

## HEALTH CARE COMPARISON CHART - 2009

|  | CIGNA POS   |  | UHC Choice Plus POS  |  | AETNA Choice POS II                               |   | HIP HMO                                | AETNA HMO   | Student Health                      |   |
|--|---|--|--|--|---|---|--|---|-------------------------------------|---|
|  | In-network  | Out-of-network   | In-network   | Out-of-network                                   | In-network  | Out-of-network                          |  |   | Preferred Care                      | Non preferred                                     |
| Physician Office Visits                  | \$15 copay  | 80% after ded.   | \$15 copay   | 80% after ded.                                   | \$15 copay  | 70% after ded.                          | \$15 copay                             | \$15 copay  |                                     |   |
| Preventative Care                        | %100 no copay   | Not covered  | 100% no copay  | Not covered                                      | 100% no copay                                     | Not covered                             | \$15 copay                             | \$15 copay  | \$20 copay                          | \$20 copay  |
| Annual Deductible:                       | None  |  | None   |  |   |   | None                                   | None  | None                                |   |
| Individual                               |   | \$300  |  | \$300  | \$150   | \$300                                   |  |   |                                     | \$500   |
| Family                                   |   | \$900  |  | \$900  | \$300   | \$900                                   |  |   |                                     |   |
| Co-insurance/Plan Pays                   | 100% after copay  | 80% after ded.   | 100% after copay   | 80% after ded.                                   | 90% after ded.                                    | 70% after ded.                          | 100% after copay                       | 100% after copay                                    |                                     |   |
| Out-of-pocket Maximum:                   | n/a   |  | n/a  |  |   |   | n/a                                    | n/a   |                                     |   |
| Individual                               |   | \$1,200  |  | \$1,200  | \$1,000   | \$2,000                                 |  |   | \$2,100                             | \$4,250   |
| Family                                   |   | \$2,400  |  | \$2,400  | \$2,000   | \$4,000                                 |  |   |                                     |   |
| <b>HOSPITAL SERVICES</b>                 |   |  |  |  |   |   |  |   |                                     |   |
| Inpatient Care                           | \$150 copay per admission   | 80% after ded.   | \$50 daily copay, up to \$250 per admit                          | 80% after ded.                                   | 90% after ded.                                    | 70% after ded.                          | \$200 per admission                    | \$240 per admission                                 | 80% of negotiated charge            | 50 % of reasonable charge                         |
| Outpatient Care                          | 100%  | 80% after ded.   | 100%   | 80% after ded.                                   | 90% after ded.                                    | 70% after ded.                          | \$15 copay                             | \$15/\$75   | 100% of negotiated charge           | 50% of reasonable charge                          |
| Emergency Room                           | \$50 copay  | waived if admit  | \$50 copay   | waived if admit                                  | \$50 copay  | waived if admit                         | \$50 copay                             | \$35 copay  | \$50 copay                          | \$50 copay  |
| <b>MENTAL HEALTH AND SUBSTANCE ABUSE</b> |   |  |  |  |   |   |  |   |                                     |   |
| Impatient Care                           | \$150 copay per admission<br>Combined Annual Limit: 60 days             | 80% after ded.<br>Combined Annual Limit: 60 days           | \$50 daily copay, up to \$250 per admit<br>Annual Limit: 60 days | 80% after ded.<br>Combined Annual Limit: 60 days |   | 70% after ded.<br>Annual Limit: 60 days | \$200 copay<br>Lifetime limit: 30 days | \$240 copay<br>Limit: 35 days                       | 80% of negotiated charge            | 50% of reasonable charge                          |
| Outpatient Care                          | 10: \$15 copay<br>next 50: \$25<br>Annual Max: 60 visits<br>Group: \$15 | 50% after ded.<br>Annual Max: 20 visits for ind. and group | 10: \$15 copay<br>50: \$25<br>Annual Max: 60 visits              | 50% of \$1,000<br>Annual Max: 20 visits          | 10: \$15 copay<br>next 50: \$25<br>Annual Max: 60 | 50% after ded.<br>Annual Max: 20 visits | 100% for<br>60 visits a year           | MH: \$25 copay<br>20 visits<br>SA: \$15 / 60 visits | \$20 copay<br>Annual Max: 60 visits | 70% of reasonable charge<br>Annual Max: 60 visits |