



WBACC Trust Plan Comparison March 1, 2010 - February 28, 2011



| Plan Option | PPO 250+ & PPO 500+ 80/80/50/\$25 | PPO 500, 750, 1000, 1500, 2000, 2500 80/80/50/\$30 | HSA 1500, 2500, 3500 80/80/60 |
|---|---|--|--|
| Deductible Individual / Family per calendar year (PCY) | PPO 250+ - \$250/\$750 PPO 500+ - \$500/\$1,500 | PPO 500 - \$500 / \$1,500 PPO 750 - \$750 / \$2,250 PPO 1000 - \$1,000 / \$3,000 PPO 1500 - \$1,500 / \$4,500 PPO 2000 - \$2,000 / \$6,000 PPO 2500 - \$2,500 / \$7,500 | HSA 1500 - \$1,500/\$3,000 HSA 2500 - \$2,500/\$5,000 HSA 3500 - \$3,500/\$7,000 Entire family deductible must be met prior to benefits being paid for any family member |
| Coinsurance Maximum Individual / Family per calendar year | \$3,000 / \$9,000 | \$3,000 / \$9,000 | \$5,000/\$10,000 All eligible coinsurance expenses & annual deductible accumulate toward stoploss limit, unless otherwise specified. Entire family coinsurance max must be met prior to benefits being paid for any family member. |
| Copay Per Office Visit | \$25 | \$30 | No Copay |
| Professional Services | PPO/Participating | PPO/Participating | PPO/Participating |
| Office Visit | 100% / 50% Not subject to deductible when copay applies | 100% / 50% Not subject to deductible when copay applies | 80% / 60% |
| Outpatient Diagnostic Lab & X-ray (Includes diagnostic mammograms & PSA tests) | 80% / 50% Deductible waived when billed as a professional office visit | 100% / 50% First \$500 PCY is <u>not</u> subject to ded. 80% / 50% Charges above \$500 PCY are subject to ded. | 80% / 60% |
| Hospital Facility Inpatient care (including I/P & O/P Lab & X-ray) Emergency Room - copay waived if admitted | 80% / 50% \$200 Copay, 80% / 50% | 80% / 50% \$200 Copay, 80% / 50% | 80% / 60% 80% / 60% |
| Preventive Care (not subject to deductible) Annual exam, well baby care, immunizations, pap smears, routine cancer screening | 100% / 50%, Unlimited | 100% / 50%, Unlimited | 80% / 60%, Unlimited Deductible waived |
| Other Services | | | |
| Transplants - \$350,000 lifetime max \$50,000 per transplant donor organ procurement \$2,500 per transplant travel & lodging max | 80% / 50% 6-month waiting period | 80% / 50% 6-month waiting period | 80% / 60% 6-month waiting period |
| Mental Health Unlimited Inpatient days PCY Unlimited Outpatient visits PCY | 80% / 50% | 80% / 50% | 80% / 60% 80% / 60% |
| Chemical Dependency (No Maximum) | 100%/50% | 100%/50% | 80% /60% |
| Rehabilitation Max per condition Inpatient / max Outpatient PCY (Does not apply to the coinsurance max amount) | 80% / 50% PPO 250+ - \$30,000 / \$3,000 PPO 500+ - \$30,000 / \$1,500 | 80% / 50% \$30,000 / \$1,500 | 80% / 60% \$30,000 max per condition I/P 80% / 60%; \$1,500 max O/P |
| Spinal Manipulations - 10 manipulations PCY | 80% / 50% | 80% / 50% | 80% / 60% |
| Acupuncture - 12 visits PCY | 80% / 50% | 80% / 50% | 80% / 60% |
| Prescription Drugs | | | |
| Generic / Brand / Non-formulary | \$10/\$35/\$70 Mail Order: 2 X's Copay for 90-day Supply | \$10/\$35/\$70 MAC-A (Mandatory Generics) Mail Order: 3 X's Copay for 90-day Supply | 80% for all prescriptions |

All plans have a \$2,000,000 lifetime maximum

This is a brief summary of benefits. For full coverage provisions, including waiting periods & exclusions, please refer to the benefit brochure & contract filed with the WBACC Trust.