

Waco, Inc. Medical Benefit Comparison

	CIGNA HealthCare HMO 20/40/60 Rx		CIGNA HealthCare PPO (Outlier) 20/40/60 Rx		CIGNA HealthCare Open Access Plus Plan 20/40/60 Rx	
	Current		Current		Renewal effective February 1, 2010	
	<u>in network</u>	<u>out of network</u>	<u>in network</u>	<u>out of network</u>	<u>in network</u>	<u>out of network</u>
Contract Year Deductible, except PPO Calendar Year	\$250/\$500		\$0	\$1,000/\$2,000	\$500/\$1,000	\$1,000/\$2,000
Inpatient Hospital	\$300 copay (\$1,500 i.p. max) after deductible	not covered	20%	30% after deductible	\$300 copay (\$1,500 i.p. max) after deductible	\$300 copay (\$1,500 i.p. max) plus 20% after deductible
Inpatient Services	\$0	not covered	20%	30% after deductible	\$0	20% after deductible
Outpatient Doctor's - PCP	\$30 copay	not covered	\$30 copay	30% after deductible	\$30 copay	20% after deductible
Specialist	\$50 copay	not covered	\$50 copay	30% after deductible	\$50 copay	20% after deductible
Preventive Care						
Well Baby	\$30 or \$50 copay	not covered	\$30 or \$50 copay	30% after deductible	\$30 or \$50 copay	In-network coverage only
Adult Routine Phy. Exam	\$30 or \$50 copay	not covered	\$30 or \$50 copay	30% after deductible	\$30 or \$50 copay	In-network coverage only
Routine GYN Exam	\$30 or \$50 copay	not covered	\$30 or \$50 copay	30% after deductible	\$30 or \$50 copay	In-network coverage only
Routine Eye Exam	\$10 copay	not covered	\$10 copay	not covered	\$10 copay	In-network coverage only
Outpatient Surgery	\$300 copay after deductible	not covered	20%		\$300 copay after deductible	\$300 copay + 20% after deductible
Outpatient Care Accidental Injury	\$150 copay ER \$75 copay Urgent Care (\$150 if ER facility)	<i>True Emergencies:</i> \$150 copay ER \$75 copay Urgent Care (\$150 if ER facility)	\$200 copay ER \$100 copay Urgent Care (\$200 if ER facility)	<i>True Emergencies:</i> \$200 copay ER \$100 copay Urgent Care (\$200 if ER facility)	\$250 copay ER \$125 copay Urgent Care (\$250 if ER facility)	<i>True Emergencies:</i> \$250 copay ER \$125 copay Urgent Care (\$250 if ER facility)
Outpatient Diagnostic Lab & X-Ray	\$30 or \$50 copay	not covered	\$30 or \$50 copay; 20% facility charge	30% after deductible	\$30 or \$50 copay	20% after deductible
Complex Diagnostic Imaging (MRI, MRA & PET Scan, etc.)	\$150 copay after deductible	not covered	\$150 copay + 20%	\$300 copay + 20% after deductible	\$150 copay after deductible	\$150 copay + 20% after deductible + 20% after deductible
Physical Therapy Visits	\$50 copay 20 visits per contract year (combined with Chiro)	not covered	\$50 copay 20 visits per contract year combined with Chiro	30% after deductible 20 visits per contract year combined with Chiro	\$30 or \$50 copay 20 visits per contract year combined with Chiro	20% after deductible 20 visits per contract year combined with Chiro
Chiropractic Care	\$50 copay 20 visits per contract year combined with PT	not covered	\$50 copay 20 visits per contract year combined with PT	30% after deductible 20 visits per contract year combined with PT	\$30 or \$50 copay 20 visits per contract year combined with PT	20% after deductible 20 visits per contract year combined with PT
Mental Health & Substance Abuse Inpatient	\$50 per day (30 day max) (after deductible)	not covered	20%; 30 day maximum	In-network coverage only	\$300 copay (\$1,500 i.p. max) after deductible no day limitations	\$300 copay per day plus 20% after deductible
Outpatient	MH \$30 copay (20 visit max) SA \$15 copay (visits 1-2) SA \$30 copay (visits 3-20) Group Therapy \$15 copay (40 visit max)	not covered	\$40 copay (30 visit MH, SA, and group combined max)	In-network coverage only	\$30 or \$50 copay no visit limitations	20% after deductible
Durable Medical Equipment	0%; \$3,500 max.	not covered	0%; \$3,500 max.	30% after deductible; \$3,500 max	0%; \$3,500 max.	20% after deductible; \$3,500 max
Contract Year Stop Loss, except PPO Calendar Year	\$2,000/\$4,000 deductible does not accumulate towards out of pocket	not applicable	\$4,000/\$8,000 deductible does not accumulate towards out of pocket	\$8,000/\$16,000 (excludes deductible)	\$2,000/\$4,000 (excludes deductible)	\$4,000/\$8,000 (excludes deductible)
Prescriptions						
Tier One	\$20 copay	not covered	\$20 copay	In-network coverage only	\$20 copay	In-network coverage only
Tier Two	\$40 copay	not covered	\$40 copay	In-network coverage only	\$40 copay	In-network coverage only
Tier Three	\$60 copay	not covered	\$60 copay	In-network coverage only	\$60 copay	In-network coverage only
Lifetime Maximum	Unlimited	not applicable	Unlimited	\$1,000,000	\$5,000,000	\$5,000,000