



SPE Group Insurance Program
Comprehensive HealthCare—HSA Plan Comparison

Plan Benefit	Comprehensive HealthCare Plan	HSA Qualified Health Plan
Lifetime Maximum per insured	Unlimited	Unlimited
Individual Deductibles	\$1,000 \$2,000 \$5,000 When a family member's eligible expenses equal the calendar year deductible, benefits for that insured begin regardless of whether other family members have eligible expenses.	\$1,750 \$2,250 \$5,000 These deductibles are available to covered individual members only.
Family Deductible	The aggregate of twice the individual deductible. For instance, a family with the \$1,000 deductible plan meets the family deductible when the total of eligible expenses for all family members equals \$2,000 for that calendar year.	\$3,500 \$4,500 \$10,000 These deductibles are available when dependents are covered, too. The deductible for the calendar year is satisfied when the total of the eligible expenses for all covered family members equals the deductible amount.
Benefit After Deductible	80% for in-network; 70% for out-of-network, ambulance, and out-patient prescription drugs. Eligible expenses for insureds living more than 30 miles from the nearest network provider will be paid at 80%.	100% for in-network, 80% for out-of-network. Eligible expenses for insureds living more than 30 miles from the nearest network provider are paid at 100%.
Annual Out-of-Pocket Maximum	After the deductible, the Plan pays 80% for in-network providers and 70% for out-of-network providers of the first \$15,000 of expenses for individuals (\$30,000 when dependents are covered). Eligible expenses for the remainder of the calendar year are paid at 100%.	For individuals covered under the \$1,750 and \$2,250 deductibles, the annual out-of-pocket maximum is \$3,000 including the deductible. For those with the \$5,000 deductible, it is \$5,000 for network expenses and \$7,500 for non-network, including the deductible. For families with the \$3,500 and \$4,500 deductibles, the annual out-of-pocket maximum is \$6,000 including the deductible. For families with the \$10,000 deductible, it is \$10,000 for network expenses and \$15,000 for non-network, including the deductible. Eligible expenses for the remainder of the calendar

This document is only a partial description of the Plan provisions. For complete details, please consult your Certificate of Insurance.



SPE Group Insurance Program
Comprehensive HealthCare—HSA Plan Comparison

		year are paid at 100%.
Plan Benefit (cont'd)	Comprehensive HealthCare Plan	HSA Qualified Health Plan
Out-of-Pocket Expenses	There is a \$500 penalty for lack of pre-certification for in-hospital care. Hospital out-patient care is paid at 50% regardless of whether the out-of-pocket limit on expenses has been met.	Deposits previously made to a Health Savings Account may be used to pay these expenses.

Covered Expenses	Comprehensive HealthCare Plan				HSA Qualified Health Plan			
	PPO Provider		Non-PPO Provider		PPO Provider		Non-PPO Provider	
	Benefit	Deductible Applies	Benefit	Deductible Applies	Benefit	Deductible Applies	Benefit	Deductible Applies
Doctor's office visits	80%	Yes	70%	Yes	100%	Yes	80%	Yes
Hospital In-patient*	80%	Yes	70%	Yes	100%	Yes	80%	Yes
Medical emergency	80%	Yes	80%	Yes	100%	Yes	100%	Yes
Gynecological Exam**	100%	No	100%	No	100%	No	100%	No
Mammography (Routine)**	100%	No	100%	No	100%	No	100%	No
Mammography (Diagnosis)	80%	Yes	70%	Yes	100%	Yes	80%	Yes
Pap Smear Exam (Routine)**	100%	No	100%	No	100%	No	100%	No
Prostate Cancer Exam (Routine)**	100%	No	100%	No	100%	No	100%	No
Well Child Exam	100%	No	100%	No	100%	No	100%	No
Prescription Drugs***	N/A	N/A	70%	Yes	N/A	N/A	100%	Yes
Mental Disorders and Chemical Dependency (In-Patient)**	80%	Yes	70%	Yes	100%	Yes	80%	Yes
Ambulance Charges	70%	Yes	70%	Yes	100%	Yes	80%	Yes
Other Covered Expenses	80%	Yes	70%	Yes	100%	Yes	80%	Yes

*With pre-certification. Without, a \$500 charge applies.

**Based on U.S. Preventive Services Task Force (PSTF) Guidelines.

***A prescription drug discount card from Express Scripts is issued at no charge to the insureds.

This document is only a partial description of the Plan provisions. For complete details, please consult your Certificate of Insurance.



