



KENYON COLLEGE

Benefits Comparison ~ Effective July 1, 2003 (Revised July 1, 2005)

See benefit pages for detailed summary. See benefits booklet for contractual details. Any difference between this summary and the benefits booklet, the benefit booklet will prevail.

Benefit Option	HIGH PLAN		LOW PLAN	
	In Network	Out of Network	In Network	Out of Network
Office Visit (OV)	\$15 co-pay	BPYD, then 40%	\$20 co-pay	BPYD, then 50%
Benefit Plan Year Deductible (BPYD)*	Individual: \$250 Family: \$500		Individual: \$500 Family: \$1,000	
Coinsurance Ind: Family:	20% of \$5,000, 20% of \$10,000	40% of \$5,000, 40% of \$10,000	30% of \$10,000, 30% of \$20,000	50% of \$10,000, 50% of \$20,000
Coinsurance Limit	Ind: \$1,000 Family: \$2,000	Ind: \$2,000 Family: \$4,000	Ind: \$3,000 Family: \$6,000	Ind: \$5,000 Family: \$10,000
Lifetime Maximum	\$2,000,000		\$2,000,000	
Hospital Per Confinement or Outpatient Surgery	BPYD, then 20%	BPYD, then 40%	BPYD, then 30%	BPYD, then 50%
Emergency Room	BPYD, then 20%		BPYD, then 30%	
Retail Rx Coverage**	Pharmacy Card \$50/\$150 BPYD, then 20%		Pharmacy Card*** \$75/\$225 BPYD, then 20%(\$10 min)	
Mail Order Rx Coverage	Generic: \$15 co-pay Brand Formulary: \$30 co-pay Non-Preferred: \$45 co-pay		No Coverage	
Therapies – OP Physical Therapy, Speech Hearing Occupational	BPYD, then 20%		BPYD, then 30%	
Ambulance	BPYD, then 20%		BPYD, then 30%	
Durable Medical Equipment	BPYD, then 20%	BPYD, then 40%	BPYD, then 30%	BPYD, then 50%
Home Health Care	BPYD, then 20%	BPYD, then 40%	BPYD, then 30%, One visit per day	BPYD, then 50%
Skilled Nursing Facilities	BPYD, then 20%	BPYD, then 40%	BPYD, then 30%	BPYD, then 50%
Lab & X-ray	BPYD, then 20%	BPYD, then 40%	BPYD, then 30%	BPYD, then 50%
Outpatient Surgery	BPYD, then 20%	BPYD, then 40%	BPYD, then 30%	BPYD, then 50%
Inpatient Mental/Nervous	BPYD, then 20%	BPYD, then 40%	BPYD, then 30%	BPYD, then 50% 30 days per year/60 days lifetime
Outpatient Mental/Nervous	50% up to \$550, then 20% after BPYD		50% up to \$550, then 20% after BPYD 40 visits per year	
Preventive Care Benefits (Effective 7-1-05) Includes Child Health Supervision Services, Adult Routine Physical Exams and Diabetes Self-Management Training.	\$15 co-pay	\$15 co-pay OV only, then balance @ 40% \$350 Benefit Plan Year Maximum	\$20 co-pay	\$20 co-pay OV only, then balance @ 50% \$350 Benefit Plan Year Maximum
Hospice Care	BPYD, then 20%	BPYD, then 40%	BPYD, then 30%	BPYD, then 50%
Spinal Adjustment Therapy	BPYD, then 20%	BPYD, then 40%	BPYD, then 30%	BPYD, then 50%

* Benefit Plan year deductible carry-over will be eliminated, effective July 1, 2003

** Retail RX will provide 31 day supply. One time refill clause will be eliminated effective July 1, 2003.

*** Retail Rx Low Plan, minimum copay of \$10.00; generic drug mandate. If brand name drug is purchased member will pay the applicable copay and difference of cost between the generic and brand name. There will be no dispense as written (DAW) waivers.