

Carrier	CIGNA		CIGNA		OXFORD		OXFORD*		HIP	AETNA	VYTRA
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network Only	In Network Only	In Network Only
Type of Plan	PPO		POS		POS		POS - GOLD PLAN		HMO	HMO	HMO
Next Ren'l Date	January 1, 2007		January 1, 2007		January 1, 2007		January 1, 2007		November 1, 2006	November 1, 2006	November 1, 2006
Gatekeeper	No	N/A	Yes	N/A	Yes	N/A	Yes	N/A	Yes	Yes	Yes
Deductible	N/A	\$100/300	N/A	\$200/\$400	N/A	\$250/\$625	N/A	\$750/\$2,250	N/A	N/A	N/A
Coinsurance	N/A	80%	N/A	80%	N/A	80%	N/A	70%	N/A	N/A	N/A
Out of Pocket Maximum (excl. ded)	\$2,000 per person		N/A	\$1,250/\$3,750	N/A	\$1,000/\$2,500	N/A	\$1,500/4,500	N/A	\$1,500/3,000	N/A
Lifetime Maximum	Unlimited		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	N/A	N/A	N/A
Retail Prescription Drugs (copay)	Ded & Coins.	Ded & Coins.	\$2	80%, no ded.	\$2/\$5	Not Covered	\$10/\$25/\$50 (in network only)		\$5	\$2.50	\$5
Mail Order Prescription Drugs	80% coins; no deductible	80% coins.; no deductible	\$4	Not Covered	\$2/\$5	Not Covered	\$10/\$25/\$50 (in network only)		\$2.50	\$2.50	\$10
Office Visits	\$10	Ded & Coins.	\$10	Ded & Coins.	\$10	Ded & Coins.	\$15	Ded & Coins.	Covered at 100%	\$2	\$5
Routine Physical Exams	Covered at 100% ¹	Ded & Coins.	\$10	Not Covered	\$10	Not Covered	Covered at 100%	Not Covered	Covered at 100%	\$2	\$5
Well Child Exams	Covered at 100% ¹	Ded & Coins.	Covered at 100% ¹	Ded & Coins.	Covered at 100%	Ded & Coins.	Covered at 100%	Ded & Coins.	Covered at 100%	\$2	Covered at 100%
Lab & Radiology	Covered at 100%	Ded & Coins.	Covered at 100%	Ded & Coins.	Covered at 100%	Ded & Coins.	Covered at 100%	Ded & Coins.	Covered at 100%	Covered at 100%	Covered at 100%
Vision Care	Not Covered	Not Covered	\$10, one exam every 2 years; no hardware	Ded & Coins.	Not Covered	Not Covered	Not Covered	Not Covered	Refractive eye exam covered at 100%; \$45 for a complete pair of eyeglasses	\$35 for glasses or frames per 24 month period; \$2 annual exam copay	Discount on eye exams, glasses, and contacts at a participating vendor; Refractive eye exam- \$5
Chiropractic Care	\$10 No daily limit; must prove medical necessity	Ded & Coins.	\$10 No daily limit; must prove medical necessity	Ded & Coins.	\$10 No Daily Limit; Subject to Medical Necessity	Ded & Coins.	\$15 No Daily Limit; Subject to Medical Necessity	Ded & Coins.	Covered at 100% No daily limit; must prove medical necessity	Covered at 100% No daily limit; must prove medical necessity	\$5 No daily limit; must prove medical necessity
Emergency Room	Covered at 100%	100%	\$25, waived if admitted	\$25, waived if admitted	\$35, waived if admitted	\$35, waived if admitted	\$50, waived if admitted	\$50, waived if admitted	Covered at 100%	\$15, waived if admitted	\$25, waived if admitted
Hospitalization	Covered at 100%	Ded & Coins.	Covered at 100%	Ded & Coins.	Covered at 100%	Ded & Coins.	\$250	Ded & Coins.	Covered at 100%	\$500 per admission	Covered at 100%
Outpatient Surgery	Covered at 100%	Ded & Coins.	Covered at 100%	Ded & Coins.	Covered at 100%	Ded & Coins.	Covered at 100%	Ded & Coins.	Covered at 100%	Covered at 100%	Covered at 100%
Skilled Nursing Facility	Covered at 100% 100 day calendar year maximum; limits combined in and out of network	Ded & Coins.	Covered at 100% 60 day calendar year max; limit combined in and out of network	Ded & Coins.	Covered at 100% 30 day calendar year max; limit combined in and out of network	Ded & Coins.	\$250 30 day calendar year max; limit combined in and out of network	Ded & Coins.	Covered at 100% No daily limit	Covered at 100%	Covered at 100% 45 day maximum per calendar year
Hospice Care	Covered at 100% No daily limit	Ded & Coins.	Covered at 100% No daily limit	Ded & Coins.	Covered at 100% 210 day maximum per lifetime; limit combined in and out of network	Ded & Coins.	\$250 210 day maximum per lifetime; limit combined in and out of network	Ded & Coins.	Covered at 100% 210 day maximum per lifetime	Covered at 100% 180 day maximum per lifetime	Covered at 100% 210 days per lifetime
Home Health Care	Covered at 100% 120 day calendar year max; daily limit combined in and out of network	80% coins after \$50 ded.	Covered at 100% No daily limit	80% coins after \$50 ded.	\$10 60 home care visits per contract year	20% Coins.	\$15 60 home care visits per contract year	20% Coins.	Covered at 100% 200 visits/calendar year	\$5	\$5 40 visit calendar year
Short Term Rehab	\$10 No daily limit	Ded & Coins.	\$10 60 day calendar year max; limit combined in and out of network	Ded & Coins.	Covered at 100% inpatient \$10 outpatient 60 day inpatient max per condition/life 90 visit outpatient max per condition/life	Ded & Coins.	\$250 inpatient \$15 outpatient 60 day inpatient max per condition/life 90 visit outpatient max per condition/life	Ded & Coins.	Covered at 100%	Covered at 100%	\$5 60 visits per calendar year
Durable Medical Equipment	Covered at 100% No maximum; subject to medical necessity	Ded & Coins.	Covered at 100% No maximum; subject to medical necessity	Ded & Coins.	Covered at 100% Pre-certification required; subject to medical necessity	Ded & Coins.	Covered at 100% Pre-certification required for items over \$500; subject to medical necessity	Ded & Coins.	Covered at 100% No maximum but must be HIP approved vendor; prior approval required	Covered at 100% No annual limit; must prove medical necessity	Covered at 100% No maximum but must be VYTRA approved vendor; prior approval required
Mental Health-Inpatient care	No charge 30 day calendar year max; daily limit combined in and out of network	Ded & Coins.	Covered at 100% 30 day calendar year max; daily limit combined in and out of network	Ded & Coins.	Covered at 100% 30 day calendar year maximum	Not Covered	\$250 30 day calendar year maximum	Not Covered	Covered at 100% 30 day calendar year maximum	\$500 per admission 35 day calendar year maximum	Covered at 100% 30 day calendar year maximum

