

# PBT Preferred Health Savings Account Qualified Plans

Calendar year Deductibles	<b>\$1,200 Deductible</b>		<b>\$1,800 Deductible</b>		<b>\$2,700 Deductible</b>		<b>\$5,250 Deductible</b>	
	\$1,200 Individual \$2,400 Family*		\$1,800 Individual \$3,600 Family*		\$2,700 Individual \$5,400 Family*		\$5,250 Individual \$10,500 Family*	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
<b>Coinsurance Percentage</b>	After deductible, PBT pays 100% of eligible charges	After deductible, PBT pays 80% of next \$19,750 (\$39,500 for families*) of eligible charges**	After deductible, PBT pays 100% of eligible charges	After deductible, PBT pays 80% of next \$6,750 (\$13,500 for families*) of eligible charges**	After deductible, PBT pays 100% of eligible charges	After deductible, PBT pays 80% of next \$3,000 (\$6,000 for families*) of eligible charges**	After deductible, PBT pays 100% of eligible charges	After deductible, PBT pays 80% of next \$20,000 (\$40,000 for families*) of eligible charges**
<b>Your Annual Out-of-Pocket Maximum</b>	Individual: \$1,200 Family: \$2,400	Individual: \$5,150 Family: \$10,300	Individual: \$1,800 Family: \$3,600	Individual: \$3,150 Family: \$6,300	Individual: \$2,700 Family: \$5,400	Individual: \$3,300 Family: \$6,600	Individual: \$5,250 Family: \$10,500	Individual: \$9,250 Family: \$18,500
<b>Preventive Care Benefit</b>	Not subject to deductible. Payable at 100%.	Not subject to deductible. Payable at 80%. Maximum annual benefit \$500	Not subject to deductible. Payable at 100%.	Not subject to deductible. Payable at 80%. Maximum annual benefit \$500	Not subject to deductible. Payable at 100%.	Not subject to deductible. Payable at 80%. Maximum annual benefit \$500	Not subject to deductible. Payable at 100%.	Not subject to deductible. Payable at 80%. Maximum annual benefit \$500
<b>Physician Office Visits</b>	<b>Payable as any other benefit.</b>							
<b>Managed Care Requirements</b>	<b>None, except for organ transplants</b>							
<b>Prescription Drug Coverage</b>	<b>Payable at the In-Network co-insurance percentage after satisfaction of the in-network deductible.</b>							

\*Then 100% of eligible charges.

\*\* The family deductible amount must be satisfied before benefits are payable for any family member. It may be satisfied through a combination of eligible expenses incurred by any covered family member. Deductible standards as of January 1, 2010.

No pre-certification or second opinion requirements except for organ transplants.

Your Contribution to your Health Savings Account: The maximum allowable contribution goes up every year with the rise of the Consumer Price Index. In 2010 the individual contribution limit is \$3,050, and the family limit is \$6,150.

This chart is a brief explanation of this plan and is not a contract. Individuals who become covered under the program will receive a Certificate of Insurance defining their coverage. In the event of any conflict or inconsistency between the benefits described in this chart and the provisions of the Certificate of Insurance, the terms and conditions of the Certificate of Insurance shall govern in all respects.