

Compare Your Medical Plan Options

Effective January 1, 2012



PERSONAL PLANS

| | | Health Choice 5000 | Health Choice 3000 | Health Choice 2000 | Health Choice 1000 | Health Choice 500 | Health Today |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------------|
| MEDICAL BENEFITS | | | | | | | |
| IN-NETWORK | Annual deductibles: individual / family | \$5,000 / \$10,000 | \$3,000 / \$5,000 | \$2,000 / \$4,000 | \$1,000 / \$2,000 | \$500 / \$1,000 | \$0 / \$0 |
| | Plan pays / individual pays [coinsurance] | 70% / 30% | 70% / 30% | 80% / 20% | 80% / 20% | 80% / 20% | 80% / 20% |
| | Annual coinsurance maximums: individual / family [after deductible] | \$7,000 / \$7,000 | \$5,000 / \$5,000 | \$5,000 / \$5,000 | \$4,000 / \$4,000 | \$3,000 / \$3,000 | \$4,000 / \$4,000 |
| | Primary care / specialist visit copay | \$25 / \$45 | \$25 / \$45 | \$25 / \$45 | \$25 / \$35 | \$25 / \$35 | \$20 / \$30 |
| | Wellness visit [per preventive care schedule] | 100% no copay | 100% no copay | 100% no copay | 100% no copay | 100% no copay | 100% no copay |
| | Hospital inpatient [including maternity] and outpatient surgery facility [after deductible] | 70% | 70% | 80% | 80% | 80% | 80% after \$100 copay |
| | Emergency room services [deductible does not apply] | 70% after \$100 copay | 70% after \$100 copay | 80% after \$100 copay | 80% after \$100 copay | 80% after \$100 copay | 80% after \$100 copay |
| | Outpatient services [CT scan; MRI; diagnostic] [after deductible] | 70% | 70% | 80% | 80% | 80% | 80% |
| | Chiropractic services copay [20 visits annually] | \$45 | \$45 | \$45 | \$35 | \$35 | \$30 |
| | Mental health / substance abuse <ul style="list-style-type: none"> • Inpatient / intensive outpatient services [after deductible] • Office and professional services copay | 70% \$25 | 70% \$25 | 80% \$25 | 80% \$25 | 80% \$25 | 80% after \$100 copay \$20 |
| Lifetime maximum benefit | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | |
| PRESCRIPTION DRUG BENEFITS | | | | | | | |
| RETAIL | 30-DAY SUPPLY | | | | | | |
| | Individual deductible / family deductible ¹ | \$100 / \$200 | \$100 / \$200 | \$100 / \$200 | \$50 / \$100 | \$50 / \$100 | NA / NA |
| | Generic drug copay | \$15 | \$15 | \$15 | \$15 | \$15 | \$15 |
| | Preferred drug copay ² | \$35 | \$35 | \$35 | \$35 | \$35 | \$35 |
| Non-preferred drug copay ² | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | |
| MAIL ORDER | 90-DAY SUPPLY | | | | | | |
| | Individual deductible / family deductible ¹ | \$100 / \$200 | \$100 / \$200 | \$100 / \$200 | \$50 / \$100 | \$50 / \$100 | NA / NA |
| | Generic drug copay | \$35 | \$35 | \$35 | \$35 | \$35 | \$35 |
| | Preferred drug copay ² | \$90 | \$90 | \$90 | \$90 | \$90 | \$90 |
| | Non-preferred drug copay ² | \$125 | \$125 | \$125 | \$125 | \$125 | \$125 |
| Specialty drug copay (up to a 30-day supply) | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | |

¹ The individual and family prescription drug deductible is combined for retail and mail order.

² If a preferred or non-preferred drug is purchased when a generic is available, you must pay the generic copayment and the difference between the drug cost of the preferred/non-preferred drug and the drug cost of its generic equivalent.

| MEDICAL BENEFITS | | Health Choice 5000 | Health Choice 3000 | Health Choice 2000 | Health Choice 1000 | Health Choice 500 | Health Today |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| OUT-OF-NETWORK | Annual deductibles: individual / family | \$10,000 / \$20,000 | \$5,000 / \$10,000 | \$4,000 / \$8,000 | \$2,000 / \$4,000 | \$1,000 / \$2,000 | \$500 / \$1,000 |
| | Plan pays / individual pays [coinsurance] | 50% / 50% | 50% / 50% | 50% / 50% | 50% / 50% | 60% / 40% | 50% / 50% |
| | Annual coinsurance maximums: individual / family [after deductible] | \$15,000 / \$15,000 | \$10,000 / \$10,000 | \$10,000 / \$10,000 | \$10,000 / \$10,000 | \$10,000 / \$10,000 | \$10,000 / \$10,000 |
| | Primary care / specialist visit | 50% | 50% | 50% | 50% | 60% | 50% |
| | Wellness visits [you pay 100%] | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| | Hospital inpatient [including maternity] and outpatient surgery facility [after deductible] | 50% | 50% | 50% | 50% | 60% | 50% |
| | Emergency room services (as determined by Highmark): | | | | | | |
| | • For emergency care only | 70% after \$100 copay | 70% after \$100 copay | 80% after \$100 copay | 80% after \$100 copay | 80% after \$100 copay | 80% after \$100 copay |
| | • Other than for emergency care | 50% | 50% | 50% | 50% | 60% | 50% |
| | Outpatient services [CT scan; MRI; diagnostic] [after deductible] | 50% | 50% | 50% | 50% | 60% | 50% |
| | Chiropractic services [20 visits annually] | 50% | 50% | 50% | 50% | 60% | 50% |
| | Mental health / substance abuse | | | | | | |
| • Inpatient / intensive outpatient services [after deductible] | 50% | 50% | 50% | 50% | 60% | 50% | |
| • Office and professional services | 50% | 50% | 50% | 50% | 60% | 50% | |
| Lifetime maximum benefit | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | |