

Comparison of Medical Insurance Plans For USNH KSCEA Employees

2009 Plan Year

Choosing your plan is an important decision. The following highlights key differences among your options.

BENEFIT	HARVARD PILGRIM HMO 2 KSCEA	HARVARD PILGRIM POS 2 KSCEA In-Network	HARVARD PILGRIM POS 2 KSCEA Out-of-Network
Annual Deductible	None	None	\$300 for individual \$600 for two-person and family
Coinsurance Level	None	None	Plan pays 80% Member pays 20%
Annual Out-of-pocket maximum	None	None	\$500 for individual \$1000 for two-person and family
Lifetime Maximum	None	None	\$2 million
Primary Care Physician Office Visit	\$10 Copayment	\$10 Copayment	Deductible, then 20% Coinsurance
Specialty Care Physician Office Visit	\$20 Copayment	\$20 Copayment	Deductible, then 20% Coinsurance
Outpatient Day Surgery	\$50 Copayment	\$50 Copayment	Deductible, then 20% Coinsurance
Emergency Room Treatment	\$75 Copayment	\$75 Copayment	
Inpatient Skilled Nursing Facility/Rehabilitation			
100 days combined per calendar year	No Copayment	No Copayment	Deductible, then 20% Coinsurance
Home Health Care Services	No Copayment	No Copayment	Limited to 40 visits per calendar year Deductible, then 20% Coinsurance
Inpatient Hospital Room and Board	\$100 Copayment	\$100 Copayment	Deductible, then 20% Coinsurance
Short-term Physical, Occupational, Speech and Cardiac Rehabilitation			
60 visits combined per calendar year	No Copayment	No Copayment	Deductible, then 20% Coinsurance
Chiropractic Care			
20 visits per calendar year	No Copayment	No Copayment	Deductible, then 20% Coinsurance
Durable Medical Equipment, including hearing aids up to age 19	\$3500 per calendar year No Copayment	\$5000 per calendar year No Copayment	Deductible, then 20% Coinsurance
Inpatient Mental Health	\$100 Copayment	\$100 Copayment	20%
Outpatient Mental Health			
30 visits per calendar year (2 group visits equal to one individual visit)	\$10 Copayment	\$10 Copayment	20%
Inpatient Substance Abuse			
30 days per calendar year	\$100 Copayment	\$100 Copayment	20%
Outpatient Substance Abuse			
30 visits per calendar year (2 group visits equal to one individual visit)	\$10 Copayment	\$10 Copayment	20%
PRESCRIPTION DRUGS (Retail) Tier 1/ Tier 2/ Tier 3	30 days supply \$7 / \$18 / \$35	30 days supply \$7 / \$18 / \$35	
PRESCRIPTION DRUGS (Mail) Tier 1/ Tier 2/ Tier 3	90 days supply \$14 / \$36 / \$70	90 days supply \$7 / \$18 / \$35	

Refer to the Summary/Schedule of Benefits for details and a complete list of benefits.