

2008 Medical Plan Highlights

	Core Plan		Value Plan	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
PLAN FEATURES				
ANNUAL DEDUCTIBLE				
Individual	\$200	\$500	\$750	\$1,500
Family	\$500	\$1,250	\$1,875	\$3,750
COINSURANCE	90%	70%	80%	60%
OUT-OF-POCKET (OOP) MAXIMUM - includes deductible				
Annual OOP Limit/Individual	\$1,000	\$2,500	\$2,500	\$10,000
Annual OOP Limit/Family	\$2,500	\$6,250	\$6,250	\$25,000
LIFETIME BENEFIT MAXIMUM	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
OUTPATIENT SERVICES				
Office Visit/Exam	\$20 co-pay Well baby care up to age 3 / \$0 co-pay	70% after deductible	\$20 co-pay Well baby care up to age 3 / \$0 co-pay	60% after deductible
Well-Child Care Immunizations	Included	70% after deductible Included	Included	60% after deductible Included
Mammograms	\$20 co-pay	70% after deductible	\$20 co-pay	60% after deductible
Periodic Exams with Preventive Tests	\$20 co-pay	70% after deductible	\$20 co-pay	60% after deductible
Outpatient Specialist Visit	\$20 co-pay	70% after deductible	\$20 co-pay	60% after deductible
Eye Exam (limit 1 per benefit year)	\$20 co-pay	70% after deductible	\$20 co-pay	60% after deductible
Non-Routine Diagnostic X-Ray and Lab Tests	90% after deductible	70% after deductible	80% after deductible	60% after deductible
MATERNITY CARE				
Initial Office Visit	\$20 co-pay	70% after deductible	\$20 co-pay	60% after deductible
Pregnancy and Maternity Care (Pre-Natal Care)	90% after deductible	70% after deductible	80% after deductible	60% after deductible
INPATIENT HOSPITAL SERVICES				
Inpatient Hospitalization Semi-Private Room & Board; Including Services and Supplies	90% after deductible 90% after deductible	70% after deductible 70% after deductible	80% after deductible 80% after deductible	60% after deductible 60% after deductible
Pre-Authorization of Services Required	\$500 penalty applies if non-emergency admission is not certified	\$500 penalty applies if non-emergency admission is not certified	\$500 penalty applies if non-emergency admission is not certified	\$500 penalty applies if non-emergency admission is not certified
SURGICAL SERVICES				
Outpatient Facility Charge	90% after deductible	70% after deductible	80% after deductible	60% after deductible

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PLAN FEATURES				
EMERGENCY ROOM				
Emergency Room Visit	\$75 co-pay if not admitted; if admitted, 90% after deductible	\$75 co-pay if not admitted; if admitted, 70% after deductible	\$75 co-pay if not admitted; if admitted, 80% after deductible	\$75 co-pay if not admitted; if admitted, 60% after deductible
URGENT CARE				
Urgent Care Facility	\$50 co-pay per visit	70% after deductible	\$50 co-pay per visit	60% after deductible
OTHER SERVICES & SUPPLIES				
Durable Medical Equipment & Prosthetic Devices	90% after deductible, \$2,500 limit per year	70% after deductible, \$2,500 limit per year	80% after deductible, \$2,500 limit per year	60% after deductible, \$2,500 limit per year
Home Health Care	90% after deductible, 40 visits per calendar year	70% after deductible, 40 visits per calendar year	80% after deductible, 40 visits per calendar year	60% after deductible, 40 visits per calendar year
Skilled Nursing or Extended Care Facility	90% after deductible, 90 days per year combined	70% after deductible, 90 days per year combined	80% after deductible, 90 days per year combined	60% after deductible, 90 days per year combined
Hospice Care	90% after deductible	70% after deductible	80% after deductible	60% after deductible
INFERTILITY				
Diagnosis & Treatment - Lifetime benefit maximum of \$10,000; separate Lifetime benefit maximum of \$5,000 for Prescriptions (Rx) connected to infertility treatment	90% after deductible; Must be at WFU Baptist Med Ctr	Not covered	80% after deductible; Must be at WFU Baptist Med Ctr	Not covered
OUTPATIENT THERAPY SERVICES				
Physical	90% after deductible, 20 visits max	70% after deductible, 20 visits max	80% after deductible, 20 visits max	60% after deductible, 20 visits max
Occupational	90% after deductible, 20 visits max	70% after deductible, 20 visits max	80% after deductible, 20 visits max	60% after deductible, 20 visits max
Speech	90% after deductible, 20 visits max	70% after deductible, 20 visits max	80% after deductible, 20 visits max	60% after deductible, 20 visits max

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PLAN FEATURES				
PRESCRIPTION DRUG (Catalyst Rx)				
Retail				
Generic	\$10 co-pay	Not covered	\$10 co-pay	Not covered
Brand (Formulary/Preferred)	\$25 co-pay	Not covered	\$25 co-pay	Not covered
Brand (Non-Formulary/Non-preferred)	\$50 co-pay 10 % of Cost - Minimum \$50 and Maximum \$100	Not covered	\$50 co-pay 10 % of Cost - Minimum \$50 and Maximum \$100	Not covered
Specialty	30 days	Not covered	30 days	Not covered
Number of Days Supply				
Extended Supply - at participating pharmacies				
Generic	\$30 co-pay	Not covered	\$30 co-pay	Not covered
Brand (Formulary/Preferred)	\$75 co-pay	Not covered	\$75 co-pay	Not covered
Brand (Non-Formulary/Non-preferred)	\$150 co-pay	Not covered	\$150 co-pay	Not covered
Number of Days Supply	90 days		90 days	
Mail Order				
Mail Order Mandatory	See Plan Document	See Plan Document	See Plan Document	See Plan Document
Generic	\$25 co-pay	Not covered	\$25 co-pay	Not covered
Brand (Formulary/Preferred)	\$62.50 co-pay	Not covered	\$62.50 co-pay	Not covered
Brand (Non-Formulary/Non-preferred)	\$125 co-pay	Not covered	\$125 co-pay	Not covered
Number of Days Supply for Mail Order	90 days		90 days	
MENTAL HEALTH (Carolina Behavioral Health Alliance)				
Inpatient Care	90% after deductible, 45 days max	70% after deductible, 30 days max	80% after deductible, 45 days max	60% after deductible, 30 days max
Outpatient Care	\$20 co-pay, 40 visits max	70% after deductible, 40 visits max	\$20 co-pay, 40 visits max	60% after deductible, 40 visits max
CHEMICAL DEPENDENCY (Carolina Behavioral Health Alliance)				
Inpatient Care	90% after deductible	70% after deductible	80% after deductible	60% after deductible
Outpatient Care	\$20 co-pay	70% after deductible	\$20 co-pay	60% after deductible
Combined Maximum Benefit	\$16,000 per year, \$32,000 lifetime (combined maximum)	\$16,000 per year, \$32,000 lifetime (combined maximum)	\$16,000 per year, \$32,000 lifetime (combined maximum)	\$16,000 per year, \$32,000 lifetime (combined maximum)