

# City of Boise

## Benefit Comparison - Fire Union - January 1, 2008

	Traditional \$200	POS - HMO Blue		Preferred PPO		Economy PPO	
<b>Medical</b>							
Network	NA	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible							
Individual	\$200	NA	\$500	\$250		\$250	
Family	\$400	NA	NA	\$500		\$500	
Out of Pocket							
Individual	\$1,200	\$1,500	NA	\$1,500	\$3,000	\$2,500	\$5,000
Family	\$1,400	NA	NA	\$3,000	NA	\$5,000	NA
Ambulance Services	80% after deductible	\$50 Air or Ground	60% after ded	80% billed after deductible		70% billed after deductible	
Supplemental Accident	100%	\$75 Co-pay	60% after ded	100%		100%	
	\$300 per incident	Facility Only		\$500 per incident		\$500 per incident	
Hospital Services	80% after deductible	\$200 Co-pay IP \$100 Co-pay OP	60% after ded	80% after deductible	60% after ded	70% after deductible	50% after ded
Chiropractic	80% after deductible \$1,000 per year	\$10 Co-pay \$800 per year	60% after ded	80% after deductible	60% after ded	70% after deductible	50% after ded \$1,000 per year
Diagnostic Services	80% after deductible	No Co-pay	60% after ded	80% after deductible	60% after ded	70% after deductible	50% after ded
Durable Medical Equipment	80% after deductible	20% Co-pay	60% after ded	80% after deductible	60% after ded	70% after deductible	50% after ded
InPatient Physical Rehab	80% after deductible (prof serv)	\$200 Co-pay	60% after ded	80% after deductible	60% after ded	70% after deductible	50% after ded
OutPatient Phys Therapy	80% after deductible	\$10 Co-pay	60% after ded	80% after deductible	60% after ded	70% after deductible	50% after ded
Physician Office Visit	80% after deductible	\$10 Co-pay	60% after ded	\$20 Co-pay	60% after ded	\$20 Co-pay	50% after ded
Psychiatric Inpatient	80% - acute 50% - rehab 8 days acute 21 days rehab	20% Co-pay per admit 8 days per year	50% after ded	80% -acute; 50%-rehab 8 days acute 21 days rehab	60% / 40% 8 / 21	No Benefits	
Psychiatric Outpatient	80% after deductible (12 visits/year)	\$25 Co-pay (20 visits/year)	50% after ded	80% (20 visits/year)	60% 20 visits	70% (20 visits/year)	50% 20 visits
Surgical/Medical Prof	80% after deductible	No Co-pay	60% after ded	80% after deductible	60% after ded	70% after deductible	50% after ded
Hospice Services	80% after deductible (\$10,000 lifetime)	No Co-pay	60% after ded	80%;\$10,000 max	60%;\$10,000	70%;\$10,000 max	50%;\$10,000
Med Necessary Obesity Surg	NA	NA		80% after deductible	60% after ded	70% after deductible	50% after ded
Wellness/Preventive	100% to \$500 per year	\$10 Co-pay	No Benefit	100% to \$1,000 per year		100% to \$1,000 per year	
Carry Over	last 3 months						
<b>Maximum benefit</b>	<b>\$2,000,000</b>	<b>\$2,000,000</b>		<b>\$2,000,000</b>		<b>\$2,000,000</b>	
Applies to Max	All covered services	All covered services		All Covered Services		All covered services	
<b>Prescription Drug</b>							
Generic	\$5	\$5		\$10		\$15	
Brand	20% to \$50	\$12		\$20		\$25	
Non Participating	\$25 and 50%	\$5 Generic; \$12 Brand		\$10 Generic; \$20 Brand		\$15 Generic; \$25 Brand	
Retail Supply	90 days	34 days or 100 unit doses		90 days for 3 co-pays		90 days for 3 co-pays	
Mail Order	\$5/20% to \$50	NA		90 days for 2 co-pays		90 days for 2 co-pays	
Mail Order Supply	90 days	NA					
<b>Dental</b>							
Deductible	\$25	\$25		\$25		\$25	
Benefit Maximum	\$1,500	\$1,500		\$2,000		\$1,500	
Preventive Service	100%	100%		100%		100%	
Basic Services	80%	80%		80%		80%	
Major Service	50%	50%		70%	50%	50%	
Orthodontia	75% not subject to ded	75% not subject to ded		75% not subject to ded			
Ortho Max	\$2,500	\$2,500		\$2,500			
<b>Vision</b>							
Exams	100% 1 per year	\$10 Copay 1 per year		\$25 Copay; includes retinal photography		\$25 Copay; includes retinal photography	
Materials	No Benefit	No Benefit		\$200 per insured/year		\$200 per insured/year	
Contacts	No Benefit	No Benefit		for all frames, lenses, contacts		for all frames, lenses, contacts	
<b>Employee Cost Share</b>							
Employee Only	\$15.00	\$5.00		\$9.95		\$0.00	
Employee + Spouse (2 party)	\$46.39	\$12.58		\$18.09		\$0.00	
Employee + Child (2 party)	\$46.39	\$12.58		\$18.09		\$0.00	
Employee + Children (family)	\$63.79	\$25.21		\$34.43		\$0.00	
Family	\$63.79	\$25.21		\$34.43		\$0.00	