

**RUSO: BENEFIT COMPARISON - MEDICAL & RX
FULLY INSURED MEDICAL PLANS (EMPLOYEES & PRE-65 RETIREES)**

Combined - RUSO Group Quote

CURRENT PLAN DESIGN (HIGH OPTION)

BENEFIT SUMMARY HIGH OPTION PLAN	CURRENT - OSEEGIB High Option		Blue Cross Blue Shield of OK Blue Choice PPO High Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
General Plan Info				
Provider Choice	Network provider	Any provider	Network provider	Any provider
Calendar Year Deductible (CYD)	\$500 / \$1,500	\$500 / \$1,500	\$500 / \$1,500	\$500 / \$1,500
Calendar Year OOP Max (Includes CYD)				
- Health	Individual: \$2,800 Family: \$8,400	Individual: \$3,300 Family: \$9,900	Individual: \$2,800 Family: \$8,400	Individual: \$3,300 Family: \$9,900
- Pharmacy	Individual: \$2,500	No OOP max	Individual: \$2,500	No OOP max
Coinsurance	Plan pays 80% after CYD	Plan pays 50% after CYD	Plan pays 80% after CYD	Plan pays 50% after CYD
Lifetime Max				
- Health	Unlimited	Unlimited	\$2M	\$2M
- Pharmacy	\$2M	\$2M	\$2M	\$2M
Dr. Office Visit				
PCP	\$25 copay	50% after CYD	\$25 copay	50% after CYD
Specialist	\$25 copay	50% after CYD	\$25 copay	50% after CYD
Diagnostic X-ray / Lab	80% after CYD	50% after CYD	80% after CYD	50% after CYD
Inpatient Hospital	80% after CYD	\$300 copay/admit; then, 50% after CYD	80% after CYD	\$300 copay/admit; then, 50% after CYD
Outpatient Surgery	80% after CYD	50% after CYD	80% after CYD	50% after CYD
Well-Baby Care	\$25 copay	50% after CYD	\$25 copay	50% after CYD
Childhood & Adult Immunizations	Paid at 100%; \$25 OV copay may apply	50% after CYD	Paid at 100%; \$25 OV copay may apply	50% after CYD
Periodic Health Exams	\$25 copay	50% after CYD	\$25 copay	50% after CYD
- For Men	Age 18 thru 35: 1 every 2 calendar years Age 36+: 1 every calendar year	Age 18 thru 35: 1 every 2 calendar years Age 36+: 1 every calendar year	Frequency not specified	Frequency not specified
- For Women	Age 18+: 1 every calendar year	Age 18+: 1 every calendar year	Frequency not specified	Frequency not specified
Mammogram	Women under 40: \$25 copay Women age 40+: No charge Maximum benefit = N/A	Women under 40: 50% after CYD Women age 40+: No charge Maximum benefit = \$115	No charge; age 35-39 1 baseline; age 40+ 1/year Must follow state mandates	No charge; age 35-39 1 baseline; age 40+ 1/year. Max benefit = \$115 Must follow state mandates
Allergy Testing / Treatment	80% after CYD; 60 tests every 24 mos.	50% after CYD; 60 tests every 24 mos.	80% after CYD; 60 tests every 24 mos.	50% after CYD; 60 tests every 24 mos.
Emergency Room	\$100 copay; then, 80% after CYD (copay waived if admitted)	\$100 copay; then, 50% after CYD (copay waived if admitted)	\$100 copay; then, 80% after CYD (copay waived if admitted)	\$100 copay; then, 50% after CYD (copay waived if admitted)
Urgent Care	80% after CYD	50% after CYD	80% after CYD	50% after CYD
Mental Health			In compliance with new federal mandates (MHCD to be paid AAOI)	
Inpatient	80% after CYD; 30 days per year	\$300 copay/admit; then, 50% after CYD; 30 days per year	80% after CYD No max	\$300 copay/admit; then, 50% after CYD; No max
Outpatient	80% after CYD; requires prior auth. after 15 visits (or penalty applies); 26 visits per year	50% after CYD; requires prior auth. after 15 visits (or penalty applies); 26 visits per year	80% after CYD No max	50% after CYD No max
Substance Abuse			In compliance with new federal mandates (MHCD to be paid AAOI)	
Inpatient	80% after CYD; 30 days per year	\$300 copay/admit; then, 50% after CYD; 30 days per year	80% after CYD No max	\$300 copay/admit; then, 50% after CYD; No max
Outpatient	80% after CYD; requires prior auth. after 15 visits (or penalty applies); 26 visits per year	50% after CYD; requires prior auth. after 15 visits (or penalty applies); 26 visits per year	80% after CYD No max	50% after CYD No max

Differs from current benefit.

