

## **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			
<b>Hospital Services</b>						
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

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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
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

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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%
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 expectancies of six months or less	100%	100%
Radiation Therapy/ Chemotherapy	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%

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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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<b>Mental &amp; Nervous</b>						
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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<b>Substance Abuse</b>						
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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<b>Prescription Drugs</b>						
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