

**ATTACHMENT 5
BENEFITS**

ITEM	Current Plan for 10/01/06 to 09/30/09	Current Plan as of 10/01/09
MONTHLY PREMIUMS		
Employee Only	\$0	\$0
Employee + Child(ren)	\$0	\$0
Employee + Spouse	\$0	\$0
Employee + Family	\$0	\$0
Office Co-pay		
Office Co-pay	N/A	N/A
In-Network Co-insurance	80%	80%
OON Co-insurance	60%	60%
Ind ded – Net/OON	\$250/\$500	\$250/\$500
Fam ded – Net/OON	\$500/\$1000	\$500/\$1000
Ind OOP – Net /OON	\$600/\$1,200	\$600/\$1,200
Fam OOP – Net / OON	\$1,500/\$3,000	\$1,500/\$3,000
Lifetime Maximum	\$1,500,000	\$1,500,000
PHARMACY PROGRAM		
Coordination w/ med ded/OOP	No	No
In-Network Rx Deductible	None	None
In-Network Rx Out of Pocket Max	\$150 individual/\$300 family	\$150 individual/\$300 family
In-Network Co-Pays		
Generic 1-30 day supply	\$0	\$0
Brand (preferred) 1-30 day supply	20%	20%
Brand (non-preferred) 1-30 day supply	30%	30%
Retail/Mail 90-day Generic	\$0	\$0
Retail/Mail 90-day Brand (pref)	10%	10%
Retail/Mail 90-day Brand (non-pref)	20%	20%
Out-of-Network Co-Pays**		
Generic 1-30 day supply	20% after OON med ded	20% after OON med ded
Brand (preferred) 1-30 day supply	40% after OON med ded	40% after OON med ded
Brand (non-preferred) 1-30 day supply	50% after OON med ded	50% after OON med ded
Retail/Mail 31-90-day Generic	20% after OON med ded	20% after OON med ded
Retail/Mail 31-90 day Brand (pref)	40% after OON med ded	40% after OON med ded
Retail/Mail 31-90 day Brand (non-pref)	50% after OON med ded	50% after OON med ded
OTHER (Services are provided per provisions above, with following provisos)		
Occupational, Speech and Physical Therapy	No annual limit *speech includes child born under the plan with developmental disorder or birth defects	No annual limit *speech includes child born under the plan with developmental disorder or birth defects
Serious Mental Health Physician Services – Office Visits	Annual limit 60 visits	Full Mental Health Parity – covered same as any illness
Chiropractic	In: 80% OON: Not covered	In: 80% OON: Not covered

In-Vitro Coverage	In: 80% ; 60%OON Limit to six attempts per lifetime	In: 80% ; 60%OON Limit to six attempts per lifetime
Routine Physical Exams (annual for age 2 and up)	In: 100% to \$300 OON: 60% to \$300	In: 100% to \$300 OON: 60% to \$300
Dependent Children Well Visits	In: 100% birth to age 2 with no annual \$ limit OON: 60% after deductible up to \$300 per year	In: 100% birth to age 2 with no annual \$ limit OON: 60% after deductible up to \$300 per year
Pap, Mammogram, PSA	Covered at 100%, annually, age and gender appropriate (60% OON)	Covered at 100%, annually, age and gender appropriate (60% OON)
Immunizations	In: 100% OON: 60%	In: 100% OON: 60%