

BENEFIT CHART		JAN. 2007(UPD)	
	DCC	RETIREES	CSA
OPTICAL FREE CHOICE OR SCHEDULE	ANNUALLY-MEMBERS & DEPENDENTS SCHEDULE \$65 MAX (7/00)	ANNUALLY-MEMBERS & DEPENDENTS SCHEDULE \$65 MAX (7/00)	ANNUALLY-MEMBERS & DEPENDENTS SCHEDULE \$65 MAX (7/00)
VISUAL AID MACHINE	NONE	ONCE IN A LIFETIME MAX = \$500	NONE
LASER VISION CORRECTION SURGERY	NONE	EFFECTIVE 1/1/02 ONCE IN A LIFETIME \$500 REIMBURSEMENT TO DEFRAY COST OF SURGERY PART. PROV. AVAIL. TO PROVIDE DISCOUNT	EFFECTIVE 1/1/02 ONCE IN A LIFETIME \$500 REIMBURSEMENT TO DEFRAY COST OF SURGERY PART. PROV. AVAIL. TO PROVIDE DISCOUNT
HEARING AID PARTICIPATING COPAY EXAM	EVERY 3 YRS-MAX \$600 MEMBERS & DEPEND \$35 copay NOT COVERED	EVERY 3 YRS-MAX\$600 MEMBERS & DEPEND \$35 copay NOT COVERED	EVERY 3 YRS-MAX \$600 MEMBERS & DEPEND \$35- copay NOT COVERED
SURVIVORS	NONE	5 YRS. Eff. 7/00	5 YRS. EXT. BENEFITS OF WHICH FIRST 2 YRS INCLUDES BASIC COV.
LIFE INSURANCE	\$10,000 ACTIVE MEMBERS ONLY	NONE	\$10,000 MEMBERS ONLY
COBRA PAYMENTS	\$ 58.40 PER PERSON, PER MONTH MEMBERS=18 MONTHS DEPEND. = 36 MONTHS	\$66.70 PER PERSON PER MONTH MEMBERS=18 MONTHS DEPEND. = 36 MONTHS	GHI OR HMO W/RIDER -\$69.30 GHI OR HMO W/O RIDER \$23.95 MEMBERS= 18 MONTHS DEPEND. = 36 MONTHS
DENTAL CAP DEDUCTIBLE CO-PAYS PLANS AVAILABLE	SCHEDULE NO CAP \$25 DEDUCTIBLE - N/A FOR DIAG./PREVENT. SVS \$50 CERTAIN SERVICES CHOICE OF 3	SCHEDULE \$7,500 PER PERSON CAP NO DEDUCTIBLE NONE CHOICE OF 3	SCHEDULE \$7,500 PER PERSON CAP \$25 DEDUCTIBLE - N/A FOR DIAG./PREVENT. SVS \$50 CERTAIN SERVICES CHOICE OF 3
DRUGS CAP COPAYS	Eff. 1/12005 \$10,000 CAP ACTIVE MEMBERS PAY 20% AT LOCAL PHARMACY AFTER \$50 DEDUCTIBLE / MANDATORY MAIL MAIL SERVICE = NO DED.\$10 GENERIC, \$25 BRAND NAME COPAYS FOR 2 MONTH SUPPLY DCC RETIREES = \$ 50 DED. PER PERSON WHEN USING BOTH LOCAL & MAIL SERVICE COPAYS = 20% LOCAL PHARM. MAIL SVS COPAYS = \$8 GEN. / \$15 BRAND NAME DIABETIC RX=COVERED BY BASIC HEALTH PLAN DCC <u>MEDICARE</u> RETIREES = RX COPAY REIMBURSEMENT FROM DCC W.F. @ 100% UP TO ANNUAL MAX \$1500 PER PERSON	 GHI NON MEDICARE & HMO = REFUND OF RX COPAYS AT 80% AFTER \$100 DEDUCTIBLE IS MET - MAX=\$5,000 GHI MEDICARE D = RX COPAY REIMBURSEMENT AFTER MEETING \$3,600 TROOP @ 100% / NO DEDUCTIBLE/ MAX= \$5,000 *DIABETIC Rx = COVERED BY BASIC CITY HEALTH PLAN *PICA PROGRAM COVERS INJECTIBLE & CHEMOTHERAPY FOR MEMBERS/DEPENDENTS UNDER 65	\$15,000 PER PERSON ANNUAL CAP DED = \$50 / PERSON \$150/ FAMILY AFTER MEETING DED. - MEMBER PAYS 10%(GENERIC) 25%(PREFERRED BRAND) 35% (NON-PREFERRED) AT LOCAL PHARMACY. AFTER ORIGINAL FILL & 2 REFILLS =MANDATORY MAIL MAIL AWAY = NO DED./ 60-DAY SUPPLY \$10 - GENERIC, \$25 - PREFERRED BRAND \$35 - NON-PREFERRED BRAND ANTI-INFLAMMATORY & H2 ANTAGONIST DRUGS ARE <u>NOT</u> COVERED AT LOCAL PHARMACY COVERED THRU MAIL SERVICE ONLY WITH LETTER OF NECESSITY ON FILE PICA (NPA) PROGRAM COVERS INJECTIBLE & CHEMOTHERAPY MEDICATIONS ONLY EFF:7/1/05 DIABETIC RX ARE COVERED BY <u>ALL</u> CITY BASIC PLANS

BENEFIT	DCC	RETIREES	CSA
