

2008 Medical Plans - Monthly Premium Comparison

This chart shows the monthly premium amounts for full-time employees (working at least 25 hours per week). Part-time employees who purchase a medical plan must pay the Total Monthly Rate.

<u>Gold Medical Plan</u>	Total Monthly Rate	District Contribution	Monthly Premium
Employee Only	\$370.18	\$259.00	\$111.18
Employee & Spouse	\$652.16	\$259.00	\$393.16
Employee & 1 Child	\$477.35	\$259.00	\$218.35
Employee & Children	\$564.74	\$259.00	\$305.74
Employee & Family	\$884.47	\$259.00	\$625.47

<u>Silver Medical Plan</u>	Total Monthly Rate	District Contribution	Monthly Premium
Employee Only	\$316.90	\$259.00	\$57.90
Employee & Spouse	\$559.21	\$259.00	\$300.21
Employee & 1 Child	\$408.09	\$259.00	\$149.09
Employee & Children	\$482.28	\$259.00	\$223.28
Employee & Family	\$752.58	\$259.00	\$493.58

<u>Bronze Medical Plan</u>	Total Monthly Rate	District Contribution	Monthly Premium
Employee Only	\$259.00	\$259.00	\$0.00
Employee & Spouse	\$469.12	\$259.00	\$210.12
Employee & 1 Child	\$338.84	\$259.00	\$79.84
Employee & Children	\$401.51	\$259.00	\$142.51
Employee & Family	\$627.13	\$259.00	\$368.12

2008 Medical Plans – Important Notes

- You must meet any annual deductible before the Plan will begin to pay its percentage of eligible expenses. However, the deductible is **waived** for certain expenses.
- Once the amount you have paid out-of-pocket for eligible expenses equals your out-of-pocket maximum plus any deductibles, any future eligible expenses from a provider in the PPO network will be paid at 100% for the remainder of the plan year. Not all expenses count towards the out-of-pocket maximum.
- Deductibles and Out-of-Pocket maximums start over each January.
- Use of PPO health care providers is encouraged. These providers have agreed to discounted fees, which will save you money. If you use non-PPO providers, those charges will be reimbursed at a lower percentage, will not apply to your out-of-pocket maximum, and you may have to pay the additional cost for any billed amounts that are higher than the maximum reimbursable charge.
- The PPO network for medical services is through CIGNA. The PPO network for mental health and substance abuse services is through ValueOptions.
- Mental health and substance abuse services must always be pre-certified through ValueOptions.
- Each medical plan includes \$20,000 guaranteed term life insurance/AD&D for the employee.

2008 Medical Plans - Benefit Coverage Comparison

This is not a complete list of benefits. For details regarding covered, limited, and excluded benefits, please refer to the 2008 plan document.

This chart lists the portion of the charges that would be the employee's responsibility.

	Gold Medical Plan		Silver Medical Plan		Bronze Medical Plan	
	<i>PPO</i>	<i>Non-PPO</i>	<i>PPO</i>	<i>Non-PPO</i>	<i>PPO</i>	<i>Non-PPO</i>
Annual Deductible	\$250 indiv. \$500 family	\$500 indiv. \$1,000 family	\$500 indiv. \$1,000 family	\$1,000 indiv. \$2,000 family	\$750 indiv. \$1,500 family	\$1,500 indiv. \$3,000 family
Annual Out-of-Pocket Maximum	\$5,000 indiv. \$10,000 family	No maximum	\$6,000 indiv. \$12,000 family	No maximum	\$10,000 indiv. \$20,000 family	No maximum
Well-Care	10% (no deductible)	40%	10% (no deductible)	50%	10% (no deductible)	60%
Doctors (office visit charge by primary care physician*)	20% (no deductible)	40%	30% (no deductible)	50%	40% (no deductible)	60%
Doctors (all other services)	20%	40%	30%	50%	40%	60%
Lab Work	-0- (no deductible)	40%	-0- (no deductible)	50%	-0- (no deductible)	60%
Prescriptions-Retail **	First \$50 per person, then 20% for tier 1 40% for tier 2		First \$50 per person, then 20% for tier 1 40% for tier 2		First \$50 per person, then 20% for tier 1 40% for tier 2	
Prescriptions-Mail Order **	20% for tier 1 40% for tier 2		20% for tier 1 40% for tier 2		20% for tier 1 40% for tier 2	
Immunizations-up to age 6	-0-		-0-		-0-	
Immunizations-over age 6	10% (no deductible)	40%	10% (no deductible)	50%	10% (no deductible)	60%
Hospital In-Patient (semi-private room)	20%	40%	30%	50%	40%	60%
Hospital Out-Patient	20%	40%	30%	50%	40%	60%
Emergency Room / Urgent Care Center	20%	40%	30%	50%	40%	60%
Employee Assistance Program	6 free crisis counseling sessions per person, per year		6 free crisis counseling sessions per person, per year		6 free crisis counseling sessions per person, per year	
Mental Health (60 visit annual maximum)	20% (no deductible)	40% (no deductible)	30% (no deductible)	50% (no deductible)	40% (no deductible)	60% (no deductible)
Disease Management	Unlimited free access to 24/7 nurse line and a personal health coach to help manage chronic medical conditions		Unlimited free access to 24/7 nurse line and a personal health coach to help manage chronic medical conditions		Unlimited free access to 24/7 nurse line and a personal health coach to help manage chronic medical conditions	

* A primary care physician may be family practice, general practice, internal medicine, gynecology, OB/GYN, or pediatrician. The deductible is waived only for office visit procedure code charges at a PPO primary care physician.

** Prescription coverage is tiered to encourage use of generics and certain other medications. Please refer to our web site to determine the medications in each tier.