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Yellow Roadway Corporation



FlexChoice | 2005 Medical Plan Comparison Guide



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This summary is a brief outline only and is not intended to cover all details. Official plan documents have the final word over any other oral or written statement. Yellow Roadway Corporation reserves the right to amend, change or terminate the plans at any time. Only the Benefits Administrative Committee has the authority to amend, change or terminate the plans. This comparison chart and the benefits outlined do not imply any guarantees.

Definitions for Your Reference

Coinsurance

A percentage of the total eligible expense you must pay for care, such as the 20% or 25% in Yellow Roadway's indemnity medical options. The coinsurance may be collected at the time the service is rendered, or you may be billed for it.

Copay

The fixed-dollar amount you must pay for care. The copay is usually collected at the time the service is rendered.

Deductible

The amount of eligible expenses you must pay out of your pocket each calendar year before benefits are paid — found under a PPO indemnity option or out-of-network under a PPO option.

Dispensed As Written (DAW)

Terminology used by a physician, when prescribing a drug, that instructs the pharmacist to provide medication exactly as stated on the prescription.

Formulary

A list of specific generic and brand name prescription drugs authorized by a health plan and subject to periodic review and modification. Not all brands of the same prescription drug (i.e., different manufacturers) may be included in the formulary.

Health Maintenance Organization (HMO)

A managed care option that generally provides 100% coverage after a \$10 to \$20 copay. Patients must use their primary care physician and his or her referral to other network providers.

Indemnity Options

Medical options that allow you to see any doctor you wish and receive benefits; however, you must meet a deductible before the benefits are paid, and then you must share costs by paying a percentage of the eligible expenses for the care you receive. These options have networks. If you use a provider in the network, you receive a higher level of benefits than if you use a provider outside the network.

In-Network Benefits

Under a PPO option, payments made on your behalf for health care you receive through providers in the plan's network. These benefits are paid at a higher level than benefits for care received outside the network.

Maintenance Drugs

Prescription drugs designated by a health plan that are not written for episodic or isolated treatments of medical conditions. Maintenance drugs are for ongoing conditions and are taken on a long-term basis.

Network

A collection of hospitals, doctors (both primary care and specialists) and other providers who have agreed to provide services (such as preventive, routine, lab, x-ray, surgery) at agreed-upon rates.

Out-of-Network Benefits

Under a PPO option, payments made on your behalf for health care not provided in the option's network. These benefits are paid at a lower level than benefits for care received from in-network providers because there are fewer controls over the care you receive and the costs the doctors or hospitals charge.

Preferred Provider Organization (PPO) Option

A Medical care option that offers a choice of whether or not to use a network provider at the point of receiving a service. If you use a provider in the network, you receive a higher level of benefits than if you use a provider outside the network.

Primary Care Physician (PCP)

A physician who is responsible for coordinating your medical care in an HMO network. Primary care physicians generally manage routine and preventive care and refer you to network specialists as needed. Typically, general practitioners, family practitioners, pediatricians and internists are PCPs.

Reasonable and Customary (R&C) Charge

The maximum charge allowed for a service based on zip code area that certain medical options will use to calculate the benefit payment — used in indemnity options and for out-of-network services under PPO options.

Choosing A Primary Care Physician

For most people, a physician with training in primary care (e.g., internal medicine, family medicine, or general practice) is one of the best friends to have when you come face-to-face with the health care system. Who better to coordinate your care and refer you to the right specialists?

Some of the HMO medical options Yellow Roadway offers require you to select a primary care physician. Even if the plan you choose doesn't, it's a good idea to build this special relationship. Think about what's most important to you and what your most pressing concerns are.

You may want to start with this short list of questions for the doctor:

- ◆ Are you board certified?
- ◆ In what medical specialties are you certified?
- ◆ Do you participate actively in medical education?
- ◆ At what hospitals do you have admitting privileges?
- ◆ Will you discuss issues or problems with me over the telephone? Will I pay extra for this?
- ◆ What are your hours and average waiting time for an appointment?
- ◆ Are you available to treat me or make referrals after-hours or on weekends?
- ◆ If I need a specialist, how will you help me find the best one available?
- ◆ Can your staff call in prescriptions when necessary?
- ◆ Do you have back-up physicians who are available to treat me when you're unavailable?
- ◆ Do the partners in your medical practice share the same philosophy about health care?
- ◆ To which health plans do you belong?
- ◆ Are there other locations, besides your office, where I can see you?
- ◆ How do you feel about alternative treatment methods?
- ◆ What role do you expect me to take in my care?
- ◆ Do you have a nurse practitioner or physician's assistant as part of the team?
- ◆ Do you require full payment upfront, or can my health plan pay you directly?
- ◆ Can I meet your office staff?

