

Midwest Public Risk: July 2011- June 2012 Plan Comparison

Medical Benefits In Network*	HMO Option 2 What you pay	HMO Option 1 What you pay	PPO B What you pay	PPO A What you pay	HDHP What you pay
Network	Humana Premier	Humana Premier	Freedom Network Select/HPK/ Healthlink/Midland's Choice PHCS outside MO/KS	Freedom Network Select/HPK/ Healthlink/Midland's Choice PHCS outside MO/KS	Freedom Network Select/HPK/ Healthlink/Midland's Choice PHCS outside MO/KS
Deductible (Single/Family)	N/A	N/A	\$750/\$2250	\$500/\$1500	\$1500/\$3000 (aggregate if family)
Out of Pocket Maximum (not including deductible)	Inpatient \$2500	Inpatient \$1000	\$2500/\$5000	\$1500/\$3000	\$1500/\$3000 (aggregate if family)
Physician Care					
Primary Care Physician	\$25 office visit copay	\$25 office visit copay	\$25 office visit copay	\$20 office visit copay	20% after deductible
Specialist	\$50 office visit copay	\$50 office visit copay	\$50 office visit copay	\$40 office visit copay	20% after deductible
Hospital/Facility					
Inpatient	\$500 copay per day	\$200 copay per day	\$300 copay + 20% after ded	\$250 copay + 10% after ded	20% after deductible
Outpatient	\$250 copay	\$100 copay	20% after deductible	10% after deductible	20% after deductible
Emergency Room	\$250 copay	\$100 copay	\$75 copay + 20% after ded	\$75 copay + 10% after ded	20% after deductible
Urgent Care	\$50 copay	\$50 copay	\$50 copay	\$40 copay	20% after deductible
Diagnostic Lab & X-ray					
Dr. Office/Indep Lab	\$0 (plan pays 100%)	\$0 (plan pays 100%)	\$0 (plan pays 100%)	\$0 (plan pays 100%)	20% after deductible
Outpatient Hospital	\$0 (plan pays 100%)	\$0 (plan pays 100%)	20% after deductible	10% after deductible	20% after deductible
Advanced Imaging	\$250 copay	\$100 copay	Same as X-ray services	Same as X-ray services	20% after deductible
Maternity					
Physician Care-global bill	\$50 copay initial visit	\$50 copay initial visit	\$50 copay initial visit	\$40 copay initial visit	20% after deductible
Hospital Care	\$500 copay per day	\$200 copay per day	\$300 copay + 20% after ded	\$250 copay + 10% after ded	20% after deductible
Chiropractic Care (visit limits apply)	\$50 copay	\$50 copay	\$50 copay	\$40 copay	20% after deductible
Prescription Benefits In Network*	HMO Option 2 What you pay	HMO Option 1 What you pay	PPO B What you pay	PPO A What you pay	HDHP What you pay
Retail Pharmacy - 30 days					
Level 1	\$10	\$10	35% up to \$50 cap	25% up to \$50 cap	20% after deductible
Level 2	\$30	\$30	45% up to \$100 cap	40% up to \$100 cap	20% after deductible
Level 3	\$50	\$50	50% up to \$150 cap	50% up to \$150 cap	20% after deductible
Specialty - Level 4	25% up to \$2500	25% up to \$2500	50% up to \$200 cap	50% up to \$200 cap	20% after deductible
Annual Max	N/A	N/A	\$2000 per covered person	\$1500 per covered person	N/A
Mail Pharmacy - 90 days					
Level 1	\$20	\$20	\$20	\$16	20% after deductible
Level 2	\$60	\$60	\$60	\$40	20% after deductible
Level 3	\$100	\$100	\$100	\$80	20% after deductible
Specialty - Level 4	N/A	N/A	N/A	N/A	20% after deductible
Annual Max	N/A	N/A	N/A	N/A	N/A

This is only a summary and not a guarantee of payment. Please consult a plan booklet for details.

If a discrepancy exists, the plan booklet governs.

*For out of network benefits, consult a plan booklet.