

SCHEDULE OF BENEFITS

Effective January 1, 2008

	UHC Choice Plus		GHP-ASO and UHC Choice HMO'S	
	In-Network	Out-of-Network		
CHOICE OF PROVIDERS	United Health Care	Yes	Limited HMO Network	
REFERRAL NEEDED FOR SPECIALIST	No	No	No	
CHOOSE DOCTOR AT TIME OF ENROLLMENT	No-but must use Network Provider	No	No-but must use HMO Network Provider	
DEDUCTIBLE	\$250 individual \$500 family	\$500 individual \$1000 family	None	
MAXIMUM ANNUAL OUT-OF-POCKET COST	100% benefit for all eligible expense after out-of-pocket maximum: \$2250 individual* \$4500 family*	100% benefit for all eligible expense after out-of-pocket maximum: \$3500 individual* \$7000 family*	N/A	
PHYSICIAN OFFICE VISIT	\$15 co-pay \$25 co-pay for Specialists	40% Employee 60% Plan after deductible	GHP-ASO \$10 co-pay \$20 co-pay for Specialists	UHC HMO \$15 co-pay \$25 co-pay for Specialists
HOME HEALTH CARE	In and Out of Network Benefits are limited to 60 visits for skilled care services per calendar year 20% Employee 80% Plan after deductible		40% Employee 60% Plan after deductible 100% Plan	
HOSPICE SERVICES	Benefits are limited to a daily maximum benefit of \$100 and a lifetime maximum of \$5000.00 100% Plan no deductible		100% Plan no deductible 100% Plan	
HOSPITAL SERVICES	20% Employee 80% Plan after deductible	40% Employee 60% Plan after deductible	100% Plan	
OUTPATIENT THERAPY <small>Benefits are limited as follows: All combined rehab services are limited to 60 visits per calendar year, per condition.</small>	20% Employee 80% Plan after deductible	40% Employee 60% Plan after deductible	GHP-ASO 100% Plan	UHC HMO \$25.00 copay per visit
SKILLED NURSING FACILITY	In and Out of Network Benefits are Limited to 100 days per calendar year or 365 per lifetime 20% Employee 80% Plan after deductible		GHP-ASO Benefits limited to 45 days per calendar year 100% Plan	UHC HMO Benefits limited to 45 days per calendar year 100% Plan
OTHER PHYSICIAN AND MEDICAL SERVICES	20% Employee 80% Plan after deductible	40% Employee 60% Plan after deductible	100% Plan	
PRESCRIPTION DRUGS	<i>Walgreens Health Initiatives (WHI)</i> \$10 Generic \$25 Preferred brand \$40 Non-preferred		\$10 Generic \$25 Preferred brand \$40 Non-preferred	
PRE-EXISTING CONDITIONS APPLY	No	No	No	
WELL BABY CARE	Yes	Yes	Yes	
WELL CHILD CARE	Yes	Yes	Yes	
ROUTINE/ PREVENTIVE SERVICES	<i>Wellness Account</i> 20% Employee 80% Plan		GHP-ASO \$10 co-pay \$20 co-pay for Specialists	
Immunizations	20% Employee 80% Plan		UHC HMO \$15 co-pay \$25 co-pay for Specialists	
Physical Exams	Maximum benefit per calendar year: Individual coverage \$200 Two-Person coverage \$250 Family coverage \$300 Joint coverage \$400			
Mammogram				
Pap Smear				
Prostate exam				
Well woman/man exams				
Hearing exams				
Simon Rec Center**				
Eye exams			GHP-ASO - Eye Med Vision	
OUTPATIENT PSYCHIATRIC CARE	20% Employee 80% Plan after deductible 40 visits***	20% Employee 80% Plan after deductible 40 visits***	\$10 co-pay 20 visits****	
INPATIENT PSYCHIATRIC CARE	20% Employee 80% Plan after deductible 40 days***	20% Employee 80% Plan after deductible 40 days***	100% Plan 30 days****	

* Includes calendar year deductible.

** Simon Recreation Center benefit available under the UHC Choice Plus Wellness Account

*** Limit per calendar year.

****UHC HMO limit per calendar year. GHP-ASO HMO does not have a limit. GHP requires prior authorization through MFNet.

This sheet is a short comparison of health plans. The Plan Document for each plan will govern its administration.

Please refer to your Summary Plan Description for more comprehensive explanations.