

SCHEDULE OF BENEFITS

Effective July 1, 2007

University Primary Medical Plan/ PPO

In-Network Out-of-Network

GHP-ASO and Healthlink

HMOs

	<i>In-Network</i>	<i>Out-of-Network</i>		
CHOICE OF PROVIDERS	Healthlink Open Access III	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	Healthlink HMO \$15 co-pay \$25 co-pay for Specialists
HOSPITAL SERVICES	20% Employee 80% Plan after deductible	40% Employee 60% Plan after deductible	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	\$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>			
Immunizations	20% Employee 80% Plan	20% Employee 80% Plan	GHP-ASO \$10 co-pay \$20 co-pay for Specialists	Healthlink HMO \$15 co-pay \$25 co-pay for Specialists
Physical Exams	up to annual limit of	up to annual limit of		
Mammogram	\$200/single, \$250/two-person,	\$200/single, \$250/two-person,		
Pap Smear	\$300/family**	\$300/family		
Prostate exam				
Well woman/man exams				
Hearing exams				
Simon Rec Center**			Healthlink HMO - Crown Optical GHP-ASO - Cole Managed Vision	
Eye exams				
OUTPATIENT PSYCHIATRIC CARE	20% Employee 80% Plan after deductible 40 visits***	20% Employee 80% Plan after deductible 40 visits***	\$20 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 University Primary Medical Plan Wellness Account

*** Limit per calendar year.

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

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 and rules which apply.