

**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.)

	<b>United HealthCare Open Access HMO Plan</b>	
	In Network	Out Network
Doctor's Office Visits	\$10 per Visit	80/20*
Routine Checkup**	\$10 per Visit	Not Covered
Well Baby Care**	\$10 per Visit	80/20*
Pediatric Dental Care	Not Covered	Not Covered
Routine Immunizations	\$10 per Visit	80/20*
X-Rays; Lab Tests; Diagnostic Services	No Charge	80/20*
Vision Exams**	\$10 per Visit	80/20*
Hearing Tests**	\$10 per Visit	80/20*
Urgent Care Center	\$35 per Visit	80/20*
Specialists	\$10 per Visit	80/20*
Outpatient Surgery	No Charge	80/20*
Home Health Care	No Charge	80/20*
Short-Term Mental Health Counseling (Outpatient) Requires Notification of UBH	\$10 Individual  ~24 visits per calendar year	80/20*
Short-Term Substance Abuse Counseling (Outpatient) Requires Notification of UBH	\$10 Individual  20 visits per calendar year, not less than \$500	80/20*
Short-Term Physical Therapy	\$10 per Visit  20 visits per calendar year	80/20*
Chiropractic	\$10 Co-pay 24 visits per calendar year	Not Covered
Ambulance (Emergency only)	No Charge	No Charge

<b>Maternity</b>		
Prenatal Care	\$10 first Visit only	80/20*
Delivery	No Charge	80/20*
Postnatal Care	No Charge	80/20*

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

<b>Emergency</b>		
In Area Service and Out of Area	\$75 Co-pay; waived if admitted	\$75 Co-pay; waived if admitted

<b>Prescriptions</b>		
30-day supply	\$ 7 Co-pay Tier 1 \$25 Co-pay Tier 2 \$40 Co-pay Tier 3	Appropriate Co-pay plus difference between United network and retail charge
90-day mail order supply	\$ 17.50 Co-pay Tier I \$ 62.50 Co-pay Tier II \$100.00 Co-pay Tier III	N/A

\* After Annual Deductible of \$300 per person, \$600 per family.      \*\*Check Plan Booklets for limitations.  
 In-Network Maximum Co-insurance of \$1,000 per person, \$2,000 per family.  
 Out-of-Network Maximum Co-insurance of \$2,000 per person, \$4,000 per family.  
 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 United HealthCare pay less than the state mandates require for medically necessary care.