Mental Health- Outpatient care	\$10 Ded & Coins. 30 visit calendar year max; visit limits combined in and out of network	\$10 Ded & Coins. 45 visit calendar year max; visit limits combined in and out of network	50% copayment Ded & 50% Coins. 30 visit calendar year max; visit limits combined in and out of network	50% copayment 50% coinsurance 30 visit calendar year max; visit limits combined in and out of network	Covered at 100% 60 visit calendar year maximum	Visits 1 & 2: No copay Visits 3 - 10: \$10 Visits 11 - 20: \$25 20 visit calendar year maximum	Visits 1-3: \$5 Visits 4-20: \$25 20 visit calendar year maximum
Dependent Age	19/23	19/23	19/23	19/23	19/23	19/23	19/25
<u>Rates</u>							
Single	\$877.23	\$608.39	\$491.02	\$382.72	\$378.51	\$449.10	\$433.16
EE + Spouse	\$1,917.72	\$1,338.36	\$1,006.60	\$660.57	\$757.03	\$904.90	\$971.22
EE + Child(ren)	\$1,804.95	\$1,259.28	\$847.50	\$784.58	\$704.05	\$795.30	\$791.75
Family	\$2,839.96	\$1,983.26	\$1,480.92	\$1,154.27	\$1,157.91	\$1,327.60	\$1,278.46

¹ Non-NY Residents pay \$10 copay for Routine Physicals

*Rates with change to U&C percentile to 90%