

Final 2012 Benefits 8.24.11									
	Sapphire (0 East)		Garnet (0 West)		Ruby		Diamond		Gold (PFFS)
1 - Premium	\$0		\$0		SE - \$50	NE - \$36	SE - \$150	NE - \$81	\$89
					W - \$82	M - \$91	W - \$150	M - \$153	
2 - Benefit	In-Network	OON	In-Network	OON	IN Network	OON	In-Network	OON	IN Network
OOP Maximum	\$4,950	\$6,000	\$4,950	\$6,000	\$4,800	\$5,900	\$4,650	\$5,900	\$4,800
3 - Inpatient Hospital Care	\$300 days 1 - 4		\$300 days 1 - 4		\$275 days 1 - 4		\$175 days 1 - 4		\$275 days 1 - 4
	Unlimited days		Unlimited days		Unlimited days		Unlimited days		Unlimited days
4 - Inpatient Mental Health Care	\$300 days 1 - 4		\$300 days 1 - 4		\$275 days 1 - 4		\$175 days 1 - 4		\$275 days 1 - 4
	190 day lifetime max		190 day lifetime max		190 day lifetime max		190 day lifetime max		190 day lifetime max
5 - Skilled Nursing Facility	\$50 days 5 - 20,	30%	\$50 days 5 - 20,	30%	\$50 days 5 - 20,	30%	\$50 days 8 - 20,	30%	\$50 days 5 - 20,
	\$125 days 21 - 100		\$125 days 21 - 100		\$125 days 21 - 100		\$100 days 21 - 100		\$125 days 21 - 100
6 - Home Health Care	\$0		\$0		\$0		\$0		\$0
	40%		40%		40%		40%		40%
7 - Hospice	n/a		n/a		n/a		n/a		n/a
8 - Doctor Office Visits	Routine	30%	\$30	30%	\$20	30%	\$15	30%	\$20
	Specialist	40%	\$45	40%	\$40	40%	\$35	40%	\$40
9 - Chiropractic Services	\$15		\$15		\$15		\$15		\$15
	30%		30%		30%		30%		30%
10 - Podiatry Services	\$30		\$30		\$30		\$30		\$30
	30%		30%		30%		30%		30%
11 - Outpatient Mental Health Care	\$40		\$40		\$40		\$35		\$40
	30%		30%		30%		30%		30%
Partial Hospitalization	\$40		\$45		\$40		\$35		\$40
	30%		30%		30%		30%		30%
12 - Outpatient Substance Abuse	\$40		\$45		\$40		\$35		\$40
	30%		30%		30%		30%		30%
13 - Outpatient Services/Surgery	\$325		\$400		\$250		\$150		\$250
	30%		30%		30%		30%		30%
14 - Ambulance Services	\$175		\$175		\$175		\$175		\$175
	30%		30%		30%		30%		30%
15 - Emergency Care	\$65		\$65		\$65		\$65		\$65
	WW - \$100 copay		WW - \$100 copay		No WW		No WW		No WW
16 - Urgently Needed Care	\$40		\$45		\$40		\$35		\$40
	WW - \$100 copay		WW - \$100 copay		No WW		No WW		No WW
17 - Outpatient Rehabilitation Svcs	\$40		\$40		\$40		\$35		\$40
	30%		30%		30%		30%		30%
18 - DME	20%		20%		20%		20%		20%
	40%		40%		40%		40%		40%
19 - Prosthetics	20%		20%		20%		20%		20%
	40%		40%		40%		40%		40%
20 - Diabetes Self-Monitoring, Training, Nutrition Therapy and Diabetic Supplies/Inserts	\$0/20%		\$0/20%		\$0/20%		\$0/20%		\$0/20%
	30%		30%		30%		30%		30%
21 - Diagnostic Tests, X-Rays, Lab, and Therapeutic radiology	lab	\$0 - \$50	30%	\$0 - \$50	30%	\$0 - \$50	30%	\$0 - \$50	30%
	diagnostic tests	\$20 - \$50	30%	\$30 - \$50	30%	\$20 - \$50	30%	\$15 - \$50	30%
	x-rays	\$20 - \$50	30%	\$30 - \$50	30%	\$20 - \$50	30%	\$15 - \$50	30%
	advanced imaging	20%	30%	20%	30%	20%	30%	20%	30%
	therapeutic radiology	20%	30%	20%	30%	20%	30%	20%	30%
22 - Cardiac/Pulmonary Rehab	\$40		\$40		\$40		\$35		\$40
	30%		30%		30%		30%		30%
23 - Preventive Services and Wellness / Education Programs									\$0
	Abdominal Aortic Aneurysm Screening	\$0	30%	\$0	30%	\$0	30%	\$0	30%
	Bone Mass Measurement	\$0	30%	\$0	30%	\$0	30%	\$0	30%
	Colorectal Screening Exams	\$0	30%	\$0	30%	\$0	30%	\$0	30%
	Immunizations/vaccines	\$0	30%	\$0	30%	\$0	30%	\$0	30%
	Mammograms (Annual)	\$0	30%	\$0	30%	\$0	30%	\$0	30%
	Pap Smears and Pelvic Exams	\$0	30%	\$0	30%	\$0	30%	\$0	30%
	Prostate Cancer Screening Exams	\$0	30%	\$0	30%	\$0	30%	\$0	30%
	Physical Exams	\$0	30%	\$0	30%	\$0	30%	\$0	30%
24 - ESRD/Dialysis	20%		20%		20%		20%		20%
	40%		40%		40%		40%		40%
25 - Prescription Drugs	\$8/\$45/\$80/33%		\$8/\$45/\$80/33%		\$7/\$30/\$75/33%		\$7/\$30/\$75/33%		\$7/\$30/\$75/33%
	Mail 2.5X		Mail 2.5X		Mail 2.5X		Mail 2.5X		Basic
	Skinny		Skinny		Basic		Plus		
	B-covered drugs	20%	30%	20%	30%	20%	30%	20%	30%
	B-covered chemotherapy drugs	20%	30%	20%	30%	20%	30%	20%	30%
26 - Dental Services	Comprehensive		Comprehensive		Comprehensive		Comprehensive		Comprehensive
	Medicare covered		Medicare covered		Medicare covered		Medicare covered		Medicare covered
	\$40		\$45		\$40		\$35		\$40
	40%		40%		40%		40%		40%
27 - Hearing Services -									
	Medicare covered only		Medicare covered only		Medicare covered only		Medicare covered only		Medicare covered only
	routine		routine		routine		routine		routine
	\$15		\$15		\$15		\$15		\$15
	30%		30%		30%		30%		30%
28- Vision Services									
	Medicare covered only		Medicare covered only		Medicare covered only		Medicare covered only		Medicare covered only
	glasses/contacts (eyewear)		glasses/contacts (eyewear)		glasses/contacts (eyewear)		glasses/contacts (eyewear)		glasses/contacts (eyewear)
	routine exam		routine exam		routine exam		routine exam		routine exam
	\$35		\$35		\$35		\$35		\$35
	\$175 allowance / every yr		\$175 allowance / every yr		\$175 allowance / every yr		\$175 allowance / every yr		\$175 allowance / every yr
	30%		30%		30%		30%		30%