

Association Mutual Health Insurance Company 2010 Medical Plan Summary Comparison

	PPO		Network Only Plan	Kaiser Permanente
	In-Network	Out-of-Network	In-Network	
Plan Coinsurance	90% after deductible	70% after deductible	80% after deductible	100%
Deductible				
Individual	\$200	\$300	\$200	N/A
Individual + 1 dep.	\$400	\$600	\$400	N/A
Family	\$600	\$900	\$600	N/A
Out-of-Pocket Limit				
Individual	\$1,000	\$2,000	\$2,000	N/A
Individual + 1 dep.	\$2,000	\$4,000	\$4,000	N/A
Family	\$3,000	\$6,000	\$6,000	N/A
Lifetime Maximum per Person	\$2,000,000		\$2,000,000	Unlimited
Physician Office Visit	\$15 copay - primary care \$15 copay - specialist	70% of R&C after deductible	\$15 copay - primary care \$25 copay - specialist	\$0 copay - routine physical exams and screenings \$10 copay - primary care physician \$20 copay - specialist
Specialist Referral Required	No	No	No	Yes
Hospital Services				
Inpatient Medical	\$100 copay per confinement; 100% up to \$5000, then 90%	70% of R&C after deductible	\$200 copay per confinement; then 100%	100%
Outpatient Medical	100%		80% after deductible	\$20 copay
Emergency Care (Copay waived if admitted)	\$50 copay	\$50 copay	\$100 copay	\$50 copay
Urgent Care	\$35 copay	70% of R&C after deductible	\$50 copay	\$20 copay
Mental Health & Substance Abuse				
Inpatient Hospital	\$100 copay per confinement; then 100% up to \$5000; 90% thereafter	70% of R&C after deductible	\$200 copay per confinement; then 100%	No Charge
Inpatient Physician Visits	90% after deductible	70% of R&C after deductible	80% after deductible	No Charge
Outpatient	\$15 copay per visit, then 100%	70% of R&C after deductible	\$25 copay per visit; then 100%	\$20 per ind. visit/\$10 group visit
Laboratory/Radiology	90%	70% of R&C after deductible	100% after deductible	No Charge
Acupuncture	\$15 copay up to maximum of \$2,000	70% of R&C after deductible	\$25 co-pay/visit, up to maximum of \$2,000	\$15 copay; 20 visit maximum per calendar year
Chiropractic Services	\$15 copay up to maximum of \$2,000	70% of R&C after deductible	80% after deductible	\$15 copay; 20 visit maximum per calendar year
Prescription Drug Card				
Retail Copay	\$ 7 generic \$25 formulary brand \$40 non-formulary brand (30 day supply)		\$10 generic \$30 formulary \$50 non-formulary (30 day supply)	Kaiser Pharmacy: \$10 generic/\$20 brand/\$35 non-formulary (30 day supply) Community Pharmacy: \$20 generic/\$40 formulary/\$55 non-formulary (30 day supply)
Mail Order Copay	\$14 generic \$50 formulary brand \$80 non-formulary brand (90 day supply)		\$20 generic \$60 formulary \$100 non-formulary (90 day supply)	Mail Order: \$8 generic/\$18 brand/\$33 non-formulary (up to a 90-day supply for 2 copays through Mail Order)
	PPO and Network Only Plans / Brand Drug when Generic is available: member pays generic co-pay, plus the difference between the brand and the generic product. See PPO or Network Only Schedules of Benefits for Prescription plan details			

Note: The above is for comparison purposes only and not a guarantee of benefits.