

Your 2008 Medical Plan Options at a Glance

For Participants in Code 112

Here is an overview of key services and copays for your 2008 medical plan options.

	Aetna HMO**	HIP Prime HMO	Oxford Freedom HMO
PCP visit (other than routine physical)	\$20 PCP copay	\$20 PCP copay	\$20 PCP copay
Specialist office visit	\$30 Specialist copay	\$30 Specialist copay	\$30 Specialist copay
Routine physical	\$20 PCP copay	\$20 PCP copay	\$20 PCP copay
Deductible (does not apply to services with copays)			
▪ Individual	\$100	None	\$100
▪ Family	\$200	None	\$200
Out-of-pocket maximum (includes deductible, does not apply to services with copays)			
▪ Individual	\$2,000	None	\$2,000
▪ Family	\$4,000	None	\$4,000
Lifetime maximum	None	None	None
Inpatient hospital stays	<i>You pay 10% of discounted fee after deductible; precertification required</i>	\$200 copay per admission	<i>You pay 10% of discounted fee after deductible; precertification required</i>
Outpatient surgery	<i>You pay 10% of discounted fee after deductible</i>	No copay	<i>You pay 10% of discounted fee after deductible</i>
Emergency room visits	\$75 copay (waived if admitted)	\$50 copay (waived if admitted)	\$75 copay (waived if admitted)

*In general, reasonable & customary (R&C) charges are the normal range of fees for care and service charged by health care providers in a given geographic area. When you use out-of-network providers, benefits are paid based on reasonable & customary.

Prescription Drugs (Administered by CVS/Caremark, Inc.)

CVS/Caremark Participating Retail Pharmacies**30-day supply**

- Retail Generic **\$5 copay**
- Brand-name on CVS/Caremark's Preferred Drug List **\$20 copay**
- Brand-name **not** on CVS/Caremark's Preferred Drug List **\$35 copay**

CVS/Caremark Mail-Service Pharmacy**90-day supply****180-day supply**

- Mail Order Generic **\$10 copay** **\$20 copay**
- Brand-name on CVS/Caremark's Preferred Drug List **\$40 copay** **\$80 copay**
- Brand-name not on CVS/Caremark's Preferred Drug List **\$60 copay** **\$120 copay**

For more information about CVS/Caremark's preferred drug list, register on the secure caremark.com web site, then select "*My Drug List*" from the left navigation bar.

Notes:

1. Maintenance medications must be obtained through Caremark's Mail Service Pharmacy and are limited to 2 fills per calendar year at retail. Third and subsequent fills at retail are subject to \$50 copay.

Prescription medications that are classed as controlled substances are not considered maintenance medications, even if they are taken on a daily basis.

2. If you purchase a brand-name drug that is not on Caremark's Primary Drug List because there is no other brand on the market, you'll pay the Primary Drug List copay.