

Compare Your Medical Plan Options

Effective January 1, 2011



		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	