

Rider University AETNA 2008 Healthcare Comparisons

	100/80 Point-of-Service Plan		90/70 Point-of-Service Plan		PATRIOT XV HMO		HMO w/RX Coverage	
	Network	Non-Network	Network	Non-Network	Network	Non-Network Not Applicable	Network	Non-Network Not Applicable
Annual Deductible								
one person	None	\$300	None	\$500	None		None	
family	None	\$900	None	\$1,500	None		None	
Out-of Pocket Maximum								
one person	Not applicable	\$3,000	\$1,500	\$3,000	\$1,500		\$1,500	
family	Not applicable	\$9,000	\$4,500	\$9,000	\$3,000		\$3,000	
Maximum Benefit	Unlimited*	Unlimited*	Unlimited*	Unlimited*	Not applicable		Not applicable	
	*Except where otherwise indicated	*Except where otherwise indicated	*Except where otherwise indicated	*Except where otherwise indicated				
Doctor's Office Visits	\$15 Copay	80%	\$15 Copay	70%	\$15 Copay PCP in office \$20 Copay after hours/home visits \$25 Copay Specialists		\$15 Copay PCP in office \$20 Copay after hours/home visits \$25 Copay Specialists	
X-Rays, Lab Work, etc.								
while in a hospital	100%	80%	90%	70%	100%		100%	
all other	100%	80%	100%	70%	100%		100%	
Well-Child Care	\$15 Copay	80%	\$15 Copay	70%	\$15 Copay		\$15 Copay	
Adult Preventive Care								
Mammograms	100%	80%	100%	70%	\$25 Copay		\$25 Copay	
Well Visit (includes OB/GYN, PSA, Colonoscopy)	\$15 Copay	80%	\$15 Copay	70%	\$25 Copay		\$25 Copay	
Mental Health								
Inpatient	100% up to 75 days per yr.	80% after deductible 75 days per yr.	90% up to 75 days per yr.	70% after deductible up to 75 days per yr.	100% for 35 days		100% for 35 days	
Outpatient	\$15 Copay	50% after deductible	\$15 Copay	50% after deductible	\$25 Copay per visit, 40 visits		\$25 Copay per visit, 40 visits	
Substance Abuse								
Inpatient Rehabilitation	100% up to 75 days per yr.	80% after deductible up to 75 days per yr.	90% up to 75 days per yr.	70% after deductible up to 75 days per yr.	100% for 30 days		100% for 30 days	
Outpatient Rehabilitation	\$15 Copay	50% after deductible	\$15 Copay	50% after deductible	\$25 Copay per visit, 20 visits		\$25 Copay per visit, 20 visits	
Short Term Rehabilitation	\$15 Copay for office 100% in hospital	80%	\$15 Copay for office 90% in hospital	70%	\$25 Copay		\$25 Copay per visit, 20 visits	
Hospital Services **								
Inpatient/Outpatient	100%	80%	90% **	70%	100%		\$200 Copay for Hospital admission \$100 Copay for Outpatient Surgery	
Emergency Treatment								
Emergency Rm (Copay waived if admitted)	\$35 Copay	\$35 Copay	90% after \$35 Copay	90% after \$35 Copay	\$35 Copay		\$35 Copay	
Ambulance Service	100%	100%	90%	90%	100%		100%	
Prescription Drugs								
pharmacy -								
30 day supply*								
generic	\$5 Copay	80%	\$10 Copay	70%	Not Covered		\$10 Copay	
brand-preferred	\$10 Copay	80%	\$15 Copay	70%	Not Covered		\$15 Copay	
brand non-preferred	\$25 Copay	80%	\$30 Copay	70%	Not Covered		\$30 Copay	
*90 day supply available for 3x copay								
mail order -								
31-100 day supply								
generic	\$10 Copay	Not Covered	\$20 Copay	Not Covered	Not Covered		\$20 Copay	
brand-preferred	\$20 Copay	Not Covered	\$30 Copay	Not Covered	Not Covered		\$30 Copay	
brand non-preferred	\$50 Copay	Not Covered	\$60 Copay	Not Covered	Not Covered		\$60 Copay	
Routine Eye Exam	\$15 Copay	80%	\$15 Copay	70%	\$25 Copay		\$25 Copay	
(per benefit schedule)								
Prescription Lens Reimbursement	\$35 max. allowance every 24 months	\$35 max. allowance every 24 months	\$35 max. allowance every 24 months	\$35 max. allowance every 24 months	\$35 max. allowance every 24 months		\$35 max. allowance every 24 months	
Durable Medical Equipment	100%	80%	90%	70%	100%		100%	

** Rider will subsidize the \$1500.00 copay for an in-hospital admittance for an employee or family member on the 90/70 plan for 2008
This is not a complete list of covered services. Please see your Summary Plan Description (SPD) for the complete list.