

January 1, 2012

**Retiree Plan Comparison - Health Benefits**

	<b>Plan B *</b>	<b>OnPoint - In Network Benefits</b>	<b>MVP</b>
<b>Hospital Benefits</b>	100% up to the usual, reasonable and customary fee; 365 benefit days of hospital care per confinement. Pre-certification is required.	Inpatient-In network paid-in-full pre certification is required	Inpatient-In network paid-in-full pre certification is required
<b>Surgery</b>	100% up to the usual, reasonable and customary fee	In network - Paid in full	In network - Paid in full
<b>Ambulance</b>	The first \$25.00 at 100%; balance under Major Medical	\$17 copayment	Paid in full
<b>Major Medical</b>	Major medical deductible is \$50.00 per individual per calendar year. Limit on the amount of deductible is, \$150.00 for all family members. Reimbursement is 80% for eligible services.	Only applicable for non-level one services	N/A
<b>Anesthesia</b>	100% up to the usual, reasonable and customary fee	In network - Paid in full Out of network - after applicable deductible 80% of allowable amount	In network - Paid in full
<b>Physical Therapy</b>	Physical therapy treatments, <b>when billed by a hospital</b> , will be benefited. These treatments must be ordered by a physician, and be in connection with an illness for which the patient had been hospitalized, or in connection with surgical care.	Allowable amount for home, office and hospital physical therapy visits by a licensed Therapist or Physician. The physical therapy must be medically necessary for the diagnosis or treatment of the illness or injury. Pre-certification is required. \$17.00 co-payment.	\$15 Copayment Up to 30 visits per calendar year; combined benefit for outpatient and office setting
<b>Rx Plan</b>	<b>Prescription Card for generic drugs only</b> Generic Brand drugs \$2.00 copay; Brand name drugs will be reimbursed at 80% after your major medical deductible has been met. 34 Day supply	Generic: \$7 copayment 25% Preferred Brand \$20 Min. \$100 cap. 35% Non-Preferred - \$35 Min. \$125 cap.  30 Day Supply	Formulary Generic - \$5 copay Formulary Brand - \$20 copay Formulary - \$40 copay  Up to 30 day supply
<b>Mail Order Drug Program</b>	Generic: \$1 copayment Brand: \$5 copayment  Maximum per copay 90 day supply	Generic: \$7 copayment Preferred Brand \$20 Non-Preferred \$40 Maximum per copay 90 day supply	Receive 90-day supply for the cost of two copayments, or 3-for-2 savings. Medco by mail.
<b>Diagnostic Services</b>	100% for diagnostic tests. Interpretation and reports on the tests are major medical benefits.	Laboratory paid in full / X-ray machine tests \$17.00 co-payment	In network - Paid in full
<b>Wellness Services</b>	Not available	Routine physicals - In network only \$17 copayment.	No Charge
<b>Vision</b>	Not available	Benefit available every 12 months. \$17 copay at OnPoint Network for exam. 100% of allowable for exam at Davis Vision Centers. Frames and lenses through Empire Vision Centers <b>only</b> .	Eye Exam - \$15 Copayment Benefit available every 2 years
<b>Insurance Maximums</b>	Annually \$15,000 or \$50,000 lifetime per family member	\$1,000,000 per year or \$2,000,000 lifetime per family member	N/A
<b>Cost</b>	No Cost	See current schedules.	See current schedules.

This summary is to compare some of the major differences in the plans. It is not intended to be a complete guide to all the benefits available to employees or to guarantee coverage.

A Master Plan summary is on file with Onondaga County for review. 1/12.

\* Should you choose this option, it will remain in effect until the expiration date of your current union agreement. At that time, your coverage will convert to the OnPoint plan at the applicable cost. It is important to note that many benefits are not available under this Retiree Plan B program such as a retail prescription drug program.