Plan changes for 2005 are highlighted in orange for your convenience.

Health Maintenance Organizations (HMOs)

Option

①

Option

①

	Coventry Health Care			Kaiser Permanente		
Location	Iowa	Kansas City/Topeka/Wichita	Northwest	Northern California	Southern California	
General Plan Information						
Doctor Selection	You must choose a primary care physician (PCP) and use your PCP for care	You must choose a primary care physician (PCP) and use your PCP for care	PCP selection is encouraged but not mandatory	PCP selection is encouraged but not mandatory	PCP selection is encouraged but not mandatory	
Access to Specialists and Hospitals	Referral required from your PCP (unless a "true" emergency)	Referral required from your PCP (unless a "true" emergency)	Referral required from your PCP (unless a "true" emergency)	Referral required from your PCP (unless a "true" emergency)	Referral required from your PCP (unless a "true" emergency)	
Coverage for Eligible Dependents Who Do Not Live With You	Available in some cases. Contact Customer Service for details	Available in some cases. Contact Customer Service for details	Available; contact Member Services for details	Available; contact Member Services for details	Available; contact Member Services for details	
Annual Deductible	None	None	None	None	None	
Annual Out-of-Pocket Maximum	(2)\$1,000 individual / \$3,000 family up to a maximum of 200% of annual premium	(2)\$1,000 individual / \$3,000 family up to a maximum of 200% of annual premium	\$600 individual / \$1,200 family	\$1,500 individual / \$3,000 family	\$1,500 individual / \$3,000 family	
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Outpatient Services						
Outpatient Surgery	100%	100%	100%, after \$15 office visit copay	100%, after \$15 office visit copay	100%, after \$15 office visit copay	
Physical Therapy	100% after \$10 office visit copay; covered from original onset for up to 60 days	100% after \$10 office visit copay; covered from original onset for up to 32 visits	100% after \$15 office visit copay limited to the greater of 2 months or 20 visits per condition	100% after \$15 office visit copay (short-term therapy only)	100% after \$15 office visit copay (Benefits limited to medically necessary therapy)	

PPO Options

Indemnity Options

Option

Option

Option

Option

2

3

4

5

United Healthcare Choice Plus Network

United Healthcare Options PPO Network⁽⁵⁾

In-Network

Out-of-Network⁽⁵⁾

In-Network

Out-of-Network⁽⁵⁾

All Networks

High Option PPO Plan

All Networks

Low Option PPO Plan

All Locations⁽⁷⁾

You must choose a network physician	You may choose any doctor	You must choose a network physician	You may choose any doctor	You may choose any doctor	You may choose any doctor
Open choice — no referral required by plan	Open choice — no referral required by plan	Open choice — no referral required by plan	Open choice — no referral required by plan	Open choice — no referral required by plan	Open choice — no referral required by plan
Eligible dependents may qualify for coverage in a different zip code area. Contact Customer Service for details	Eligible dependents may qualify for coverage in a different zip code area. Contact Customer Service for details	Eligible dependents may qualify for coverage in a different zip code area. Contact Customer Service for details	Eligible dependents may qualify for coverage in a different zip code area. Contact Customer Service for details	Eligible dependents covered regardless of residence	Eligible dependents covered regardless of residence
None	\$300 individual/ \$600 family	\$100 individual/ \$200 family	\$600 individual/ \$1,200 family	\$200 individual/ \$400 family	\$750 individual/ \$1,500 family
\$2,000 individual/ \$4,000 family	\$20,000 individual/ \$40,000 family	\$3,000 individual/ \$6,000 family	No maximum	\$4,000 individual/ \$8,000 family	\$6,000 individual/ \$12,000 family
(4) \$1,000,000	(4) \$1,000,000	(4) \$1,000,000	(4) \$1,000,000	(4) \$1,000,000	(4) \$1,000,000
90%	60% after deductible	80% after deductible	60% after deductible	80% after deductible	75% after deductible
90%	60% after deductible	80% after deductible	60% after deductible	80% after deductible	75% after deductible

