

Builders Benefits Medical Group Plans – Effective 3/1/2009



HEALTH INSURANCE BUILT FOR YOU

	Builders Benefits PPO Plus		Builders Benefits PPO 250		Builders Benefits PPO 400		Builders Benefits PPO 500		Builders Benefits PPO 1000		Builders Benefits PPO 2000		Builders Benefits PPO 3000		Builders Benefits PPO 5000		Builders Benefits HSA 1500		Builders Benefits HSA 2500	
	Co-Pay	\$15 Co-Pay	Co-Pay	\$20 Co-Pay	Co-Pay	\$25 Co-Pay	Co-Pay	\$25/30 Co-Pay	Co-Pay	\$25/40 Co-Pay	Co-Pay	\$25/40 Co-Pay	Co-Pay	\$25/40 Co-Pay	Co-Pay	\$25/40 Co-Pay	Co-Pay	\$25/50 Co-Pay	Co-Pay	n/a
	Facility	100%	Facility	100%	Facility	100%	Facility	100%	Facility	100%	Facility	100%	Facility	100%	Facility	100%	Facility	100%	Facility	100%
Benefit	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Deductible applies to all services unless otherwise noted		Deductible applies to all services unless otherwise noted		Deductible applies to all services unless otherwise noted		Deductible applies to all services unless otherwise noted		Deductible applies to all services unless otherwise noted		Deductible applies to all services unless otherwise noted		Deductible applies to all services unless otherwise noted		Deductible applies to all services unless otherwise noted		Deductible applies to all services unless otherwise noted		Deductible applies to all services unless otherwise noted	
Single/Family	None	\$250/\$500 per contract year	\$250/\$500 per contract year	\$1,000/\$2,000 per contract year	\$400/\$800 per contract year	\$2,000/\$4,000 per contract year	\$500/\$1,000 per contract year	\$2,500/\$5,000 per contract year	\$1,000/\$2,000 per contract year	\$2,500/\$5,000 per contract year	\$2,000/\$4,000 per contract year	\$4,000/\$8,000 per contract year	\$3,000/\$6,000 per contract year	\$6,000/\$12,000 per contract year	\$5,000/\$10,000 per contract year	\$10,000/\$20,000 per contract year	\$1,500/\$2,500 aggregate per contract year	\$2,500/\$5,000 aggregate per contract year	\$2,500/\$5,000 aggregate per contract year	\$5,000/\$10,000 aggregate per contract year
Coinsurance	None	75% after deductible	None	75% after deductible	None	75% after deductible	None	75% after deductible	None	75% after deductible	None	75% after deductible	None	75% after deductible	None	75% after deductible	None	75% after deductible	None	60% after deductible
Annual Limit OOP – Single/Family	None	\$2,000/\$4,000	None	\$2,500/\$5,000	None	\$2,500/\$5,000	None	\$2,500/\$5,000	None	\$2,500/\$5,000	None	\$4,000/\$8,000	None	\$6,000/\$12,000	None	\$10,000/\$20,000	\$5,000/\$10,000 aggregate	\$5,000/\$10,000 aggregate		
Lifetime Major Medical Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit*	\$15 co-pay	75% after deductible	\$20 co-pay	75% after deductible	\$25 co-pay	75% after deductible	\$25 co-pay	75% after deductible	\$25 co-pay	75% after deductible	\$25 co-pay	75% after deductible	\$25 co-pay	75% after deductible	\$25 co-pay	75% after deductible	\$25 co-pay	75% after deductible	\$25 co-pay	75% after deductible
Office Visit - Specialist	\$15 co-pay	75% after deductible	\$20 co-pay	75% after deductible	\$25 co-pay	75% after deductible	\$30 co-pay	75% after deductible	\$40 co-pay	75% after deductible	\$40 co-pay	75% after deductible	\$40 co-pay	75% after deductible	\$40 co-pay	75% after deductible	\$40 co-pay	75% after deductible	\$40 co-pay	75% after deductible
Hospital Admission	100% \$250 co-pay per admission	75% after deductible \$250 co-pay per admission	100% \$250 co-pay per admission	75% after deductible \$250 co-pay per admission	100% \$250 co-pay per admission	75% after deductible \$250 co-pay per admission	100% \$250 co-pay per admission	75% after deductible \$250 co-pay per admission	100% \$250 co-pay per admission	75% after deductible \$250 co-pay per admission	100% \$250 co-pay per admission	75% after deductible \$250 co-pay per admission	100% \$250 co-pay per admission	75% after deductible \$250 co-pay per admission	100% \$250 co-pay per admission	75% after deductible \$250 co-pay per admission	100% \$250 co-pay per admission	75% after deductible \$250 co-pay per admission	100% \$250 co-pay per admission	75% after deductible \$250 co-pay per admission
Emergency Room/ Medical	\$100 co-pay (Waived if Admitted)	\$100 co-pay (Waived if Admitted)	\$100 co-pay (waived if admitted) After annual deductible	\$100 co-pay (waived if admitted) After annual deductible	\$100 co-pay (waived if admitted) After annual deductible	\$100 co-pay (waived if admitted) After annual deductible	\$100 co-pay (waived if admitted) After annual deductible	\$100 co-pay (waived if admitted) After annual deductible	\$100 co-pay (waived if admitted) After annual deductible	\$100 co-pay (waived if admitted) After annual deductible	\$100 co-pay (waived if admitted) After annual deductible	\$100 co-pay (waived if admitted) After annual deductible	\$100 co-pay (waived if admitted) After annual deductible	\$100 co-pay (waived if admitted) After annual deductible	\$100 co-pay (waived if admitted) After annual deductible	\$100 co-pay (waived if admitted) After annual deductible	\$100 co-pay (Waived if Admitted)	\$100 co-pay (Waived if Admitted)	\$100 co-pay (Waived if Admitted)	\$100 co-pay (Waived if Admitted)
Outpatient Surgery	100% \$100 co-pay	75% after deductible \$100 co-pay	100% \$100 co-pay	75% after deductible \$100 co-pay	100% \$100 co-pay	75% after deductible \$100 co-pay	100% \$100 co-pay	75% after deductible \$100 co-pay	100% \$100 co-pay	75% after deductible \$100 co-pay	100% \$100 co-pay	75% after deductible \$100 co-pay	100% \$100 co-pay	75% after deductible \$100 co-pay	100% \$100 co-pay	75% after deductible \$100 co-pay	100%	75% after deductible	100%	60% after deductible

