

2007 Medical Insurance Comparison Chart Employee Cost-Sharing

Blue Point (Levels One, Two, and Three)				Orange Point
Level One Primary Network	Level Two Extended Network	Level Three Out of Network*	Level One Benefits Only	
Your Institutional Covered Services				
INPATIENT HOSPITAL				
Inpatient Hospital	\$250 copay	\$250 copay plus 10% allowable amount	Deductible, \$250 copay, and 30% allowable amount plus the difference between provider's charge and allowable amount*	\$250 copay
Nursery Care	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
OUTPATIENT HOSPITAL				
Surgery	\$100 copay	\$100 copay plus 10% allowable amount	Deductible, \$100 copay, and 30% allowable amount plus the difference between provider's charge and allowable amount*	\$100 copay
Pre-surgical Testing	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Routine Annual Screenings including mammography, prostate cancer, cervical cancer	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full

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Diagnostic x-rays, radiology services	\$20 copay	\$20 copay plus 10% allowable Amount	Deductible, \$20 copay, and 30% allowable amount plus the difference between provider's charge and allowable amount*	\$20 copay
Diagnostic laboratory tests	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Diagnostic machine tests	\$25 copay	\$25 copay plus 10% allowable amount	Deductible, \$25 copay, and 30% allowable amount plus the difference between provider's charge and allowable amount*	\$25 copay
Physical therapy	\$20 copay	\$20 copay plus 10% allowable amount	Deductible, \$20 copay, and 30% allowable amount plus the difference between provider's charge and allowable amount*	\$20 copay
Respiratory, Radiation, Cardiac Therapies and Chemotherapy, Kidney Dialysis	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
HOSPITAL EMERGENCY ROOM				
Hospital emergency room	\$50 copay	\$50 copay	Deductible, \$50 copay plus the difference between provider's charge and allowable amount*	\$50 copay

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ADDITIONAL INSTITUTIONAL PROVIDERS				
Ambulatory surgery center	\$100 copay	\$100 copay plus 10% allowable amount	Deductible, \$100 copay, and 30% allowable amount plus the difference between provider's charge and allowable amount*	\$100 copay
Birth center	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Skilled Nursing Facility (180 inpatient days)	\$250 copay	\$250 copay plus 10% allowable amount	Deductible, \$250 copay, and 30% allowable amount plus the difference between provider's charge and allowable amount*	\$250 copay
Home Health Agency	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Hospice	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Inpatient mental, nervous or emotional disorder (20 days/ year)	\$250 copay	\$250 copay plus 10% allowable amount	Deductible, \$250 copay, and 30% allowable amount plus the difference between provider's charge and allowable amount*	\$250 copay

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Inpatient alcoholism/ substance abuse (30 days per admission)	\$250 copay	\$250 copay plus 10% allowable amount	Deductible, \$250 copay, and 30% allowable amount plus the difference between provider's charge and allowable amount*	\$250 copay
Outpatient alcoholism/ substance abuse	No copay; paid in full <i>(60 visits per year, all levels)</i>	10% allowable amount <i>(60 visits per year, all levels)</i>	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount* <i>(60 visits per year, all levels)</i>	No copay; paid in full <i>(30 visits per year)</i>
Your Professional Provider Covered Services				
Surgery and assistance at surgery	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Breast reconstruction surgery	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Second surgical opinion	No copay; paid in full	No copay; paid in full	Deductible plus the difference between provider's charge and allowable amount*	No copay; paid in full
Cancer-related second medical opinion	\$25 copay	\$25 copay plus 10% allowable amount	Deductible, \$25 copay, 30% allowable amount plus the difference between provider's charge and allowable amount*	\$25 copay

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Anesthesia	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Maternity	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
PROFESSIONAL PROVIDER INPATIENT VISITS				
Inpatient hospital visits by physician or other professional provider	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Inpatient skilled nursing facility visits by physician or other professional provider	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Inpatient mental, nervous or emotional disorder visits by physician or other professional provider	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
PROFESSIONAL PROVIDER VISITS				
Office visits	\$20 copay (PCP) or \$25 copay (Specialist)	\$25 copay plus 10% allowable amount	Deductible, \$25 copay, 30% allowable amount plus the difference between provider's charge and allowable amount*	\$20 copay (PCP) or \$25 copay (Specialist)