- (1)** Copay waived if admitted to hospital
- (1a)** Copay waived if admitted to hospital OR if member is sent by First Help
- (2)** Prescription drug copays do not count toward out-of-pocket maximum or annual deductible.
- (3)** Combined inpatient maximum of 30 days per year
- (4)** Limits are combined for in- and out-of-network
- (5)** Reasonable and Customary (R&C) limits apply and treatment must be medically necessary
- (6)** Combined maximum for well-baby immunizations, preventive care and routine Pap smear, in- or out-of-network
- (7)** A Preferred Provider Organization (PPO) is available in most locations
- (8)** No days/visits limit for mental health parity diagnosis
- (9)** Full vision care coverage is available through VSP; Kaiser Permanente options cover only eye exams after a \$15 copay
- (10)** Routine annual physical, tests, and immunizations (over age 7) have a \$100 maximum per person per year

Plan changes for 2005 are highlighted in orange for your convenience.

Health Maintenance Organizations (HMOs)

Option

①

Option

①

Location	Coventry Health Care		Kaiser Permanente		
	Iowa	Kansas City/Topeka/Wichita	Northwest	Northern California	Southern California
Outpatient Services (continued)					
Routine Office Visits	100% after \$10 office visit copay	100% after \$10 office visit copay	100% after \$15 office visit copay; 100% for preventive visits	100% after \$15 office visit copay	100% after \$15 office visit copay
Diagnostic X-Ray & Lab	100%	100%	100%	100%	100%
Well-Baby Care	100% after \$10 office visit copay	100% after \$10 office visit copay	100%, age 0 - 2	100% after \$15 office visit copay, age 0 - 23 months	100% after \$15 office visit copay, age 0 - 23 months
Preschool Immunizations	100% after \$10 office visit copay	100% for ages 0 to 72 months; 100% after \$10 office visit copay if visit includes exam/other services	100%	100%	100% after \$15 office visit copay
Pap Smears (Annually)	100% after \$10 office visit copay	100% after \$10 office visit copay	100%	100% after \$15 office visit copay	100% after \$15 office visit copay
Allergy Testing & Injections	100% after \$10 office visit copay	100% after \$10 office visit copay; 50% for testing	100%, after \$15 office visit copay for testing; \$5 copay for injections	100% after \$15 office visit copay for testing; \$3 copay for injections	100% after \$15 office visit copay for testing; \$3 copay for injections
Chiropractic Services	100% after \$10 office visit copay for up to 60 days from onset of therapy for condition when medically necessary and referred by PCP	100% after \$10 office visit copay for up to 32 visits per year when medically necessary and referred by PCP	Not covered	Not covered	Not covered

PPO Options

Option

②

United Healthcare Choice Plus Network

In-Network

Out-of-Network⁽⁵⁾

All Networks
High Option PPO Plan

Option

③

In-Network

Out-of-Network⁽⁵⁾

All Networks
Low Option PPO Plan

Indemnity Options

Option

④

United Healthcare Options PPO Network⁽⁵⁾

Option

⑤

All Locations⁽⁷⁾

100% after \$20 office visit copay	60% after deductible for illness/injury (not for preventive care)	100% after \$25 office visit copay for illness/injury ⁽⁹⁾	60% after deductible for illness/injury (not for preventive care)	80% after deductible	75% after deductible
90%	60% after deductible	80% after deductible	60% after deductible	80% after deductible	75% after deductible
100% after \$20 office visit copay	Not covered	100% after \$25 office visit copay	Not covered	(6) 80% after deductible	(6) 75% after deductible
100% after \$20 office visit copay	Not covered	100% after \$25 office visit copay	Not covered	(6) 80% after deductible	(6) 75% after deductible
100% after \$20 office visit copay	Not covered	100% after \$25 office visit copay	Not covered	(6) 80% after deductible	(6) 75% after deductible
100% after \$20 office visit copay	60% after deductible	100% after \$25 office visit copay	60% after deductible	80% after deductible	75% after deductible
Not covered	Not covered	Not Covered	Not Covered	Not Covered	Not Covered

