



2010 HEALTH BENEFIT SUMMARY


Plan Participation	Level 1	Level 2	Level 3
	Base plan for employee and/or spouse: HRA is encouraged, however, eligible with or without HRA	Available to employee and/or spouse who engage in their personal health by: Participating in voluntary HRA Maintaining or improving HRA score greater than or equal to 61 and a non-tobacco user	Available to employee and/or spouse who engage in their personal health by: Participating in voluntary HRA Maintaining or improving HRA score greater than or equal to 61 and a non-tobacco user <i>OR</i> HRA score less than or equal to 60 and/or tobacco user with a documented Bellin Medical Group Primary Care Provider plan of improvement Documented compliance with normal preventive/wellness age driven protocols
	Level 1	Level 2	Level 3
Personal Benefit Account[^]	\$500/\$1,000	\$500/\$1,000	\$550/\$1,100
Deductible			
In Network Single/Family	\$4,000/\$8,000	\$2,000/\$4,000	\$2,000/\$4,000
Out of Network Single/Family	\$8,000/\$16,000	\$4,000/\$8,000	\$4,000/\$8,000
Coinsurance			
In Network	75%	85%	85%
Out of Network	50%	60%	60%
Out-of-Pocket Max			
In Network Single/Family	\$7,000/\$14,000	\$3,500/\$7,000	\$3,500/\$7,000
Out of Network Single/Family	\$13,000/\$26,000	\$6,500/\$13,000	\$6,500/\$13,000
Lifetime Maximum			
In Network	\$2,000,000	\$2,000,000	\$2,000,000
Out of Network	\$1,000,000	\$1,000,000	\$1,000,000
Routine/Preventive Care	See Preventive Coverage Comparison	See Preventive Coverage	See Preventive Coverage
In Network	100% coverage of basic preventive	100% coverage	100% coverage
Out of Network	No coverage	No coverage	No coverage
Office Visits			
In Network	Deductible, then 75%	Deductible, then 85%	Deductible, then 85%
Out of Network	Deductible, then 50%	Deductible, then 60%	Deductible, then 60%
Specialist			
In Network	Deductible, then 75%	Deductible, then 85%	Deductible, then 85%
Out of Network	Deductible, then 50%	Deductible, then 60%	Deductible, then 60%
Diagnostic Testing			
In Network	Deductible, then 75%	Deductible, then 85%	Deductible, then 85%
Out of Network	Deductible, then 50%	Deductible, then 60%	Deductible, then 60%
Specific Disease Conditions (Arthrosclerosis/Cardiovascular Disease, Diabetes, Hyperlipidemia and Hypercholesterolemia, Hypertension, Obesity and Tobacco Use)	All UHC Providers; See Office Visits	All UHC Providers; See Office Visits	Bellin Medical Group Provider Only - Office Visits and Labs Paid at 100%, All Other UHC Providers; see Office Visits
In Network	Treated as any other illness subject to deductible then 75%	Treated as any other illness subject to deductible then 85%	Treated as any other illness subject to deductible then 85%
Out of Network	Treated as any other illness subject to deductible then 50%	Treated as any other illness subject to deductible then 60%	Treated as any other illness subject to deductible then 60%

[^]If you, or any of your dependents, are covered by another insurance plan, contact Human Resource Management for specific information related to maximizing your Personal Benefit Account. Unused Personal Benefits Account balances will rollover from year to year. In addition, if changes occur for insurance coverage and/or dependent status/coverage throughout the year, contact Human Resource Management to obtain a change form, which will be forwarded to UnitedHealthcare.

