

High Deductible Plans -- Benefit Highlights

	Plan 100 [®]	Plan 80 SM	Saver 80 SM
Design Basics			
Network Type	Preferred or Savings-Based Network		
Calendar-Year Deductible Choices (maximum 2 per family, per calendar year)	\$2,500 \$3,500, \$5,000	\$2,500 \$3,500, \$5,000	\$500, \$1,000, \$1,500 \$2,500, \$3,500, \$5,000
Coinsurance (per covered person, per calendar year)	100%	80/20 to \$15,000 then 100%	80/20 to \$15,000 then 100%
Lifetime Maximum Benefit (per covered person)	\$3 million	\$3 million	\$3 million
Initial Rate Guarantee (subject to benefit and address changes)	12 months	12 months	12 months
Coverage percentages below are effective AFTER deductibles have been met unless otherwise indicated.			
Inpatient Expense Benefits			
Room and Board, Intensive Care Unit, Operating Room, Recovery Room, and Professional Fees of Doctors, Surgeons, Nurses	100%	80%	80%
Other Covered Inpatient Services	100%	80%	80%
Outpatient Expense Benefits			
Surgeon, Assistant Surgeon, and Facility Fees	100%	80%	80%
Hemodialysis, Radiation, Chemotherapy, and Organ Transplant Drugs	100%	80%	80%
CAT Scans, MRIs	100%	80%	80%
Outpatient X-ray and Lab	100%	80%	80% if performed within 14 days of surgery or confinement
Emergency Room Fees	100% – additional \$100 Copay for illness if not admitted	80% – additional \$100 Copay for illness if not admitted	80% – additional \$500 Copay if not admitted
Other Covered Outpatient Expenses	100%	80%	See page 10 for details
Routine Health Benefits			
Doctor Office Visit Fees	100%	80%	Not Covered
Outpatient Prescription Drugs (Preferred Price Card included with all plans)	100%	80%	Not Covered
Mammography, Pap Smear, and PSA Testing (not subject to the calendar year deductible)	100% – not subject to the calendar-year deductible	80%	80%
Adult Preventive Care (Up to \$500 annually for each adult, 19 or older; subject to 3-month waiting period.)	100%	80%	Not Covered
Childhood Immunizations (Up to \$500 annually for ages 0-18; subject to 3-month waiting period.)	100%	80%	Not Covered
Optional Benefits	For a complete list, see page 8.		

This chart only summarizes standard covered expenses, exclusions, and limitations of each plan. To be considered for reimbursement, expenses must qualify as covered expenses. Expenses are also subject to reasonable and customary limits unless you use a network. We recommend review of the more detailed plan information on pages 9-14.