- (1) Copay waived if admitted to hospital
- (1a) Copay waived if admitted to hospital OR if member is sent by First Help
- (2) Prescription drug copays do not count toward out-of-pocket maximum or annual deductible.
- (3) Combined inpatient maximum of 30 days per year
- (4) Limits are combined for in- and out-of-network
- (5) Reasonable and Customary (R&C) limits apply and treatment must be medically necessary
- (6) Combined maximum for well-baby immunizations, preventive care and routine Pap smear, in- or out-of-network
- (7) A Preferred Provider Organization (PPO) is available in most locations
- (8) No days/visits limit for mental health parity diagnosis
- (9) Full vision care coverage is available through VSP; Kaiser Permanente options cover only eye exams after a \$15 copay
- (10) Routine annual physical, tests, and immunizations (over age 7) have a \$100 maximum per person per year

Plan changes for 2005 are highlighted in orange for your convenience.

Health Maintenance Organizations (HMOs)

Option

①

Option

①

Location	Coventry Health Care		Kaiser Permanente		
	Iowa	Kansas City/Topeka/Wichita	Northwest	Northern California	Southern California
Hospital Services					
Semiprivate Room & Board	100%	100%	100%	100%	100%
Miscellaneous Hospital & X-Ray	100%	100%	100%	100%	100%
Surgery/Anesthesia	100%	100%	100%	100%	100%
Doctor Visits In-Hospital	100%	100%	100%	100%	100%
Maternity Benefits	100%	100%	100%	100%	100%
Emergency Room Services					
In-Plan Area	(1)100% after \$25 copay per emergency room visit	(1a)100% after \$75 copay per emergency room visit; 100% after \$10 copay for urgent care center visit	100% after \$75 copay per emergency room visit; 100% if admitted; 100% after \$15 copay per urgent care center visit at a plan facility	(1)100% after \$50 copay per emergency room visit; 100% after \$15 copay for urgent care center visit	100% after \$50 copay per emergency room visit; 100% after \$15 copay for urgent care center visit
Out-of-Plan Area	(1)100% after \$25 copay per emergency room visit; 100% after \$50 copay per urgent care center visit; 100% after \$10 copay for urgent care visit at PCP's office	(1a)100% after \$75 copay per emergency room visit; 100% after \$10 copay for urgent care center visit	100% after \$75 copay per emergency room visit; 100% if admitted; 100% after \$15 copay per urgent care visit at plan facility	(1)100% after \$50 copay per emergency room visit; non-participating facility must notify plan within 24 hours of hospitalization (or as soon as reasonably possible)	(1)100% after \$50 copay per emergency room visit; non-participating facility must notify plan within 24 hours of hospitalization (or as soon as reasonably possible)

PPO Options

Option

②

United Healthcare Choice Plus Network

In-Network

Out-of-Network⁽⁵⁾

All Networks
High Option PPO Plan

Option

③

In-Network

Out-of-Network⁽⁵⁾

All Networks
Low Option PPO Plan

Indemnity Options

Option

④

United Healthcare Options PPO Network⁽⁵⁾

Option

⑤

All Locations⁽⁷⁾

90%	60% after deductible and \$300 copay per confinement	80% after deductible	60% after deductible	80% after deductible	75% after deductible
90%	60% after deductible	80% after deductible	60% after deductible	80% after deductible	75% after deductible
90%	60% after deductible	80% after deductible	60% after deductible	80% after deductible	75% after deductible
90%	60% after deductible	80% after deductible	60% after deductible	80% after deductible	75% after deductible
90%	60% after deductible	80% after deductible	60% after deductible	80% after deductible	75% after deductible
90%	60% after deductible	80% after deductible	60% after deductible	80% after deductible	75% after deductible
90%	60% after deductible	80% after deductible	60% after deductible	80% after deductible	75% after deductible
90%	90%	80% after deductible	80% after deductible	80% after deductible	75% after deductible

- (1) Copay waived if admitted to hospital
- (1a) Copay waived if admitted to hospital OR if member is sent by First Help
- (2) Prescription drug copays do not count toward out-of-pocket maximum or annual deductible.
- (3) Combined inpatient maximum of 30 days per year
- (4) Limits are combined for in- and out-of-network
- (5) Reasonable and Customary (R&C) limits apply and treatment must be medically necessary
- (6) Combined maximum for well-baby immunizations, preventive care and routine Pap smear, in- or out-of-network
- (7) A Preferred Provider Organization (PPO) is available in most locations
- (8) No days/visits limit for mental health parity diagnosis
- (9) Full vision care coverage is available through VSP; Kaiser Permanente options cover only eye exams after a \$15 copay
- (10) Routine annual physical, tests, and immunizations (over age 7) have a \$100 maximum per person per year

Plan changes for 2005 are highlighted in orange for your convenience.

