

WHEATON COLLEGE

COMPARE MEDICAL BENEFITS (2008 - 2009)

(This brief description of the medical plans is designed to assist employees in selecting a plan. Please refer to the plan booklets for detailed information on coverage and participant responsibilities.)

	Harvard Pilgrim HMO	Harvard Pilgrim PPO In Network	Harvard Pilgrim PPO Out Network
Doctor's Office Visits	\$15 per Visit	\$15 per Visit	80/20*
Routine Checkup**	\$15 per Visit	\$15 per Visit	80/20*
Well Baby Care**	\$15 per Visit	\$15 per Visit	80/20*
Pediatric Dental Care**	No Charge	No Charge	80/20*
Routine Immunizations	No Charge	No Charge	80/20*
X-Rays; Lab Tests; Diagnostic Services	No Charge	No Charge	80/20*
Vision Exams**	\$15 per Visit	\$15 per Visit	80/20*
Hearing Tests**	\$15 per Visit	\$15 per Visit	80/20*
Specialists	\$15 per Visit	\$15 per Visit	80/20*
Outpatient Surgery (Day Facility)	No Charge	No Charge	80/20*
Home Health Care; Visiting Nurses; Consulting Care	No Charge	No Charge	80/20*
Short-Term Mental Health Counseling (Outpatient)**	Individual Therapy: 1-24, \$15 per Visit; Group Therapy: \$10 per Visit up to 25 Visits.	Individual Therapy: 1-24, \$15 per Visit; Group Therapy: \$10 per Visit up to 25 visits.	80/20* Visit limits combined with PPO In Network.
Short-Term Physical Therapy	\$15 per Visit; 60 consecutive days per condition**	\$15 per Visit 60 consecutive days per condition**	80/20*
Chiropractic	\$15 per Visit; up to \$500 Maximum per year	\$15 per Visit \$750 maximum per year	80/20*
Ambulance (Emergency only)	No Charge	No Charge	80/20*

Maternity			
Prenatal Care	No Charge	No Charge	80/20*
Delivery	No Charge	No Charge	80/20*
Postnatal Care	No Charge	No Charge	80/20*

In Hospital			
Semi-Private Room; Intensive Care	No Charge	No Charge	80/20*
Doctor & Specialist	No Charge	No Charge	80/20*
Anesthesia; Medication; X-Ray; Lab Test; Prescribed Private Duty Nursing	No Charge	No Charge	80/20*

Emergency			
In-Area Service and Out-of-Area Service	\$75 Emergency Room Co-pay; waived if admitted.	\$75 Emergency Room Co-pay; waived if admitted.	\$75 Emergency Room Co-pay; waived if admitted.

Prescriptions			
30-day supply	\$ 10 Tier I \$ 25 Tier II \$ 40 Tier III	\$ 10 Tier I \$ 25 Tier II \$ 40 Tier III	\$ 10 Tier I \$ 25 Tier II \$ 40 Tier III (Emergency Only)
90-day mail order supply	\$ 20 Tier I \$ 50 Tier II \$120 Tier III	\$ 20 Tier I \$ 50 Tier II \$120 Tier III	N/A

*After Annual Deductible of \$250 per person, \$500 per family.

**Check Plan Booklets for limitations.

HMO Annual Co-payment Out-of-Pocket Maximum of \$2,000 per person, \$4,000 per family.**

PPO Maximum Co-insurance: None In-Network and \$2,500 per person, \$5,000 per family Out-of-Network.**

Medical coverage will continue for dependents up to age 26, or for two years past the loss of dependent status under the Internal Revenue Code, whichever comes first.

~In no case will Harvard Pilgrim Health Care pay less than the state mandates require for medically necessary care.