

**Retiree Enhanced EPO Under Age 65 Prepared for Rochester City School District**

12/2/2010

Type of Care/Plan Benefits	Coverage*
<p><b>Plan features</b></p> <ul style="list-style-type: none"> <li>• Primary Care Physician (PCP)</li> <li>• Referrals</li> <li>• Out of network benefits</li> <li>• Out of area benefits</li> <li>• Student/Dependent coverage</li> <li>• Domestic partner</li> </ul> <p><b>Plan cost-sharing highlights</b></p> <ul style="list-style-type: none"> <li>• Office visit copay (Primary Care Physician)</li> <li>• Office visit copay (Specialist)</li> <li>• Coinsurance</li> <li>• Deductible</li> <li>• Out of pocket maximum</li> <li>• Lifetime maximum</li> </ul>	<ul style="list-style-type: none"> <li>• Not required</li> <li>• Not required</li> <li>• Not covered</li> <li>• Coverage provided worldwide through the BlueCard® program</li> <li>• Qualified dependents and students are covered to age 26.</li> <li>• Covered for same sex only</li>   <li>• \$15 copay</li> <li>• \$15 copay</li> <li>• None</li> <li>• None</li> <li>• None</li> <li>• None</li> </ul>
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<p><b>Preventive Health Care Services</b></p> <ul style="list-style-type: none"> <li>• Well child visits</li> <li>• Adult routine physical exams</li> <li>• Adult immunizations</li> <li>• Mammography</li> <li>• Pap smear</li> <li>• Routine GYN exam</li> <li>• Prostate cancer screening</li> <li>• Routine vision</li> <li>• Colonoscopy</li> </ul> <p><b>Physician Office Services</b></p> <ul style="list-style-type: none"> <li>• Diagnostic office visits</li> <li>• Diagnostic x-rays</li> <li>• Diagnostic laboratory and pathology</li> <li>• Allergy tests</li> <li>• Allergy injections</li> <li>• Chemotherapy</li> <li>• Radiation therapy</li> <li>• Second medical opinion</li> <li>• Sick Child Visits</li> </ul> <p><b>Maternity Services</b></p> <ul style="list-style-type: none"> <li>• Prenatal and postpartum care</li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full</li> <li>• Covered in full, limited to one exam per calendar year according to national guidelines</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• \$15 copay</li> <li>• \$15 copay for one routine exam per calendar year; \$100 eyewear allowance available per calendar year</li> <li>• Preventative covered in full</li>   <li>• \$15 copay per visit, \$0 for children to age 19 for PCP</li> <li>• \$15 copay, precertification applies to MRI, PET and CAT scans</li> <li>• Covered in full</li> <li>• \$15 copay per visit</li> <li>• \$15 copay per visit</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• \$15 copay per visit</li> <li>• \$0 to age 19</li>   <li>• \$5 copay for the first 10 visits then covered in full</li> </ul>

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<ul style="list-style-type: none"> <li>• <b>Hospital care for mom (including delivery)</b></li> <li>• <b>Newborn nursery care</b></li> </ul>	<ul style="list-style-type: none"> <li>• Hospital-Covered in full; Delivery-Covered in full with \$50 copayment in combination with prenatal and postpartum care.</li> <li>• Covered in full</li> </ul>
<p><b>Prescription Drug</b></p> <ul style="list-style-type: none"> <li>• <b>Short-term and maintenance drugs</b></li> </ul>	<ul style="list-style-type: none"> <li>• \$5/\$20/\$35 for retail and mail order. Retail 1 copay for 30 day supply or 3 copay for 90 day supply. Mail order 1 copay for 90 day supply</li> </ul>
<p><b>Inpatient Hospital Benefits</b></p> <ul style="list-style-type: none"> <li>• <b>Hospital benefits</b></li> <li>• <b>Physician visits in the hospital</b></li> <li>• <b>Inpatient physical rehabilitation</b></li> <li>• <b>Surgery</b></li> <li>• <b>Anesthesia</b></li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full for unlimited days, precertification applies</li> <li>• Covered in full</li> <li>• Covered in full for up to 60 days per calendar year</li> <li>• Covered in full</li> <li>• Covered in full</li> </ul>
<p><b>Emergency Care</b></p> <ul style="list-style-type: none"> <li>• <b>Emergency room care</b></li> <li>• <b>Freestanding urgent care center</b></li> <li>• <b>Ambulance</b></li> </ul>	<ul style="list-style-type: none"> <li>• \$50 copay per visit, unless admitted within 24 hours</li> <li>• \$25 copay per visit</li> <li>• \$15 copay</li> </ul>
<p><b>Outpatient Hospital Benefits</b></p> <ul style="list-style-type: none"> <li>• <b>Diagnostic x-rays</b></li> <li>• <b>Diagnostic laboratory and pathology</b></li> <li>• <b>Surgical care</b></li> <li>• <b>Chemotherapy</b></li> <li>• <b>Radiation therapy</b></li> <li>• <b>Pulmonary Rehabilitation</b></li> <li>• <b>Hemodialysis</b></li> </ul>	<ul style="list-style-type: none"> <li>• \$15 copay per visit, precertification applies to MRI, PET and CAT scans</li> <li>• Covered in full</li> <li>• \$15 copay per visit</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• \$15 copay per visit</li> <li>• Covered in full</li> </ul>
<p><b>Mental Health and Chemical Dependence</b></p> <ul style="list-style-type: none"> <li>• <b>Inpatient mental health care</b></li> <li>• <b>Outpatient mental health care</b></li> <li>• <b>Inpatient chemical dependence</b></li> <li>• <b>Outpatient chemical dependence</b></li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full, precertification applies</li> <li>• \$15 copay per visits, services can be provided in an outpatient facility or in a provider office</li> <li>• Covered in full, precertification applies</li> <li>• \$15 copay per visit</li> </ul>
<p><b>Other Services</b></p> <ul style="list-style-type: none"> <li>• <b>Diabetic insulin and supplies</b></li> <li>• <b>Skilled nursing facility</b></li> <li>• <b>Home care</b></li> <li>• <b>Hospice</b></li> <li>• <b>Outpatient therapy</b></li> <li>• <b>Durable medical equipment and supplies</b></li> <li>• <b>External prosthetics and orthotics</b></li> <li>• <b>Chiropractic</b></li> </ul>	<ul style="list-style-type: none"> <li>• \$15 copay</li> <li>• Covered in full for up to 120 days per calendar year, 360 day lifetime max, precertification applies</li> <li>• Covered in full for unlimited visits, precertification applies</li> <li>• Covered in full for unlimited days</li> <li>• \$15 copay for up to a combined total of 45 visits per calendar year for physical, speech, occupational and respiratory therapy</li> <li>• Covered at 80%, precertification applies</li> <li>• Covered at 80%</li> <li>• \$15 copay per visit</li> </ul>

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<ul style="list-style-type: none"> <li>• <b>Acupuncture</b></li> <li>• <b>Dental</b></li> <li>• <b>Hearing</b></li> <li>• <b>Private Duty Nursing</b></li> <li>• <b>Pre-admission Testing</b></li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 50%, up to 10 visits per calendar year</li> <li>• Covered same as similar service for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>• \$15 copay for diagnostic exam, no coverage for routine exam, two hearing aids covered every 3 years for children to age 19</li> <li>• Covered in full inpatient and at home</li> <li>• Covered in full</li> </ul>