Represented (Union) Medical Plans Comparison Chart

Sandia National Laboratories

2009 Plan Features ▼	UnitedHealthcare *Premier* PPO		CIGNA *Premier* PPO		UnitedHealthcare *Standard* PPO		CIGNA *In-Network* Plan	Kaiser (CA) HMO
	Preferred Provider Organization (PPO) **IN-NETWORK**	Preferred Provider Organization (PPO) **OUT-OF-NETWORK**	Preferred Provider Organization (PPO) **IN-NETWORK**	Preferred Provider Organization (PPO) **OUT-OF-NETWORK**	Preferred Provider Organization (PPO) **IN-NETWORK**	Preferred Provider Organization (PPO) **OUT-OF-NETWORK**	Exclusive Provider (An HMO "Look - Alike") **IN-NETWORK**	Health Maintenance Organization (HMO) **IN-NETWORK ONLY**
Funding Status	Self-funded	Self-funded	Self-funded	Self-funded	Self-funded	Self-funded	Self-funded	Fully insured
Annual Calendar Year Deductible	$0 per person / $0 family	$500 per person / $1,500 family	$0 per person / $0 family	$500 per person / $1,500 family	$1,000 per person / $3,000 family	$2,000 per person / $6,000 family	$0 per person / $0 family	$0 per person / $0 family
Annual Calendar Year Out-of-Pocket Maximum	$1,500 per person / $3,000 family	$3,000 per person / $6,000 family	$1,500 per person / $3,000 family	$3,000 per person / $6,000 family	$2,500 per person / $5,000 family	$5,000 per person / $10,000 family	$1,500 per person / $3,000 family	$1,500 per person / $3,000 family (two or more) Member is responsible for tracking annual out-of-pocket costs through accumulation of Kaiser receipts (excludes prescription copays).
Preventive Care ▶								
Annual Routine Physical (age 11 & over)	No cost to you	30% of eligible expenses (Subject to Deductible)	No cost to you	30% of U&C (Subject to Deductible)	No cost to you	30% of eligible expenses (Subject to Deductible)	No Copay	$15 copay
Well Baby/Child Exam (0 to 10 yrs.)								No Copay 0-23 months ($15 Copay 2 to 10 years)
Immunizations/Flu Shots								No Copay
Certain Cancer Screenings								No Copay
Outpatient Services ▶								
Office Visit – Primary Care Physician	$15 copay Lab, radiology, supplies, diagnostic tests and injections, other than immunizations, performed in a physician's office will result in a 15% coinsurance.	30% of eligible expenses (Subject to Deductible)	$15 copay Lab, radiology, supplies, diagnostic tests and injections, other than immunizations, performed in a physician's office will result in a 15% coinsurance.	30% of U&C (Subject to Deductible)	$15 copay Lab, radiology, supplies, diagnostic tests and injections, other than immunizations, performed in a physician's office will result in a 20% coinsurance.	30% of eligible expenses (Subject to Deductible)	$15 copay	$15 copay
Office Visit – Specialist	$25 copay Lab, radiology, supplies, diagnostic tests and injections, other than immunizations, performed in a physician's office will result in a 15% coinsurance.		$25 copay Lab, radiology, supplies, diagnostic tests and injections, other than immunizations, performed in a physician's office will result in a 15% coinsurance.		$25 copay Lab, radiology, supplies, diagnostic tests and injections, other than immunizations, performed in a physician's office will result in a 20% coinsurance.		$25 copay	$15 copay
Urgent Care	15% of negotiated fees		15% of negotiated fees		20% of negotiated fees (Subject to Deductible)		$40 copay per visit	$15 copay per visit
Emergency Room							$100 per visit	$100 per visit (waived if admitted)
Outpatient Surgery							$100 copay	$50 copay per procedure
Chemotherapy/Radiation Therapy	15% of negotiated fees	30% of eligible expenses (Subject to Deductible)	15% of negotiated fees	30% of U&C (Subject to Deductible)	20% of negotiated fees (Subject to Deductible)	30% of eligible expenses (Subject to Deductible)	No copay	No Copay
Allergy Treatment:								
Testing	$25 copay	30% of eligible expenses (Subject to Deductible)	$25 copay	30% of U&C (Subject to Deductible)	$25 copay	30% of eligible expenses (Subject to Deductible)	$25 copay	$15 copay
Serum	15% of negotiated fees		15% of negotiated fees		20% of negotiated fees (Subject to Deductible)		No copay	No copay
Shot Only							$10 copay	$5 copay
Chiropractic/Acupuncture	15% of negotiated fees Combined maximum of $1500/calendar year for in-network and out-of-network charges for Chiropractic and Acupuncture care.	30% of eligible expenses (Subject to Deductible) Combined maximum of $1500/calendar year for in-network and out-of-network charges for Chiropractic and Acupuncture care.	15% of negotiated fees Combined maximum of $1500/calendar year for in-network and out-of-network charges for Chiropractic and Acupuncture care.	30% of U&C (Subject to Deductible) Combined maximum of $1500/calendar year for in-network and out-of-network charges for Chiropractic and Acupuncture care.	20% of negotiated fees (Subject to Deductible) Combined maximum of 10 visits/calendar year for in-network and out-of-network charges for Chiropractic and Acupuncture care.	30% of eligible expenses (Subject to Deductible) Combined maximum of 10 visits/calendar year for in-network and out-of-network charges for Chiropractic and Acupuncture care.	$15 copay per visit Combined maximum of 60 visits/calendar year for in-network and out-of-network charges for Chiropractic, Acupuncture, Speech Therapy, Physical Therapy, and Occupational Therapy.	$15 copay per visit Chiropractic care with a maximum of 30 visits/calendar year. Acupuncture allowed with referral for Medical Management of Chronic Pain only.
