

# WEA Select Health Plans

October 1, 2010

Benefits that have changed are highlighted in gray Ded + Coin = Deductible + Coinsurance —Applies to all plans as shown—  
 IN = In-network OUT = Out-of-network PCY = Per Calendar Year OT = Occupational therapy PT = Physical therapy

Provider Network	Plan 5 Foundation		Plan 1 Heritage		Plan 2 Heritage		Plan 3 Heritage		
Copayments, Deductible & Coinsurance	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
<b>Copayments</b>									
Office Visit	\$15*	30%	\$20*	\$25*	\$25*	\$30*	\$30*	\$40*	
Inpatient Copay	Individual Family	\$200 per admission, \$600 Max PCY \$1,000 PCY	\$100 per day, \$300 Max PCY		\$150 per day, \$450 Max PCY		\$300 per day, \$900 Max PCY		
Outpatient Surgery Copay	None	None	\$50	\$50	\$100	\$100	\$150	\$150	
ER Copay (waived if admitted)	\$50	\$50	\$75	\$75	\$75	\$75	\$100	\$100	
<b>Deductible</b>									
Deductible PCY	Individual Family	\$100 \$300	\$250 \$250 /family member	\$50 combined IN + OUT \$150 combined IN + OUT	\$100 combined IN + OUT \$300 combined IN + OUT	\$100 combined IN + OUT \$300 combined IN + OUT	\$200 combined IN + OUT \$600 combined IN + OUT	\$200 combined IN + OUT \$600 combined IN + OUT	
<b>Coinsurance</b>									
Coinsurance		0%	30%	10%	30%	20%	40%	20%	40%
Out-of-Pocket Maximum PCY**	Individual Family	Ded + \$0	None	Ded + \$444	Ded + \$1,714	Ded + \$1,375	Ded + \$3,667	Ded + \$2,500	Ded + \$6,667
<b>Covered Services</b>									
<b>Office Visits – Professional Care</b>									
Medical and Naturopathic Office Visits unlimited	\$15*	30%	\$20*	\$25*	\$25*	\$30*	\$30*	\$40*	
Spinal and Other Manipulations unlimited visits (chiropractic)	\$15*	30%	\$20*	\$25*	\$25*	\$30*	\$30*	\$40*	
Acupuncture 12 visits PCY (Plan 5 unlimited visits)	\$15*	30%	\$20*	\$25*	\$25*	\$30*	\$30*	\$40*	
<b>Preventive Care unlimited</b>									
Exams/Immunizations	\$0*	Not covered	IN: \$0* OUT: 20%						
Preventive Screenings (includes mammography and colon health screenings)	\$0*	30%	Same as above						
<b>Diagnostic Services</b>									
Diagnostic Imaging/Laboratory	Ded + Coin								
<b>Hospital/Facility Care</b>									
Outpatient	Outpatient Surgery Copay (Plans 1, 2 & 3) + Ded + Coin								
Inpatient	Inpatient Copay + Ded + Coin								
Maternity – Prenatal/Postnatal Care	Ded + Coin								
Maternity – Delivery	See Outpatient or Inpatient Hospital / Facility Care								
<b>Emergency Care</b>									
Professional / Facility	ER Copay + Ded + Coin								
Ambulance (air and ground)	Deductible +\$50		Ded + Coin						
Mental Health Outpatient unlimited visits	\$15*	30%	\$20*	\$25*	\$25*	\$30*	\$30*	\$40*	
Mental Health Inpatient unlimited days	Inpatient Copay + Ded + Coin								
Rehabilitation Outpatient 45 visits PCY (1, 2&3 PT unlimited)(PT, Massage, Speech, OT)	\$15*	30%	\$20*	\$25*	\$25*	\$30*	\$30*	\$40*	
Rehabilitation Inpatient 5&3: 30 days PCY, 1&2: 120 days PCY	Inpatient Copay + Ded + Coin								
<b>Prescription Drugs (participating pharmacies)</b>									
Generic / Preferred Brand Name / Non-preferred Brand Name									
Rx Deductible per person PCY	None								
Rx Out-of-Pocket Maximum per person PCY; includes Rx deductible	N/A								
Retail Cost Share 34 day supply	\$10 / \$15 / \$30 / 30 day supply		\$10 / \$15 / \$30		\$10 / \$20 / \$35		\$15 / \$25 / \$40		
Mail Order Cost Share 100 day supply	\$10 / \$30 / \$60 / 90 day supply		\$10 / \$15 / \$30		\$10 / \$20 / \$35		\$15 / \$25 / \$40		
Specialty Drug Cost Share 30 day supply	Subject to applicable retail copay								
Unum (Life & AD&D insurance)†	\$20,000 decreasing term Life and AD&D for employee only								

\*Not subject to the calendar year deductible

\*\*Out-of-pocket maximum includes coinsurance only for Plans 1, 2 and 3; coinsurance and deductible for Plan 5. Covered services paid at 100% of allowable charges (in and out-of-network Plans 1, 2 and 3; in-network only Plan 5) for remainder of calendar year once out-of-pocket maximum is met. No out-of-pocket maximum for Plan 5 for out-of-network services.

† Unum is an independent provider of life insurance services that does not provide Premera Blue Cross products or services. Unum is solely responsible for its products and services.

NOTE: This summary is intended to assist you in decision making. Details of covered benefits, limitations, and exclusions are provided in the WEA Select Health Plan benefit booklets. This summary of benefits is not a contract.