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BENEFIT SUMMARY HIGH OPTION PLAN	CURRENT - OSEEGIB		Blue Cross Blue Shield of OK	
	High Option		Blue Choice PPO High Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Rx: Generic & Preferred	<i>Generic mandate</i>	-		
Cost of Rx ≤ \$100	Member pays lesser of \$25 or actual cost	Member pays cost of Rx up to \$75 max + dispensing fee	Member pays lesser of \$25 or actual cost	Member pays cost of Rx up to \$75 max + dispensing fee
Cost of Rx > \$100	Member pays 25% up to \$50 max		Member pays 25% up to \$50 max	Member pays cost of Rx up to \$75 max + dispensing fee
OOP Max (Rx only)	\$2,500 per person	n/a	\$2,500 per person	n/a
Supply	Greater of 34 days or 100 units *	Greater of 34 days or 100 units *	Greater of 34 days or 100 units *	Greater of 34 days or 100 units *
Rx: Non-Preferred				
Cost of Rx ≤ \$100	Member pays lesser of \$50 or actual cost	Member pays cost of Rx up to \$125 max + dispensing fee	Member pays lesser of \$50 or actual cost	Member pays cost of Rx up to \$125 max + dispensing fee
Cost of Rx > \$100	Member pays 50% up to \$100 max		Member pays 50% up to \$100 max	Member pays cost of Rx up to \$125 max + dispensing fee
OOP Max (Rx only)	n/a	n/a	n/a	n/a
Supply	Greater of 34 days or 100 units *	Greater of 34 days or 100 units *	Greater of 34 days or 100 units *	Greater of 34 days or 100 units *
Rx Supply	* The plans currently include a 90-day supply for BOTH retail and mail order Rx.	* The plans currently include a 90-day supply for BOTH retail and mail order Rx.	* 90-day supply at retail; 3 copays	* 90-day supply at retail; 3 copays
Lifetime Rx Benefit	\$2M	\$2M	\$2M	\$2M
Other				
Occupational or Speech Therapy	80% after CYD; 20 visits/year w/o auth. Each service limited to 60 visits/year.	50% after CYD; 20 visits/year w/o auth. Each service limited to 60 visits/year.	80% after CYD. Each service limited to 60 visits/year. Pre-cert not required.	50% after CYD. Each service limited to 60 visits/year. Pre-cert not required.
Physical Therapy	80% after CYD; 20 visits/year w/o auth. 60 visits/year.	50% after CYD; 20 visits/year w/o auth. 60 visits/year.	80% after CYD. Combined (PT & Chiro) services limited to 60 visits/year. Pre-cert not required.	50% after CYD. Combined (PT & Chiro) services limited to 60 visits/year. Pre-cert not required.
Chiropractic Care	80% after CYD; 20 visits/year w/o auth. 60 visits/year.	50% after CYD; 20 visits/year w/o auth. 60 visits/year.		
Hearing Screening	\$25 copay; 1 per year	50% after CYD; 1 per year	\$25 copay; 1 per year	50% after CYD; 1 per year
Hearing Aids	Covered as DME; up to age 18.	Covered as DME; up to age 18.	Covered as DME; up to age 18.	Covered as DME; up to age 18.
Skilled Nursing Facility	80% after CYD; 100 day per year	50% after CYD; 100 day per year	80% after CYD; 100 day per year	50% after CYD; 100 day per year
Home Health Care	80% after CYD; prior requires prior auth (or penalty applies); 100 visits per year	50% after CYD; prior requires prior auth (or penalty applies); 100 visits per year	80% after CYD; requires prior auth (or penalty applies); 100 visits per year	50% after CYD; prior requires prior auth (or penalty applies); 100 visits per year
Hospice	80% after CYD; prior requires prior auth (or penalty applies)	50% after CYD; prior requires prior auth (or penalty applies)	80% after CYD; prior requires prior auth (or penalty applies)	50% after CYD; prior requires prior auth (or penalty applies)
DEVIATIONS			Require pre-cert on the following, which is different from current arrangement with OSEEGIB:	
			IP Hospital	IP Rehab
			Home Health Care	Hospice
			Transplants	DME if over \$4,000
			Exclusions. BCBSOK standard exclusions will apply. Outlined on page 4 of "Signatures & Deviations."	