Health Maintenance Organizations (HMOs)

Option

①

Option

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	Coventry Health Care		Kaiser Permanente		
Location	Iowa	Kansas City/Topeka/Wichita	Northwest	Northern California	Southern California
Emergency Room Services (continued)					
Non-Emergency	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Ambulance	100% after \$25 copay	100% after \$25 copay up to \$400; air ambulance \$25 copay when medically necessary	\$75 copay in service area when medically necessary	100% when medically necessary	100% when medically necessary
Prescription Drugs					
Retail (per covered Rx)	(2)Greater of: Generic \$10 or 20% Formulary Brand \$20 or 30% Non-Formulary Brand \$35 or 30% Through Express Scripts	(2)Greater of: Generic \$10 or 20% Formulary Brand \$20 or 30% Non-Formulary Brand \$35 or 30% Through Express Scripts	100% after \$10 copay per prescription for formulary generic/brand (30-day supply) from participating pharmacies. Not covered at non-participating pharmacies. Non-formulary not covered	100% after \$5 copay per prescription for formulary generic/brand (100-day supply) from participating pharmacies. Not covered at non-participating pharmacies	100% after \$5 copay per prescription for formulary generic/brand (100-day supply) from participating pharmacies. Not covered at non-participating pharmacies

PPO Options

Option

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Option

③

Indemnity Options

Option

④

Option

⑤

United Healthcare Choice Plus Network

United Healthcare Options PPO Network⁽⁵⁾

In-Network

Out-of-Network⁽⁵⁾

In-Network

Out-of-Network⁽⁵⁾

All Networks
High Option PPO Plan

All Networks
Low Option PPO Plan

All Locations⁽⁷⁾

90%	60% after deductible	80% after deductible	60% after deductible	80% after deductible	75% after deductible
90%	90%	80% after deductible	80% after deductible	80% after deductible	75% after deductible
(2)Greater of: Generic \$10 or 20% Formulary Brand \$20 or 30% Non-Formulary Brand \$35 or 30% Through Express Scripts	(2)Greater of: Generic \$10 or 20% Formulary Brand \$20 or 30% Non-Formulary Brand \$35 or 30% Through Express Scripts	(2)Greater of: Generic \$10 or 20% Formulary Brand \$20 or 30% Non-Formulary Brand \$35 or 30% Through Express Scripts	(2)Greater of: Generic \$10 or 20% Formulary Brand \$20 or 30% Non-Formulary Brand \$35 or 30% Through Express Scripts	(2)Greater of: Generic \$10 or 20% Formulary Brand \$20 or 30% Non-Formulary Brand \$35 or 30% Through Express Scripts	(2)Greater of: Generic \$10 or 20% Formulary Brand \$20 or 30% Non-Formulary Brand \$35 or 30% Through Express Scripts

- (1) Copay waived if admitted to hospital
- (1a) Copay waived if admitted to hospital OR if member is sent by First Help
- (2) Prescription drug copays do not count toward out-of-pocket maximum or annual deductible.
- (3) Combined inpatient maximum of 30 days per year
- (4) Limits are combined for in- and out-of-network
- (5) Reasonable and Customary (R&C) limits apply and treatment must be medically necessary
- (6) Combined maximum for well-baby immunizations, preventive care and routine Pap smear, in- or out-of-network
- (7) A Preferred Provider Organization (PPO) is available in most locations
- (8) No days/visits limit for mental health parity diagnosis
- (9) Full vision care coverage is available through VSP; Kaiser Permanente options cover only eye exams after a \$15 copay
- (10) Routine annual physical, tests, and immunizations (over age 7) have a \$100 maximum per person per year

Plan changes for 2005 are highlighted in orange for your convenience.

