO PLANS				
Premier Wellwise	In Network	10%	Up to \$50 per visit & 50 visits per year	\$30,000 combined with Mental Health.
	Out of Network	30%		
Premier Sharewell	In Network	10%	Up to \$50 per visit & 50 visits per year	\$30,000 combined with Mental Health.
	Out of Network	20%		
Exclusive Care	Tier 1 - Exclusive Care Network	Not covered unless a severe mental illness; then covered like any other benefit	\$20 copay up to 30 visits per year; unless a severe mental illness then covered like any other benefit	N/A
	Tier 2 - Medicare Provider			N/A

These benefit charts serve only as a summary of plan benefits. These charts contain the major features of the plan and are not intended to replace the legal documents containing the complete provisions.