Differs from current benefit.

IMPORTANT: This analysis is an outline of the coverages proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

**RUSO: BENEFIT COMPARISON - MEDICAL & RX
FULLY INSURED MEDICAL PLANS (EMPLOYEES & PRE-65 RETIREES)**

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CURRENT PLAN DESIGN (BASIC PLAN)

BENEFIT SUMMARY	CURRENT - OSEEGIB		Blue Cross Blue Shield of OK	
BASIC PLAN	Basic Plan		Blue Choice PPO Basic Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
General Plan Info	<i>1st dollar coverage: Plan pays 100% of the 1st \$500 for each individual, then ...</i>		<i>1st dollar coverage: Plan pays 100% of the 1st \$500 for each individual, then ...</i>	
Provider Choice	Network provider	Any provider	Any provider	
Calendar Year Deductible (CYD)	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,500	
Calendar Year OOP Max (Includes CYD)				
- Health	\$5,500 / \$11,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$5,500 / \$11,000
- Pharmacy	Individual: \$2,500	No OOP max	Individual: \$2,500	No OOP max
Coinsurance	<i>Plan pays 100% of the 1st \$500. Then member pays next \$500 (\$1,000 family) as a CYD. After the 1st \$1,000 of eligible expenses, member & Plan split the next \$10,000 (\$20,000 family) 50/50. Once member has spent \$5,500 (\$11,000 family) OOP, the Plan will pay 100%.</i>		<i>Plan pays 100% of the 1st \$500. Then member pays next \$500 (\$1,000 family) as a CYD. After the 1st \$1,000 of eligible expenses, member & Plan split the next \$10,000 (\$20,000 family) 50/50. Once member has spent \$5,500 (\$11,000 family) OOP, the Plan will pay 100%.</i>	
Lifetime Max				
- Health	Unlimited	Unlimited	\$2M	
- Pharmacy	\$2M	\$2M	\$2M	
Dr. Office Visit				
PCP	50% after CYD	50% after CYD	50% after CYD	50% after CYD
Specialist	50% after CYD	50% after CYD	50% after CYD	50% after CYD
Diagnostic X-ray / Lab	50% after CYD	50% after CYD	50% after CYD	50% after CYD
Inpatient Hospital	50% after CYD	50% after CYD	50% after CYD	\$300 copay/admit; then, 50% after CYD
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Mental Health			In compliance with new federal mandates (MHCD to be paid AAOI)	
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Outpatient	50% after CYD; requires prior auth. after 15 visits (or penalty applies); 26 visits per year	50% after CYD; requires prior auth. after 15 visits (or penalty applies); 26 visits per year	50% after CYD No max	
Substance Abuse			In compliance with new federal mandates (MHCD to be paid AAOI)	
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Hearing Screening	50% after CYD; 1 per year	50% after CYD; 1 per year	50% after CYD; 1 per year	50% after CYD; 1 per year
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Home Health Care	50% after CYD; prior requires prior auth (or penalty applies); 100 visits per year	50% after CYD; prior requires prior auth (or penalty applies); 100 visits per year	50% after CYD; prior requires prior auth (or penalty applies); 100 visits per year	50% after CYD; prior requires prior auth (or penalty applies); 100 visits per year
Hospice	50% after CYD; prior requires prior auth (or penalty applies)	50% after CYD; prior requires prior auth (or penalty applies)	50% after CYD; prior requires prior auth (or penalty applies)	50% after CYD; prior requires prior auth (or penalty applies)
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