

CMH REGIONAL HEALTH SYSTEM EMPLOYEE MEDICAL PLAN — 2010 BENEFITS

Claims Administrator: UMR (1-800-950-4UMR)

<i>Plan Feature</i>	<i>Domestic & PPO</i>	<i>Non-PPO</i>
Annual Deductible — Per Individual	\$500	\$1200
Annual Deductible — Per Family	\$1000	\$2400
Annual Out-of-Pocket Maximum — Per Individual	\$3000	\$6000
Annual Out-of-Pocket Maximum — Per Family	\$6000	\$12,000
Most Inpatient and Outpatient Services	80% of PPO rate, subject to deductible	50% of UCR, subject to deductible
Physician Office Visit — Primary Care Physician	100% of PPO rate after \$30 co-pay	50% of UCR, subject to deductible
Physician Office Visit — Specialist	80% of PPO rate, subject to deductible	50% of UCR, subject to deductible
Preventative Care	100% of PPO rate	50% of UCR, subject to deductible
Emergency Room and Urgent Care	80% of PPO rate, subject to deductible	50% of UCR, subject to deductible
Infertility Counseling and Testing (up to diagnosis)	80% of PPO rate, subject to deductible	Not Covered
Diabetic Self-Management Education Program	100% of PPO rate, subject to maximum	50% of UCR, subject to deductible and maximum
Lifetime Maximums — per Plan Participant	<p style="text-align: center;">\$3,000,000 for all services, while enrolled in Plan</p> <p style="text-align: center;">\$500 for Temporomandibular Joint Syndrome (TMJ) (surgery not covered)</p> <p style="text-align: center;">\$5000 for Durable Medical Equipment (non-PPO only)</p> <p style="text-align: center;">1 Wig (to \$250) Following Chemotherapy or Radiation Therapy</p> <p style="text-align: center;">2 Hearing Aids (to \$250 each)</p> <p style="text-align: center;">3 Diabetic Self-Management Education Program Visits</p> <p style="text-align: center;">\$10,000 for Organ Transplant Transportation and Organ Procurement (covered at a Designated Transplant Facility only)</p>	
Annual Maximums — per Plan Participant	<p style="text-align: center;">20 visits for Chiropractic Care</p> <p style="text-align: center;">60 days of Extended Skilled Nursing Facility Care</p> <p style="text-align: center;">60 Home Health Care Nursing Visits</p> <p style="text-align: center;">45 visits combined for Physical, Occupational, and Speech Therapy</p> <p style="text-align: center;">\$25,000 for Durable Medical Equipment (PPO only)</p>	

Plan Feature	Coverage
Prescription Drug Card — Level 1	80%; Plan participant pays \$10 minimum and \$30 maximum per prescription; maximum 30-day supply (Plan participant pays \$20 minimum and \$60 maximum per prescription for 90-day supply of maintenance medications)
Prescription Drug Card — Level 2	80%; Plan participant pays \$20 minimum and \$40 maximum per prescription; maximum 30-day supply (Plan participant pays \$40 minimum and \$80 maximum per prescription for 90-day supply of maintenance medications)
Prescription Drug Card — Level 3	80%; Plan participant pays \$50 minimum and \$80 maximum per prescription; maximum 30-day supply (Plan participant pays \$100 minimum and \$160 maximum per prescription for 90-day supply of maintenance medications)
Prescription Drug Card — Level 4	80%, up to prescription drug out-of-pocket maximum of \$3500 per Plan participant per calendar year; then 100% for remainder of calendar year NOTE: Some Level 4 drugs require pre-authorization.
Prescription Drug Mail Service — Level 1	80%; Plan participant pays \$20 minimum and \$60 maximum per prescription; maximum 90-day supply
Prescription Drug Mail Service — Level 2	80%; Plan participant pays \$40 minimum and \$80 maximum per prescription; maximum 90-day supply
Prescription Drug Mail Service — Level 3	80%; Plan participant pays \$100 minimum and \$160 maximum per prescription; maximum 90-day supply
Prescription Drug Mail Service — Level 4	80%, up to prescription drug out-of-pocket maximum of \$3500 per Plan participant per calendar year; then 100% for remainder of calendar year NOTE: Some Level 4 drugs require pre-authorization.
Level 4 Prescription Drugs — Specialty Office Medications and Injectable Drugs	80%; maximum 30-day supply (does not include self-administered injectable drugs)
Vision Care	Eye Exam: 80% of PPO rate (Domestic & PPO); 50% of UCR (Non-PPO) Lenses, Frames, and Contact Lenses: 100% up to \$125 maximum per calendar year for all combined
Notification Requirements	Apply to: <ul style="list-style-type: none"> • all inpatient services • chemotherapy (no penalty applies) • dialysis (no penalty applies) • durable medical equipment greater than \$250 • growth hormone therapy (based upon medical necessity) • pain treatment • septoplasty (based upon medical necessity) Penalty for non-compliance: \$500