

## 2004 High Option Benefits

Benefits	Preferred Provider – You Pay	Non-Preferred Provider – You Pay
<u>Hospital</u>		
<b>Inpatient Room and Board</b>	10%	\$300 co-pay and 30%
<b>Inpatient – Other Charges</b>	10%	30%
<b>Outpatient</b>	After deductible, 10%	After deductible, 30%
<u>Physicians' Benefits</u>		
<b>Office Visits</b>	\$18 co-pay, no deductible	After deductible, 30%
<b>Other professional fees</b>	After deductible, 10%	After deductible, 30%
<u>Other Outpatient Services</u>		
<b>Lab, x-ray, therapy, other routine services</b>	After deductible, 10%	After deductible, 30%
<u>Accidental Injury</u>		
<b>Outpatient service</b> (Within 24 hours of accident)	Nothing, no deductible	Only the difference between the Plan allowance and the billed amount
<u>Well Child Care</u>		
<b>Recommended immunizations, examinations, lab tests</b>	Nothing, no deductible	Only the difference between the Plan allowance and the billed amount; no deductible
<u>Mental Health, Substance Abuse</u>		
<b>Inpatient</b>	Hospital treatment, 10% if pre-authorized. Professional fees, after deductible, 10% if preauthorized	After deductible, 50% up to 30 days if preauthorized. For Substance Abuse, limited to one program up to \$3,000
<b>Outpatient</b>	\$18 co-pay	50% up to 15 visits
<u>Prescription Drugs</u>		
<b>Home Delivery</b>	No deductible, \$12 co-pay for generic/ 25% brand name (\$12 minimum for brand)	None
<b>Retail Network</b>	No deductible, \$8 co-pay for generic/ 25% brand name (\$8 minimum for brand)	No deductible, 50% (\$8 minimum)

**ANNUAL DEDUCTIBLES:** Medical/Surgical Deductible – (PPO) \$275 per person/\$550 family maximum; (non-PPO) \$500 per person/\$1,000 family; Mental Conditions/Substance Abuse Deductible (In-Network) – \$275 per person/Maximum \$550 family; (Out-of-Network) – \$750 per person; Prescription Drug Deductible – No deductible  
**ANNUAL-OUT-OF-POCKET MAXIMUM:** PPO Providers – \$4,000 Self Only/Self and Family; Non-PPO Providers – \$10,000 Self Only/Self and Family

*Note: All benefits are subject to the Plan allowance*

<b>2003 High Option Premiums</b>		
<b>Active Postal Members</b>	<b>Self Only (471)</b>	<b>Self &amp; Family (472)</b>
USPS Pays	\$143.32	\$327.12
<b>You Pay Biweekly</b>	<b>\$35.00</b>	<b>\$64.22</b>
<b>Retirees</b>	<b>Self Only (471)</b>	<b>Self &amp; Family (472)</b>
Government Share	\$263.03	\$600.36
<b>You Pay Monthly</b>	<b>\$123.33</b>	<b>\$247.54</b>