

**NEHP Retiree Coverage Options Effective April 1, 2004**

	<b>Option 1 (PPO VI)</b>		<b>Option 2 (HMO)</b>
	<b>In-Network</b>	<b>Out-of-Network</b>	
<b>Hospital Care</b>	80% after deductible	60% after deductible	See individual HMO schedule
<b>Emergency Care</b>	80% after deductible	60% after deductible	\$50 Copay
<b>Physician Services</b>			
Office Visits	\$20 Copay	60% after deductible	\$15 Copay
Maternity	\$20 Copay	60% after deductible	\$15 Copay per visit
<b>Preventive Care</b>			
Routine Pap (one per year)	80% after deductible	60% after deductible	100%
Routine Mammogram	80% after deductible	60% after deductible	100%
<b>Surgery</b>	80% after deductible	60% after deductible	100%
<b>Psychiatric Care*</b>			
In-Patient	50% after deductible	50% after deductible	See individual HMO schedule
Out-Patient	50% after deductible	50% after deductible	See individual HMO schedule
<b>Substance Abuse*</b>			
In-Patient	50% after deductible	50% after deductible	See individual HMO schedule
Out-Patient	50% after deductible	50% after deductible	See individual HMO schedule
<b>Lab Services</b>	80% after deductible	60% after deductible	100%
<b>X-Ray and Radiology</b>	80% after deductible	60% after deductible	100%
<b>Prescription Drugs</b>			
Generic	20% copay		\$10 Copay
Brand	20% copay		\$10 Copay
<b>Deductibles</b>			
Individual	\$250		\$0
Couple	\$500		\$0
<b>Out-of-Pocket</b>			
Individual (not inc. deductible)	\$1,000		Not applicable
Couple (not inc. deductible)	\$1,000		Not applicable
<b>Benefit Maximums</b>			
All Benefits	\$5,000,000		\$5,000,000
<b>Psychiatric Care*</b>			
In-Patient	20 days		See individual HMO schedule
Out-Patient	40 visits		See individual HMO schedule
<b>Substance Abuse*</b>			
In-Patient	\$15,000 annual		See individual HMO schedule
Out-Patient	50% after deductible		See individual HMO schedule
Combined	\$30,000 lifetime		See individual HMO schedule
<b>Routine Pap (Lab Charges)</b>	80% after deductible	60% after deductible	One per year
<b>Routine Mammogram</b>			
Ages 35 to 40 (One Time)	80% after deductible	60% after deductible	One
Ages 41 and over (per year)	80% after deductible	60% after deductible	One per year
<b>Hospice, adjusted annually</b>	80% after deductible	60% after deductible	210 days lifetime
<b>Monthly Member Contributions</b> \$125.00 per person per month			

\*50% copay does not apply to out of pocket maximum