



2009 Medical Plan Comparison Chart – Pre-65 Retirees

	Aetna Choice POS II		CIGNA POS – Tri-State NY Only		UHC Choice Plus		CIGNA Plan B*
	In-network	Out-of-network*	In-network	Out-of-network*	In-network	Out-of-network*	
Physician Office Visits	\$15 copay	70% after deductible	\$15 copay	80% after deductible	\$15 copay	80% after deductible	80% after deductible
Preventive Care	100% no copay	Not covered	100% no copay	Not covered	100% no copay	Not covered	Not covered
Annual Deductible:	Individual: \$150 Family: \$300	Individual: \$300 Family: \$900	None Individual:	\$250 Family: \$750	None Individual:	\$175 Family: \$350	Individual: \$175 Family: \$350
Co-insurance/Plan Pays	90% after deductible	70% after deductible	100% after copay	80% after deductible	100% after copay	80% after deductible	80% after deductible
Out-of-Pocket Maximum (excludes deductible)	Individual: \$850 Family: \$1,700	Individual: \$2,000 Family: \$4,000	None	Individual: \$750 Family: \$1,250	None Individual:	\$1,000 Family: \$2,000	Individual: \$1,000 Family: \$2,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	\$1,000,000	\$1,000,000
Hospital Services							
Inpatient	90% after deductible	70% after deductible	\$150 copay per admission	<i>Precertification required</i> 80% after deductible	\$50 daily copay, up to \$250 per admission	<i>Precertification required</i> 80% after deductible	<i>Precertification required</i> Room & board: 100% after deductible Surgeon: 80% after deductible
Outpatient (non-surgical)	90% after deductible	70% after deductible	100%	<i>Precertification required</i> 80% after deductible	100%	<i>Precertification required</i> 80% after deductible	<i>Precertification required</i> Surgery: 100%, no deductible Surgeon's fees: 80% after deductible Non-surgical: 80% after deductible
Emergency Room	\$50 copay; waived if admitted		\$50 copay; waived if admitted	\$50 copay; waived if admitted	\$50 copay; waived if admitted		80% after deductible
Mental Health & Substance Abuse							
Inpatient	<i>Precertification required</i> 90% after deductible Combined annual limit: 60 days	<i>Precertification required</i> 70% after deductible Combined annual limit: 60 days	<i>Precertification required</i> \$150 copay per admission Combined annual limit: 60 days	<i>Precertification required</i> 80% after deductible Combined annual limit: 60 days	<i>Precertification required</i> \$50 daily copay, up to \$250 per admission Combined annual limit: 60 days	<i>Precertification required</i> 80% after deductible Combined annual limit: 60 days Substance Abuse: not covered	<i>Precertification required</i> 100% after deductible; up to 60 days a year
Outpatient	<i>Precertification required</i> First 10 visits: \$15 copay Next 50 visits: \$25 copay Annual maximum: 60 visits Group: \$15 copay; no limit	50% after deductible Annual maximum: 20 visits for individual & group	<i>Precertification required</i> First 10 visits: \$10 copay Next 50 visits: \$25 copay Annual maximum: 60 visits Group: \$15 copay; no limit	50% after deductible Annual maximum: 20 visits for individual & group	<i>Precertification required</i> \$10 copay Annual maximum: 60 visits	50% of \$1,000 Annual maximum: 20 visits	80% after deductible Annual limit: 60 visits

* Reasonable and Customary (R & C) charges are the maximum amount that will be considered for reimbursement. All out-of-network services and CIGNA Plan B reimbursement is limited to R & C. You are responsible for 100% of any charges that exceed the R & C maximums.



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Vision Care							
Routine Eye Exam	100% after \$15 copay; covered once every 2 calendar years	Not covered	\$10 copay	Not covered	Not covered	Not covered	Not covered
Eyeglasses and Lenses	\$100 allowance per calendar year Additional discounts off retail hardware (e.g., 40% off eyeglass frames) at participating providers. Call Aetna for details.	Not covered	Benefit allowance available once every 24 months Single lenses: \$20 Bifocal lenses: \$30 Trifocal lenses: \$40 Lenticular lenses: \$75 Contact lenses: \$75 (medically necessary)	Not covered	Not covered	Not covered	Not covered
Eyeglass Frames	Discounts available	Not covered	Frames - \$30	Not covered	Not covered	Not covered	Not covered
Prescription Drugs							
	<i>From Medco</i>		<i>From Medco</i>		<i>From Medco</i>		<i>From Medco</i>
Retail Pharmacy	Generic: \$10 copay Brand: \$20 copay Up to 30-day supply		Generic: \$10 copay Brand: \$20 copay Up to 30-day supply		Generic: \$10 copay Brand: \$20 copay Up to 30-day supply		Generic: \$10 copay Brand: \$20 copay Up to 30-day supply
Home Delivery	Generic: \$15 copay Brand: \$40 copay Up to 90-day supply		Generic: \$15 copay Brand: \$40 copay Up to 90-day supply		Generic: \$15 copay Brand: \$40 copay Up to 90-day supply		Generic: \$15 copay Brand: \$40 copay Up to 90-day supply

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