

**Benefit Copay Changes
2009 Open/Switch Enrollment**

Effective July 1, 2009

| | PRESBYTERIAN | LOVELACE | BLUE CROSS & BLUE SHIELD | | UNITED HEALTHCARE | |
|--|--|--|--|----------------------------------|--|----------------------------------|
| BENEFITS | | | PREFERRED PROVIDER | NONPREFERRED PROVIDER | IN-NETWORK | OUT-OF NETWORK |
| Deductibles | \$150/\$300/\$450 | \$150/\$300/\$450 | \$300/\$600/\$900 | \$1500/\$3000/\$4500 | \$300/\$600/\$900 | \$1500/\$3000/\$4500 |
| Out of Pocket | \$3000/\$6000/\$9000 | \$3000/\$6000/\$9000 | \$3000/\$9000 | \$6000/\$18000 | \$3000/\$9000 | \$6000/\$18000 |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Primary Care Provider | \$15.00 (deductible waived) | \$15.00 (deductible waived) | \$20 (deductible waived) | Not Applicable | \$20 (deductible waived) | Not Applicable |
| Specialist Provider | \$30.00 | \$30.00 | \$30.00 | 40% | \$30 | 40% |
| Adult Preventive Services | \$0.00 (deductible waived) | \$0.00 (deductible waived) | \$0.00 (deductible waived) | 40% (deductible waived) | \$0.00 (deductible waived) | 40% (deductible waived) |
| Well Child Services | \$0.00 (deductible waived) | \$0.00 (deductible waived) | \$0.00 (deductible waived) | 40% (deductible waived) | \$0.00 (deductible waived) | 40% (deductible waived) |
| Laboratory | 10% | 10% | 10% | 40% | 10% | 40% |
| X- Ray | 10% | 10% | 10% | 40% | 10% | 40% |
| Inpatient Hospital | \$400.00 per admission | \$400.00 per admission | \$400.00 per admission | 40% | \$400.00 per admission | 40% |
| MR/PET/CT Scans | 10% up to maximum of \$200 per test | 10% up to maximum of \$200 per test | 10% up to maximum of \$200 per test | 40% | 10% up to maximum of \$200 per test | 40% |
| Outpatient Surgery | 10% | 10% | 10% | 40% | 10% | 40% |
| Maternity Physician Services | \$15.00 Initial Visit Only | \$15.00 Initial Visit Only | \$20.00 Initial Visit Only | 40% | \$20.00 Initial Visit Only | 40% |
| Maternity Hospitalization | \$400.00 | \$400.00 | \$400.00 | 40% | \$400.00 | 40% |
| Routine Nursery Care for Newborns | No Copay | No Copay | No Copay | 40% | No Copay | 40% |
| Emergency Room Visit | \$175.00 | \$175.00 | \$175.00 | \$175.00 | \$175.00 | \$175.00 |
| Urgent Care Center | \$50.00 | \$50.00 | \$50.00 | \$50.00 | \$50.00 | \$50.00 |
| Mental Health Out Patient | \$30.00 | \$30.00 | \$30.00 | 40% | \$30.00 | 40% |
| Mental Health In Patient | \$400.00 | \$400.00 | \$400.00 | 40% | \$400.00 | 40% |
| Chiropractic, Acupuncture, Massage Therapy | \$30.00 (up to \$1500 combined per contract yer) | \$30.00 (up to \$1500 combined per contract yer) | \$30.00 (up to \$1500 combined per contract yer) | 40% | \$30.00 (up to \$1500 combined per contract yer) | 40% |
| Naprapathic Services | \$30.00 (up to \$1500 per contract yer) | \$30.00 (up to \$1500 per contract yer) | \$30.00 (up to \$1500 per contract yer) | 40% | \$30.00 (up to \$1500 per contract yer) | 40% |
| Durable Medical Equipment | 20% | 20% | 25% | 40% (maximum \$1000 plan year) | 25% | 40% (maximum \$1000 plan year) |
| Chemotherapy and Radiation Therapy | No Copay in Physicians Office | No Copay in Physicians Office | \$30.00 | 40% | \$30.00 | 40% |
| Home HealthCare | \$30.00 Physician, no copay for nursing services | \$30.00 Physician, no copay for nursing services | \$30.00 | 40% | \$30.00 | 40% |
| Hearing Aids | 15% | 15% | 15% | 15% | 15% | 15% |
| Physical, Occupational, and Speech Therapy | \$30.00 | \$30.00 | \$30.00 | 40% | \$30.00 | 40% |
| Hospice | No Copay | No Copay | No Copay | 40% | No Copay | 40% |
| Surgical Services Inpatient | Part of Hospital Admission | Part of Hospital Admission | Part of Hospital Admission | 40% | Part of Hospital Admission | 40% |
| Surgical Services Outpatient | 10% | 10% | 10% | 40% | 10% | 40% |
| Surgical Services PCP Office | PCP Copay | PCP Copay | PCP Copay | 40% | PCP Copay | 40% |
| Surgical Services Specialist | \$30.00 | \$30.00 | \$30.00 | 40% | \$30.00 | 40% |
| Transplants | Copays based on Place of Service | Copays based on Place of Service | Copays based on Place of Service | Copays based on Place of Service | Copays based on Place of Service | Copays based on Place of Service |
| EXPRESS SCRIPTS | | | | | | |
| | | Retail | | Home Delivery | | |
| | | Min | Max | | | |
| Generic | 20% | \$5.00 | \$15.00 | \$12.00 | | |
| Brand | 30% | \$30.00 | \$80.00 | \$50.00 | | |
| Brand Non-Preferred | 40% | \$55.00 | \$100.00 | \$100.00 | | |
| Specialty | Copay | \$150.00 | | | | |
| | Calendar Maximum out of Pocket (MOP) | \$1,500.00 | | | | |
| | After | \$75.00 | | | | |
| <p>While in Albuquerque, you can take advantage of Express Scripts' walk-in prescription drop-off/pick-up and counseling service. The walk-in service allows you to conveniently drop off and pick up your prescriptions at mail order copays. (Standard processing time of three to five business days required.)</p> | | | | | | |