Health Maintenance Organizations (HMOs)

Option

①

Option

①

	Coventry Health Care		Kaiser Permanente		
Location	Iowa	Kansas City/Topeka/Wichita	Northwest	Northern California	Southern California
Prescription Drugs (continued)					
Mail Order (per covered Rx)	(2)Generic \$20 Formulary Brand \$40 Non-formulary Brand \$70 through Express Scripts (90-day supply)	(2)Generic \$20 Formulary Brand \$40 Non-formulary Brand \$70 through Express Scripts (90-day supply)	100% after \$20 copay per prescription for generic/brand maintenance medication formulary only (90-day supply); Non-formulary not covered	100% after \$5 copay per prescription for formulary generic/brand (100-day supply) from participating pharmacies; not covered at non-participating pharmacies; Refills only	100% after \$5 copay per prescription for formulary generic/brand (100-day supply) from participating pharmacies; not covered at non-participating pharmacies; Refills only
Mental Health Services					
Hospital Inpatient	(3)80% for up to 30 days per year	100% for up to 90 days per year	100% for up to 30 days per calendar year	(8)100% for up to 30 days per calendar year	(8)100% for up to 30 days per calendar year
Outpatient Services	80% for up to 20 visits per year	100% for visits 1 and 2; 80% for 3+ visits per year	100% after \$15 office visit copay for up to 40 visits per 2-year benefit period	(8)100% after \$15 office visit copay for up to 20 visits per year	(8)100% after \$15 office visit copay, individual and \$7 group, for up to 20 visits per year

PPO Options

Indemnity Options

Option

②

Option

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Option

④

Option

⑤

United Healthcare Choice Plus Network

United Healthcare Options PPO Network⁽⁵⁾

In-Network

Out-of-Network⁽⁵⁾

In-Network

Out-of-Network⁽⁵⁾

All Networks

High Option PPO Plan

All Networks

Low Option PPO Plan

All Locations⁽⁷⁾

⁽²⁾Generic \$20

Formulary Brand \$40

Non-formulary Brand
\$70 through Express
Scripts (90-day supply)

⁽²⁾Generic \$20

Formulary Brand \$40

Non-formulary Brand
\$70 through Express
Scripts (90-day supply)

⁽²⁾Generic \$20

Formulary Brand \$40

Non-formulary Brand
\$70 through Express
Scripts (90-day supply)

⁽²⁾Generic \$20

Formulary Brand \$40

Non-formulary Brand
\$70 through Express
Scripts (90-day supply)

⁽²⁾Generic \$20

Formulary Brand \$40

Non-formulary Brand
\$70 through Express
Scripts (90-day supply)

⁽²⁾Generic \$20

Formulary Brand \$40

Non-formulary Brand
\$70 through Express
Scripts (90-day supply)

⁽⁴⁾90%

⁽⁴⁾100% after \$35 copay

⁽⁴⁾60% after deductible

⁽⁴⁾60% after deductible

80% after deductible

60% after \$40 copay

60% after deductible

60% after deductible

80% after deductible

80% after deductible

75% after deductible

75% after deductible

- ⁽¹⁾ Copay waived if admitted to hospital
- ^(1a) Copay waived if admitted to hospital OR if member is sent by First Help
- ⁽²⁾ Prescription drug copays do not count toward out-of-pocket maximum or annual deductible.
- ⁽³⁾ Combined inpatient maximum of 30 days per year
- ⁽⁴⁾ Limits are combined for in- and out-of-network
- ⁽⁵⁾ Reasonable and Customary (R&C) limits apply and treatment must be medically necessary
- ⁽⁶⁾ Combined maximum for well-baby immunizations, preventive care and routine Pap smear, in- or out-of-network
- ⁽⁷⁾ A Preferred Provider Organization (PPO) is available in most locations
- ⁽⁸⁾ No days/visits limit for mental health parity diagnosis
- ⁽⁹⁾ Full vision care coverage is available through VSP; Kaiser Permanente options cover only eye exams after a \$15 copay
- ⁽¹⁰⁾ Routine annual physical, tests, and immunizations (over age 7) have a \$100 maximum per person per year

Plan changes for 2005 are highlighted in orange for your convenience.

