

Medical Plan Coverage	HuskyCare PPO		HuskyCare HSA		Opt-Out
<p>**Please call the Benefits office at 487-2517 and/or refer to the Benefit Summaries for more detailed information (located on Benefits website)</p> <p>**amounts listed are employee costs</p> <p>Helpful Links: www.aetna.com www.chasehsa.com</p>	<p style="text-align: center;">Contribution Required - Pre-taxed</p> <ul style="list-style-type: none"> Per Adult/Per Child \$90 per adult/month \$45 per child/month <p>A child is any person who is 19 years or younger. A child between the ages of 20 and 26 will be considered an adult. Coverage will end at the end of the month a child turns 26.</p> <p>If the child turns 20 years old mid-year, he/she will be considered an adult at that time and any applicable premium changes will apply.</p> <p style="text-align: center;">**Preventative Exam covered at 100% once every 12 months**</p> <p>NOTE: ER visits and RX do not count towards the Out of Pocket Max</p>		<p style="text-align: center;">No Contribution Required</p> <ul style="list-style-type: none"> HSA Employer Funding – Single \$750 Not-taxable January 2011 \$500 & July 2011 \$250 HSA Employer Funding – Family \$1,500 Not-taxable January 2011 \$1,000 & July 2011 \$500 <p style="text-align: center;">**Preventative Exam covered at 100% once every 12 months**</p>		<p>\$150 monthly payment Taxed to employee</p>
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Annual Deductible	\$500/\$1,000	\$1,000/\$2,000	\$1,750/\$3,500	\$3,500/\$7,000	
Out-of-Pocket Max (Individual/Family) (deductible is included)	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	
In-Patient Hospitalization/Surgery	10% after deductible	30% after deductible	10% after deductible	30% after deductible	
Office Visit	35%	35% after deductible	35% after deductible	35% after deductible	
Lab & X-Ray	10%	30% after deductible	10% after deductible	30% after deductible	
Mental Health	35%	35% after deductible	35% after deductible	35% after deductible	
Physical Therapy	35%	35% after deductible	35% after deductible	35% after deductible	
Chiropractic	35%	40% after deductible	35% after deductible	40% after deductible	
Massage Therapy	35%	40% after deductible	35% after deductible	40% after deductible	
Durable Medical Equipment	35%	35% after deductible	35% after deductible	35% after deductible	
Acupuncture	35%	40% after deductible	35% after deductible	40% after deductible	
Emergency Room Visit	\$75	\$75	10% after deductible	10% after deductible	
Retail Rx	Generic 10% (Min/Max) \$5/\$20 Brand 25% (Min/Max) \$10/\$40	25% after deductible	10% after deductible	10% after deductible	
Mail Order Rx/3 months	Generic – 2x's copay & Brand – 2x's copay		10% after deductible		

DENTAL AND VISION COVERAGE	HuskyDental/Vision 1	HuskyDental/Vision 2
	<p>Contribution Required -Pre-taxed</p> <ul style="list-style-type: none"> Per Adult/Per Child \$8 per adult/month \$8 per child/month 	<p>Contribution Required - Pre-taxed</p> <ul style="list-style-type: none"> Per Adult/Per Child \$7 per adult/month \$7 per child/month
Class I – preventative – Twice a calendar year	0%	0%
Class II – fillings, extractions, root canals	20%	50%
Class III – crowns, gold fillings, dentures	50%	50%
Class IV – orthodontic – dependents under 19	50% to a lifetime max of \$1,500	Not Available
Dollar Maximum	\$1,500 per person per year	\$1,500 per person per year
Vision Plan	office visit 35% – once every 12 months \$350 allowance for glasses/lenses/contacts – every 24 months	office visit 35% – once every 12 months \$350 allowance for glasses/lenses/contacts – every 24 months