

Current and Revised Calendar 2005 Preferred Provider Organization (PPO) Plan Designs

TYPE OF SERVICE	CURRENT PLAN DESIGN - IN-NETWORK	CURRENT PLAN DESIGN - OUT-OF-NETWORK	CY 2005 PLAN DESIGN - IN-NETWORK	CY 2005 PLAN DESIGN - OUT-OF-NETWORK
Physician Office Visits - Specialist (Includes allergy testing)	100% after \$20 copay	80% after deductible	100% after \$25 copay	80% after deductible
Physical and Rehabilitation Therapy	100%, up to 100 visits per year when combined with Occupational Therapy.	80% after deductible; up to 100 visits per year when combined with Occupational Therapy.	100% after \$20 copay, up to 50 visits per year when combined with Occupational, Physical, and Speech Therapy. Based on medical necessity. Occupational and Physical Therapy requires pre-certification after 6th visit. Speech pre-certification from 1st visit with exceptions and close monitoring for special situations (e.g. trauma, brain injury), unlimited visits for speech therapy.	80% after deductible; up to 50 visits per year when combined with Occupational, Physical, and Speech Therapy. Based on medical necessity. Occupational and Physical Therapy requires pre-certification after 6th visit. Speech pre-certification from 1st visit with exceptions and close monitoring for special situations (e.g. trauma, brain injury), unlimited visits for speech therapy.
Speech Therapy	100%, up to 50 visits per year when preauthorized by plan.	80% after deductible; up to 50 visits per year.		
Cardiac Rehabilitation ¹			100%, 36 sessions in 12-week period with physician supervision and in a medical facility; medical necessity with physician referral and history of heart attack in past 12 months, CABG surgery, angioplasty, heart valve surgery, heart transplant, stable angina pectoris, compensated heart failure.	80% after deductible; 36 sessions in 12-week period with physician supervision and in a medical facility; medical necessity with physician referral and history of heart attack in past 12 months, CABG surgery, angioplasty, heart valve surgery, heart transplant, stable angina pectoris, compensated heart failure.
EMERGENCY TREATMENT				
Hospital Charges ²	100% after \$25 copay, waived if admitted; If criteria are not met for 'medical emergency', 50% of allowable amount plus \$25 copay	100% after \$25 copay, waived if admitted; If criteria are not met for 'medical emergency', 50% of allowable amount plus \$25 copay	100% after \$50 copay, waived if admitted; If criteria are not met for 'medical emergency', 50% of allowable amount plus \$50 copay	100% after \$50 copay, waived if admitted; If criteria are not met for 'medical emergency', 50% of allowable amount plus \$50 copay
Emergency Physician Services	100%	100%	100% after \$50 copay	100% after \$50 copay
Urgent Care Centers	100% after \$10 copay	80% after deductible, after \$10 copay	100% after \$20 copay	80% after deductible, after \$20 copay

TYPE OF SERVICE	CURRENT PLAN DESIGN – IN-NETWORK	CURRENT PLAN DESIGN – OUT-OF-NETWORK	CY 2005 PLAN DESIGN – IN-NETWORK	CY 2005 PLAN DESIGN – OUT-OF-NETWORK
PREVENTIVE CARE				
Hearing Exams and Hearing Aids (includes 1/1/02 MD mandated benefit for minor children)	100% after \$15 copay; 100% for basic model hearing aid. 1 exam and hearing aid every 3 years	80% after deductible; 100% for basic model hearing aid. 1 exam and hearing aid every 3 years	100% after \$15 copay; 100% for basic model hearing aid. 1 exam and hearing aid per ear every 3 years	80% after deductible; 100% for basic model hearing aid. 1 exam and hearing aid per ear every 3 years
VISION SERVICES¹				
Vision – Medical (services related to the medical health of the eye)	100% after \$15 copay (PCP) or \$20 copay (specialist)	80% after deductible	100% after \$15 copay (PCP) or \$25 copay (specialist)	80% after deductible
OTHER				
Dependent Coverage	<p>-unmarried child (blood descendent of the first degree; legally adopted child; step-child permanently residing with the employee; child permanently residing in the employee's household, supported 50% or more by the employee, if the child is directly related to or placed in the legal guardianship of the employee) until the end of the calendar year in which the child reaches age 19;</p> <p>-unmarried child 19 years or older who is incapable of self-support because of permanent mental or physical incapacity that began before the child's 19th birthday (or 25th if a full-time student), and resides permanently with the employee and is supported 50% or more by the employee;</p> <p>-unmarried child who is a full-time student at an accredited institution until the end of the calendar year in which the child turns 25 or the end of the month in which the child ceases to be a full-time student, whichever occurs first.</p>			
ARE REFERRALS REQUIRED IN THIS PLAN?	Yes, referrals are required for all non-PCP care.	No referrals in this plan	No referrals in this plan	No referrals in this plan
MANDATED BENEFITS			All mandated benefits, unless otherwise directed by the State	All mandated benefits, unless otherwise directed by the State

