

BENEFIT SUMMARY*
CONVENTIONAL, NON-MEDICARE HEALTH INSURANCE PLANS - JULY 1, 2011
With Plan Design for Settled Employee Groups, and Non-Medicare Eligible Retirees

BENEFIT	BLUE CHOICE	FALLON – SELECT	FALLON – DIRECT
Office Visit PCP or Specialist	\$10 co-pay PCP \$20 co-pay Specialist	\$10 co-pay \$20 co-pay Specialist	\$10 co-pay \$15 co-pay Specialist
Prescriptions	Retail = \$10/\$20/\$35 30-Day Supply Mail-away = \$20/\$40/\$105 90-day supply	Retail = \$10/\$20/\$35 30-Day Supply Mail-away = \$20/\$40/\$105 90-day supply	Retail = \$10/\$20/\$35 30-Day Supply Mail-away = \$20/\$40/\$105 90-day supply
Inpatient Care	\$250 Co-pay	\$250 Co-pay	\$200 Co-pay
Outpatient Lab/X-ray	Covered in full	Covered in full	Covered in full
Outpatient Surgery	\$150 Co-pay	\$150 Co-pay	\$100 Co-pay
Short-term Rehab: Outpatient, OT, PT	\$20 per visit Up to 60 per calendar year	\$10 per visit Up to 20 per illness or injury per calendar year	\$10 per visit Up to 20 per illness or injury per calendar year
Skilled Nursing	Covered in full Up to 100 days per calendar year	Covered in full Up to 100 days per calendar year	Covered in full Up to 100 days per calendar year
Chiropractor	Out-of-Network	Visits 1 – 20, \$10 each	Visits 1 – 20, \$10 each
Outpatient Mental Health	\$10 co-pay Biological visits – no limit Non-biological – 24 visits/yr	\$10 co-pay Unlimited biological and non- biological	\$10 co-pay Unlimited biological and non- biological
Durable Medical Equipment (wheelchairs, crutches, etc.)	Maximum coverage of \$1,500 per calendar year *	Maximum coverage of \$1,500 per calendar year	Maximum coverage of \$1,500 per calendar year
ER Visit - Waived if Admitted	\$75	\$75	\$75
Ambulance	Emergencies are covered in full, medically necessary are subject to deductible & co-insurance	Emergencies are covered in full, medically necessary when ordered by a physician	Emergencies are covered in full, medically necessary when ordered by a physician
Routine Vision Exam	\$20 co-pay	\$20 co-pay	\$20 co-pay
PREMIUM RATES Mo. Prem. Indiv/Fam	\$731.46/\$1,917.52	\$601.41/\$1,550.30	\$488.38/\$1,255.07
Employee Weekly Cost	Ind: \$42.20 Fam: \$110.63	Ind: \$34.70 Fam: \$89.44	Ind: \$28.18 Fam: \$72.41
Retiree Monthly Cost	Ind: \$182.87 Fam: \$479.38	Ind: \$150.35 Fam: \$387.58	Ind: \$122.10 Fam: \$313.77

* This is a brief summary of some of the benefits offered. Additional details can be found in the complete plan descriptions.