

**2012 POL MEDICAL BENEFITS
SUMMARY OF BENEFITS / PREMIUMS**

BENEFIT	2012 PRESBYTERIAN PLANS		
	PRES SMART CARE	PRES CUSTOM CARE	PRES PPO
			In Network / Out of Network
Dr's Office CoPay	\$30	\$20	\$20 / 40%
Specialist CoPay	\$40	\$30	\$30 / 40%
Urgent Care CoPay	\$40	\$30	\$30 / \$30
Emergency Visit CoPay	\$100	\$100	20% / 20%
Outpatient Hospital CoPay	30%* - Up to \$500	15% - Maximum of \$250 per stay	20% / 40%
Inpatient Hospital CoPay	30%* - Up to \$500	\$500	20% / 40%
Ambulance - Air/Ground	\$100 / \$50	\$100 / \$50	
Diagnostic Testing - Lab, Xray, MRI, MRA, CAT Scan	\$0 - Xray & Lab / \$50 for all other	\$0 - Xray & Lab / 15% for all other - Maximum of \$250 per visit	No Copay - Prior Approval Required / 40%
Acupuncture	30%* - Up to \$500	\$30	20% - \$1500 Max / Not Covered
Chiropractic	30%* - Up to \$500	\$30	20% - \$1500 Max / Not Covered
Deductible	\$500	NONE	\$250 per person / \$750 family maximum
Annual Out of Pocket Maximum	\$500**	NONE	\$2000 / \$2000
Prescription			
Generic	\$10	\$10	\$10
Name Brand	\$20	\$20	\$20
Non-Formulary	\$40	\$40	\$40
Specialty	15% up to \$250***	15% up to \$250***	15% up to \$250***
	EMPLOYEE CONTRIBUTION RATES PER PAY PERIOD		
	PRES SMART CARE	PRES CUSTOM CARE	PRES PPO
Employee Only	\$ 16.78	\$ 54.56	\$ 38.26
Employee & Spouse	\$ 92.30	\$ 167.86	\$ 135.27
Employee & Child(ren)	\$ 83.90	\$ 155.70	\$ 124.73
Employee & Family	\$ 167.82	\$ 277.39	\$ 230.13

* Employee will pay a maximum of \$500 towards the Deductible. Using the HRA, once the employee pays their portion of the deductible, any remaining amount will be paid through the HRA. Only areas indicated are subject to the \$500 Deductible.

** Through the HRA, POL will pay entire amount of the \$2000 Annual Out of Pocket once the employee has paid the \$500 Deductible.

*** Employee will pay a maximum of \$1500 per year for specialty prescriptions