Health Maintenance Organizations (HMOs)

Option

①

Option

①

	Coventry Health Care			Kaiser Permanente		
Location	Iowa	Kansas City/Topeka/Wichita	Northwest	Northern California	Southern California	
Substance Abuse Services						
Inpatient/Residential/Day-Night	(3)80% for up to 30 days per year. (Residential substance abuse services not covered.) Detoxification and rehabilitation (each) up to two admissions per lifetime	100% for up to 30 days per year in hospital; residential treatment care—for up to 21 days per year; social setting detoxification—for up to 6 days	Inpatient detoxification: covered as any other medical condition Other inpatient and residential day treatment: 100% for up to 30 days per calendar year	100% inpatient for detoxification only. Transitional residential recovery services in a non-medical setting \$100 per admission up to 60 days per calendar year, but no more than 120 days in any five consecutive calendar year periods	100% inpatient for detoxification only. Transitional residential recovery services in a non-medical setting \$100 per admission up to 60 days per calendar year, but no more than 120 days in any five consecutive calendar year periods	
Outpatient Services	80% for up to 20 visits per year	100% for the first two visits; 80% for 3 to 26 visits	100% after \$15 office visit copay for up to 40 visits per year	100% after \$15 office visit copay. Group therapy visits available at \$5 office visit copay	100% after \$15 office visit copay. Group therapy visits available at \$5 office visit copay	
Other Services						
Hospice Care	100%	100%	100% for patients with six-month or less life expectancy	100% up to 12 months when authorized by a plan physician	100% up to 12 months when authorized by a plan physician	
Home Health Care	100%	100%	100% when authorized/ approved in service area	100% when prescribed by a plan physician in the service area	100% when prescribed by a plan physician in the service area	
Extended Care Facility	100%	100% for up to 60 days per year	100% for up to 100 days per calendar year in approved facility	100% for up to 100 days per benefit period	100% for up to 100 days per benefit period	
Vision Care	(9)Not covered	(9)Not covered	(9)Covered	(9)Covered	(9)Covered	

PPO Options

Indemnity Options

Option

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Option

3

Option

4

Option

5

United Healthcare Choice Plus Network

United Healthcare Options PPO Network⁽⁵⁾

In-Network

Out-of-Network⁽⁵⁾

In-Network

Out-of-Network⁽⁵⁾

All Networks

High Option PPO Plan

All Networks

Low Option PPO Plan

All Locations⁽⁷⁾

(4) 90% for up to 30 days per year	(4) 60% after deductible for up to 30 days per year	80% for up to 30 days per year	60% after deductible for up to 30 days per year	80% for up to 30 days per year	75% for up to 30 days per year
(4) 100% after \$35 office visit copay up to \$2,000 per person per year	(4) 60% after deductible for up to \$2,000 per person per year	\$0 deductible \$40 copay, \$2000 annual benefit	60% maximum \$2000 annual benefit	80% maximum \$2000 benefit	75% maximum \$2000 benefit
90%	60% after deductible	80% after deductible	60% after deductible	80% after deductible	75% after deductible
(4) 90% for up to 60 days per year	(4) 60% after deductible for up to 60 days per year	80% after deductible	60% after deductible	80% after deductible	75% after deductible
(4) 90% for up to 180 days per lifetime	(4) 60% after deductible for up to 180 days per lifetime	80% after deductible	60% after deductible	80% after deductible	75% after deductible
(9) Not covered	(9) Not covered	(9) Not covered	(9) Not covered	(9) Not covered	(9) Not covered

- (1)** Copay waived if admitted to hospital
- (1a)** Copay waived if admitted to hospital OR if member is sent by First Help
- (2)** Prescription drug copays do not count toward out-of-pocket maximum or annual deductible.
- (3)** Combined inpatient maximum of 30 days per year
- (4)** Limits are combined for in- and out-of-network
- (5)** Reasonable and Customary (R&C) limits apply and treatment must be medically necessary
- (6)** Combined maximum for well-baby immunizations, preventive care and routine Pap smear, in- or out-of-network
- (7)** A Preferred Provider Organization (PPO) is available in most locations
- (8)** No days/visits limit for mental health parity diagnosis
- (9)** Full vision care coverage is available through VSP; Kaiser Permanente options cover only eye exams after a \$15 copay
- (10)** Routine annual physical, tests, and immunizations (over age 7) have a \$100 maximum per person per year