

**2010 HEALTH INSURANCE PLANS**

	<i>PPO500</i>	<i>PPO1000</i>	<i>PPO1500(H.S.A.)</i>		<i>PPO3000(H.S.A.)</i>
<b>Benefits</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>
<b>Deductible</b>					
Single	\$500	\$1,000	\$1,500	\$3,000	\$3,000
Family	\$1,500	\$3,000	\$3,000	\$6,000	\$6,000
Coinsurance	80% / 20%	80% / 20%	90% / 10%	70% / 30%	80% / 20%
<b>Out-of-Pocket Limit</b>					
Single	\$2,000	\$3,000	\$2,500	\$6,000	\$4,000
Family	\$4,000	\$6,000	\$5,000	\$12,000	\$8,000
Lifetime Maximum	\$2,000,000	\$2,000,000	\$2,000,000		\$2,000,000
<b>Physician Services</b>					
PCP Office Visits	\$25 Copay	\$25 Copay	10% after CYD	30% after CYD	20% after CYD
Specialist Visits	\$40 Copay	\$40 Copay	10% after CYD	30% after CYD	20% after CYD
Injections received in Physician Office	\$10 Copay	\$10 Copay	10% after CYD	30% after CYD	
<b>Preventive Care</b>	<b>\$500 Benefit Max</b>	<b>\$500 Benefit Max</b>	<b>\$500 Benefit Max</b>		<b>\$500 Benefit Max</b>
Routine Physical Exam	\$25 Copay	\$25 Copay	\$0 Copay	30% no CYD	\$0 Copay
Adult Immunizations	\$25 Copay	\$25 Copay	\$0 Copay	\$150 Copay	\$0 Copay
Well Woman/GYN Exam	\$25 Copay	\$25 Copay	\$0 Copay	30% no CYD	\$0 Copay
Mammograms	100%	100%	\$0 Copay	May be balance billed	\$0 Copay
Well Child Care	\$25 Copay	\$25 Copay	\$0 Copay	30% no CYD	\$0 Copay
Pediatric Immunizations	\$25 Copay	\$25 Copay	\$0 Copay	30% no CYD	\$0 Copay
<b>Hospital Services</b>					
Inpatient	20% after CYD	20% after CYD	10% after CYD	30% after CYD	20% after CYD
Outpatient Surgery	20% after CYD	20% after CYD	10% after CYD	30% after CYD	20% after CYD
<b>Emergency Services</b>					
Emergency Room	\$200 Copay	\$200 Copay	10% after CYD	30% after CYD	20% after CYD
Urgent Care Center	\$55 Copay	\$55 Copay	10% after CYD	30% after CYD	20% after CYD
Ambulance Ground Travel Air and Water Travel	20% Coinsurance + CYD \$400 per day \$4,000 per day	20% Coinsurance + CYD \$400 per day \$4,000 per day	10% after CYD	30% after CYD	20% after CYD

<b>Diagnostic X-ray/Lab</b>					
Physician Office	\$50 Copay	\$50 Copay	10% after CYD	30% after CYD	20% after CYD
Hospital or Free Standing Facility	20% after CYD	20% after CYD	10% after CYD	30% after CYD	20% after CYD
<b>Mental Health</b>					
Inpatient	20% after CYD	20% after CYD	10% after CYD	30% after CYD	20% after CYD
Outpatient	\$40 Copay	\$40 Copay	10% after CYD	30% after CYD	20% after CYD
<b>Substance Abuse</b>					
Inpatient	20% after CYD	20% after CYD	10% after CYD	30% after CYD	20% after CYD
Outpatient	\$55 Copay	\$55 Copay	10% after CYD	30% after CYD	20% after CYD
<b>Outpatient Therapy</b>	<b>\$2,500 PCY Max</b>	<b>\$2,500 PCY Max</b>			
Physical, Occupational, Speech Therapy	\$10 copay deduct waived 60 day per incid	\$10 copay deduct waived 60 day per incid	10% after CYD	30% after CYD	20% after CYD
Spinal Manipulation	\$40 Copay	\$40 Copay	10% after CYD	30% after CYD	20% after CYD
<b>Vision Benefit</b>					
Exam	\$40 Copay	\$40 Copay	\$0 Copay	30% after CYD	\$0 Copay
<b>Miscellaneous Services</b>					
Home Health Care	20% Coinsurance + CYD \$2,500 PCY max	20% Coinsurance + CYD \$2,500 PCY max	10% after CYD	30% after CYD	\$0 Copay
Hospice	20% Coinsurance + CYD \$7,500 Lifetime max.	20% Coinsurance + CYD \$7,500 Lifetime max.	10% after CYD	30% after CYD	Inpatient: 20% after CYD Outpatient: \$0 Copay
Skilled Nursing	20% Coinsurance + CYD 60 days PCY max	20% Coinsurance + CYD 60 days PCY max	10% after CYD	30% after CYD	20% after CYD
Durable Medical Equipment	20% Coinsurance + CYD	20% Coinsurance + CYD	10% after CYD	30% after CYD	20% after CYD
<b>Prescription Drugs</b>					
<b>Retail</b>					
Tier 1	\$10 Copay	\$10 Copay	\$15 Copay after CYD		\$20 Copay after CYD
Tier 2	\$25 Copay	\$25 Copay	\$30 Copay after CYD		\$35 Copay after CYD
Tier 3	\$50 Copay	\$50 Copay	\$50 Copay after CYD		\$50 Copay after CYD
Day Supply	up to 31	up to 31			30 day
<b>Mail Order</b>					
Tier 1	\$20 Copay	\$20 Copay	\$30 Copay after CYD		\$40 Copay after CYD
Tier 2	\$50 Copay	\$50 Copay	\$60 Copay after CYD		\$70 Copay after CYD

Tier 3	\$100 Copay	\$100 Copay	\$100 Copay after CYD	\$100 Copay after CYD
Day Supply	31 - 90	31 - 90		31-90
<b>PREMIUMS (24 PAY PERIODS)</b>				
	<b><u>PPO 500</u></b>	<b><u>PPO 1000</u></b>	<b><u>PPO 1500 H.S.A.</u></b>	<b><u>PPO 3000 H.A.S</u></b>
<b><u>EMPLOYEE</u></b>	\$288.87	\$263.75	\$254.24	\$215.01
<b><u>EMPL/CHILDREN</u></b>	\$464.18	\$418.62	\$402.54	\$332.70
<b><u>EMPL/SPOUSE</u></b>	\$560.85	\$507.48	\$488.81	\$407.20
<b><u>EMPL/FAMILY</u></b>	\$594.95	\$538.26	\$517.03	\$428.76
<b>SCHOOL BOARD CONTRIBUTION \$256.87 PER PAY TOWARDS HEALTH, LIFE, LTD &amp; \$181. 00 TOWARDS FSA.</b>				
<b>If you have any questions, please call Employee Benefits, 255-0808 ext. 3137 (Julie) or 3122 (Cathy)</b>				