

2008 PEBTF Benefit Option Summary Comparison -- Active Members

BENEFIT	PPO OPTION		HMO OPTION	CONSUMER DRIVEN OPTION	
	No Referrals Needed		All care directed by Primary Care Physician (not all Plans)	No Referrals Needed	
	In Network	Out-of-Network		In Network	Out-of-Network
Deductible	\$0	\$400 per person; 30% of the next \$5000; 0% in excess of \$5000. All services subject to deductible unless otherwise noted.	\$0	\$1,500 single deductible; \$3,000 family per year. The PEBTF contributes \$1,000 per individual and \$2,000 per family per year into a Health Reimbursement Account (HRA). Therefore, the out-of-pocket maximum (in network) is \$500 for an individual or \$1,000 for a family per year.	
Out-of-Pocket Maximums	Not Applicable	\$1500 per person (\$3,000 per family) PLUS the deductible	Not Applicable	\$500 individual after the \$1,000 HRA; \$1,000 per family after the \$2,000 HRA	\$4,500 individual; \$9,000 per family after the HRA
Physician Visits					
Primary Care Physician	100% after \$15 copayment	70%*; Member pays 30%	100% after \$15 copayment (\$20 after hours)	100% after deductible	70%* after deductible; Member pays 30%
Specialist	100% after \$25 copayment	70%* ; Member pays 30%	100% after \$25 copayment (\$30 after hours)	100% after deductible	70%* after deductible; Member pays 30%
Preventative Care					
<i>Adult</i>					
Routine Physical Examinations (Some Adult Immunizations are covered)	100% after \$15 copay	70%* ; Member pays 30%	100% after \$15 copayment	All preventative care covered in network up to \$500 a year (\$1,000 for family) Preventive care not covered out of network	
Annual Routine Gynecological Exams including a PAP Test	100% after \$25 copayment (if visiting an OB/GYN)	70%*; Member pays 30% (Deductible waived)	100% after \$25 copayment (if visiting an OB/GYN)		
Annual Routine Mammograms	100%	70%*; Member pays 30% (Deductible waived)	100%		
<i>Pediatric</i>					
Routine Physical Examinations	100% after \$15 copayment	70%* ; Member pays 30%	100% after \$15 copayment		
Pediatric Immunizations (contact the PEBTF)	100%	70%*; Member pays 30% (Deductible waived)	100% after \$15 copayment (for office visit)		
Emergency Room Services	\$50 copayment, if considered a medical emergency as defined by the PPO (waived if admitted)	\$50 copayment, if considered a medical emergency as defined by the PPO (waived if admitted)	\$50 copayment if considered a medical emergency as defined by the HMO (waived if admitted)	100% after deductible	70%* after deductible; Member pays 30%
Hospital Expenses (Inpatient & Outpatient)	100% (up to 365 days per year) Semi-private room (private room if medically necessary)	70%* (up to 70 days per year); Member pays 30%	100%; semi-private room (private room if medically necessary)	100% after deductible; Semi-private room (private room if medically necessary)	70%* (up to 70 days per year) after deductible; Member pays 30%
Medical/Surgical Expenses (Except Office Visits)	100%	70%* ; Member pays 30%	100%	100% after deductible	70%* after deductible; Member pays 30%
Skilled Nursing Facility Care (medically necessary)	100% (240 days per calendar year)	70%* (240 days); Member pays 30%	100% (180 days per calendar year at participating facility)	100% (240 days); after deductible	70%* (240 days) after deductible; Member pays 30%
Home Health Care (medically necessary)	100%	70%*; Member pays 30%	100%; up to 60 visits in 90 days; may be renewed at the option of the HMO	100% after deductible	70%* after deductible; Member pays 30%
Chiropractic Care (restorative, medically necessary; not for maintenance of a condition)	100% after \$15 copayment (treatment plan must be submitted after 6 visits)	70%*; Member pays 30% if ASH Network Provider is not used; treatment plan must be submitted after 6 visits)	100% after \$15 copayment (combined maximum of 60 visits per year for all outpatient therapies)	100% after deductible; (treatment plan after 6 visits)	70%* after deductible; Member pays 30%; (treatment plan after 6 visits)
Mental Health & Substance Abuse Treatment	Provided by UBH	Provided by UBH	Provided by UBH	Provided by UBH	Provided by UBH
Durable Medical Equipment/Prosthetic	DMEnson Benefit Management		DMEnson (except for Keystone West HMO Members)	100% after deductible	70%* after deductible; Member pays 30%
Out of the Area Care	Urgent and Emergency Care Only, or as defined by the PPO	70%*; Member pays 30% (Possible PPOBlueCard Cov.)	Urgent and Emergency Care Only, or as defined by the HMO	Urgent and Emergency Care Only	70%* after deductible; Member pays 30%
Lifetime Maximum	Unlimited	\$1,000,000	Unlimited	Unlimited	\$1,000,000

* Non-participating/non-network providers may balance bill for difference between plan allowance and actual charge.

This Benefit Option Summary Comparison is for illustrative purposes only. It is not all inclusive nor definitive. The actual benefits are as set forth in the PEBTF Plan Document.