

Hometown Health HMO Medical Plan Comparison  
Plan Year: July 1, 2011 - June 30, 2012

Benefit:	PY 2011	PY 2012
Deductible	\$250/\$750	no deductible
Out of pocket max	\$6,200/\$12,400	\$6,200/\$12,400
<b>Physician Office Visits</b>		
Primary Care Visit	\$25	\$25
Obstetrics & Gynecology	\$25	\$25
Specialty Visit	\$45	\$45
<b>Preventive Screenings</b>		
Mammography	\$45	no charge
Prostate Specific Antigen (PSA) Screen	\$25/\$45	no charge
Papanicolaou (Pap) test	\$25/\$45	no charge
Colorectal Screening	\$200	no charge
<b>Hospital Inpatient Services</b>		
Inpatient Hospital	CYD and \$1,500/admit	\$1,500/admit
Outpatient Observation	CYD and \$1,500/admit	\$1,500/admit
Skilled nursing facility (limited to 30 days)	CYD and \$1,500/admit	\$1,500/admit
Rehabilitation facility (limited to 30 days)	CYD and \$1,500/admit	\$1,500/admit
<b>Urgent Care and Emergency Services</b>		
Urgent Care	CYD and \$50/copay	\$50/copay
Emergency Room	CYD and \$300/copay	\$300/copay
Ambulance ground	CYD and \$150/copay	\$150/copay
Ambulance air & water	CYD and \$200/copay	\$200/copay
<b>Imaging and Diagnostic Testing</b>		
CT Scan	CYD and \$250/copay	\$250/copay
Magnetic Resonance Imaging (MRI)	CYD and \$250/copay	\$250/copay
General Nuclear Medicine	CYD and \$250/copay	\$250/copay
Positron Emission Tomography (PET) Scan	CYD and \$350/copay	\$350/copay
All other imaging - primary care	included in office copay	included in office copay
All other imaging - specialty care physician office	included in office copay	included in office copay
All other imaging - provided in a hospital or outpatient setting	CYD and \$75 copay	\$75/copay
Diagnostic Mammogram	\$45	\$45
<b>Laboratory Services</b>		
General Laboratory Services - provided by an independent lab	No charge	No charge
General Laboratory Services - provided at outpatient hospital or other outpatient setting other than performed at MD office	CYD and \$75 copay	No charge
<b>Outpatient Therapy</b>		
Speech therapy Occupational therapy Physical therapy (limited to 30 visits per plan year)	\$25/copay	\$25/copay
Wound therapy Chemotherapy Infusion Therapy Radiation therapy (provided in an outpatient hospital setting)	CYD and \$75 copay	\$75/copay
Chemotherapy Infusion therapy (provided in a physician office)	\$50/copy	\$50/copay
Cardiac & pulmonary rehabilitation (limited 40 visits per plan year per type of therapy)	\$25/copay	\$25/copay

Mental Health		
Inpatient	\$1,500/admit	\$1,500/admit
Partial hospitalization	\$75/copay/day	\$75/copay/day
Autism	\$25/copay (\$3,000 max per plan year)	\$25/copay (\$36,000 max per plan year)
Outpatient visit - mental health	\$25/copay	\$25/copay
Surgical Services		
Performed in physician's office	\$25/\$45/copay	\$25/\$45/copay
Performed in outpatient facility or outpatient hospital (same day surgery)	\$1,000/copay	\$1,000/copay
Diagnostic & therapeutic endoscopy	\$1,000/copay	\$150/copay
Medical Supplies		
Durable medical equipment - \$3,500 max benefit per plan year	no charge	no charge
Orthopedic & prosthetic devices	CYD and \$25/copay	\$25/copay (limited to \$25,000 per plan year)
Ostomy care supplies - \$3,600 max benefit per plan year	CYD and \$25/copay	\$25/copay
Special food products - \$2,500 max benefit per plan year	\$25/copay	\$25/copay
Alcohol and Substance Abuse Treatment		
Inpatient Hospitalization	CYD and \$1,500/admit	\$1,500/admit
Outpatient - counseling	\$25/copay	\$25/copay
Medical Pharmacy		
Special pharmaceuticals	30% coinsurance	30% coinsurance
All other medical pharmacy	\$30/copay	\$30/copay
Other Medical Services		
Alternative medicine (acupuncture) - \$1,000 max benefit per year	\$45/copay	\$45/copay
Spinal Manipulation - \$1000 max benefit per plan year	\$45/copay	\$45/copay
Home health care - \$5,000 max benefit per plan year	CYD and \$25/copay	\$25/copay
Hospice - limited to cumulative 185 inpatient days or visits	No charge	no charge
Kidney dialysis and associated services	CYD and \$45/copay (\$60,000 max benefit per plan year)	\$45/copay
Genetic counseling and testing - \$2,500 max benefit per lifetime	CYD and \$50 copay/test	copayment varies by site of service and/or genetic condition

#### HMO Prescription Drug Rider

Benefit:	PY 2011	PY 2012
Formulary Drugs-		
Generic drugs	\$7 copay / script	\$7 copay / script
Brand-name drugs	\$40 copay /script	\$40 copay /script
Brand-name drugs (with a formulary generic drug alternative)	\$40 copay /script plus the price difference	\$40 copay /script plus the price difference
Non-Formulary Drugs-		
Generic and brand-name drugs	Greater of \$75 copay/ script or 40%	Greater of \$75 copay/ script or 40%
Other Prescription Drug Products		
Self-administered injectable	30% coinsurance	30% coinsurance
Special pharmaceuticals	30 % coinsurance	30 % coinsurance
<i>Special pharmaceuticals require prior authorization</i>		
<i>Out-of-Pocket maximum co-insurance does not apply</i>		
Most special pharmaceuticals must be obtained through a specialty pharmacy designated by Hometown Health		
Other Prescription Drug Products		
Generic drugs	\$7 copay / script	\$7 copay / script
Brand-name drugs	\$40 copay /script	\$40 copay /script