

# XYZ Company

## Medical Plan Comparison

HMO Plans Benefit Summary	BLUE CROSS Classic \$30 HMO	HEALTH NET 30 Standard	BLUE SHIELD Access + 30
	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>
INDIVIDUAL DEDUCTIBLE	None	None	None
FAMILY DEDUCTIBLE	None	None	None
ANNUAL OUT OF POCKET (Individual)	\$2,500	\$3,000	\$3,500
ANNUAL OUT OF POCKET (Family)	\$5,000	\$6,000	\$7,000
OFFICE COPAY	\$30 PCP/ \$40 Specialist	\$30	\$30/\$45 Access + Specialist
LABORATORY/RADIOLOGY	No Charge	No Charge	No Charge
HOSPITALIZATION	\$500/Admission	\$500/day (3 days max/admission)	\$500/day (3 days max/admission)
OUTPATIENT SURGERY	80%	\$500	\$500/surgery
EMERGENCY ROOM	\$100 copay (Waived if admitted)	\$100 (Waived if admitted)	\$150/visit (Waived if admitted)
RX GENERIC	\$10 Copay	\$15 Copay	\$15 Copay
RX BRAND	\$25 copay after \$150 Ded if generic not avail.; \$10 copay after \$150 Ded plus the diff. between brand and generic if generic is avail.	\$30 Copay	\$30 Copay after \$150 Deductible
RX NON-FORMULARY	Not Covered	\$50 Copay	Not Covered
	Current	Proposed	
TOTAL MONTHLY PREMIUM @ 0.90	\$4,762.00	\$4,170.12	\$4,393.00

Rates Effective 4/1/09