ATTACHMENT #1

A description of these insurance benefits is set forth in this summary plan description. The actual plan document is written in much more technical and precise language. If the non-technical language of the attached summary plan description and the technical language of the plan document conflict, the language of the plan document shall govern.

The University of Akron Medical Plan Features – General Summary						
Service	**Comprehensive Plan**	**Preferred Provider Organization (PPO)**		**HomeTown HMO**	**SummaCare HMO**	**Kaiser Permanente HMO**
		Network Providers	**Non-Network Providers**			
Hospital Services						
Inpatient	80% of UCR after deductible; Unlimited days semiprivate, ICU, CCU	90% after deductible; Unlimited days semiprivate, ICU, CCU	70% of UCR after deductible; Unlimited days semi-private, ICU, CCU	100% semi-private room; physician services; general nursing care; other services and supplies authorized by your physician	100%	100%
Outpatient	80% of UCR after deductible	90% after deductible	70% of UCR after deductible	100%	100%	100%
In-Hospital Physician Visits	80% of UCR after deductible	90% after deductible	70% of UCR after deductible	100%	100%	100%
Surgical	80% of UCR after deductible	90% after deductible	70% of UCR after deductible	100%	100%	100%
Anesthesia	80% of UCR after deductible	90% after deductible	70% of UCR after deductible	100%	100%	100%
Pre-Admission Testing	80% of UCR after deductible	90% after deductible	70% of UCR after deductible	100%	100%	100%
Diagnostic X-Ray and Laboratory	80% of UCR after deductible	90% after deductible	70% of UCR after deductible	100%	100%	100%
Primary Care Physician Office Visits for Illness/Injury	80% of UCR after deductible	Covered in full less $15 copay per visit	70% of UCR after deductible	$15 copay per visit	$15 copay per visit	$15 copay per visit
Specialist Physician Office Visits for Illness/Injury	80% of UCR after deductible	Covered in full less $15 copay per visit	70% of UCR after deductible	$15 copay per visit; referral required	$15 copay per visit; referral required	$15 copay per visit
Urgent Care Center Visits	80% of UCR after deductible	Covered in full less $25 copay per visit	70% of UCR after deductible	$20 copay per incident	$25 copay at approved network facility	$10 copay at network facility
Emergency Room Visits	80% of UCR after deductible	Covered in full less $50 copay per visit; All other related Institutional and Professional Charges: 90% after deductible	100% of UCR less $50 copay per visit; All other related Institutional and Professional Charges: 90% of UCR after deductible	$30 copay per incident	$50 copay; waived if admitted	$50 copay; waived if admitted

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Routine Physical Exams	Not Covered	Covered in full less $15 copay for office visit; specific diagnostic tests covered at 90% after deductible; Once per 2 years ages 9-49, One per year ages 50 and older	Not Covered	$15 copay per visit	$15 copay per visit	$15 copay per visit
Well Baby/Child Care/Immunizations	Non-Immunizations: 80% of UCR after deductible; $500 maximum benefit from birth to age 1; $150 maximum benefit per year age 1 to 9 immunizations; 80% of UCR after deductible	Covered in full less $15 copay per visit; $500 maximum benefit from birth to age 1; $150 maximum benefit per year to age 9; maximum includes immunizations	70% of UCR after deductible; $500 maximum benefit from birth to age 1; $150 maximum benefit per year to age 9; maximum includes immunizations	$15 copay per visit	$15 copay per visit	100% to age 2; $15 copay thereafter
Routine Gynecological Exams	100% of UCR; one per year	100%; one per year	70% of UCR after deductible One per year	$15 copay per visit	$15 copay per visit	$15 copay per visit
Routine Mammograms	100% of UCR; One baseline age 35 – 39; one per year ages 40 and older; $85 maximum benefit per service	100%; One baseline age 35 – 39; one per year ages 40 and older; $85 maximum benefit per service	70% of UCR after deductible; One baseline age 35 to 39; one per year ages 40 and older; $85 maximum benefit per service	$15 copay per visit	100%	100%
Skilled Nursing Facility Care	80% of UCR after deductible; 120 visits per year maximum	90% after deductible; 120 days per year maximum	70% of UCR after deductible; 120 days per year maximum	100% 30 days per stay	100%, limited to 100 days per episode	100% limited to 100 days per calendar year
Home Health Care	80% of UCR after deductible; 120 visits per year maximum	90% after deductible; 120 visits per year maximum	70% of UCR after deductible; 120 visits per year maximum	100% 40 visits per year maximum	100% limited to 30 days per calendar year	100%