Speech, Physical/ Occupational Therapy	15% of negotiated fees	30% of eligible expenses (Subject to Deductible)	15% of negotiated fees	30% of U&C (Subject to Deductible)	20% of negotiated fees (Subject to Deductible)	30% of eligible expenses (Subject to Deductible)		$15 copay per visit (max. of 60 consecutive days/condition/lifetime)
Lab/Radiology (Outpatient)							No copay	No copay

Employee Medical Plans Comparison Chart

Definitions:

Claims Administrator: The third party designated by Sandia to receive, process, and pay claims according to the provisions of the Plan.
Coinsurance: Cost-sharing feature by which both the Plan and the covered member pay a percentage of the covered charge.
Copayment/copay: Cost-sharing feature by which the Plan pays the remainder of the covered charge after the covered member pays his or her portion as a defined dollar amount.
Deductible: Covered charges incurred during a calendar year that the covered member must pay in full before the Plan pays benefits.
Eligible expenses: Approved charges for health services that meet the claims administrator's reimbursement policy guidelines. For further detail, see the Plan SPD definitions.
Fully insured: A form of insurance whereby the carrier (e.g. Kaiser) assumes all financial risk for claims and charges the employer (Sandia) a fixed premium for claims and administrative services. While the carrier offers various plan design options and covered benefit provisons to an employer (Sandia), the carrier is primarily responsible for determining these features.
Health Maintenance Organization (HMO): An affiliation of health care providers offering health care to enrollees.
In-Network: Services that are provided by a Health Care Provider that is a member of the PPO network.
Non-preferred Drug: A drug not included on the Claim Administrator's prescription preferred drug list selected as a generic or preferred drug.
Negotiated Fees: A contractual fee agreed to by providers or facilities and the Claims Administrator for services provided to PPO plan members.
Out-of-Network: Services provided by a Health Care Provider that is not a member of the Plan's Preferred Provider Organization (PPO), as distinguished from In-Network Services that are provided by a Health Care Provider that is a member of the PPO network.
Out-of-Pocket Maximum: The member's financial responsibility for covered medical expenses before the Plan reimburses additional covered charges at 100%, with no deductible, for the remaining portion of that calendar year (excludes outpatient prescription drugs).
Preferred Drug: A drug included on the Claim Administrator's drug preferred list selected according to the drug safety, efficacy, therapeutic merit, current standard of practice and cost.
Preferred Provider Organization (PPO): A network of physicians and other health care providers who are under contract to provide services for a negotiated fee.
Prior Notification (also known as Pre-Certification or Prior Authorization): The process where the covered member calls the health Claims Administrator to obtain prior approval for certain medical services or procedures.
Self-funded: A form of insurance whereby the employer (Sandia) contracts with a TPA (Third Party Administrator, also known as Claims Administrator) and pays an administrative fee (typically 5-10% of total medical dollars) to process claims, provide a network, etc. The TPA (UHC/CIGNA) bills the employer (Sandia) for the actual claims paid (typically 90-95% of total medical dollars) at the actual amount paid and earns no profit on these dollars. The employer (Sandia), not the TPA, assumes all financial risk and is responsible for plan design (e.g. 15% coinsurance) and covered benefit provisions (e.g. infertility benefits are covered).