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	Level 1	Level 2	Level 3			
Inpatient Hospital Services						
In Network	Deductible, then 75%	Deductible, then 85%	Deductible, then 85%			
Out of Network	Deductible, then 50%	Deductible, then 60%	Deductible, then 60%			
Outpatient Hospital Services						
In Network	Deductible, then 75%	Deductible, then 85%	Deductible, then 85%			
Out of Network	Deductible, then 50%	Deductible, then 60%	Deductible, then 60%			
Diagnostic Testing						
In Network	Deductible, then 75%	Deductible, then 85%	Deductible, then 85%			
Out of Network	Deductible, then 50%	Deductible, then 60%	Deductible, then 60%			
Emergency Room						
In Network	Deductible, then 75%	Deductible, then 85%	Deductible, then 85%			
Out of Network	Deductible, then 75%	Deductible, then 85%	Deductible, then 85%			
Bellin FastCare Clinic						
Bellin FastCare Clinic	Deductible, then 75%	100% coverage	100% coverage			
Other FastCare Clinics	Deductible, then 50%	Deductible, then 85%	Deductible, then 85%			
Mental Health/Substance Abuse (Prior Authorization through UnitedHealthcare is Required; Conversion Benefit Available when Medically Necessary)						
Inpatient	<i>Treated as any other illness</i>	<i>Treated as any other illness</i>	<i>Treated as any other illness</i>			
In Network	Deductible, then 75%	Deductible, then 85%	Deductible, then 85%			
Out of Network	Deductible, then 50%	Deductible, then 60%	Deductible, then 60%			
Outpatient	<i>Treated as any other illness</i>	<i>Treated as any other illness</i>	<i>Treated as any other illness</i>			
In Network	Deductible, then 75%	Deductible, then 85%	Deductible, then 85%			
Out of Network	Deductible, then 50%	Deductible, then 60%	Deductible, then 60%			
Transitional	<i>Treated as any other illness</i>	<i>Treated as any other illness</i>	<i>Treated as any other illness</i>			
In Network	Deductible, then 75%	Deductible, then 85%	Deductible, then 85%			
Out of Network	Deductible, then 50%	Deductible, then 60%	Deductible, then 60%			
Prescription Drugs	Employee Portion					
	Bellin and Shopko	All Other Pharmacies	Bellin and Shopko	All Other Pharmacies	Bellin and Shopko	All Other Pharmacies
Tier 1	\$20 copayment	\$25 copayment	\$10 copayment	\$15 copayment	\$10 copayment	\$15 copayment
Tier 2	\$30 copayment or 25%, whichever is greater, up to \$100 maximum per script	\$40 copayment or 35%, whichever is greater, up to \$100 maximum per script	\$20 copayment or 25%, whichever is greater, up to \$100 maximum per script	\$30 copayment or 35%, whichever is greater, up to \$100 maximum per script	\$20 copayment or 25%, whichever is greater, up to \$100 maximum per script	\$30 copayment or 35%, whichever is greater, up to \$100 maximum per script
Tier 3	\$55 copayment or 30%, whichever is greater	\$65 copayment or 35%, whichever is greater	\$45 copayment or 30%, whichever is greater	\$55 copayment or 35%, whichever is greater	\$45 copayment or 30%, whichever is greater	\$55 copayment or 35%, whichever is greater

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<p>Mail Order Prescription Drugs</p> <p>Day Supply</p> <p>Tier 1</p> <p>Tier 2</p> <p>Tier 3</p>	<p>Level 1</p> <p>90 Day Supply</p> <p>\$55 copayment</p> <p>\$85 copayment or 35% whichever is greater</p> <p>\$160 copayment or 40% whichever is greater</p>	<p>Level 2</p> <p>90 Day Supply</p> <p>\$25 copayment</p> <p>\$55 copayment or 25% whichever is greater</p> <p>\$135 copayment or 30% whichever is greater</p>	<p>Level 3</p> <p>90 Day Supply</p> <p>\$25 copayment</p> <p>\$55 copayment or 25% whichever is greater</p> <p>\$135 copayment or 30% whichever is greater</p>			
<p>Monthly Cost Analysis</p> <p>Single</p> <p>Employee + 1</p> <p>Family</p>	<p>Cost</p> <p>\$379.34</p> <p>\$780.43</p> <p>\$1,021.57</p>					
<p>Monthly Cost Analysis</p> <p>Single</p> <p>Employee + 1</p> <p>Family</p>	<p>Employee Cost</p>					
		<p>Full-Time</p>		<p>Part-Time</p>		
		<p>Monthly</p>	<p>Per Pay Period</p>	<p>Monthly</p>	<p>Per Pay Period</p>	
<p>Single</p>		<p>\$56.90</p>	<p>\$26.26</p>	<p>\$113.80</p>	<p>\$52.52</p>	
<p>Employee + 1</p>		<p>\$117.06</p>	<p>\$54.03</p>	<p>\$234.13</p>	<p>\$108.06</p>	
<p>Family</p>		<p>\$153.24</p>	<p>\$70.72</p>	<p>\$306.47</p>	<p>\$141.45</p>	
<p>Bellin Health offers a voluntary Health Risk Assessment (HRA) to all employees. To be eligible for Level 2 or Level 3 employee and spouse (if enrolling in Bellin's Health Plan both need to participate in voluntary HRA during January 1 through October 16, 2009.</p>						

7.21.09

2010 PREVENTIVE COVERAGE COMPARISON

All screenings/tests will be covered if ordered as part of a complete physical exam 1x a year by an in-network provider and billed as a routine screening.

