

Health Plan Comparison Worksheet

Plan Feature	UUA Standard PPO	UUA High Deductible PPO	My Current Plan
Plan Anniversary	January 1, 2007	January 1, 2007	
Plan Type	PPO	PPO	
Monthly Premium (1)			
Requires a Primary Care Gatekeeper	no	no	
Restricts access to specialists	no	no	
Covers pre-existing conditions	yes	yes	
Covers domestic partners, including same-gender couples	yes	yes	
Coverage moves with me anywhere in US	yes	yes	
My primary care doctor is in the network (2)			
My pediatrician is in the network (2)			
My OBGYN is in the network (2)			
My favorite specialist is in the network (2)			
I am protected by an out-of-pocket maximum	yes	yes	

Specific In-Network Benefits (3)

Individual deductible	\$500	\$2,500	
Family deductible	\$1,000	\$5,000	
Individual out-of-pocket maximum per year	\$2,000	\$4,000	
Family out-of-pocket maximum per year	\$4,000	\$6,000	
Routine physicals	100% / \$20 co-pay	90%	
Routine gynecological exams	100% / \$20 co-pay	90%	
Mammograms	100%	100%	
Pediatric physicals	100% / \$20 co-pay	90%	
Pediatric immunizations	100%	100%	
Primary care office visits	100% / \$20 co-pay	90% after deductible	
Specialist office visits	100% / \$35 co-pay	90% after deductible	
Emergency Room Services	100% / \$50 co-pay, waived if admitted	90% after deductible	
Chiropractic	100% / \$35 co-pay / 20 visits per year	90% after deductible / 20 visits per year	

Health Plan Comparison Worksheet -- page 2

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Physical Therapy	100% / \$35 co-pay / 20 visits per year	90% after deductible / 20 visits per year	
Diagnostic Services	90% after deductible	90% after deductible	
Durable Medical Equipment	90% after deductible	90% after deductible	
Home Health Care	90% after deductible	90% after deductible	
Hospice	90% after deductible	90% after deductible	
Hospital Services - Inpatient	90% after deductible	90% after deductible	
Hospital Services - Outpatient	90% after deductible	90% after deductible	
Maternity -- facility & professional services	90% after deductible	90% after deductible	
Medical / Surgical expense, other than OV	90% after deductible	90% after deductible	
Mental Health - Inpatient	90% after deductible / 30 days per year	90% after deductible / 30 days per year	
Mental Health - Outpatient	100% / \$35 co-pay / 20 visits per year	90% after deductible / 20 visits per year	
Prescription Drugs	\$15 generic / \$25 brand / \$40 non-formulary	70%, generic or brand, \$15 minimum payment, \$100 maximum payment	

Notes:

(1) The UUA plans offer four coverage levels: employee only, employee + spouse/partner, employee + child(ren), and family. Most other plans do not offer 4-tier rating. Expect that 2007 rates for you current plan will increase 10% on the plan anniversary. Go to the Rate Calculator to check your rates.

(2) You can verify provider participation at www.highmarkbcbs.com.

(3) For simplicity, we have listed just the most often used in-network benefits. If you are currently in a PPO, you may want to compare out-of-network benefits as well.