

# Additional Medical Options for Louisville FOP - 2011

Benefit/Feature	FOP Basic		FOP Enhanced	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Choice of doctors and hospitals	Use any doctor but better coverage in-network; must use network hospitals except in emergency		Use any doctor but better coverage in-network; must use network hospitals except in emergency	
Need to select a primary care physician?	No	No	No	No
Annual deductible <i>(does not include copays)</i>	\$0 \$0	\$50/person \$150/family	\$0 \$0	\$50/person \$150/family
Annual out-of-pocket expense limit <i>(incl. deductible but not copays)</i>	\$400/person \$1,200/family	\$400/person \$1,200/family	\$400/person \$1,200/family	\$400/person \$1,200/family
Doctor's office visits	\$20 copay/visit	80% <sup>1</sup>	\$20 copay/visit	80% <sup>1</sup>
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full
Inpatient physician care	Covered in full	80% <sup>1</sup>	Covered in full	80% <sup>1</sup>
ER physician care	Covered in full	Covered in full	Covered in full	Covered in full
Diagnostic tests in doctor's office Other laboratory	Covered under office visit copay Covered under office visit copay	80% <sup>1</sup> 80% <sup>1</sup>	Covered under office visit copay Covered under office visit copay	80% <sup>1</sup> 80%
Inpatient hospital	Covered in full	Not covered (except emergencies)	Covered in full	Not covered (except emergencies)
Outpatient hospital	Covered in full	Not covered (except emergencies)	Covered in full	Not covered (except emergencies)
Emergency room	\$75 copay/visit	\$75 copay/visit	\$75 copay/visit	\$75 copay/visit
Urgent care centers	\$50 copay/visit	\$50 copay/visit	\$50 copay/visit	\$50 copay/visit
Prescription drugs Retail pharmacies (30-day supply)  Mail order (90-day supply)	\$3 copay generic \$7 copay preferred brands \$15 copay no-formulary Not covered	Not covered  Not covered	\$3 copay generic \$7 copay preferred brands \$15 copay no-formulary 2 x retail copay	Not covered  Not covered
Allergy services Testing Serum Injections	\$10 office visit copay Covered in full Covered in full	80% <sup>1</sup> 80% <sup>1</sup> 80%	\$10 office visit copay Covered in full Covered in full	80% <sup>1</sup> 80% <sup>1</sup> 80%
Ambulance	Covered in full	Covered in full	Covered in full	Covered in full
Skilled nursing facility	Covered in full	Not covered	Covered in full	Not covered
Organ transplants	Not covered	Not covered	Covered in full <sup>2</sup>	Not covered
Mental health Inpatient Outpatient	Covered in full \$10 copay/visit	Not covered Not covered	Covered in full \$10 copay/visit	Not covered Not covered
Substance abuse Inpatient Outpatient	Covered in full \$10 copay/visit	Not covered Not covered	Covered in full \$10 copay/visit	80% <sup>1</sup> 80%
Autism services	Not covered	Not covered	\$10 copay/visit <sup>3</sup>	80% <sup>1,3</sup>
Home health care	Covered in full	80% <sup>1</sup> (limit 30 visits/year)	Covered in full	80% <sup>1</sup> (limit 30 visits/year)
Vision care Eye exams Vision therapy	\$10 copay/visit (every year) Not covered	80% <sup>1</sup> Not covered	\$10 copay/visit (every year) \$10 copay/visit	80% <sup>1</sup> Not covered
Therapy services (up to 20 visits/year)	\$10 copay/visit	80% <sup>1</sup>	\$10 copay/visit	80% <sup>1</sup>
Chiropractic care (must be reviewed for medical necessity)	\$10 copay/visit (limit 12 visits/year)	80% <sup>1</sup>	\$10 copay/visit (limit 12 visits/year)	80% <sup>1</sup>
Lifetime maximum benefit	Unlimited	Unlimited	Unlimited	Unlimited

<sup>1</sup> After annual deductible

<sup>2</sup> Payable same as any other sickness. Lodging benefit is available. See Summary Plan Description for details.

<sup>3</sup> Payable same as any other sickness. \$500 monthly benefit per covered person ages 2 - 21.

<sup>4</sup> 20 visits per covered person per year up to age 18.

### YOUR 2011 MONTHLY MEDICAL COSTS

Level of Coverage	FOP Plan	Non-FOP*
◆ Employee only	\$40	\$40
◆ Employee + spouse	\$60	\$40
◆ Employee + child/children	\$60	\$40
◆ Family	\$100	\$50

\* Please see pages 11 - 15 of your enrollment guide for details about these plans.