	Level 1	Level 2 and Level 3 - See Colorectal Screening for a difference in the Tiers.
Complete Annual Physical	Deductible waived - 100%	Deductible waived - 100%
Immunizations	Deductible waived - 100% birth to age 6; other covered immunizations subject to deductible and coinsurance	Deductible waived - 100% for adults and children for all FDA approved immunizations
Voluntary Family Planning	Deductible, then 75%	Deductible waived - 100%
Well-Baby and Well-Child Exam	Deductible waived - 100%	Deductible waived - 100%
Routine Mammograms	Deductible waived - 100%	Deductible waived - 100%
Pap and Pelvic Exams	Deductible waived - 100%	Deductible waived - 100%
Prostate Cancer Screenings	Deductible, then 75%	100% regardless of age
Colorectal Screening (Protoscopy, Endoscopy, Colonoscopy, Sigmoidoscopy, Occult Blood Feces Tests)	Deductible, then 75%	Tier 2 and Tier 3: Deductible waived - 100% coverage if routine screening with no polyp removal. Tier 3 only: If polyp(s) removed during a colonoscopy, one life time benefit covered at 100% for first colonoscopy after 1/1/10. Thereafter, deductible/coinsurance will apply for additional colonoscopies with polyp(s).
Heart and Vascular Screenings		
Hypertension Screenings	Deductible, then 75%	Deductible waived - 100%
Lipid Disorder Screenings	Deductible, then 75%	Deductible waived - 100%
EKG Tests	Deductible, then 75%	Deductible waived - 100%
All Blood Work as Hemoglobin Tests	Deductible, then 75%	Deductible waived - 100%
Infectious Diseases Screenings		
Chlamydia Infection	Deductible, then 75%	Deductible waived - 100%
Gonorrhea	Deductible, then 75%	Deductible waived - 100%
Hepatitis B	Deductible, then 75%	Deductible waived - 100%
Hepatitis C	Deductible, then 75%	Deductible waived - 100%
HIV	Deductible, then 75%	Deductible waived - 100%
Syphilis	Deductible, then 75%	Deductible waived - 100%
TB	Deductible, then 75%	Deductible waived - 100%
Mental Health Conditions and Substance Abuse Screening	Subject to Mental and Nervous Disorder/Alcoholism Limits	
Dementia	Deductible, then 75%	Deductible waived - 100%
Depression	Deductible, then 75%	Deductible waived - 100%
Drug Abuse	Deductible, then 75%	Deductible waived - 100%
Problem Drinking	Deductible, then 75%	Deductible waived - 100%
Suicide Risk	Deductible, then 75%	Deductible waived - 100%
Family Violence	Deductible, then 75%	Deductible waived - 100%
Metabolic, Nutritional, and Endocrine Condition Screening		
Anemia	Deductible, then 75%	Deductible waived - 100%
Iron Deficiency	Deductible, then 75%	Deductible waived - 100%
Diabetes Mellitus	Deductible, then 75%	Deductible waived - 100%
Obesity in Adult	Deductible, then 75%	Deductible waived - 100%
Thyroid Disease	Deductible, then 75%	Deductible waived - 100%
OB and GYN Condition Screening		
1 Prenatal Care Visit to Confirm Pregnancy	Included as part of delivery charge - deductible then 75%	Deductible waived - 100%
1 Ultrasound in Pregnancy	Deductible, then 75% (if medically necessary)	Deductible waived - 100%
Pediatric Condition Screening		
Child Development Delay	Deductible, then 75%	Deductible waived - 100%
Lead Levels in Childhood and Pregnancy	Deductible, then 75%	Deductible waived - 100%

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	Level 1	Level 2 and Level 3 - See Colorectal Screening for a difference in the Tiers.
Scoliosis Screening	Deductible, then 75%	Deductible waived - 100%
Vision and Hearing Disorder Screening		
Vision Exam	Deductible waived, then 100% for members under the age of 19 and over the age of 60. Vision exam every other year for ages 19-59.	Deductible waived - 100%. No age limits and covered annually.
Hearing Exam	Deductible waived - 100%	Deductible waived - 100%.
Glaucoma Test	Deductible, then 75%	Deductible waived - 100%
Newborn Hearing	Deductible, then 75%	Deductible waived - 100%

Coverage is effective the first day of the month following date of employment or change of status from an ineligible to an eligible classification. Coverage ceases on the last day worked or last day worked in an eligible classification.

To verify if your provider is within the UnitedHealthcare provider network, go to www.myuhc.com or contact the customer service team at 1-800-341-1635. Bellin's plan is UnitedHealthcare Choice Plus.

This constitutes only a summary of the Health Plan involved. The actual contract or plan document must be consulted to determine the governing contractual provision, limitations, or exclusions. There is no guarantee, expressed or implied, by benefits consultant Associated Financial Group, Bellin Health or vendors of plan provisions or level of payments.