

COVERED BENEFITS	Humana (HMO) ⁶	Peoples Health (HMO-POS) ⁷	Vantage (HMO-POS) ^{4,7}	Humana (PPO) ⁵	UnitedHealthcare (PPO) ⁵
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Plan Year Deductible	\$0	\$0	\$0	\$0	\$0
Maximum Out-of-Pocket Expense	\$2,500	\$2,500	\$3,250	\$3,400	\$1,800
Inpatient Hospital Services ^{1,4}	\$10 co-pay per day (days 1-10)	\$0 co-pay	\$25 co-pay per day (days 1-5)	\$180 co-pay per day (days 1-5)	\$180 co-pay per day (days 1-5)
Outpatient Hospital Care	\$100 maximum co-pay	\$0 co-pay	\$0 - \$100 co-pay for facility	20% co-insurance	20% co-insurance
Surgery, Anesthesia & X-ray	\$0 co-pay	\$0 co-pay	\$0 co-pay for physician	20% co-insurance	\$0 co-pay to 20% co-insurance
Hospital Emergency Room (Worldwide - facility only)	\$50 co-pay; waived if admitted	\$50 co-pay; waived if admitted	\$50 co-pay; waived if admitted	\$50 co-pay; waived if admitted	\$50 co-pay; waived if admitted
Ambulatory Surgical Facilities	\$50 co-pay	\$0 co-pay	\$100 co-pay	20% co-insurance	20% co-insurance
Physician Visits - Primary Care/Specialty Care	\$5/\$15 co-pay	\$5/\$10 co-pay	\$5/\$20 ² co-pay	\$15/\$30 co-pay	\$15/\$30 co-pay
MRI/CAT Scan	\$100 co-pay	\$0 co-pay	20% co-insurance up to \$100 per day	20% co-insurance	20% co-insurance
Sonograms	\$50 co-pay	\$0 co-pay	20% co-insurance up to \$100 per day	20% co-insurance	20% co-insurance
Chemotherapy & Radiation Therapy	\$15 co-pay	\$0 co-pay	\$0 co-pay	20% co-insurance	20% co-insurance
Dialysis	0%-20% co-insurance	\$0 co-pay	20% co-insurance	20% co-insurance	20% co-insurance
Cardiac Rehabilitation Therapy	\$5 co-pay	\$0 co-pay	20% co-insurance	20% co-insurance	20% co-insurance
Physical and Occupational Therapy	\$5 co-pay	\$0 co-pay	\$5 co-pay	\$30 co-pay	\$30 co-pay
Speech Therapy	\$5 co-pay	\$0 co-pay	\$5 co-pay	\$30 co-pay	\$30 co-pay
Routine Preventive Care (Wellness Program)					
Routine Exams	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Well Woman Care	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Immunizations	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay, if done during routine exam; one allowed per visit	Medicare covered screenings \$0; office visit co-pay may apply, if other services received
PSA Test	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Oral Surgery	Medicare coverage guidelines apply; check health plan for details	Medicare coverage guidelines apply; check health plan for details	Medicare coverage guidelines apply; check health plan for details	Medicare coverage guidelines apply; check health plan for details	Medicare coverage guidelines apply. Covered under Medicare covered dental \$30 or inpatient hospital \$180 per day (days 1-5)
Durable Medical Equipment	0%-20% co-insurance	5% co-insurance	20% co-insurance	20% co-insurance	20% co-insurance
Home Health Care	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Hospice Care ³	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Prescription Drug Benefits - Retail					
Level 1 - Generic	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$5 co-pay	\$5 co-pay ⁸
Level 2 - Preferred Brand	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$35 co-pay	\$25 co-pay
Level 3 - Non-Preferred Brand	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$60 co-pay	\$50 co-pay
Level 4 - Specialty	\$60 co-pay, for 30 day supply only	20% co-insurance	25% co-insurance	\$80 co-pay	\$50 co-pay
Mail Order Drug Program - 90-day supply					
Level 1 - Generic	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$10 co-pay ⁸
Level 2 - Preferred Brand	\$40 co-pay	\$40 co-pay	\$60 co-pay	\$70 co-pay	\$50 co-pay
Level 3 - Non-Preferred Brand	\$80 co-pay	\$80 co-pay	\$120 co-pay	\$120 co-pay	\$100 co-pay
Level 4 - Specialty	\$60 co-pay, for 30 day supply only	20% co-insurance	25% co-insurance	\$80 co-pay, for 30-day supply only	\$100 co-pay
Mental Health ⁴					
Inpatient	\$10 co-pay per day (days 1-10) per admit	\$0 co-pay	\$25 co-pay per day (days 1-5) per admit	\$180 co-pay per day (days 1-5)	\$180 co-pay per day (days 1-5)
Outpatient (per visit)	\$15-\$50 co-pay	\$0 co-pay (1-20 visits); 45% (21+ visits)	\$20 co-pay	20% co-insurance	Group visit \$15 co-pay; individual visit \$30 co-pay
Partial Hospitalization	\$15 co-pay	\$0 co-pay	\$20 co-pay	20% co-insurance	\$60 co-pay per day
Alcohol and Substance Abuse Treatment ⁴					
Inpatient	\$10 co-pay per day (days 1-10) per admit	\$0 co-pay	\$25 co-pay per day (days 1-5) per admit	\$180 co-pay per day (days 1-5) per admit	\$180 co-pay per day (days 1-5)
Outpatient (per visit)	\$15-\$50 co-pay	\$0 co-pay (1-20 visits); 45% (21+ visits)	\$20 co-pay	\$30 co-pay	Group visit \$15 co-pay; individual visit \$30 co-pay
Pre-Admission Testing	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Skilled Nursing Care	\$0 co-pay (days 1-20) \$20 co-pay (days 21-100)	\$0 co-pay (days 1-20) \$25 co-pay (days 21-100)	\$0 co-pay (days 1-20) \$25 co-pay (days 21-100)	\$0 co-pay (days 1-3) \$90 co-pay per day (days 4-100)	\$0 per day (days 1-3) \$90 co-pay per day (days 4-100)
Urgent Care	\$15 co-pay	\$10 co-pay	\$10 co-pay	\$30 co-pay	\$30 co-pay
Ambulance	\$100 co-pay	\$50 co-pay	\$100 co-pay per day	20% co-insurance	20% co-insurance

¹ Semi-private room, ancillary services & physician visits

² Referral may be required for a specialist visit

³ Covered by Medicare

⁴ Some services may require pre-certification

⁵ Preferred Provider Organization

⁶ Health Maintenance Organization

⁷ Health Maintenance Organization -

Point-of-Service Option

⁸ Preferred generics only

This chart is a summary of plan options. Refer to the plan document for full details.