

Association Mutual Health Insurance Company 2011 Medical Plan Summary Comparison

	PPO Plan		Network Only Plan	Kaiser Permanente Select
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In- Network</i>	
Plan Coinsurance	90% after deductible	70% after deductible	80% after deductible	100%
Deductible				
Individual	\$200	\$300	\$200	N/A
Individual + 1 dependent	\$400	\$600	\$400	N/A
Family	\$600	\$900	\$600	N/A
Out-of-Pocket Limit				
Individual	\$1,000	\$2,000	\$2,000	\$3,500
Individual + 1 dependent	\$2,000	\$4,000	\$4,000	\$9,400
Family	\$3,000	\$6,000	\$6,000	\$9,400
Lifetime Maximum per Person	Unlimited		Unlimited	Unlimited
Physician Office Visit	\$20 copay per visit - primary care physician \$30 copay per visit - specialist	70% of Allowed Benefit after deductible	\$25 copay per visit - primary care physician \$35 copay per visit - specialist	\$10 copay per visit - primary care physician \$20 copay per visit - specialist
Preventive Services	100%	70% of Allowed Benefit after deductible	100%	100%
Specialist Referral Required	No	No	No	Yes
Hospital Services				
Inpatient Medical	\$100 copay per confinement; 100% up to \$5,000, then 90%	70% of Allowed Benefit after deductible	\$200 copay per confinement, then 100%	100%
Outpatient Medical	100%		80% after deductible	\$20 copay per visit
Emergency Care (Copay waived if admitted)	\$50 copay per visit	\$50 copay per visit	\$100 copay per visit	\$50 copay per visit
Urgent Care Center	\$35 copay per visit	70% of Allowed Benefit after deductible	\$50 copay per visit	\$20 copay per visit
Mental Health & Substance Abuse				
Inpatient Hospital	\$100 copay per confinement; then 100% up to \$5,000; 90% thereafter	70% of Allowed Benefit after deductible	\$200 copay per confinement; then 100%	No Charge
Inpatient Physician Visits	90% after deductible	70% of Allowed Benefit after deductible	80% after deductible	No Charge
Outpatient	\$20 copay per visit, then 100%	70% of Allowed Benefit after deductible	\$25 copay per visit; then 100%	\$10 per visit for individual therapy \$5 per visit for group therapy
Laboratory/Radiology	90%	70% of Allowed Benefit after deductible	100% after deductible	No Charge
Acupuncture	\$30 copay per visit up to maximum of \$2,000	70% of Allowed Benefit after deductible	\$35 copay per visit, up to maximum of \$2,000	\$15 copay per visit; 20 visit maximum per calendar year
Chiropractic Services	\$30 copay per visit up to maximum of \$2,000	70% of Allowed Benefit after deductible	80% after deductible	\$15 copay per visit; 20 visit maximum per calendar year
Prescription Drug Card				
Retail Copay	\$10 Generic \$30 Formulary brand \$50 Non-formulary brand (30-day supply)		\$10 Generic \$35 Formulary brand \$70 Non-formulary brand (30-day supply)	Kaiser Pharmacy: \$10 Generic / \$20 Preferred brand / \$35 Non-preferred brand (30-day supply) Community Pharmacy: \$20 Generic / \$40 Preferred brand / \$55 Non-preferred brand (30- day supply)
Mail Order Copay	\$20 Generic \$60 Formulary brand \$100 Non-formulary brand (90-day supply for two copayments)		\$20 Generic \$70 Formulary brand \$140 Non-formulary brand (90-day supply for two copayments)	\$8 Generic \$18 Preferred brand \$33 Non-preferred brand (90-day supply for two copayments)
	PPO and Network Only Plans / Brand Drug when generic is available: member pays generic copay, plus the difference between the brand and the generic product. See PPO or Network Only Certificate of Coverage for Prescription plan details			
Note: The above is for comparison purposes only and not a guarantee of benefits.				