UHC MEDICAL PROGRAM

THE COMMUNITY ACTION COMMITTEE OF PIKE COUNTY INC.

PLAN PROVISION	SERVICE/FEATURE	OPTION 2 PLAN (Plus)	OPTION 1 PLAN (Basic)
DEDUCTIBLE-CY			
	Single	$0	$2,000
	Family	$0	$4,000
CO-SHARE	Percentage	20%	20% up to $2000
	(double for family)	up to max of $1250	(max out of pocket $4000)
HOSPITAL CHARGES			
	Inpatient	20% Co-share	100% until deductible met
	Outpatient Surgery	20% Co-share	100% until deductible met
EMERGENCY ROOM	Facility Charge	$150 Co-pay	$150 Co-pay
SICKNESS/INJURY	Physician Charge	20% Co-share	100% until deductible met
	Office Visit	$25 Co-pay	$25 Co-pay
WELL CARE	Provider Services	20% Co-share up to max	100% until deductible met
	Office Visit	$25 Co-pay	$25 Co-pay
OTHER COVERED EXPENSES	Outpatient diagnostic	20% Co-share up to max	100% until deductible met
	X-rays/radiology and lab	No copayment	No copayment
	Durable medical equipment	20% Co-share up to max	100% until deductible met
PRESCRIPTION DRUG CARD			
Mail Order Double Co-pay-90 day	Generic	$10 Co-pay	$10 Co-pay
supply	Preferred	$30 Co-pay	$30 Co-pay
	Non-Preferred	$50 Co-pay	$50 Co-pay
MENTAL, NERVOUS & ALCOHOL	Inpatient	20% for 30 days per year	20% for 30 days per year
	Outpatient	$20 Co-pay for 20 days per year	$20 Co-pay for 20 days per year
LIFETIME MAXIMUM	$5,000,000		

Non-Network Services paid at Non-Network Level of Benefits. Benefits are reduced!

Employee Cost

Option 2

Employee	$51.15	per pay
EE/Spouse	$106.04	per pay
EE/Child	$98.55	per pay
Family	$139.77	per pay

Option 1

Employee	$18.74	per pay
EE/Spouse	$39.35	per pay
EE/Child	$35.60	per pay
Family	$56.21	per pay