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Hospice Care	80% of UCR after deductible; Unlimited for life expectancies of six months or less	90% after deductible; Unlimited for life expectancies of six months or less	70% of UCR after deductible; Unlimited for life expectancies of six months or less	100%; Unlimited for life expectances of six months or less	100%	100%
Radiation Therapy/ Chemotheraphy	80% of UCR after deductible	90% after deductible	70% of UCR after deductible	100%	100%	100&
Ambulance	80% of UCR after deductible	90% after deductible	70% of UCR after deductible	100% if medically necessary	$50 copay; waived if admitted	100% with limitations
Durable Medical Equipment	80% of UCR after deductible	90% after deductible	70% of UCR after deductible	Varies – see materials	100%	100%
Therapy Services	80% of UCR after deductible; 60 services per year maximum; includes outpatient cardiac rehabilitation, occupational, chiropractic, physical and speech therapy services	90% after deductible; 60 services per year maximum; includes outpatient cardiac rehabilitation, occupational, chiropractic, physical and speech therapy services	70% after deductible; 60 services per year maximum; includes outpatient cardiac rehabilitation, occupational, chiropractic, physical and speech therapy services	100% of UCR after deductible; 60 services per year maximum; includes outpatient cardiac rehabilitation, occupational, chiropractic, physical and speech therapy services	$15 copay; 30 days per calendar year maximum; includes physical, occupational, speech and cardio/pulmonary therapy services	$15 copay; 30 visits or two months whichever is greater, per condition; includes physical, occupational, and speech therapy services
Allergy Testing	80% of UCR after deductible	90% after deductible	70% of UCR after deductible	$15 copay per visit	$15 copay	100%
Private Duty Nursing	80% of UCR after deductible	90% after deductible	70% of UCR after deductible	Pre-approval required	Pre-approval required	Not Covered

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Mental & Nervous						
Inpatient	80% of UCR after deductible; 30 days per year maximum	50 Visits per year. Covered in full less $15 copay visits 1-13, covered in full less $30 copay visits 14-26, no deductible	70% of UCR after deductible; 30 days per year maximum	100% limit 60 days lifetime	100% limited to 21 days per calendar year	100% limited to 30 days per calendar year
Partial Hospitalization	80% of UCR after deductible; 60 visits per year maximum	90% after deductible; 60 visits per year maximum	70% of UCR after deductible; 60 visits per year maximum	Included in above	Included in above	Included in above
Outpatient	50% of UCR after deductible; 50 visits per year maximum	50 visits per year maximum covered in full less $15 copay visits 1-13; covered in full less $30 copay visits 14-50	50% of UCR after deductible; 50 visits per year maximum	$15 copay per visit; 20 visit limit per calendar year	$20 copay per visit; 20 visit limit per calendar year	$15 copay per visit; 40 visit limit per calendar year

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Substance Abuse						
Inpatient	80% of UCR after deductible; 30 days per year maximum	50 Visits per year. Covered in full less $15 copay visits 1-13, covered in full less $30 copay visits 14-26, no deductible	70% of UCR after deductible; 30 days per year maximum	100% up to 8 days per lifetime	100% limited to 21 days per contract year	See Plan Materials
Partial Hospitalization	80% of UCR after deductible; 60 visits per year maximum	90% after deductible; 60 visits per year maximum	70% of UCR after deductible; 60 visits per year maximum	Included in above	Included in above	Not Covered
Outpatient	50% of UCR after deductible; 50 visits per year maximum; limited to $1,000	50 visits per year maximum covered in full less $15 copay visits 1-13; covered in full less $30 copay visits 14-50	50% of UCR after deductible; 50 visits per year maximum	$15 copay per visit; 40 visits per lifetime Intensive outpatient up to 20 days lifetime	$20 copay per visit; 20 visit limit per contract year	$15 copay
Deductibles & Coinsurance Limits	See Plan Materials	See Plan Materials	See Plan Materials	Non/$1500 Single; $3000 Family	None/NA	None/Maximum 30% of total costs
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

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Prescription Drugs						
Retail (30 day maximum supply)	10%, minimum $7 maximum $15 Generic 20%, minimum $12 maximum $25 Preferred Brand; 30%, minimum $10 maximum $40	Generic– 90%, minimum $10, maximum $20; Preferred Brand - 80%, minimum $20, maximum $50		Generic - $10; Single Tier Brand $20; Two Tier Brand - $20-$50	Generic - $10; Single Tier - $20; Two Tier Brand - $20-$50	Generic Formulary - $10; Brand Formulary - $20
Mail order (90 day maximum supply)	10%, minimum $14, maximum $30 Generic; 20%, minimum $24, maximum $50 Preferred Brand 30% minimum $36, maximum $80	Generic - 90%, minimum $25, maximum $50; Preferred Brand - 80%, minimum $50, maximum $100		Mail Order (60 to 90 days supply) Generic - $10 - $20; Single Tier Brand - $20; Two Tier Brand - $40 - $100	Mail Order (60 to 90 days supply) Generic Formulary - $10 - $20; Single Tier Brand- $20; Two Tier Brand - $40 - $100	Generic - $10-$20; Brand Formulary - $20