

**Murray State's 2009 Enhanced & Standard Plan  
Compared to the 2010 Enhanced & Standard Plan – All In-Network**

Benefit Provision	2009		2010	
	Standard	Enhanced	Standard	Enhanced
<b>Annual Deductible</b> (Applies to % co-payments)	\$1,000 Single \$2,000 Family	\$400 Single \$800 Family	^^	^^
<b>Maximum Out-of-Pocket</b> (includes deductible)	\$3,000 Single \$6,000 Family	\$2,000 Single \$4,000 Family	\$2,000 Single \$4,000 Family	\$1,500 Single \$3,000 Family
<b>Lifetime Maximum</b>	\$1,000,000		\$5,000,000	
<b>Physician Services</b> Office Visit All other services in office	\$25 Paid at 80%*		^^	^^ Paid at 90%*
<b>Preventive Care</b> – Not subject to deductible	Covered in full up to \$400 / person /yr max		Covered in full up to \$750 / person /yr max	
<b>Outpatient Physical Medicine Therapies (Combined Network &amp; Non-Network calendar yr limits apply)</b> Physical, Occupational, Speech & Spinal Manipulations – 20 visit limit	Physical & Occupational: 30 visit max Speech & Spinal Manipulations: 20 visit max Paid at 80%*		Physical, Occupational, & Speech; 30 visit max Spinal Manipulations: 20 visit max  Paid at 80%*      Paid at 90%*	
<b>Inpatient Services</b> Unlimited days except for: 180 days Network/Non-Network combined for skilled nursing facility	Paid at 80%*		^^	Paid at 90%*
<b>Outpatient Surgery Hospital/Alternative Care Facility</b>	Paid at 80%*		^^	Paid at 90%*
<b>Inpatient and Outpatient Professional Charges</b>	Paid at 80%*		^^	Paid at 90%*
<b>Medical Supplies, Equipment, &amp; Appliances</b>	Paid at 80%*		^^	Paid at 90%*
<b>Home Care Services</b> 30 visit limit for Out-of-Network. Excludes IV therapy	Paid at 80%*		^^	Paid at 90%*
<b>Hospice</b>	Paid at 100%		^^	
<b>Emergency Room</b> (covers all services, co-payment waived if admitted, then inpatient co-payment applies)	\$150 co-pay	\$100 co-pay	^^	^^
<b>Urgent Care</b>	\$35 co-pay		^^	
<b>Ambulance</b>	Paid at 100%		^^	
<b>Mental Health and Substance Abuse</b> Inpatient – No visit limit Outpatient – No visit limit	Covered same as any other illness		^^	
<b>Human Organ and Tissue Transplants</b>	Paid at 80%*		^^	Paid at 90%*
<b>Prescription Drugs</b> Retail: 30 day supply Includes diabetic test strips				
Generic Formulary	\$10		^^	
Brand Formulary	\$20		^^	
Gen/Brand Non-Formulary	\$40		^^	
Mail Order: 90 day supply				
Generic Formulary	\$20		^^	
Brand Formulary	\$40		^^	
Gen/Brand Non-Formulary	\$80		^^	
<b>MSU Health Services Facility</b> (For all regular FT employees) Office Visit Other services referred out	Not Available		No charge Paid at 80%*	No charge Paid at 90%*

\*Services subject to the deductible.

^^ indicates no change from 2009 to 2010

New items in 2010:

1. Includes a wellness plan with incentives at various results-based levels and completion of a Health Risk Assessment. (For all regular FT employees)
2. HDHP will include an MSU contribution of \$300 employee only / \$600 family for each employee-member who adds a minimum of \$5/bi-weekly or \$11/monthly pay period for at least one quarter. MSU contribution will also include \$50.40 to cover \$15.00 initial account set-up and \$2.95 per month fees for 12 months. Change forms are due in HR 15 days before the start of a new quarter.
3. Includes step therapy program to steer members to generic Rx alternatives.
4. Birth control pills covered in Rx program.
5. Hearing aids and related services for persons under age 18. One hearing aid per ear up to \$1,400 every 36 months.
6. Tobacco cessation pharmaceutical products are covered 50% with Rx.