SPE Group Insurance Program
Comprehensive HealthCare—HSA Plan Comparison

Benefit Maximums	Comprehensive HealthCare Plan	HSA Qualified Health Plan
Organ Transplants	Unlimited	Unlimited
Mental Disorders	In-patient: 30-day limit per calendar year Out-patient: Unlimited	In-patient: 30-day limit per calendar year Out-patient: 30-day limit per calendar year
Chemical Dependency	In-patient: 30-day limit per calendar year Out-patient: Unlimited	In-patient: 30-day limit per calendar year Out-patient: 60-day limit per calendar year
Mental Disorders and Chemical Dependency In Any Combination While Insured Under the Plan	In-patient: 30-day limit per calendar year Out-patient: Unlimited	Unlimited
Gynecological Exam (Routine)	Per PSTF guidelines	Per PSTF guidelines
Prostate Exam and Screening (Routine)	Per PSTF guidelines	Per PSTF guidelines
Colorectal Screening (Routine for Age 30+)	Per PSTF guidelines	Per PSTF guidelines
Home Health Care	100 visits per calendar year	40 visits per calendar year
Hospice Care	3 visits during 12 months following patient's death	100 visits by a hospital or home health agency, \$50 per visit by a social worker or professional lending support, 6 visits to bereaved family members
Private Duty Nursing (Out-Patient)	(No special maximum)	Up to one 8-hour shift per 24-hour period
Convalescent Care Facility	60 days per calendar year	30 days per calendar year.
Newborns	First 31 days of life	First 31 days of life

This document is only a partial description of the Plan provisions. For complete details, please consult your Certificate of Insurance.



SPE Group Insurance Program
Comprehensive HealthCare—HSA Plan Comparison

Plan Provision	Comprehensive HealthCare Plan	HSA Qualified Health Plan
<p>Guaranteed Issue: Members and eligible dependents cannot be declined for coverage based on their health histories. Underwriting for rates is done, however, with a 25% surcharge placed on insureds whose coverage would have been modified under medical underwriting. For those who would have been declined under medical underwriting, the surcharge is 50%.</p>	Yes	Yes
<p>Pre-Existing Conditions Benefits for pre-existing conditions will not be payable for the first 12 months the insured's coverage is in effect. A pre-existing condition is one for which medical advice or treatment was received by the insured or recommended by a qualified physician within 6 months prior to the effective date of coverage. This provision does not apply to insureds who had 18 months or more of Creditable Coverage immediately prior to becoming insured, provided there was a break of no more than 63 days between coverages. It also does not apply to dependent children under age 26.</p>	Yes	Yes
<p>Coordination of Benefits The Plan includes a coordination of benefits provision, which does not prevent insureds from collecting 100 percent of allowable expenses.</p>	Yes	The Policy does not exclude this benefit. However, IRS guidelines for this Plan limit the other types of medical insurance a covered person may have. Those include only disease-specific, in-hospital daily benefit, Medicare Supplement, and certain types of liability coverage.
<p>Carryover Provision All or any portion of the deductible satisfied by eligible expenses for which no benefits were paid in the last 3 months of a calendar year may be applied towards the next year's deductible, provided all charges were incurred within 12 consecutive months.</p>	Yes	No

This document is only a partial description of the Plan provisions. For complete details, please consult your Certificate of Insurance.



SPE Group Insurance Program
Comprehensive HealthCare—HSA Plan Comparison

Highlights of Ineligible Expenses	Comprehensive HealthCare Plan	HSA Qualified Health Plan
Services, treatment or supplies not prescribed by a physician or surgeon	Ineligible	Ineligible
Cosmetic surgery	Ineligible	Ineligible
Services deemed not medically necessary	Ineligible	Ineligible
War or military service	Ineligible	Ineligible
Routine physical examinations not associated with sickness or injury	Ineligible*	Ineligible
Injury or sickness eligible for payment under Workers' Compensation	Ineligible	Ineligible
Abortions, unless medically necessary	Ineligible	Ineligible
Sterilization	Ineligible	Ineligible
Treatment deemed experimental	Ineligible	Ineligible
Treatment of specified foot conditions	Ineligible	Ineligible
Nursing home care	Ineligible	Ineligible
Expenses related to pregnancy, except complications of pregnancy	Eligible	Ineligible
Infertility treatment	Eligible	Ineligible

*See Covered Expense Chart

The SPE Comprehensive HealthCare and HSA Qualified Plans are underwritten by New York Life Insurance Company. New York Life Insurance Company bears no responsibility for the establishment and administration of any Health Savings Accounts.

This document is only a partial description of the Plan provisions. For complete details, please consult your Certificate of Insurance.