



BENEFIT PROVISIONS	HSA-QUALIFIED HIGH DEDUCTIBLE HEALTH PLANS			
	HDHP 1500		HDHP 2500	
	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$1,500	\$3,000	\$2,500	\$5,000
Family Deductible Limit	\$3,000	\$6,000	\$5,000	\$10,000
	Family Deductible - 3 individual deductibles must be satisfied per family. When an individual's deductible is met, benefits begin for that individual regardless of whether the Family Maximum has been met.			
Lifetime Maximum	\$3,000,000			
Annual Maximum	\$2,000,000			
Physician's Office Visit	Subject to deductible, then 80%	Subject to deductible, then 60%	Subject to deductible, then 80%	Subject to deductible, then 60%
Individual Out of Pocket Maximum	\$5,000	\$10,000	\$5,000	\$10,000
Family Out of Pocket Maximum	\$10,000 In Network / \$20,000 Out of Network INCLUDES deductibles and co-pays			
Coinsurance Percentage	80% In Network - 60% Out of Network Unless another coinsurance percentage is specifically stated			
Pre-Authorization Requirement	Pre-certification of all in-patient confinements, out-patient surgeries, and sleep studies is required.			
Hospital Room Allowance	Subject to deductible and coinsurance Hospital Room Allowance- Semi-private / ICU Room Allowance - 3x Semi-private			
Spinal Manipulation	Subject to deductible, then 80% to \$75 per visit. 26 visits	Not Covered	Subject to deductible, then 80% to \$75 per visit. 26 visits per	Not Covered
Annual Mammogram	\$15 Copay then 100% to \$150. Then subject to deductible and coinsurance.	Not Covered	\$25 co-pay then 100% to \$150. Then subject to deductible and coinsurance.	Not Covered
Wellness Benefit	\$15 Copay, then 100% to \$300 per person per year	Not Covered	\$25 Co-pay, then 100% to \$300 per person per year	Not Covered
Mental and Nervous Benefit	ALL HDHP PLANS - IN AND OUT OF NETWORK Subject to deductible Inpatient - 30 days per year at 50% Outpatient - 1 visit per day, 50% up to \$50 per visit			
Alcohol and Substance Abuse	ALL HDHP PLANS - IN AND OUT OF NETWORK Subject to deductible Inpatient - 30 days per year at 50% Outpatient - 1 visit per day, 50% up to \$50 per visit, \$1,000 per calendar year maximum. LIFETIME MAXIMUM \$10,000			
Pharmacy Benefits	ALL HDHP PLANS - IN NETWORK PRESCRIPTION COVERAGE IS AN OPTIONAL BENEFIT Subject to deductible. Generic - Plan pays 90% Brand - Plan pays 80%		ALL HDHP PLANS - OUT OF NETWORK Not Covered	

12/22/08

*This comparison is for review purposes only and is not a guarantee of benefits. Please refer to your Summary Plan Description.