Provided for demonstration purposes only. Actual benefits, cost sharing provisions, limitations, and exclusions are set forth in the Summary Plan Description issued to members. Except for authorized radiation therapy and emergency services, all services, including facility and physician charges, are not covered at the following University of Pittsburgh Medical Center (UPMC) facilities or their affiliated clinics:UPMC Shadyside, Eye and Ear Hospital, UPMC Montefiore, UPMC Presbyterian. These preferred provider plans may not cover all your health care expenses. Read your Summary Plan Description carefully to determine which health care services are covered. If you have questions call us at 1-888-221-2550 for assistance.

* For providers of Family Practice, Internal Medicine, Pediatrics, Chiropractic, and Obstetrics/Gynecology.

* **Preventative Services** are covered in full. Office visit co-payments are waived. See the Summary Plan Description for a complete list of preventative services.

Integrated Drug Benefit	Retail	Mail Order	Retail	Mail Order
Deductible	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
Coinsurance	N/A	N/A	N/A	N/A
Co-Payment	Generic \$15 Preferred Brand \$30 Non-Preferred Brand \$50	Generic \$30 Preferred Brand \$60 Non-Preferred Brand \$85	Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$80	Generic \$40 Preferred Brand \$80 Non-Preferred Brand \$110
Supply Limit	30 Days	90 Days	30 Days	90 Days
Type	Incentive Generic w/Rx Select		Incentive Generic w/Rx Select	