

2010 Benefit Comparison for Washington Community School District

Health/Rx	Alliance Select	Alliance Select	Blue Advantage
Provider Choice	PPO Network	PPO network	WHPI Network-PCP
Annual Deductible	\$2,500/\$5,000	\$250/\$500	\$500/\$1000
Copayment	\$25	\$10	\$15
Coinsurance	PPO 40% / NONPPO 50%	PPO 10% / NONPPO 20%	20%
Out of Pocket Maximum	PPO \$5,000/\$10,000	PPO \$1,000/\$2,000	\$1,500/\$3,000
Lifetime Maximum	\$5,000,000	\$5,000,000	\$2 million
Physician Office	Copayment Applies	Copayment Applies	Copayment applies
Routine Physicals (preventive)	Covered at 100%	Covered at 100%	Covered at 100%
Mammograms (preventive)	Covered at 100%	Covered at 100%	Covered at 100%
Routine Pap Smears (preventive)	Covered at 100%	Covered at 100%	Covered at 100%
Immunizations	Covered at 100%	Covered at 100%	Covered at 100%
Well Child Care/Newborn Care	Covered at 100%	Covered at 100%	Covered at 100%
Vision Exam (preventive)	Covered at 100%	Covered at 100%	Covered at 100%
Hearing Exam	Not Covered	Not Covered	Not Covered
Chiropractic	Copayment Applies	Copayment Applies	Covered as Medically Necessary
OP Hospital Charges	Subject to Deductible/Coinsurance	Subject to Deductible/Coinsurance	Subject to Deductible/Coinsurance
IP Hospital Charges	Subject to Deductible/Coinsurance	Subject to Deductible/Coinsurance	Subject to Deductible/Coinsurance
Maternity IP	Subject to Deductible/Coinsurance	Subject to Deductible/Coinsurance	Physician Service Waive Ded/Coins Facility is Subject to Ded/Coins
Mental Health/Chemical Dependency	Unlimited/Copayment Applies for In-Patient and Ded/Coins for Out Patient	Unlimited/Copayment Applies for In-Patient and Ded/Coins for Out Patient	Unlimited/Copayment Applies for In-Patient and Ded/Coins for Out Patient
Infertility Treatment	\$25,000 Lifetime Maximum	\$25,000 Lifetime Maximum	Do NOT include artificial insemination, in-vitro fertilization or other transfer procedures. Treatment is no longer covered once a transfer procedure is performed.
Durable Medical Equipment	Subject to Deductible/Coinsurance	Subject to Deductible/Coinsurance	Subject to Deductible/Coinsurance
Prescription Drugs	\$50/\$100 Deductible \$5/\$25/\$40 Copayment	\$50/\$100 Deductible \$10/\$20 Copayment	No Deductible Copayment \$15/\$30/\$45
Smoking Cessation	Not Covered	Not Covered	Covered
Contraceptives	Covered According to Mandate	Covered According to Mandate	Covered According to Mandate
Monthly Premiums			
Single Health	\$326.44	\$433.51	\$358.34
Family Health	\$1,018.48	\$1,352.51	\$1,117.99
Single Dental	\$33.14	\$33.14	\$33.14
Family Dental	\$91.09	\$91.09	\$91.09