

OFFICERS 2010 MEDICAL PLAN COMPARISON CHART*

	Aetna POS 90	CIGNA POS 90 (NEW)	CIGNA POS 100	UHC POS 90 (NEW)	UHC POS 100
Preventive Care	In-Network 100%	Out-of-Network Not covered	In-Network 100%	Out-of-Network Not covered	In-Network 100%
Physician Office Visits	\$20 copay	70% after deductible	\$20 copay	70% after deductible	\$20 copay
Annual Deductible					
Individual	\$150	\$500	\$150	\$500	None
Family	\$300	\$1,500	\$300	\$1,500	None
Coinsurance (% paid by CU)	90% after deductible	70% after deductible	90% after deductible	70% after deductible	100%
Out-of-Pocket Maximum					
Individual	\$1,000	\$3,000	\$1,000	\$3,000	N/A
Family	\$2,000	\$6,000	\$2,000	\$6,000	N/A
Hospital Services					
Inpatient Care	90% after deductible Pre-certification required	70% after deductible Pre-certification required	90% after deductible Pre-certification required	70% after deductible Pre-certification required	\$250 copay per admission Pre-certification required
Outpatient Care	90% after deductible Pre-certification required	70% after deductible Pre-certification required	90% after deductible Pre-certification required	70% after deductible Pre-certification required	100% Pre-certification required
Emergency Room	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Mental Health & Substance Abuse					
Inpatient Care	90% after deductible Pre-certification required	70% after deductible Pre-certification required	90% after deductible Pre-certification required	70% after deductible Pre-certification required	\$250 copay per admission Pre-certification required
Outpatient Care	\$20 copay Annual maximum of 60 visits Pre-certification required	70% after deductible Combined annual maximum of 60 visits Pre-certification required	\$20 copay Annual maximum of 60 visits Pre-certification required	70% after deductible Combined annual maximum of 60 visits Pre-certification required	\$20 copay Annual maximum of 60 visits Pre-certification required
Infertility Treatment					
ART, IVF, GIFT, ZIFT	Annual benefit limit: \$5,000	Annual benefit limit: \$5,000	Annual benefit limit: \$5,000	Annual benefit limit: \$5,000	Annual benefit limit: \$5,000

* The above chart represents highlights of Plan provisions. Clinical medical management restrictions and other limits apply.