¹ Requires preauthorization.

² Emergency Services: health care services that are provided in a hospital emergency facility after the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in (a) placing the patient's health in serious jeopardy; (b) serious impairment of bodily functions; or (c) serious dysfunction of any bodily organ or part.

³ Available only through health plan. Services may be obtained from any licensed vision provider, whether in the health plan network or not. Vision benefits are available once every year.

Current and Revised Calendar 2005 Point-of-Service (POS) Plan Designs

TYPE OF SERVICE	CURRENT PLAN DESIGN - IN-NETWORK	CURRENT PLAN DESIGN - OUT-OF-NETWORK	CY 2005 PLAN DESIGN - IN-NETWORK	CY 2005 PLAN DESIGN - OUT-OF-NETWORK
Physician Office Visits - Primary Care	100% after \$5 copay	80% after deductible	100% after \$15 copay	80% after deductible
Physician Office Visits - Specialist (Includes allergy testing)	100% after \$10 copay	80% after deductible	100% after \$25 copay	80% after deductible
Physical and Rehabilitation Therapy	100% after \$10 copay; up to 100 visits per year when combined with Occupational Therapy.	80% after deductible; up to 100 visits per year when combined with Occupational Therapy.	100% after \$10 copay; up to 50 visits per year when combined with Occupational, Physical, and Speech Therapy. Based on medical necessity. Occupational and Physical Therapy requires pre-certification after 6th visit. Speech pre-certification from 1st visit with exceptions and close monitoring for special situations (e.g. trauma, brain injury); unlimited visits for speech therapy.	80% after deductible; up to 50 visits per year when combined with Occupational, Physical, and Speech Therapy. Based on medical necessity. Occupational and Physical Therapy requires pre-certification after 6th visit. Speech pre-certification from 1st visit with exceptions and close monitoring for special situations (e.g. trauma, brain injury); unlimited visits for speech therapy.
Cardiac Rehabilitation ¹			100%; 36 sessions in 12-week period with physician supervision and in a medical facility; medical necessity with physician referral and history of heart attack in past 12 months. CABG surgery, angioplasty, heart valve surgery, heart transplant, stable angina pectoris, compensated heart failure.	80% after deductible; 36 sessions in 12-week period with physician supervision and in a medical facility; medical necessity with physician referral and history of heart attack in past 12 months. CABG surgery, angioplasty, heart valve surgery, heart transplant, stable angina pectoris, compensated heart failure.
EMERGENCY TREATMENT				
Hospital Charges ²	100% after \$25 copay, waived if admitted; If criteria are not met for 'medical emergency', 50% of allowable amount plus \$25 copay	100% after \$25 copay, waived if admitted; If criteria are not met for 'medical emergency', 50% of allowable amount plus \$25 copay	100% after \$50 copay, waived if admitted; If criteria are not met for 'medical emergency', 50% of allowable amount plus \$50 copay	100% after \$50 copay, waived if admitted; If criteria are not met for 'medical emergency', 50% of allowable amount plus \$50 copay
Emergency Physician Services	100%	100%	100% after \$50 copay	100% after \$50 copay
Urgent Care Centers	100% after \$10 copay	80% after deductible, after \$10 copay	100% after \$20 copay	80% after deductible, after \$20 copay