<p>SUPPLEMENTAL MEDICAL</p>	<p>CAP = \$10,000 PER FAMILY-ANNUALLY</p> <p>HIP MEMBERS ONLY= SUPPLEMENTED BENEFIT= EMERGENCY AMBULANCE OXYGEN, APPLIANCES; PHYSICAL & SPEECH THERAPY UP TO 30 VISITS (\$75 PER VISIT); PRIVATE DUTY NURSING; ANESTHESIA; WIGS REQUIRED FOR CANCER TREATMENTS OR ALOPECIA - 2 PER YEAR(MAX \$1,000 PER YEAR); ORTHOTICS- MAX 2 PAIR PER YR(MAX \$400 PER PAIR)</p> <p>HIP ONLY ROUTINE PODIATRY CARE 4 TREATMENTS ANNUAL; REASONABLE & CUSTOM COST FOR OUT OF AREA CARE FOR WHICH MEMBER IS NOT FULLY REIMBURSED BY HIP/HMO</p> <p>RETIREES SAME AS ACTIVE PROSTHESIS COVERED BY MEDICARE</p> <p>DEDUCTIBLE = \$150 INDIVIDUAL \$450 FAM.</p>	<p>CAP = \$5,000 PER PERSON-ANNUALLY OR CATASTROPHIC STOP- LOSS MET</p> <p>GHI & HIP SUPPLEMENTAL BENEFIT FOR EXPENSES NOT FULLY REIMBURSED BY BASIC CITY PLAN: EMERGENCY AMBULANCE; CHIROPRACTIC FOR MEDICARE ELIG. ONLY (1ST VISIT=\$40, ADD'L VISIT=\$30, \$7/MODALITY.; PHYSICAL & SPEECH THERAPY UP TO 20 O.V (\$75 PER VISIT); \$300 HOSPITAL ADMISSION FEE - MAX \$750 FOR GHI/BC MEMBERS; HIP/HMO OFFICE VISIT COPAYS = @ 80%; IN OR OUT OF HOSPITAL SURGERY, ANESTHESIA, ; RADIATION & CHEMOTHERAPY. COSTS (EXCLUSIVE OF DRUGS)</p> <p>ALSO COVERED: WIGS FOR ALOPECIA OR CANCER TREATMENT \$1,000 MAX ANNUALLY(2 PER YEAR); EFF:1/1/05 - SURGICAL STOCKINGS/SLEEVE COV. 3 PR. YR. MAX=\$100 PORTABLE TOILET-1 PER YR ORTHOTICS - MAX \$400 PER PAIR/2 PAIR ANNUAL; VISUAL AID MACHINE=\$500 MAX ONCE IN LIFETIME. PRIVATE DUTY NURSING - MAX \$10,000; NON-EMERGENCY AMBULANCE/AMBULETTE = \$2,500 MAX (BY REVIEW ONLY).</p> <p>DEDUCTIBLE = \$100 INDIVIDUAL</p> <p>ALL OF THE ABOVE SUBJECT TO A DEDUCTIBLE OF \$100 PER INDIVIDUAL ANNUALLY PAYABLE AT 80%</p> <p>IF PATIENT IS ENROLLED IN AN HMO AND USES A NON- PARTICIPATING PROVIDER, EXPENSES INCURRED WILL NOT BE COVERED BY FUND IF THE HMO DOES NOT COVER THE EXPENSE ON A PRIMARY BASIS (SEE CATASTROPHIC STOP- LOSS BELOW)</p>	<p>GHI SUPPLEMENTAL BENEFIT FOR EXPENSES NOT FULLY REIMBURSED BY BASIC CITY PLAN: PHYSICAL & SPEECH THERAPY UP TO 20 OV (\$75 PER VISIT); ORTHOTICS - MAX \$400 PER PAIR (2 PAIR/YR); APPLIANCES; WIGS FOR ALOPECIA OR CANCER TREATMENT \$1,000 MAX ANNUALLY (2 PER YEAR); EMERG. AMBULANCE; PODIATRY-8 O.V.</p> <p>HIP PHYSICAL & SPEECH THERAPY UP TO 20 O.V.; APPLIANCES; PODIATRY NOT OF A ROUTINE NATURE-4 O.V PER YEAR PRIVATE DUTY NURSING.</p> <p>OTHER HMO COVERED AS CLOSELY AS POSSIBLE TO HIP SUPPLEMENTAL COVERAGE</p> <p>DEDUCTIBLE=\$150 INDIVIDUAL \$450 FAM.</p>
<p>CATASTROPHIC STOP-LOSS</p>	<p>NONE</p>	<p>\$1,000 DEDUCTIBLE</p> <p>REIMBURSEMENT OF 80% TO \$1,000 THEN REIMBURSEMENT OF 100% TO \$50,000 MAX ANNUALLY PER PATIENT FOR COVERED MEDICAL SERVICES BASED ON REASONABLE & CUSTOMARY CHARGES (HOSPITAL CHARGES NOT INCLUDED).</p>	<p>\$1,500 DEDUCTIBLE</p> <p>REIMBURSEMENT OF 80% TO \$1,000 THEN REIMBURSEMENT OF 100% TO \$50,000 MAX ANNUALLY PER PATIENT FOR COVERED MEDICAL SERVICES BASED ON REASONABLE & CUSTOMARY CHARGES (HOSPITAL CHARGES NOT INCLUDED)</p>
<p>HOME HEALTH CARE</p>	<p>NONE</p>	<p>COVERAGE = POST HOSPITALIZATION PHYSICIAN CERTIFICATION REQUIRED FOR CERTIFIED HOME HEALTH AIDE \$100 DEDUCTIBLE / 80% TO ANNUAL MAX OF \$6,000 / LIFETIME LIMIT = \$18,000</p>	<p>NONE</p>