

	<b>County Plan/POMCO Group 700</b>	<b>HIP/HMO Group 1007 605-000</b>	<b>Aetna/HMO Group 182F</b>	<b>Oxford Liberty/HMO Group C0111-01</b>
<b>Payroll Deduction</b>	None Unless Noncompliant With Survey Coach Call Per CSEA Agreement Ind. \$58.60PP Fam. \$164.00 PP	Ind. \$14.89 PP Fam. None	NY Ind. \$82.92PP; Fam. \$192.27PP NJ Ind. \$34.34PP; Fam. \$61.30PP CT Ind. \$31.26PP; Fam. \$59.75PP	Ind. \$14.14PP Fam. None
<b>Option To Choose Physician Or Other Provider</b>	Yes	No Must Use Participating Provider in Network	No Must Use Participating Provider in Network	No Must Use Participating Provider
<b>Medical/Physician Services</b>	\$16 Co-Pay Teamsters \$18 Co-Pay CSEA/Nurses PPO Provider No Co-Pay Annual Physical CSEA/Nurses Major Medical - Other Providers*	No Co-Payment	\$5 Co-Payment	\$5 Co-Payment  Specialist Visit Requires Referral From PCP
<b>Hospital Services</b>	No Co-Payment	No Co-Payment	No Co-Payment	No Co-Payment
<b>Emergency Services Hospital</b>	\$35 Co-Payment; Waived if Admitted to Hospital	No Co-Payment	\$35 Co-Payment Must Notify Within 48 Hours	\$25 Co-Payment, Waived if Admitted
<b>Prescription Drugs</b>	Category Retail 30 Day Mail 90 Day Generic \$ 0 \$ 0 Preferred Brand \$20 \$ 40 Non Preferred Brand \$40 \$ 80 Allergy/Proton Pump \$50 \$100 With OTC Alternatives; **	No Co-Payment on Brand Name or Generic	\$5 Co-Payment Brand and Generic 30 Day Supply 2X Co-Payment for 31-90 Day Supply Via Mail Order	\$10 Co-Payment Brand Name \$5 Co-Payment Generic 2X Retail Co-Payment For 90 Day Supply Via Mail Order
<b>***Mental Health Inpatient</b>	\$450 Per Day Major Medical Maximum	No Co-Payment Unlimited Days	No Co-Payment Unlimited Days	No Co-Pay; 30 Days Per Calendar Year
<b>***Mental Health Outpatient</b>	Crisis Intervention \$60 Up To 3 Visits Ongoing Visit 1 - 10 \$48 Per Visit Visit 11 - 30 \$40 Per Visit Over 30 \$30 Per Visit	No Co-Payment Unlimited Days Per Calendar Year	\$5 Co-Payment Unlimited Visits Per Calendar Year	\$5 Co-Payment; Unlimited Days Per Unlimited Visits Per Calendar Year
<b>***Substance Abuse/Inpatient</b>	Paid In Full	No Co-Payment Unlimited Days Per Calendar Year	Acute Detox Unlimited Days Per Calendar Year	Unlimited Days Per Calendar Year
<b>***Substance Abuse/Inpatient Rehab</b>	49 Days Per Calendar Year	No Co-Payment Unlimited Days Per Calendar Year	Covered 100%	30 Days Inpatient Rehab Per Calendar Year
<b>***Substance Abuse/Outpatient Rehab</b>	\$16 Co-Pay Teamsters; Max 60 Visits \$18 Co-Pay CSEA/Nurses; Max 60 Visits	No Co-Payment Unlimited Days Per Calendar Year	\$5 Co-Payment No Visit Limit	\$5 Co-Payment No Visit Limit
<b>Service Area</b>	Worldwide	Brooklyn, Queens, Staten Island, Bronx, Manhattan, Nassau, Suffolk, Westchester, Rockland, Orange	New York; Northern New Jersey, Connecticut	New York, New Jersey, Connecticut
<b>General Information</b>	1-800-234-4393 www.pomcogroup.com	1-888-839-7380 www.hipusa.com	1-800-323-9930 www.aetna.com	1-800-760-4566 www.oxfordhealth.com

\*Major Medical \$300 Deductible employee; \$300 spouse; \$300 all children (\$900 Family Maximum) Eligible Expenses paid at 80% for first \$7500 & 100% of the excess per calendar year. \*\*Must Use Mail Order For 3rd Refill Maintenance RX

\*\*\*The County of Westchester has chosen to opt out of the newly established Mental Health Parity Equity Addiction ACT in it's self funded POMCO plan only, as of plan year effective January 1, 2010 through December 31, 2010. Your current Mental Health/Addiction Benefits will not change.

**FOR A DETAILED DESCRIPTION PLEASE CONTACT THE PLANS DIRECTLY**