

SCUCISD 2008-09 HEALTH CARE PLANS

| Benefits | 90/60 PLAN <i>High Option</i> | | 80/50 PLAN <i>Mid Option</i> | | 70/50 PLAN <i>Low Option</i> | |
|--|----------------------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|
| | Par | Non-PPO ⁽¹⁾ | Par | Non-PPO ⁽¹⁾ | Par | Non-PPO ⁽¹⁾ |
| Calendar Year Deductible (January-December) | | | | | | |
| Individual | \$500 | \$500 | \$1,000 | \$1,000 | \$2,500 | \$2,500 |
| Family | 3x Individual | 3x Individual | 3x Individual | 3x Individual | 3x Individual | 3x Individual |
| Maximum out-of-pocket | | | | | | |
| Individual | \$2,000 | \$4,000 | \$3,000 | \$6,000 | \$6,000 | \$12,000 |
| Family | \$4,000 | \$8,000 | \$6,000 | \$12,000 | \$12,000 | \$24,000 |
| ER copayment (waived if admitted) | \$50 | N/A | \$100 | N/A | \$150 | N/A |
| Office visit copayment | \$15 | 70% after ded. | \$30 | 70% after ded. | \$30 | 70% after ded. |
| Prescription Drug Rider ⁽⁴⁾ | 10/25/45/25% (3X) | 70% after copay | 10/25/45/25% (3X) | 70% after copay | 10/35/55/25% (3X) | 70% after copay |
| Dental Maintenance Plan | Yes | N/A | Yes | N/A | Yes | N/A |
| Preventive Care | Yes | 70% after ded. | Yes | 70% after ded. | Yes | 50% after ded. |
| Hospital Services ⁽³⁾ | | | | | | |
| Inpatient care | 90% after ded. | 60% after ded. | 80% after ded. | 50% after ded. | 70% after ded. | 50% after ded. |
| Emergency care | 90% after ded. | 60% after ded. | 80% after ded. | 50% after ded. | 70% after ded. | 50% after ded. |
| Outpatient surgery | 90% after ded. | 60% after ded. | 80% after ded. | 50% after ded. | 70% after ded. | 50% after ded. |
| Physician Services | | | | | | |
| Office visits (after copay) ⁽²⁾ | 100% after copay | 70% after ded. | 100% after copay | 70% after ded. | 100% after copay | 70% after ded. |
| Inpatient services ⁽³⁾ | 90% after ded. | 60% after ded. | 80% after ded. | 50% after ded. | 70% after ded. | 50% after ded. |
| ER services ⁽³⁾ | 90% after ded. | 60% after ded. | 80% after ded. | 50% after ded. | 70% after ded. | 50% after ded. |
| Outpatient services ⁽³⁾ | 90% after ded. | 60% after ded. | 80% after ded. | 50% after ded. | 70% after ded. | 50% after ded. |
| Maximum Lifetime | Unlimited | Unlimited | Unlimited | Unlimited | \$5,000,000 | \$5,000,000 |
| MONTHLY PREMIUMS | PLAN 18/17 <i>High Option</i> | | PLAN 18/18 <i>Mid Option</i> | | PLAN 18/19 <i>Low Option</i> | |
| District Contribution | \$280.50 | | \$280.50 | | \$280.50 | |
| Premiums | Total Monthly Prem. | Employee's Monthly Cost | Total Monthly Prem. | Employee's Monthly Cost | Total Monthly Prem. | Employee's Monthly Cost |
| Employee only | \$488.74 | \$208.24 | \$328.86 | \$48.36 | \$280.50 | \$0.00 |
| Employee/Spouse | \$1,034.40 | \$753.90 | \$670.66 | \$390.16 | \$582.42 | \$301.92 |
| Employee/Child | \$868.50 | \$588.00 | \$557.98 | \$277.48 | \$484.50 | \$204.00 |
| Employee/Family | \$1,743.80 | \$1,463.30 | \$1,018.16 | \$737.66 | \$912.90 | \$632.40 |

⁽¹⁾Deductibles apply on all non-PPO services

⁽²⁾ 2008-09 high and mid option plans include procedures considered as outpatient surgery and performed in physician's office under the copay.

⁽³⁾ Applicable after deductibles satisfied.

⁽⁴⁾ See enclosed plan description for complete explanation of prescription benefit as well as mail order benefit. Chiropractic coverage is available on all options.

(Par indicates benefits payable when Humana PPO participating providers are utilized and Non-PPO indicates benefits payable when providers are used who do not participate with Humana PPO.)