

MEDICAL INSURANCE 2009–2010 PLAN YEAR

UnitedHealthcare – Group #702703
866.675.1608

Choice Plus PPO Plan

| Plan Features | In-Network | Out of Network |
|---|---|--|
| Individual Deductible | \$500 | \$1,000 |
| Family Deductible | \$1,000 | \$2,000 |
| Individual Out-of-Pocket | \$2,000 | \$4,000 |
| Family Out-of-Pocket | \$4,000 | \$8,000 |
| Lifetime Maximum | Unlimited | \$1,000,000 |
| Physician Office Visit | \$20/\$40 specialist | 60% after deductible |
| Emergency Room Visit | \$75 | \$75 |
| Non-notification Penalty | N/A | 50% reduction (plus \$250) |
| Physician Office Services | \$20 copay per visit | 60% after deductible |
| - Routine Physicals | | Not Covered |
| - Diagnostic Lab and X-rays | | 60% after deductible |
| - Well-Child Care | | Not covered |
| - Child Immunizations | | Not covered |
| - Preventive Care | | Not covered |
| - Specialist office visits | \$40 copay per visit | 60% after deductible |
| Outpatient Diagnostic Services | | |
| - Routine Diagnostics (Labs, X-rays) | 100% | 60% after deductible |
| - Non-routine (MRI, CT Scan, etc.) | 80% after deductible | 60% after deductible |
| Mammograms | 100% of eligible expenses | 100% of eligible expenses |
| Outpatient Surgery | 80% after deductible | 60% after deductible |
| - Outpatient Surgery Center | | |
| Outpatient Rehabilitation (in office) | \$20 copay per visit | 60% after deductible |
| - Physical Therapy (60 visits a year) | | |
| - Occupational Therapy (60 visits a year) | | |
| - Speech Therapy (60 visits a year) | | |
| - Cardiac Rehabilitation (60 visits a year) | | |
| - Spinal Manipulation (24 visits a year) | \$40 copay per visit | |
| Hospital Care | 80% after deductible | \$500 copay per confinement, then 60% after deductible |
| - Room and Board | | |
| - Diagnostic lab and x-ray | | |
| - Anesthesia and misc. charges | | |
| Professional Fees – Inpatient | 80% after deductible | 60% after deductible |
| - Surgeon/Physician/Anesthesia | | |
| Maternity Care | 80% after deductible | 60% after deductible |
| - Physician prenatal and postnatal care | | |
| Emergency Care | \$75 (waived if admitted) | \$75 (waived if admitted) |
| - Hospital Emergency Room Care | | |
| - Ambulance Services | 80% after deductible | 60% after deductible |
| Durable Medical Equipment | 80% after deductible | 60% after deductible |
| Home Health Care | 80% after deductible | 60% after deductible |
| - 40 visits a year | | |
| Hospice Services | 80% after deductible | 60% after deductible |
| Skilled Nursing/Extended Care | 80% after deductible | 60% after deductible |
| - Facility Services | 120 days per calendar year | 120 days per calendar year |
| Infertility Services | 80% after deductible \$2000 limit/calendar year | 60% after deductible \$2000 limit/calendar year |
| Transplant Benefits through United Resource Networks (URN) | 100% through URN Non-URN (80% after deductible) | 100% through URN Non-URN (60% after deductible) |
| - Diagnosis and treatment of a medical condition | | |
| Mental Health/Substance Abuse | | |
| - Inpatient | 80% after deductible 30 days combined in and out-of-network | 60% after deductible 30 days combined in and out-of-network |
| - Outpatient | Individual \$20 copay 30 visits combined in and out-of-network | 60% after deductible 30 visits combined in and out-of-network |
| Prescription Drug Services | Caremark | Caremark |

The deductible and out-of-pocket limits are applied on a calendar year basis.
The maximum out-of-pocket is in addition to the deductible.