MEDICAL PLAN COMPARISON

FY2012 (July 1, 2011 – June 30, 2012)

BENEFIT	HSA Advantage		Choice		Select		Elite	
Lifetime Maximum Benefits	No limit							
Provider Network	Humana NPOS-Open Access		Anthem Blue Access PPO		Humana NPOS-Open Access		Anthem Blue Access PPO	
	Network	**Non-Network**	**Network**	**Non-Network**	**Network**	**Non-Network**	**Network**	**Non-Network**
Annual Deductible (Ded) Single: Family:	$2,500 $5,000	$3,000 $6,000	$600 $1,200	$1,200 $2,400	$250 $500	$500 $1,000	$0 $0	$300 $600
Out-of-Pocket Maximum Single: Family:	$2,500 $5,000	$5,000 $10,000	$2,500 $5,000	$5,000 $10,000	$1,500 $3,000	$3,000 $6,000	$750 $1,500	$1,500 $3,000
HSA Contributions by CCHMC Single: Family:	*Made in 4 even quarterly deposits* $1,250 $2,500		N/A		N/A		N/A	
CCHMC Co-Insurance	100%	60%	80%	60%	90%	70%	100%	80%
WHAT YOU PAY … Flat $ Copay *or* Deductible + Co-Insurance %								
Preventive Services	$0	Ded + 40%	$0	Ded + 40%	$0	Ded + 30%	$0	Ded + 20%
Office Visit	Ded only	Ded + 40%	$25	Ded + 40%	$20	Ded + 30%	$20	Ded + 20%
Specialist Visit	Ded only	Ded + 40%	$50	Ded + 40%	$40	Ded + 30%	$40	Ded + 20%
Urgent Care	Ded only	Ded + 40%	$50		$50		$50	
Emergency Room	Ded only		$150		$150		$150	
Inpatient Hospital	Ded only	Ded + 40%	Ded + 20%	Ded + 40%	Ded + 10%	Ded + 30%	$0	Ded + 20%
Outpatient Hospital	Ded only	Ded + 40%	Ded + 20%	Ded + 40%	Ded + 10%	Ded + 30%	$0	Ded + 20%
Maternity Services Prenatal Visits Delivery	Ded only Ded only	Ded + 40% Ded + 40%	$25 Ded + 20%	Ded + 40% Ded + 40%	$20 Ded + 10%	Ded + 30% Ded + 30%	$20 $0	Ded + 20% Ded + 20%
Occupation, Physical, and Speech Therapy Services	Ded only	Ded + 40%	$50	Ded + 40%	$40	Ded + 30%	$40	Ded + 20%
	60 visits combined		*60 visits combined*		*60 visits combined*		*90 visits combined*	
Prescription Drugs (30 days) Generic Formulary Brand Non-Formulary Brand Maintenance Drugs (90 days)	Ded only Ded only Ded only Ded only	Ded + 40% Ded + 40% Ded + 40% Ded + 40%	$10 30% ($40 max) 50% ($80 max) 2x30 day cost	30% 30% 30% 2x30 day cost	$10 30% ($40 max) 50% ($80 max) 2x30 day cost	30% 30% 30% 2x30 day cost	$10 $30 $60 2x30 day cost	N/A N/A N/A N/A
Preventive Prescription Drugs	$0	Ded + 40%	*According to above tiers*		*According to above tiers*		*According to above tiers*	

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MEDICAL PLAN COMPARISON

FY2012 (July 1, 2011 – June 30, 2012)

BENEFIT	HSA Advantage		Choice		Select		Elite	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
WHAT YOU PAY … Flat $ Copay *or* Deductible + Co-Insurance %								
Mental Health Outpatient	Ded only	Ded + 40%	$25	Ded + 40%	$20	Ded + 30%	$20	Ded + 20%
Mental Health Inpatient	Ded only	Ded + 40%	Ded + 20%	Ded + 40%	Ded + 10%	Ded + 30%	$0	Ded + 20%
Infertility Services	Ded only *Diagnostic testing, counseling, artificial insem., and IVF* *$3,000 annual maximum IVF benefit for medical services - $15,000 lifetime maximum*	Ded + 40% *Diagnostic testing, counseling, and artificial insem*	Ded + 20% *Diagnostic testing and counseling*	Ded + 40% *Diagnostic testing and counseling*	Ded + 10% *Diagnostic testing, counseling, and artificial insem.*	Ded + 30% *Diagnostic testing, counseling, and artificial insem.*	$0 *Diagnostic testing and counseling*	Ded + 20% *Diagnostic testing and counseling*
Diagnostic Tests, X-Rays, and Labs in Office	Ded only	Ded + 40%	$0	Ded + 40%	$0	Ded + 30%	$0	Ded + 20%
MRI, MRA, PET, CAT, SPECT scans	Ded only	Ded + 40%	Ded + 20%	Ded + 40%	Ded + 10%	Ded + 30%	$0	Ded + 20%
Durable Medical Equipment	Ded only	Ded + 40%	Ded + 20%	Ded + 40%	Ded + 10%	Ded + 30%	$0	Ded + 20%
Diabetic Supplies	$0	Ded + 40%	Ded + 20%	Ded + 40%	Ded + 10%	Ded + 30%	$0	Ded + 20%

DEFINITIONS

CCHMC Co-Insurance: The portion of charges that CCHMC will pay once you have met the deductible.
Co-Insurance: The portion of charges that you will pay once you have met the deductible up to the stated Out-of-Pocket Maximum.
Copay: A flat dollar amount that you pay for a service without needing to first meet a deductible.
Deductible: An amount of money that the member must pay out of pocket before the medical plan begins paying for a service. Network and non-network expenses accumulate separately to the different deductibles. Prescription drugs *do not* count towards the deductible *except* under the HSA Advantage plan.
Diabetic Supplies: Common supplies used to treat and monitor diabetes such as lancets, syringes, swabs, insulin pumps, pump tubing, etc.
Diagnostic Tests, X-Rays, and Labs in Office: These services generally are covered as stated above unless a separate charge is billed for the office visit. The services billed are determined by the individual provider.
Office Visit: Care in an outpatient setting from a primary care provider defined as: family care provider, pediatrician, internal medicine, general practitioner, physician assistant, registered nurse, retail/minute clinic, and OB/Gyn.
Out-of-Pocket Maximum: The maximum dollar amount you will pay in deductibles, co-insurance, and/or copays before CCHMC begins paying 100% for covered services. Network and non-network expenses accumulate separately to the different maximums. Prescription drugs *do not* count towards the maximum *except* under the HSA Advantage plan.
Preventive Prescription Drugs: A collection of drugs used to treat chronic medical conditions (such as high blood pressure, diabetes, depression, etc.) covered 100% by CCHMC under the HSA Advantage plan.
Preventive Services: Screenings, tests, and routine care, as recommended by the U.S. Preventive Services Task Force, that are covered 100% by CCHMC and not subject to the deductible or co-pay when in-network.
Specialist Visit: Care in an outpatient setting from a medical provider other than a primary care provider.

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