



Comparison Chart

2.0 VS 1.0 EXTENDED HEALTHCARE BENEFITS

Health: General Provisions	NEW 2.0 MY HEALTH PRODUCT PLANS			CURRENT PERSONAL HEALTH PLAN				
	Tier 1	Tier 2	Tier 3	Basic	Extenda 1	Extenda 2	Extenda 3	Omni
Medical Supplies / Services								
Overall Annual Maximum	\$1,500	\$3,000	\$5,000	None	None	None	None	None
Custom Made Foot Orthotics - Adult (# Pairs Per 3 Years)	1 Pair	1 Pair	1 Pair	None	1 Pair (5 Yrs, 80%)	1 Pair (5 Yrs, 80%)	1 Pair (5 Yrs, 80%)	1 Pair (80%)
Custom Made Foot Orthotics - Child (Per 3 Years)	1 Pair	1 Pair	1 Pair	None	1 Pair (1 Yr, 80%)	1 Pair (1 Yr, 80%)	1 Pair (1 Yr, 80%)	1 Pair (80%)
Orthopedic/Therapeutic Shoes	\$50	\$150	\$250	None	\$225	\$225	\$225	\$225
Private Duty Nursing (Per Year)	\$1,500	\$3,000	\$5,000	\$150 (80%)	\$3,000 (80%)	\$3,000 (80%)	\$3,000 (80%)	\$5,000 (80%)
Hearing Aids (Per 5 Years)	\$200	\$500	\$800	None	\$500	\$500	\$500	\$800
Casts, Crutches, Mobility Aids (Per Year)	\$150	\$300	\$500	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Braces and Splints (Per Year)	1 per limb	1 per limb	1 per limb	None	\$300	\$300	\$300	\$300
Compression Stockings (Per Year)	1	2	4	None	\$500	\$500	\$500	\$500
Oxygen Equipment and CPAP Supplies (Per Year)	\$200	\$350	\$500	None	\$500 Per Year	\$500 Per Year	\$500 Per Year	\$500 Per Year
CPAP Machine (Per Lifetime)	\$500	\$1,500	\$2,500	None	\$1,500 Per Life	\$1,500 Per Life	\$1,500 Per Life	\$2,500 Per Life
Blood Pressure Monitors (# Per 5 Years)	None	1	1	None	1	1	1	1
Ostomy Supplies (Per Year)	\$300	\$500	\$1,000	None	\$300	\$300	\$300	\$300
Patient Walkers (Per 5 Years)	\$100	\$200	\$300	\$300 (80%)	\$300 (80%)	\$300 (80%)	\$300 (80%)	\$300 (80%)
Diabetic Supplies and Equipment	\$100	\$300	\$500	—	—	—	—	—
Flash Glucose Monitors (FGM)/Continuous Glucose Monitors (CGM) (Per year)	\$500	\$1,500	\$2,500	None	\$300	\$300	\$300	\$300
Blood Glucose Monitor (Per 5 years)	1 Included In \$100 Diabetic Supplies Max	1 Included In \$300 Diabetic Supplies Max	1 Included In \$500 Diabetic Supplies Max		1	1	1	1
Breast Prostheses and Surgical Bras (# Per 2 Years)	None	2 B.P. & 1 S.B.	2 B.P. & 2 S.B.	Covered	Covered	Covered	Covered	Covered
Wheelchairs, Hospital Beds, etc. (Per Lifetime)	\$1,500	\$3,000	\$5,000	\$500/5 Years	\$750/5 Years	\$750/5 Years	\$750/5 Years	\$1,000/5 Years
Prosthetic Appliances, etc. (Per Lifetime)	\$1500	\$3,000	\$5,000	\$5,000	Covered	Covered	Covered	Covered

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Dental: General Provisions	NEW 2.0 MY HEALTH PRODUCT PLANS				CURRENT PERSONAL HEALTH PLAN
	Tier 1	Tier 2	Tier 3	Tier 4	All
Annual Deductible	None	None	None	None	None
Waiting Period - Orthodontics (Individual)	Not Covered	Not Covered	Not Covered	2 years	Not Covered
Waiting Period - Basic	3 Months	3 Months	3 Months	3 Months	3 Months
Waiting Period - Major	Not covered	12 Months	12 Months	12 Months	12 Months
Major Coinsurance	Not Covered	50%	50%	60%	0%/50%/50%
Year 1 Annual Maximum (Basic + Major)	\$500 Basic Only	\$500	\$600	\$750	\$500
Year 2 Annual Maximum (Basic + Major)	\$500	\$750	\$850	\$1,000	\$750
Year 3+ Annual Maximum (Basic + Major)	\$500	\$1,000	\$1,500	\$2,000	\$1,000
Lifetime Maximum (Orthodontics)	Not Covered	Not Covered	Not Covered	\$2,500	Not Covered

Drug: General Provisions	Tier 1	Tier 2	Tier 3	Tier 4	Basic	Enhanced
	Annual Deductible	None	None	None	None	None
Waiting Period	None	None	None	None	None	None
Coinsurance	100%	100%	100%	100%	100%	100%
Annual Maximum - Non Pre-Ex Drugs	\$300	\$1,000	\$3,500	\$6,000	\$3,500	\$5,000
Annual Maximum - Pre-Ex Drugs	Not Covered	Not Covered	\$800	\$1,000	Not Covered	\$800
Lifetime Maximum Dispensing Fee Cap	None	None	None	None	None	None
Per Prescription Deductible	\$6	\$6	\$6	\$6	\$6	\$6
Formulary	Prov. Form	Prov. Form	Prov. Form	Prov. Form	Prov. Form	Prov. Form
Step Therapy	Included	Included	Included	Included	None	None
Prior Authorization	None	None	None	None	None	None