TYPE OF SERVICE	CURRENT PLAN DESIGN - IN-NETWORK	CURRENT PLAN DESIGN - OUT-OF-NETWORK	CY 2005 PLAN DESIGN - IN-NETWORK	CY 2005 PLAN DESIGN - OUT-OF-NETWORK
PREVENTIVE CARE				
Routine Physical	100% after \$5 copay. One every three years age 13 and older	Not covered	100% after \$15 copay. One every three years age 13 and older	Not covered
GYN Exams, including Pap Test	100% after \$5 copay, when pre-authorized by plan	80% after deductible	100% after \$15 copay, when pre-authorized by plan	80% after deductible
Well Baby Care	100% after \$5 copay. 0-1 year, 6 visits; 1-2 years; 2 visits; 2-12 years, 1 visit.	Not covered	100% after \$15 copay. 0-1 year, 6 visits; 1-2 years; 2 visits; 2-12 years, 1 visit.	Not covered
Hearing Exams and Hearing Aids (includes 1/1/02 MD mandated benefit for minor children)	100% after \$5 copay; 100% for basic model hearing aid. 1 exam and hearing aid every 3 years	Not covered, except for hearing aids as mandated for minor children by Maryland law effective 1/1/2002	100% after \$15 copay; 100% for basic model hearing aid. 1 exam and hearing aid every 3 years	Not covered, except for hearing aids as mandated for minor children by Maryland law effective 1/1/2002
Diabetic Nutrition and Health Education	100% after \$5 copay	80% after deductible	100% after \$15 copay	80% after deductible
VISION SERVICES ²				
Vision - Medical (services related to the medical health of the eye)	100% after \$5 copay (PCP) or \$10 copay (specialist)	80% after deductible	100% after \$15 copay (PCP) or \$25 copay (specialist)	80% after deductible
OTHER				
Dependent Coverage	-unmarried child (blood descendent of the first degree, legally adopted child; step-child permanently residing with the employee; child permanently residing in the employee's household, supported 50% or more by the employee; if the child is directly related to or placed in the legal guardianship of the employee) until the end of the calendar year in which the child reaches age 19; -unmarried child 19 years or older who is incapable of self-support because of permanent mental or physical incapacity that began before the child's 19th birthday (or 25th if a full-time student), and resides permanently with the employee and is supported 50% or more by the employee;		-unmarried natural child, adopted child, step-child, and a child permanently residing in the household which the employee or retiree is the head and who is being supported solely by the employee or retiree provided that the employee or retiree is related to the child by blood or marriage and has legal custody of the child by a court order of custody or guardianship or a testamentary order. Disabled child can be covered beyond age 23 with certification. Cover all unmarried dependents through age 23 (no student certification).	

¹ Requires pre-authorization.

² Emergency Services: health care services that are provided in a hospital emergency facility after the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in:

(a) placing the patient's health in serious jeopardy; (b) serious impairment of bodily functions; or (c) serious dysfunction of any bodily organ or part.

³ Available only through health plan. Services may be obtained from any licensed vision provider, whether in the health plan network or not. Vision benefits are available once every year.

Current and Revised Calendar 2005 Health Maintenance Organization (HMO) Plan Designs

