SCHEDULE OF MEDICAL BENEFITS - 2005

Medical Plan Features	Enhanced PPO		HSA PPO	
	For NETWORK providers the Plan pays . . .	**For NON-NETWORK providers the Plan pays . . .**	**For NETWORK providers the Plan pays . . .**	**For NON-NETWORK providers the Plan pays . . .**
NurseLine: Pin 185 1-888-609-5880	A Nurse is available to provide immediate medical info & support 24 hrs/day; 100% covered.			
Preventive Care • Routine physical • Immunization • Pap test • Mammogram	100% after $15 copay/office visit (deductible applies) up to $300/person maximum per calendar year	Not covered	100% after $20 copay/office visit (deductible applies) up to $300/person maximum per cal year	Not covered
Well Baby Care	100% after $15 copay/office visit up to 2nd birthday (deductible does not apply)	Not covered	Covered under Preventive Care	Not covered
Chiropractic	$25 copay Limit 6 visits/cal year	60% of R&C[1] (deductible applies) Limit 6 visits/cal year	$30 copay Limit 6 visits/cal year	60% of R&C[1] (deductible applies) Limit 6 visits/cal year
Physician Services • Office Visits • Hospital Visits • Inpatient Surgery • Outpatient Surgery • Hospital Newborn Care	100% after $15 copay/office visit $25 copay specialist 100% hospital visits and surgery (deductible does not apply)	60% of R&C[1] (deductible applies)	$20 copay/office visit $30 copay specialist (deductible applies)	60% of R&C[1] (deductible applies)
Health Care Facility • Hospital Outpatient (minor surgery, radiation therapy) • Hospital Inpatient[2] (room and board, x-rays, intensive care, newborn routine nursery care) • Skilled Nursing Facility[2] (room & board up to semiprivate room rate, up to 120 days/cal year) • Home Health Care[2] (up to 130 visits/cal year) • Hospice Care[2] (up to $5,000 maximum)	100% (deductible applies)	60% of R&C[1] (deductible applies)	80% (deductible applies)	60% of R&C[1] (deductible applies)
X-Ray and Lab Anesthesiology	100% (deductible applies)	100% when ordered by a network provider (deductible applies) 60% of R&C1 when ordered by a non-network provider (deductible applies)	80% (deductible applies)	80% when ordered by a network provider (deductible applies) 60% of R&C1 when ordered by a non-network provider (deductible applies)

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Hospital Emergency Room	100% after $75 copay for emergencies (deductible does not apply) 80% after $75 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	100% of R&C[1] after $75 copay for emergencies (deductible does not apply) 60% of R&C[1] after $75 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	80% for emergencies (deductible applies) 60% for non-emergencies (deductible applies)	80% of R&C[1] for emergencies (deductible applies) 60% of R&C[1] for non-emergencies (deductible applies)
Urgent Care Centers	100% after $30 copayment/visit (deductible does not applies)	60% of R&C[1] (deductible applies)	80% (deductible applies)	60% of R&C[1] (deductible applies)
Other Covered Health Services: • Ambulance Service • Durable Medical Equipment	80% (deductible applies)	80% of R&C[1] (deductible applies)	80% (deductible applies)	60% of R&C[1] (deductible applies)
Rehabilitation Therapy: Physical, Speech, Occupational and Respiratory therapy **Infertility Treatment (maximums apply; see Covered Health services – Infertility section)**	80% (deductible applies)	60% of R&C1 (deductible applies)	80% (deductible applies)	60% of R&C1 (deductible applies)
Outpatient Prescription Drugs	Tier 1(Generic) - 90% ($10 min/$20 max) Tier 2 (Brand-PDL) -80% ($25 min/$45 max) Tier 3 (Non-PDL) - 60% ($50 min/$70 max) **Mail Order** (90-day supply) Tier 1 (Generic) - 90% ($20 min/$40 max) Tier 2 (Brand-PDL)-80% ($50 min/$90 max) Tier 3 (Non-Brand PDL) 60% ($100 min/$140 max) (deductible/out-of-pocket maximum do not apply)	Not covered	Tier 1(Generic) - 80% ($20 min/$40 max) Tier 2 (Brand-PDL) 60% ($40 min/$60 max) Tier 3 (Non-PDL) - 50% ($60 min/$80 max) **Mail Order** (90-day supply) Tier 1 (Generic) - 80% ($40 min/$80 max) Tier 2 (Brand-PDL) 60% ($80 min/$120 max) Tier 3 (Non-Brand PDL) 50% ($120 min/$160 max) (deductible/out-of-pocket maximum do not apply)	Not covered
Mental Health and Substance Abuse[3]				
• Inpatient Care[3] (maximums apply; see Mental Health and Substance Abuse section)	100% (deductible applies / out-of-pocket maximum do not apply)	50% of R&C[1] (deductible / out-of-pocket maximum do not apply)	50% (deductible applies / out-of-pocket maximum do not apply)	50% of R&C[1] (deductible applies / out-of-pocket maximum do not apply)
• Outpatient Care[3] (maximums apply; see Mental Health and Substance Abuse section)	100%, after $25 copayment (deductible / out-of-pocket maximum do not apply)	50% of R&C[1] (deductible / out-of-pocket maximum do not apply)	50% (deductible applies/ out-of-pocket maximum do not apply)	50% of R&C[1] (deductible applies/ out-of-pocket maximum do not apply)
• Intermediate Care[3]	100% (deductible applies/out-of-pocket maximum do not apply)	50% of R&C[1] (deductible applies/ out-of-pocket maximum do not apply)	50% (deductible applies/ out-of-pocket maximum do not apply)	50% of R&C[1] (deductible applies/ out-of-pocket maximum do not apply)

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Annual Deductible	$150/person; $300/family (applies except where specified)	$300/person; $600/family (applies except where specified)	$1250/person; $2500/family (applies except where specified)	$2500/person; $5000/family (applies except where specified
Out-Of-Pocket Maximum	$1,000/person; $2,000/family (except where specified)	$5,000/person; $10,000/family (except where specified)	$3,500/person; $7,000/family (except where specified)	$5,000/person; $10,000/family (except where specified)
Non-Notification Penalty	$200 penalty applies to health facility services requiring pre-notification with UHC $300 penalty applies to Mental Health/Substance Abuse services requiring UBH pre-notification			
Maximum Lifetime Benefit	$2,000,000/person			

[1] Reasonable & customary charges. [2] Pre-notification with UHC is required to receive full plan benefit and avoid penalty [3] Pre-notification with UBH is required to receive full plan benefits and avoid penalty.
NOTE: Copayments do not apply towards deductible or out-of-pocket maximum

- Go to www.myUHC.com to review your claims, check eligibility of your dependents, order an ID card, locate network providers, and research information on many health topics.