PRODUCT OFFERINGS

HEALTH ALLIANCE PLAN BENEFIT COMPARISON HMO REFORM GROUP PLANS (2 to 50) *STANDARD PLANS*

	HMO PLAN AF	HMO PLAN AG	HMO PLAN AE	HMO PLAN AH	HMO PLAN AO	HMO PLAN AB
Benefit Period	**Calendar**	**Calendar**	**Fiscal**	**Fiscal**	**Fiscal**	**Fiscal**
Annual deductibles	None	None	None	$200 Individual $400 Family	None	None
Coinsurance	100%	100%	100%	100%	100%	75%
Coinsurance maximums*	NA	NA	NA	NA	NA	$1000 Individual $2000 Family
Per admission copay maximums	NA	NA	$750 Individual $1000 Family	NA	$1000 Individual $2000 Family	NA
Preventive						
Office visits (preventive), related to periodic physical exams, well baby/child exams, routine eye and hearing exams	$10 copay	$15 copay	$20 copay	$10 copay	$25 copay	$15 copay
Immunizations, related lab tests & x-rays, pap smears & mammograms	100%	100%	100%	100%	100%	100%
Outpatient Services						
Office visit (non-preventive)	$10 copay	$15 copay	$20 copay	$10 copay after deductible	$25 copay	$15 copay
Outpatient surgery and related services	100%	100%	100%	$50 copay after deductible	100%	75%
Inpatient Services						
Inpatient, Labor/Delivery, Mental Health, Chemical Dependency	100%	$250 copay per admission	$250 copay per admission	100% after deductible	$500 In-Patient copay per admission	75%
Emergency Services						
Emergency care	$50 copay	$75 copay	$50 copay	$50 copay after deductible	$75 copay	$50 copay
Urgent care	$10 copay	$15 copay	$35 copay	$25 copay after deductible	$50 copay	$15 copay
Additional Benefits						
Hearing aids/ Eyeglasses/Contact lens	Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs						
Rx options	$10/$20/$40 $10/$30/$50 $10/$40/$40 $10/$60/$60 $15/$60/50%** 50% coinsurance** No Rx	$10/$20/$40 $10/$30/$50 $10/$40/$40 $10/$60/$60 $15/$60/50%** 50% coinsurance** No Rx	$10/$20/$40 $10/$30/$50 $10/$40/$40 $10/$60/$60 $15/$60/50%** 50% coinsurance** No Rx	$10/$20/$40 $10/$30/$50 $10/$40/$40 $10/$60/$60 $15/$60/50%** 50% coinsurance** No Rx	$10/$20/$40 $10/$30/$50 $10/$40/$40 $10/$60/$60 $15/$60/50%** 50% coinsurance** No Rx	$10/$20/$40 $10/$30/$50 $10/$40/$40 $10/$60/$60 $15/$60/50%** 50% coinsurance** No Rx

* DME, SNF, P&O, Mental Health Services and Chemical Dependency, PT/OT/ST and Home Health copays do not accumulate to the coinsurance maximum

** Rx options: **50% coinsurance** ($10 min/$100 max per fill)

NOTE: The above comparisons are to be used for general reference only. Please refer to individual benefit summaries for specific benefit levels for each service

PRODUCT OFFERINGS

HEALTH ALLIANCE PLAN BENEFIT COMPARISON HMO REFORM GROUP PLANS (2 to 50)

	HMO PLAN AC	HMO PLAN AN	HMO PLAN AD	HMO PLAN AI	HMO PLAN AA	HMO PLAN AZ
Benefit Period	**Calendar**	**Calendar**	**Calendar**	**Calendar**	**Fiscal**	**Calendar**
Annual deductibles	None	None	None	$500 Individual $1000 Family	None	None
Coinsurance	75%	100%	70%	100%	80%	100%
Coinsurance maximums	$1000 Individual $2000 Family	NA	$1500 Individual $3000 Family	NA	$1500 Individual $3000 Family	NA
Per admission copay maximums	NA	$1000 Individual $2000 Family	NA	NA	NA	$900 per claimant
Preventive						
Office visits (preventive), related to periodic physical exams, well baby/child exams, routine eye and hearing exams	$20 copay	$20 copay	$20 copay	$15 copay	$25 copay	$15 copay
Immunizations, related lab tests & x-rays, pap smears & mammograms	100%	100%	100%	100%	100%	100%
Outpatient Services						
Office visit (nonpreventive)	$20 copay	$20/$40 copay	$20 copay	$15 copay after deductible	$25/$35 copay	$15/$30 copay
Outpatient surgery and related services	75%	100%	70%	$100 copay after deductible	80%	100% copay
Inpatient Services						
Inpatient, Labor/delivery, Mental health, Chemical dependency	75%	$1000 In-Patient copay per admission	70%	$250 In-Patient copay per admission after deductible, then 100%	80%	$300 In-Patient copay per admission
Emergency Services						
Emergency care	$50 copay	$100 copay	$75 copay	$100 copay after deductible	$100 copay	$75 copay
Urgent care	$35 copay	$50 copay	$35 copay	$50 copay after deductible	$35 copay	$40 copay
Prescription Drugs						
Rx options	$10/$20/$40 $10/$30/$50 $10/$40/$40 $10/$60/$60 $15/$60/50%** 50% coinsurance** No Rx	$10/$20/$40 $10/$30/$50 $10/$40/$40 $10/$60/$60 $15/$60/50%** 50% coinsurance** No Rx	$10/$20/$40 $10/$30/$50 $10/$40/$40 $10/$60/$60 $15/$60/50%** 50% coinsurance** No Rx	$10/$20/$40 $10/$30/$50 $10/$40/$40 $10/$60/$60 $15/$60/50%** 50% coinsurance** No Rx	$10/$20/$40 $10/$30/$50 $10/$40/$40 $10/$60/$60 $15/$60/50%** 50% coinsurance** No Rx	Generic: $10 copay; Preferred Brand: Plan Pays 75% and Claimant pays no less than $30 and no more than $60; Non-Preferred Brand: Plan pays 50% Claimant pays no less than $60 and no more than $120

** Rx options: **50% coinsurance** ($10 min/$100 max per fill)

NOTE: The above comparisons are to be used for general reference only. Please refer to individual benefit summaries for benefit levels for each service