TYPE OF SERVICE	CURRENT PLAN DESIGN	CY 2005 PLAN DESIGN
Physician Office Visits – Primary Care	100% after \$5 copay	100% after \$15 copay
Physician Office Visits – Specialist	100% after \$10 copay	100% after \$25 copay
Occupational, Physical, and Speech Therapy	100% after \$10 copay; up to 100 visits per year when combined with Occupational Therapy.	100% after \$15 copay; up to 50 visits per year when combined with Occupational, Physical, and Speech Therapy. Based on medical necessity. Occupational and Physical Therapy requires pre-certification after 6th visit. Speech pre-certification from 1st visit with exceptions and close monitoring for special situations (e.g. trauma, brain injury), unlimited visits for speech therapy.
Speech Therapy	100% after \$10 copay; up to 50 visits per year	See Above
Cardiac Rehabilitation ¹		100%; 36 sessions in 12-week period with physician supervision; (case-by-case thereafter with supervision)
EMERGENCY TREATMENT²		
Hospital Charges ³	100% after \$25 copay, waived if admitted; If criteria are not met for 'medical emergency', 50% of allowable amount plus \$25 copay	100% after \$50 copay, waived if admitted; If criteria are not met for 'medical emergency', 50% of allowable amount plus \$50 copay
Emergency Physician Services	100%	100% after \$50 copay
Urgent Care Centers	100% after \$10 copay	100% after \$20 copay
PREVENTIVE CARE		
Routine Physical	100% after \$5 copay. One every three years age 13 and older	100% after \$15 copay. One every three years age 13 and older
GYN Exams, including Pap Test	100% after \$5 copay, when pre-authorized by plan	100% after \$15 copay, when pre-authorized by plan
Well Baby Care	100% after \$5 copay.	100% after \$15 copay.
Hearing Exams and Hearing Aids (includes 1/1/02 MD mandated benefit for minor children)	0-1 year, 6 visits; 1-2 years, 2 visits; 2-12 years, 1 visit. 100% after \$5 copay; 100% for basic model hearing aid. 1 exam and hearing aid every 3 years	0-1 year, 6 visits; 1-2 years, 2 visits; 2-12 years, 1 visit. 100% after \$15 copay; 100% for basic model hearing aid. 1 exam and hearing aid every 3 years
Diabetic Nutrition and Health Education	100% after \$5 copay	100% after \$15 copay
VISION SERVICES⁴		
Vision – Medical (services related to the medical health of the eye)	100% after \$5 copay (PCP) or \$10 copay (specialist)	100% after \$15 copay (PCP) or \$25 copay (specialist)

TYPE OF SERVICE	CURRENT PLAN DESIGN	CY 2005 PLAN DESIGN
<p>OTHER</p> <p>Dependent Coverage</p>	<p>-unmarried child (blood descendent of the first degree; legally adopted child; step-child permanently residing with the employee; child permanently residing in the employee's household, supported 50% or more by the employee, if the child is directly related to or placed in the legal guardianship of the employee) until the end of the calendar year in which the child reaches age 19;</p> <p>-unmarried child 19 years or older who is incapable of self-support because of permanent mental or physical incapacity that began before the child's 19th birthday (or 25th if a full-time student), and resides permanently with the employee and is supported 50% or more by the employee;</p> <p>-unmarried child who is a full-time student at an accredited institution until the end of the calendar year in which the child turns 25 or the end of the month in which the child ceases to be a full-time student, whichever occurs first.</p>	<p>-unmarried natural child, adopted child, step-child, and a child permanently residing in the household which the employee or retiree is the head and who is being supported solely by the employee or retiree provided that the employee or retiree is related to the child by blood or marriage and has legal custody of the child by a court order of custody or guardianship or a testamentary order. Disabled child can be covered beyond age 23 with certification. Cover all unmarried dependents through age 23 (no student certification).</p>

¹All services not provided by the Primary Care Physician require pre-authorization.

²Services provided out-of-network that are for a true emergency will be covered by the plan.

³Emergency Services: health care services that are provided in a hospital emergency facility after the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in: (a) placing the patient's health in serious jeopardy; (b) serious impairment of bodily functions; or (c) serious dysfunction of any bodily organ or part.

⁴Member must be married. Benefits are available if she was infertile: throughout the most recent 2 years of marriage to the same man; or, her infertility is due to endometriosis, exposure in womb to DES, or blockage of or surgical removal of one or more fallopian tubes; or male infertility is the documented diagnostic cause. The patient's oocytes must be fertilized with the patient's spouse's sperm. The artificial insemination attempts must be taken, when medically appropriate, before IVF attempts will be covered.