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Well child visits birth to 2nd birthday (9 visits)	No copay; paid in full	No copay; paid in full	Deductible plus the difference between provider's charge and allowable amount*	No copay; paid in full
Well child visits 2nd birthday to 7th birthday (5 visits)	No copay; paid in full	No copay; paid in full	Deductible plus the difference between provider's charge and allowable amount*	No copay; paid in full
Well child visits 7th birthday to 19th birthday (one visit every 12 months)	\$20 copay (PCP)	\$25 copay plus 10% allowable amount	Deductible, \$25 copay, 30% allowable amount plus the difference between provider's charge and allowable amount*	\$20 copay (PCP)
Routine physical (one per year)	\$20 copay (PCP) or \$25 copay (Specialist)	\$25 copay plus 10% allowable amount	Deductible, \$25 copay, 30% allowable amount plus the difference between provider's charge and allowable amount*	\$20 copay (PCP) or \$25 copay (Specialist)
Routine cervical cancer screening (annual routine pap smear)	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Allergy testing and treatment	\$20 copay (PCP) or \$25 copay (Specialist)	\$25 copay plus 10% allowable amount	Deductible, \$25 copay, 30% allowable amount plus the difference between provider's charge and allowable amount*	\$20 copay (PCP) or \$25 copay (Specialist)
Consultation service, office	\$25 copay (Specialist)	\$25 copay plus 10% allowable amount	Deductible, \$25 copay, 30% allowable amount plus the difference between provider's charge and allowable amount*	\$25 copay (Specialist)

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Consultation service, hospital	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Urgent Care	\$25 copay	\$25 copay plus 10% allowable amount	Deductible, \$25 copay, 30% allowable amount plus the difference between provider's charge and allowable amount*	\$25 copay
Kidney Dialysis	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Outpatient mental health care (20 visits)	\$25 copay (Specialist)	\$25 copay plus 10% allowable amount	Deductible, \$25 copay, 30% allowable amount plus the difference between provider's charge and allowable amount*	\$25 copay (Specialist)
Private duty nursing	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Diabetes education	\$20 copay (PCP) or \$25 copay (Specialist)	\$25 copay plus 10% allowable amount	Deductible, \$25 copay, 30% allowable amount plus the difference between provider's charge and allowable amount*	\$20 copay (PCP) or \$25 copay (Specialist)
Chiropractic services	\$25 copay	No Coverage	No Coverage	\$25 copay

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Routine vision exam <i>(one exam in 24 consecutive months)</i>	\$25 copay (Specialist)	No Coverage	No Coverage	\$25 copay (Specialist)
Routine hearing exam <i>(one exam in 24 consecutive months)</i>	\$25 copay (Specialist)	No Coverage	No Coverage	\$25 copay (Specialist)
THERAPY				
Physical therapy	\$20 copay	\$20 copay plus 10% allowable amount	Deductible, \$20 copay, 30% allowable amount plus the difference between provider's charge and allowable amount*	\$20 copay
Respiratory, Radiation, and Cardiac Therapies and Chemotherapy	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
DIAGNOSTIC SERVICES				
Diagnostic x-rays	\$20 copay	\$20 copay plus 10% allowable amount	Deductible, \$20 copay, and 30% allowable amount plus the difference between provider's charge and allowable amount*	\$20 copay
Diagnostic radiology services	\$20 copay	\$20 copay plus 10% allowable amount	Deductible, \$20 copay, and 30% allowable amount plus the difference between provider's charge and allowable amount*	\$20 copay

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Diagnostic laboratory	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Machine tests	\$25 copay	\$25 copay plus 10% allowable amount	Deductible, \$25 copay, and 30% allowable amount plus the difference between provider's charge and allowable amount*	\$25 copay
Routine Annual Screenings including mammography, prostate cancer, cervical cancer	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Additional Health Services				
Ambulance	\$25 copay	\$25 copay plus 10% allowable amount	Deductible, \$25 copay, and 30% allowable amount plus the difference between provider's charge and allowable amount*	\$25 copay
Diabetic equipment and supplies	\$20 copay	\$20 copay plus 10% allowable amount	Deductible, \$20 copay, 30% allowable amount plus the difference between provider's charge and allowable amount*	\$20 copay
Durable medical equipment	10% allowable amount	20% allowable amount	Deductible and 40% allowable amount plus the difference between provider's charge and allowable amount*	10% allowable amount

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Medical supplies	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Prosthetic Devices	No copay; paid in full	10% allowable amount	Deductible and 30% allowable amount plus the difference between provider's charge and allowable amount*	No copay; paid in full
Prescription medicines	Covered through Medco	Covered through Medco	30% allowable amount plus the difference between provider's charge and allowable amount*	Covered through Medco
Out of Pocket Maximums**				
Out of Pocket Maximums	\$2,000 individual; \$4,000 family	\$4,000 individual; \$8,000 family	\$6,000 individual; \$12,000 family	\$2,000 individual; \$4,000 family

* Level Three coverage requires the employee to pay an annual deductible before any other cost sharing is determined. The annual deductible is \$300 per individual with a maximum of \$1,000 for a family. After the annual deductible is satisfied, the employee must pay the copay, if applicable. The coinsurance is then applied to the balance of the allowable amount. The employee is also responsible for the difference between the provider's charge and the allowable amount based on participating providers in the Excellus network.

** Out of pocket maximum refers to the maximum amount of out of pocket expenses an employee would pay in a plan year. The out of pocket expenses are defined as the deductibles, coinsurance, and copayment amounts, exclusive of coinsurance amounts for prescription medicines. The differences between provider charges plus the allowable amounts under level three are not subject to the out of pocket maximum.

Each medical program is governed by a legal document and insurance contract. If there is any difference between the information on this summary sheet and the official document and contract, the official document and contract will rule.