

# City of Boise

## Benefit Comparison - PPO Options - January 1, 2008

Effective January 1, 2008	Preferred PPO In-Network	Preferred PPO Out-of-Network	Economy PPO In-Network	Economy PPO Out-of-Network
<b>MEDICAL</b>				
Deductible				
Individual	\$250	\$250	\$250	\$250
Family	\$500	\$500	\$500	\$500
Out of Pocket (incl Ded & co-ins)				
Individual	\$1,500	\$3,000	\$2,500	\$5,000
Family	\$3,000	N/A	\$5,000	N/A
Physician Office Visits	\$20 Copayment <i>not subject to Deductible</i>	60% of Max Allowable	\$20 Copayment <i>not subject to Deductible</i>	50% of Max Allowable
Ambulance Transport Services	80% of Billed charges	80% of Billed charges	70% of Billed charges	70% of Billed charges
Chiropractic Care	80% of Max Allowable	60% of Max Allowable	70% of Max Allowable	50% of Max Allowable
	<i>up to a combined total of \$1,000 per insured per year</i>		<i>up to a combined total of \$1,000 per insured per year</i>	
Diagnostic Services	80% of Max Allowable	60% of Max Allowable	70% of Max Allowable	50% of Max Allowable
Durable Medical Equipment	80% of Max Allowable	60% of Max Allowable	70% of Max Allowable	50% of Max Allowable
Emergency Services	80% of Max Allowable	70% of Max Allowable	70% of Max Allowable	60% of Max Allowable
Home Health Skilled Nursing Care	80% of Max Allowable	60% of Max Allowable	70% of Max Allowable	50% of Max Allowable
	<i>up to a combined total of \$5,000 per insured per year</i>		<i>up to a combined total of \$5,000 per insured per year</i>	
Hospice Services	100% of Max Allowable	60% of Max Allowable	70% of Max Allowable	50% of Max Allowable
	<i>up to a combined total of \$10,000 per insured per lifetime</i>		<i>up to a combined total of \$10,000 per insured per lifetime</i>	
Hospital Services	80% of Max Allowable	60% of Max Allowable	70% of Max Allowable	50% of Max Allowable
Inpatient Physical Rehab Care	80% of Max Allowable	60% of Max Allowable	70% of Max Allowable	50% of Max Allowable
	<i>up to a combined total of \$150,000 per insured per lifetime</i>		<i>up to a combined total of \$150,000 per insured per lifetime</i>	
Maternity Services	80% of Max Allowable	60% of Max Allowable	70% of Max Allowable	50% of Max Allowable
Medically Necessary Obesity Surg	80% of Max Allowable	60% of Max Allowable	70% of Max Allowable	50% of Max Allowable
Orthotic Devices	80% of Max Allowable	60% of Max Allowable	70% of Max Allowable	50% of Max Allowable
Outpatient Diabetes Education	80% of Max Allowable <i>up to \$500 per Insured/year</i>	No Benefits	70% of Max Allowable <i>up to \$500 per Insured/year</i>	No Benefits
Outpatient Rehab Therapy Services	80% of Max Allowable	60% of Max Allowable	70% of Max Allowable	50% of Max Allowable
Prosthetic Appliances	80% of Max Allowable	60% of Max Allowable	70% of Max Allowable	50% of Max Allowable
Psychiatric Inpatient Services				
Acute	80% of Max Allowable <i>up to 8 days per confinement</i>	60% of Max Allowable <i>up to 8 days per confinement</i>	No Benefits	No Benefits
Rehabilitative	50% of Max Allowable <i>up to 21 days per year</i>	40% of Max Allowable <i>up to 21 days per year</i>	No Benefits	No Benefits