Usual & Customary (U&C) Charges: Based on the range of fees charged by physicians, health care facilities, or other health care providers in the same geographical area for the same or similar services. CIGNA HealthCare has the exclusive right to determine the usual and customary charges.

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Infertility Services	15% of negotiated fees ($30,000 lifetime maximum)	30% of eligible expenses (Subject to Deductible) ($30,000 lifetime maximum)	15% of negotiated fees ($30,000 lifetime maximum)	30% of U&C (Subject to Deductible) ($30,000 lifetime maximum)	20% of negotiated fees (Subject to Deductible) ($30,000 lifetime maximum)	30% of eligible expenses (Subject to Deductible) ($30,000 lifetime maximum)	Not a covered service	Specific service copays apply
Maternity Care ▶								
Pre/Postnatal Visits	15% of negotiated fees	30% of eligible expenses (Subject to Deductible)	15% of negotiated fees	30% of U&C (Subject to Deductible)	20% of negotiated fees (Subject to Deductible)	30% of eligible expenses (Subject to Deductible)	No copay	No copay
Delivery Charge							See Inpatient Admit	See Inpatient Admit
Hospital Services ▶								
Inpatient Admit	15% of negotiated fees	30% of eligible expenses (Subject to Deductible)	15% of negotiated fees	30% of U&C (Subject to Deductible)	20% of negotiated fees (Subject to Deductible)	30% of eligible expenses (Subject to Deductible)	$200 per day up to $500	$250 per admission
Ambulance							$50 copay	$75 copay
Other Benefits ▶								
Durable Medical Equipment/ External Prosthetic Appliances (EPA)	15% of negotiated fees Pre-authorization required for over $1000 purchased or cumulative rental value	30% of eligible expenses (Subject to Deductible) Pre-authorization required for over $1000 purchased or cumulative rental value.	15% of negotiated fees Pre-authorization required for over $1000 purchased or cumulative rental value.	30% of U&C (Subject to Deductible) Pre-authorization required for over $1000 purchased or cumulative rental value.	20% of negotiated fees (Subject to Deductible) Pre-authorization required for over $1000 purchased or cumulative rental value.	30% of eligible expenses (Subject to Deductible) Pre-authorization required for over $1000 purchased or cumulative rental value.	No copay EPA - $200 deductible, then no charge. $200 annual deductible for external prosthetic appliances. Benefit is unlimited.	No copay
Prescription Drugs (Retail) ▶ (Up to 30-day supply)								
Generic	20% of retail network price with a $6 minimum and $12 max. (up to 30-day supply)	50% retail network price less applicable minimum copay (up to 30-day supply)	20% of retail network price with a $6 minimum and $12 max. (up to 30-day supply)	50% retail network price less applicable minimum copay (up to 30-day supply)	20% of retail network price with a $6 minimum and $12 max. (up to 30-day supply)	50% retail network price less applicable minimum copay (up to 30-day supply)	$10 copay (up to 30-day supply)	$10 copay (up to 30-day supply)
Brand-Name	**Preferred** 30% of retail network price with a $25 minimum and $40 max. (up to 30-day supply) / **Non Preferred** 40% of retail network price with a $40 minimum and $60 max. (up to 30-day supply)		**Preferred** 30% of retail network price with a $25 minimum and $40 max. (up to 30-day supply) / **Non Preferred** 40% of retail network price with a $40 minimum and $60 max. (up to 30-day supply)		**Preferred** 30% of retail network price with a $25 minimum and $40 max. (up to 30-day supply) / **Non Preferred** 40% of retail network price with a $40 minimum and $60 max. (up to 30-day supply)		**Preferred** $30 copay (up to 30-day supply) / **Non Preferred** Not covered	**Preferred** $25 copay (up to 30-day supply) / **Non Preferred** Not covered
Prescription Drugs (Mail Order) ▶ (Up to 90-day supply)								
Generic	$18 copay (up to 90-day supply)	N/A	$18 copay (up to 90-day supply)	N/A	$18 copay (up to 90-day supply)	N/A	$20 copay (up to 90-day supply)	$20 copay (up to 90-day supply)
Brand-Name	**Preferred** $65 copay (up to 90-day supply) / **Non Preferred** $100 copay (up to 90-day supply)		**Preferred** $65 copay (up to 90-day supply) / **Non Preferred** $100 copay (up to 90-day supply)		**Preferred** $65 copay (up to 90-day supply) / **Non Preferred** $100 copay (up to 90-day supply)		**Preferred** $60 copay (up to 90-day supply) / **Non Preferred** Not covered	**Preferred** $50 copay (up to 100-day supply) / **Non Preferred** Not covered
