

MERCER

 MARSH MERCER KROLL
GUY CARPENTER OLIVER WYMAN

Washington County

Comparison of 2009/2010 PPO/HMO Plans

Medical

Plan Name	Providence Health Plan Open Option — PPO	Kaiser HMO
Annual Deductible		
In-Network	Individual: \$250 Family: \$750	None
Out-of-Network	Combined	
Coinsurance		
In-Network	80%	None
Out-of-Network	70%	
Annual Out-of-Pocket Maximum		
In-Network	Individual: \$600 Family: \$1,800	Individual: \$600 Family: \$1,200
Out-of-Network	Individual: \$2,500 Family: \$7,500	N/A N/A
Lifetime Maximum	\$2,000,000	None
Preventive Care		
In-Network	\$10 copay (deductible does not apply)	\$10 copay
Out-of-Network	70% (deductible does not apply)	Not covered
Hospital Services		
Inpatient		
In-Network	80%	100%
Out-of-Network	70%	Not covered
Outpatient		
In-Network	80%	\$10 copay
Out-of-Network	70%	Not covered
Other Services		
X-ray and Lab		
In-Network	80% (deductible does not apply)	100%
Out-of-Network	70%	Not covered
Emergency Room		
In-Network	\$50 (deductible does not apply)	\$75 copay
Hearing Aid	Not covered	Not covered

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Plan Name	Providence Health Plan Open Option — PPO	Kaiser HMO
Chiropractic		
In-Network	Chiropractic only: \$10 copay; up to \$1,500 annual maximum	Not covered
Out-of-Network	Not covered	Not covered
Prescription Drug		
Retail		
In-Network		
Preferred Generic	\$10 copay	\$10 copay
Preferred Brand	\$20 copay (when generic equivalent not available)	\$10 copay
Non-Preferred	N/A	N/A
Supply Duration	30 days	30 days
Mail Order	90-day supply for 1 copay	90 days for 2 copays

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Vision

Plan Name	Open Option — PPO
Carrier/Administrator	ODS ¹
Exam	
In-Network	\$5 copay, 1 visit/12 months
Out-of-Network	
Lenses	
In-Network	Per pair/12 months: Single vision: \$40 Bifocal: \$60 Trifocal: \$80
Out-of-Network	Same as in-network
Frames	\$110/24 months
Contacts	\$150/pair/12 months

Dental

Plan Name	ODS Premier Plan	DentaCare Dental HMO
Annual Deductible	None	None
Annual Maximum Benefit	\$1,500	None
Preventive Services	Incentive: 70% 1st year to 100% 4th year	\$4 copay per visit
Basic Services	Incentive: 70% 1st year to 100% 4th year	Various copays apply
Major Services	50%	Various copays apply
Orthodontia	Not covered	100% after \$4 copay per visit; \$2,500 maximum

¹ Washington County vision benefits are available to employees only.