

PERSONAL CHOICE 10/20/70 VS. KEYSTONE DIRECT POS C1-F1-01

The following serves as an illustration of the comparability of the two IBC plans. Employees will still have the option of buying up to the PC 10/20/70 plan however, you will find that the two plans are very comparable. In many respects, the C1-F1-01 plan is better and offered at a lower cost. This represents a sampling of medical services commonly used by employees and the associated provisions of the two plans. Please note, this is for In-Network Providers only. A comprehensive comparison chart of the plan provisions for all medical services, inclusive of In- and Out-of-Network providers, is available on the NASD website.

Identical	Greater	PERSONAL CHOICE 10/20/70	KEYSTONE DIRECT POSC1-F1-01
Office Visits - <i>Primary</i>		\$10 copayment	\$10 copayment
- <i>Specialist</i>		\$20 copayment	\$20 copayment
Routine Gynecologic Exam/PAP		100% covered	\$10 copayment
Maternity - <i>First Visit</i>		\$10 copayment	\$10 copayment
- <i>Hospital Stay</i>		\$75/day (Maximum of 5 copayment per admission)	100% covered
Mammogram		100% covered	100% covered
Pediatric Immunizations		100% covered	100% covered
Outpatient Laboratory		100% covered	100% covered
Outpatient Surgery		\$75 copayment	100% covered
Inpatient Hospital Stays		\$75/day (Maximum of 5 copayment per admission)	100% covered
Inpatient Hospital Days		365-day Maximum	Unlimited-No Maximum
Ambulance		100% covered	100% covered
Nutrition Counseling - 6 visits/year		100% covered	100% covered
Chemo/Radiation/Dialysis		100% covered	100% covered
Spinal Manipulations		\$20 copayment (30 visits/year)	\$20 copayment (20 visits/year)
Durable Medical Equipment		\$20 copayment (Rental or Purchase)	100% covered
Deductible - <i>Individual</i>		\$0	\$0
- <i>Family</i>		\$300	\$500
Out-of-Pocket Maximum - <i>Individual</i>		None	None
- <i>Family</i>		None	None
Prescription Drug Plan		\$10generic/\$20brand	\$5generic/\$25brand/\$50formulary *

**Through the mail order process, 3 months of prescribed medication can be purchased for the price of one at \$5, \$25 or \$50.*

WHAT ARE THE MAJOR DIFFERENCES BETWEEN THE TWO PLANS?

Referrals are needed for Spinal Manipulation, Podiatry visits, X-rays and Physical Therapy. These providers must be affiliated with your Primary physician. In almost all cases, the referral process is an electronic transmission from one provider to the other requiring very little, if any, action on the part of the employee.

HOW MUCH \$\$\$ WILL I SAVE WITH THE C1-F1-01 PLAN ON PREMIUMS ALONE???

	PERSONAL CHOICE (cost per pay)			C1-F1-01 (cost per pay)			ANNUAL SAVINGS		
Employee Premium Share	3%	3.50%	4.50%	3%	3.50%	4.50%	3%	3.50%	4.50%
<i>Single</i>	8.71	10.15	13.05	5.99	6.99	8.98	70.72	82.16	105.82
<i>Couple</i>	21.93	25.59	32.90	13.64	15.91	20.45	215.54	251.68	323.70
<i>Parent/Child</i>	16.90	19.72	25.35	8.37	9.76	12.55	221.78	258.96	332.80
<i>Parent/Children</i>	18.36	21.42	27.54	13.17	15.36	19.75	134.94	157.56	202.54
<i>Family</i>	23.39	27.29	35.08	17.70	20.65	26.55	147.94	172.64	221.78