Behavioral Health ▶								
Mental Health:								
Inpatient	15% of negotiated fees Combined maximum of 90 days/calendar year for in-network and out-of-network charges for Inpatient Mental Health and Inpatient Substance Abuse.	50% of eligible expenses (Subject to Deductible) Combined maximum of 90 days/calendar year for in-network and out-of-network charges for Inpatient Mental Health and Inpatient Substance Abuse.	15% of negotiated fees Combined maximum of 90 days/calendar year for in-network and out-of-network charges for Inpatient Mental Health and Inpatient Substance Abuse.	50% of U&C (Subject to Deductible) Combined maximum of 90 days/calendar year for in-network and out-of-network charges for Inpatient Mental Health and Inpatient Substance Abuse.	20% of negotiated fees (Subject to Deductible) Combined maximum of 60 days/calendar year for in-network and out-of-network charges for Inpatient Mental Health and Inpatient Substance Abuse.	50% of eligible expenses (Subject to Deductible) Combined maximum of 60 days/calendar year for in-network and out-of-network charges for Inpatient Mental Health and Inpatient Substance Abuse.	$200 per day up to $500 (max. of 45 days/CY)	$250 copay (maximum of 45 days per Calendar Year)
Outpatient	15% of negotiated fees (unlimited visits)	50% of eligible expenses (Subject to Deductible) (unlimited visits)	15% of negotiated fees (unlimited visits)	50% of U&C (Subject to Deductible) (unlimited visits)	20% of negotiated fees (Subject to Deductible) Combined maximum of 20 visits/calendar year for in-network and out-of-network charges for Outpatient Mental Health and Outpatient Substance Abuse.	50% of eligible expenses (Subject to Deductible) Combined maximum of 20 visits/calendar year for in-network and out-of-network charges for Outpatient Mental Health and Outpatient Substance Abuse.	$25 copay (max. of 30 visits/CY)	$15 copay (20 individual /group therapy visits per Calendar Year with 20 additional group therapy visits if criteria met)
Substance Abuse:								
Inpatient	15% of negotiated fees Combined maximum of 90 days/calendar year for in-network and out-of-network charges for Inpatient Mental Health and Inpatient Substance Abuse.	50% of eligible expenses (Subject to Deductible) Combined maximum of 90 days/calendar year for in-network and out-of-network charges for Inpatient Mental Health and Inpatient Substance Abuse.	15% of negotiated fees Combined maximum of 90 days/calendar year for in-network and out-of-network charges for Inpatient Mental Health and Inpatient Substance Abuse.	50% of U&C (Subject to Deductible) Combined maximum of 90 days/calendar year for in-network and out-of-network charges for Inpatient Mental Health and Inpatient Substance Abuse.	20% of negotiated fees (Subject to Deductible) Combined maximum of 60 days/calendar year for in-network and out-of-network charges for Inpatient Mental Health and Inpatient Substance Abuse.	50% of eligible expenses (Subject to Deductible) Combined maximum of 60 days/calendar year for in-network and out-of-network charges for Inpatient Mental Health and Inpatient Substance Abuse.	$200 per day up to $500 (max. of 15 days/CY)	$250 copay Transitional Residential Recovery Services $100 copay/stay
Outpatient	15% of negotiated fees (unlimited visits)	50% of eligible expenses (Subject to Deductible) (unlimited visits)	15% of negotiated fees (unlimited visits)	50% of U&C (Subject to Deductible) (unlimited visits)	20% of negotiated fees (Subject to Deductible) Combined maximum of 20 visits/calendar year for in-network and out-of-network charges for Outpatient Mental Health and Outpatient Substance Abuse.	50% of eligible expenses (Subject to Deductible) Combined maximum of 20 visits/calendar year for in-network and out-of-network charges for Outpatient Mental Health and Outpatient Substance Abuse.	$25 copay (max. of 30 visits/CY)	$15 copay (unlimited visits)
Employee Assistance Program	Pre-certification required up to eight visits/yr with no copay	N/A	Pre-certification required up to eight visits/yr with no copay	N/A	Pre-certification required up to eight visits/yr with no copay	N/A	Up to eight visits/yr with no copay; pre-certification required	Sandia on-site EAP at no charge up to eight visits/CY (non-Kaiser benefit)