

**2013 Benefit Comparison for Washington Community School District**

<b>Health/Rx</b>	<b>Blue Choice</b>	<b>Alliance Select</b>	<b>Blue Advantage</b>
<b>Provider Choice</b>	Blue Choice Network - PCP	PPO network	WHPI Network-PCP
<b>Annual Deductible</b>	\$750/\$1,500	\$250/\$500	\$500/\$1000
<b>Annual Deductible Out of Network</b>	\$1,500/\$3,000		
<b>Copayment</b>	\$15 PCP Copay/\$30 Specialist Copay	\$10	\$15
<b>Coinsurance</b>	PPO 10% / NONPPO 30%	PPO 10% / NONPPO 20%	20%
<b>Out of Pocket Maximum</b>	In Network \$1,500/\$3,000 Out of Network \$3,000/\$6,000	PPO \$1,000/\$2,000	\$1,500/\$3,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Physician Office</b>	\$15 PCP Copay/\$30 Specialist Copay	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
<b>Chiropractic</b>	\$15 PCP Copay/\$30 Specialist Copay	Copayment Applies	\$15 Copay - Covered as medically necessary
<b>OP Hospital Charges</b>	Subject to Deductible/Coinsurance	Subject to Deductible/Coinsurance	Subject to Deductible/Coinsurance
<b>IP Hospital Charges</b>	Subject to Deductible/Coinsurance	Subject to Deductible/Coinsurance	Subject to Deductible/Coinsurance
<b>Maternity IP</b>	Subject to Deductible/Coinsurance	Subject to Deductible/Coinsurance	Physician Service Waive Ded/Coins Facility is Subject to Ded/Coins
<b>Mental Health/Chemical Dependency</b>	Unlimited/Copayment Applies for Office Visits and Ded/Coins for In-Patient	Unlimited/Copayment Applies for Office Visits and Ded/Coins for In-Patient	Unlimited/Copayment Applies for Office Visits and Ded/Coins for In-Patient
<b>Infertility Treatment</b>	Up to Diagnosis Only	\$25,000 Lifetime Maximum	Does NOT include artificial insemination, in-vitro fertilization or other transfer procedures. Treatment is no longer covered once a transfer procedure is performed.
<b>Durable Medical Equipment</b>	Subject to Deductible/Coinsurance	Subject to Deductible/Coinsurance	Subject to Deductible/Coinsurance
<b>Prescription Drugs</b>	\$50/\$100 Deductible \$5/\$15/\$30 Copayment	\$50/\$100 Deductible \$10/\$20 Copayment	\$15/\$30/\$45 Copayment
Smoking Cessation	Covered	Covered	Covered
<b>Contraceptives</b>	Covered According to Mandate	Covered According to Mandate	Covered According to Mandate
<b>Monthly Premiums</b>			
Single Health	\$416.48	\$473.03	\$391.01
Family Health	\$1,361.91	\$1,546.81	\$1,278.60
2-Person Health	\$1,041.22	\$1,184.00	\$978.69
<b>Single Dental</b>	\$37.10	\$37.10	\$37.10
<b>Family Dental</b>	\$101.96	\$101.96	\$101.96