

UNIVERSITY HEALTH ALLIANCE (UHA) Plan 600		UNIVERSITY HEALTH ALLIANCE (UHA) Plan 2000	
PROVISIONS	Participating Provider	Non-Participating Provider	Participating Provider
Annual Deductible	None	None	None
Hospital Deductible per Confinement	None	None	None
Maximum Annual Co-payment	\$2,500 per person/\$7,500 per family	\$2,500 per person / \$7,500 per family	\$2,500 per person / \$7,500 per family
Lifetime Maximum	Annual Maximum of \$2,000,000 per member per cal/yr; No Lifetime Maximum	Annual Maximum of \$2,000,000 per member per cal/yr; No Lifetime Maximum	Annual Maximum of \$2,000,000 per member per cal/yr; No Lifetime Maximum
Extension Student Coverage	Up through age 23; Full Time Student	Up through age 23; Full Time Student	Up through age 23; Full Time Student
<b>OUTPATIENT SERVICES</b>	<b>PLAN PAYS</b>	<b>PLAN PAYS</b>	<b>PLAN PAYS</b>
Physician's Office Visit	90% of EC	70% of EC	\$7 co-payment 80% of EC
Well Baby Care	90% of EC	70% of EC	No co-payment 80% of EC
Physical Exam Office Visit	100% of EC	70% of EC	\$7 co-payment 80% of EC
Mammograms (Routine Screening)	100% of EC	70% of EC	No co-payment 80% of EC
Outpatient Laboratory and Pathology	80% of EC	70% of EC	No co-payment 80% of EC
Outpatient X-rays Films & Diagnostic Sacs	80% of EC	70% of EC	No co-payment 80% of EC
<b>INPATIENT SERVICES</b>			
Room & Care (semiprivate room)	90% of EC	70% of EC	No co-payment 80% of EC
Inpatient Laboratory & X-rays	90% of EC	70% of EC	No co-payment 80% of EC
<b>EMERGENCY SERVICES</b>			
Emergency Room	90% of EC	70% of EC	\$25 co-payment 80% of EC
Ambulance Services (Ground / Air)	80% of EC	70% of EC	\$25 co-payment 80% of EC
<b>ADDITIONAL BENEFITS</b>	<b>CAM (Chiropractic &amp; Acupuncture)</b>	<b>CAM (Chiropractic &amp; Acupuncture)</b>	<b>CAM (Chiropractic &amp; Acupuncture)</b>
Chiropractic Services	You pay \$10 (\$500 max per cal/yr)	Up to \$20 (\$500 max per cal/yr)	You pay \$10 (\$500 max per cal/yr) Up to \$20 (\$500 max per cal/yr)
<b>PRESCRIPTION DRUGS</b>	<b>Drug Plan "Q"</b>	<b>Drug Plan "Q"</b>	<b>Drug Plan "Q"</b>
Generic Drugs	You pay \$7*	70% of EC	You pay \$7*
Preferred Brand Name Drugs	You pay \$15*	70% of EC	You pay \$15*
Other Brand Name	You pay \$30*	70% of EC	You pay \$30*
Mail Order Service	You pay \$7/\$15/\$30* (30-90 day supply)	Not a benefit	You pay \$7/\$15/\$30* (30-90 day supply) Not a benefit
<b>VISION BENEFITS</b>	<b>Vision Plan 100</b>	<b>Vision Plan 100</b>	<b>Vision Plan 100</b>
Examination	80% of EC	80% of EC	80% of EC
Lenses			
Contact Lens	Plan pays up to \$100 per calendar year towards the purchase of eye glasses, contact lenses, frames, lenses, or any combination thereof	Plan pays up to \$100 per calendar year towards the purchase of eye glasses, contact lenses, frames, lenses, or any combination thereof	Plan pays up to \$100 per calendar year towards the purchase of eye glasses, contact lenses, frames, lenses, or any combination thereof
Frames			
<b>PROVIDER DIRECTORY</b>	<a href="http://www.uhahealth.com/ForMembers/ProviderDirectory/ProviderDirectory.asp">http://www.uhahealth.com/ForMembers/ProviderDirectory/ProviderDirectory.asp</a>		
This benefits comparison is intended to provide a condensed summary of benefits. Please refer to the plan documents for complete information. If there are discrepancies between this comparison and the plan document, the plan document will take precedence.	<p>*Prescriptions Over \$150 = You pay 20% of ingredient cost EC = Eligible Charge</p> <p>For participating UHA providers, the EC is a contracted rate with UHA. For non-participating providers, the EC is the lesser of UHA's EC or the Actual Charge. Any charges for taxes are not a plan benefit.</p>		