

2010 Medical Plan Summary

ACS PPO Plan

TYPE OF SERVICE	NETWORK	NON-NETWORK
Deductible (individual / family)	\$600/3 per family	\$1,200/3 per family
Annual out-of-pocket max individual / family (excl. deductible)	\$5,500/3 per family	\$11,000/3 per family
Physician's Services <ul style="list-style-type: none"> Primary Care Physician Specialist 	\$25 \$45	60% after deductible 60% after deductible
Inpatient Hospital	\$350 copay/admission, then 80% after deductible	\$700 copay/admission, then 60% after deductible
Outpatient Surgery – facility charges	\$250 copay, then 80% after deductible	\$500 copay, then 60% after deductible
Outpatient Surgery – doctor's office	80% after deductible	60% after deductible
Maternity Care <ul style="list-style-type: none"> Inpatient First Office Visit Other Maternity 	\$350/stay copay, then 80% after deductible \$45 copay, then 100% 80% after deductible	\$700/stay copay, then 60% after deductible 60% after deductible 60% after deductible
Ambulance	80% after deductible	80% after deductible
Emergency Room	\$150, then 80% after deductible	\$150, then 80% after deductible
Urgent Care	\$45	60% after deductible
Preventive Care and Routine Well Care	\$25	60% after deductible
Non-Preventative Lab and X-Ray	80% after deductible	60% after deductible
Physical Therapy (Outpatient) / Visit	80% after deductible (60 visits)	60% after deductible (60 visits)
Chiropractic Care / Visit (Annual Max Visits)	\$45 (20 visits)	60% after deductible (20 visits)
Hearing Aids / (Lifetime Max)	80% after deductible (\$800 lifetime max)	60% after deductible (\$800 lifetime max)
Prescription Drugs Prescription Drug Deductible (retail only) <ul style="list-style-type: none"> Mandatory Generic (Yes/No) Retail RX <ul style="list-style-type: none"> Generic: 15%, min \$10/max \$20 Brand Formulary: 25%, min \$30/max \$60 Brand Non-formulary: 30%, min \$45/max \$100 Speciality Drugs: \$125 90 day supply <ul style="list-style-type: none"> Generic: 15%, min \$25/max \$50 Brand Formulary: 25%, min \$90/max \$180 Brand Non-formulary: 30%, min \$135/max \$300 Mail Order Rx <ul style="list-style-type: none"> Generic: \$25 Brand Formulary: \$75 Brand Non-formulary: \$112.50 Speciality Drugs: \$125 (30 day supply only) 	Prescription coverage administered by Medco 800-711-0917 \$50 individual/\$100 family Yes not covered not covered	
Mental Health <ul style="list-style-type: none"> Inpatient Outpatient 	\$350 copay/admission, then 80% after deductible 80% after deductible	\$700 copay/admission, then 60% after deductible 60% after deductible
Substance Abuse <ul style="list-style-type: none"> Inpatient Outpatient 	\$350 copay/admission, then 80% after deductible 80% after deductible	\$700 copay/admission, then 60% after deductible 60% after deductible
Lifetime Max	\$2,000,000 combined benefit for all ACS-sponsored medical plans, excluding HMOs	

Contact the carrier directly for a list of medical exclusions.