

# How Your Medical Plans Compare

	HRA 90 INCLUDES HEALTH REIMBURSEMENT ACCOUNT			HRA 80 INCLUDES HEALTH REIMBURSEMENT ACCOUNT		HDHP ENABLES YOU TO OPEN A HEALTH SAVINGS ACCOUNT						
LIFETIME MAXIMUM BENEFIT	As of January 1, 2011, the lifetime benefit is unlimited.											
ANNUAL DEDUCTIBLE	Individual		Family	Individual		Family	Individual		Family			
	You pay up to the access point:		\$200	\$400	You pay up to the access point:		\$200	\$400	You pay total annual deductible:	\$3,000	\$6,000	
	HRA pays:		\$800	\$1,600	HRA pays:		\$800	\$1,600				
	You pay remaining:		\$500	\$1,000	You pay remaining:		\$1,000	\$2,000	HSA can be used to pay all or part of your deductible			
	Total Annual Deductible		\$1,500	\$3,000	Total Annual Deductible		\$2,000	\$4,000				
	IN-NETWORK		OUT-OF-NETWORK*		IN-NETWORK		OUT-OF-NETWORK*		IN-NETWORK		OUT-OF-NETWORK*	
COINSURANCE LIMIT Excludes deductibles and, under HRA plans, prescription drug coinsurance	\$1,000 individual, \$2,000 family		\$3,000 individual, \$6,000 family		\$2,000 individual, \$4,000 family		\$4,000 individual, \$8,000 family		Plan pays 100% after deductible		\$2,000 individual, \$4,000 family	
PREVENTIVE CARE FREQUENCY SCHEDULE APPLIES	100%, no deductible		No coverage		100%, no deductible		No coverage		100%, no deductible		No coverage	
PLAN COINSURANCE <ul style="list-style-type: none"><li>• Doctor office visits; inpatient visits; surgery</li><li>• X-ray and lab tests</li><li>• Allergy testing/treatment</li><li>• Chiropractic services (up to 25 visits per year)</li><li>• Hospital medical/surgical, inpatient/outpatient</li><li>• Maternity care (daughters not covered)</li><li>• Home health care (up to 120 visits per year)</li><li>• Durable medical equipment</li><li>• Occupational/physical therapy (up to 60 visits per year)</li><li>• Mental health and alcohol/drug abuse treatment, inpatient/outpatient</li></ul>	90% after deductible		70% of R&C after deductible		80% after deductible		60% of R&C after deductible		100% after deductible		80% of R&C after deductible	
<ul style="list-style-type: none"><li>• Emergency room (coinsurance reduced to 50% if no emergency)</li><li>• Ambulance</li></ul>	90% after deductible		90% of R&C after deductible		80% after deductible		80% of R&C after deductible		100% after deductible		100% of R&C after deductible	
<ul style="list-style-type: none"><li>• Speech therapy</li><li>• Hospice care</li><li>• Skilled nursing facility (up to 60 days per year)</li></ul>	90% after deductible		No coverage		80% after deductible		No coverage		100% after deductible		No coverage	
PRESCRIPTION DRUGS <ul style="list-style-type: none"><li>• Includes retail pharmacy network plus mail-order service</li></ul>	No deductible. Plan pays: <ul style="list-style-type: none"><li>• 90% generic</li><li>• 75% preferred brand</li><li>• 60% non-preferred brand</li><li>• You pay \$5 minimum for brand-name drugs, \$100 maximum for mail orders</li></ul>		No coverage		No deductible. Plan pays: <ul style="list-style-type: none"><li>• 80% generic</li><li>• 65% preferred brand</li><li>• 50% non-preferred brand</li><li>• You pay \$5 minimum for brand-name drugs, \$100 maximum for mail orders</li></ul>		No coverage		100% after deductible		No coverage	

\*Out-of-network benefits are limited to the reasonable and customary (R&C) charge as determined by the plan carrier. You are responsible for any amounts in excess of R&C if you use an out-of-network provider.

**Important:** This chart is intended to provide a summary of benefits; it does not contain all the plan limits and exclusions. In case of any conflict between this chart and the official plan documents, the plan documents will rule.