

***2009 Preferred Care Community offered through Bene-Care, Inc.***

<b>Services</b>	<b>Community 201-13</b>
<b>Referrals</b>	Required
<b>Office Visits</b>	\$15 PCP \$30 Specialist
<b>GYN Routine Exams</b>	\$10 Copay
<b>Adult Physicals</b>	\$10 Copay
<b>Well Child Visits</b>	Covered in Full
<b>Sick Child Visits</b>	\$0 Copay to age 5 \$10 Copay ages 5-18
<b>X-rays</b>	\$30 Copay
<b>Mammograms</b>	Covered in Full
<b>Laboratory</b>	Covered in Full
<b>Hospital Inpatient</b>	\$240 Hospital Copay \$0 Surgical Copay
<b>Maternity Care</b>	Prenatal: \$50 Copay Facility: \$240 Copay
<b>Mental Health Inpatient Outpatient: 20 visits</b>	\$240 Copay 1st visit \$30 all others 50% Copay per visit
<b>Outpatient Surgery</b>	\$50 Copay
<b>Emergency Room</b>	\$50 Copay
<b>Routine Eye Exams</b>	\$30 Copay
<b>Eye Wear</b>	\$60 Allowance
<b>Acupuncture</b>	10 Visits @ 50%
<b>Chiropractic</b>	\$30 Copay
<b>Durable Medical Eq</b>	50% Copay \$5,000 Annual Max.
<b>External Prosthetics</b>	50% Copay \$15,000 Annual Max.
<b>Diabetic Supplies/ Insulin/Oral Agents</b>	30 day (retail): \$25 90 Day (Mail Order): \$62.50
<b>Prescription Drug</b>	Copay per 30 day supply Tier 1/\$10 Tier 2/\$25 Tier 3/\$40
<b>Out of Network Benefit</b>	Not Available
<b>Dependent Coverage</b>	Age 26
<b>Extra Benefits</b>	\$50 Health Dollars
<b><u>Rates</u></b>	
<b>Single</b>	<b>\$525.81</b>
<b>Family of 2</b>	<b>\$1,183.12</b>
<b>Family 3+</b>	<b>\$1,367.14</b>

This comparison is intended to be only a brief summary of plan benefits. This is not a contract.