Psychiatric Outpatient Services	80% of Max Allowable	60% of Max Allowable	70% of Max Allowable	50% of Max Allowable
	<i>up to 20 visits per insured per year</i>		<i>up to 20 visits per insured per year</i>	
Skilled Nursing Facility	80% of Max Allowable	60% of Max Allowable	70% of Max Allowable	50% of Max Allowable
	<i>up to 30 days per insured per year</i>		<i>up to 30 days per insured per year</i>	
Surgical/Medical Professional Serv	80% of Max Allowable	60% of Max Allowable	70% of Max Allowable	50% of Max Allowable
Transplant Services	80% of Max Allowable	60% of Max Allowable	70% of Max Allowable	50% of Max Allowable
Wellness/Preventative Care Services	100% to \$1000/year not subject to deductible; then 90% after deductible	100% to \$1000/year not subject to deductible; then 70% after deductible	100% to \$1000/year not subject to deductible; then 80% after deductible	100% to \$1000/year not subject to deductible; then 60% after deductible
	<i>Well Baby Visits</i> <i>Adult Annual Physical Exams</i> <i>Preventative Mammography</i> <i>Preventative Colonoscopy (age 50+)</i> <i>PSA Test</i> <i>Pap Smear</i> <i>Fecal Occult Blood Test</i> <i>Cholesterol Panel</i> <i>Diabetes Test</i>		<i>Well Baby Visits</i> <i>Adult Annual Physical Exams</i> <i>Preventative Mammography</i> <i>Preventative Colonoscopy (age 50+)</i> <i>PSA Test</i> <i>Pap Smear</i> <i>Fecal Occult Blood Test</i> <i>Cholesterol Panel</i> <i>Diabetes Test</i>	
Supplemental Accident Benefits	100% of Max Allowable 1st \$500 per insured/acc	100% of Max Allowable 1st \$500 per insured/acc	100% of Max Allowable 1st \$500 per insured/acc	100% of Max Allowable 1st \$500 per insured/acc
<b>MAXIMUM BENEFIT</b>	<b>\$2,000,000</b> All covered expenses	<b>\$2,000,000</b> All covered expenses	<b>\$2,000,000</b> All covered expenses	<b>\$2,000,000</b> All covered expenses
<b>PRESCRIPTION DRUGS</b>				
Generic Drugs	\$10	\$10	\$15	\$15
Brand	\$20	\$20	\$25	\$25
Mail Order Drug Supply	90 day supply for 2 co-pays	90 day supply for 2 co-pays	90 day supply for 2 co-pays	90 day supply for 2 co-pays
Retail Drug Supply	90 day supply for 3 co-pays	90 day supply for 3 co-pays	90 day supply for 3 co-pays	90 day supply for 3 co-pays
<b>VISION</b>				
Exam (Includes Retinal Photography)	\$25 Co-Pay; 1 exam per year	\$25 Co-Pay; 1 exam per year	\$25 Co-Pay; 1 exam per year	\$25 Co-Pay; 1 exam per year
Materials/Contacts/Frames	\$200 allowance	\$200 allowance	\$200 allowance	\$200 allowance
<b>DENTAL (TRADITIONAL)</b>				
Deductible	\$25	\$25	\$25	\$25
Maximum Benefit	\$2,000	\$2,000	\$1,500	\$1,500
Preventive Service	100%	100%	100%	100%
Basic Service	80%	80%	80%	80%
Major Service	70%	50%	50%	50%
Orthodontia	75%	75%	No Benefits	No Benefits
Ortho Max (individual/lifetime)	\$2,500	\$2,500		
<b>Employee Cost Share</b>				
Employee Only		\$11.80		\$0.00
Employee + Spouse (2 party)		\$27.95		\$0.00
Employee + Child (2 party)		\$17.20		\$0.00

<i>Effective January 1, 2008</i>	<b>Preferred PPO In-Network</b>	<b>Preferred PPO Out-of-Network</b>	<b>Economy PPO In-Network</b>	<b>Economy PPO Out-of-Network</b>
Employee + Children (family)		\$35.58		\$0.00
Family		\$52.11		\$0.00