

Retiree Plan Comparison – Health Benefits

January 2007

	Plan B*	OnPoint – In Network Benefits	MVP	AETNA
Hospital Benefits	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	Inpatient-In network paid-in-full. Pre-certification is required
Surgery	100% up to the usual, reasonable and customary fee	In network – Paid-in-full	In network – Paid-in-full	In network – Paid-in-full
Ambulance	The first \$25.00 at 100%; balance under Major Medical	\$10 copayment	Paid-in-full	Paid-in-full
Major Medical	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	N/A
Anesthesia	100% up to the usual, reasonable and customary care	In network – Paid in full Out of network – After applicable deductible 80% of allowable amount	In network paid-in-full	In network paid-in-full
Physical Therapy	Physical therapy treatments, when billed by a hospital , 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 of Physician. The physical therapy must be medically necessary for the diagnosis or treatment of the illness or injury. Pre-certification is required. \$10.00 copay	\$15 Copayment Requires PCP Prescription 30 visit max	\$15 Copayment Requires PCP Prescription 60 visit max
Rx Plan	Prescription Card for generic drugs only. Generic Brand drugs \$2.00 copay; Brand name drugs will be reimbursed but 80% after your major deductible had been met 34 Day supply	Generic: \$7 copay 25% Preferred Brand: \$20 minimum, \$100 cap 35% Non-Preferred: \$35 minimum, \$125 cap 30 Day supply	Generic: \$5 copay Brand: \$20 copay Up to 30 Day supply	Generic: \$10 copay Brand: \$15 copay Formulary copay: \$30 Up to 30 Day supply
Mail Order Drug Program	Generic: \$1 copay Brand: \$5 copay Maximum per copay 90 day supply	Generic: \$7 copay Preferred Brand: \$20 copay Non-Preferred: \$40 copay Maximum per copay 90 day supply	Generic: \$10 copay Brand: \$40 copay Maintenance drugs only	Generic: \$20 copay Brand: \$30 copay Non formulary: \$60 copay 31-90 day supply
Diagnostic Services	100% for diagnostic tests. Interpretation and reports on the tests are major medical benefits	Laboratory paid in full / X-ray machine tests \$10.00 copay	In network paid-in-full	In network paid-in-full
Wellness Services	Not available	Routine physicals – In network only \$10 copay	\$15 copay	\$15 copay
Vision	Not available	Benefit available every 12 months. \$10 copay at OnPoint Network for exam. 100% of allowable for exam at Davis Vision Centers. Frames and lenses through Empire Vision Centers only .	Eye Exam: \$15 copay Benefit available every 2 years	Eye Exam: \$15 copay
Insurance Maximums	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	N/A
Cost	No Cost	See current schedules	See current schedules	See current schedules

This summary is to compare some of the major differences in the four 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 (10/06).

* 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.