



Highlights of the Reta Trust Medical Plans

July 1, 2010 – June 30, 2011



| Benefits | PPO 90%/70% Anthem Blue Cross | Network Only EPO Anthem Blue Cross | Reta HMO (PacifiCare) | Reta HMO (Kaiser) |
|---|--|---------------------------------------|---|--|
| Lifetime Maximum | \$5,000,000 | \$5,000,000 | No Limit | No Limit |
| Coinsurance Percentage (<i>Network/Non-Network</i>) | 90%/70% | 90%/0% | 100% | 90% |
| Office Visit Copay | \$20/70% | \$25 | \$25/\$40 for specialists | \$20 |
| Hospital Copay Per Admission | N/A | N/A | \$250 per day, \$1,250 maximum per stay | 90% |
| Emergency Room Copay | \$100 + 10% of charges | 90% | \$100 | 90% |
| Annual Deductible (July 1–June 30) | | | | |
| ▪ Individual | \$500 | \$500 | N/A | \$500 |
| ▪ Family | \$1,000 | \$1,000 | | \$1,000 |
| Annual Out-of-Pocket (<i>includes annual deductible</i>) | | | | |
| ▪ Individual | \$2,500/\$4,000 | \$2,500 | \$1,250 | \$3,000 |
| ▪ Family | \$5,000/\$8,000 | \$5,000 | \$3,750 | \$6,000 |
| Chemical Dependency / Alcoholism Treatment | Combined with Mental Health Care | Combined with Mental Health Care | \$250 per day, \$1,250 maximum per stay | 90% |
| Mental Health | | | \$250 per day, \$1,250 maximum per stay | |
| ▪ Inpatient | 90%/70% | 90% | | 90% |
| ▪ Outpatient | \$20/70% | \$25 | \$25 Copay | \$20 single/ \$10 group |
| Chiropractic | 24 Visit Cal Yr Max \$20/70% | 24 Visit Cal Yr Max \$25 Copay | \$25 Copay / 30 Visits per year | \$15 Copay / 20 Visits per year |
| Skilled Nursing Facility | 90%/70% | 90% | \$200 Copay | 90% |
| Routine Physical Exam | \$500 Cal Yr Max \$20/70% | \$500 Cal Yr Max \$25 Copay | \$25 Copay | \$20 Copay |
| Outpatient Surgery | 90%/70% | 90% | \$250 Copay | 90% |
| Diagnostic Laboratory, X-Ray and Exams | 90%/70% | 90% | 100% | \$10 Copay |
| Well Baby Care | \$20/70% | \$25 Copay | 100% | \$10 Copay |
| Prescription Drugs | Generic / Preferred / Non-Preferred Brand | | | |
| Retail* Mail Order | \$10/\$20/\$30–30 days 2 Copays–90 Days | | \$10/\$20–30 days 2 Copays–90 Days | \$10/\$20 – 30 days 2 Copays – 31-60 days 3 Copays – 61-100 days 2 Copays – 90 days |

IMPORTANT NOTE: This comparison is designed to be a brief overview of the health plan offerings of the Reta Trust. See the plan description for a full description of covered provisions, limitations and exclusion, including customary and reasonable charges.

Prepared by: Gallagher Benefit Services
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Notes:

- For Prescription Solutions, after the third refill of a maintenance drug or any medication, the prescription must be refilled through the mail order pharmacy. If the member continues to have maintenance medications filled at a retail store, their copay will double.

Table with 3 columns: Plan Type, Website, and Phone Number. Sections include: ELIGIBILITY AND ENROLLMENT - CONTACTS, MEDICAL - CONTACTS, PRESCRIPTION - CONTACTS, and DISTRIBUTION OF BENEFIT INFORMATION.

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