

COMPARISON OF UNIFORM BENEFITS to SMP from 2004

Effective January 1, 2005, SMP will offer Uniform Benefits, the same benefit level required of all HMO's in the State program. The Chart below is designed to help those members who are currently covered under SMP understand the change.

- SMP is designated as a tier 1 plan in counties where no qualified tier 1 plan is available.
- You must reside in an SMP county to be eligible to enroll in SMP.

This outline is not intended to be a complete description of coverage. For details, see specific language in Uniform Benefits. Wherever percentage of payment is listed, it means percent of charges. Approved referrals to non-plan providers are not subject to Usual, Customary and Reasonable (UCR) charges. However, emergency or urgent services from non-plan providers may be subject to UCR. All services subject to medical necessity.

BENEFIT	SMP 2005/UNIFORM BENEFITS	SMP in 2004
Annual Deductible ¹ (ded)	No deductible	\$100 individual / \$200 family
Annual Co-insurance ² (coins)	As described below (for hearing aids, cochlear implants and durable medical equipment.)	None
Lifetime Maximum	\$2 Million	\$2 Million
Hospital Days	No day limit	365 per admission
Emergency Room	\$40 copay per visit	100%, no copay
Ambulance Service	100%	100%
Transplants <i>(May cover these and others listed)</i>	Lifetime benefit of \$500,000 <i>Bone marrow, musculoskeletal, corneal, kidney, heart, liver, kidney/pancreas, heart/lung, and lung</i>	100% <i>Bone marrow, musculoskeletal, corneal, and kidney</i>
Mental Health ³	Inpatient 30 days Outpatient 100% Transitional 100%	Inpatient 120 days Outpatient 90% Transitional 90%
Alcohol, & Drug Abuse ³	Inpatient 100% to \$6,300 Outpatient 100% to \$1,800 Transitional 100% to \$2,700	Inpatient 90% to \$6,300 Outpatient 90% to \$1,800 Transitional 90% to \$2,700
Hearing Exam	100%	Benefit for illness or disease, 100%
Hearing Aid	80% up to \$1,000 per ear, every 3 years	No benefit
Routine Vision Exam	One per year	One per year for children under 18, 100%
Skilled Nursing Facility <i>(non custodial care)</i>	120 days per benefit period	100% for 730 days per admission less hospital days used
Home Health <i>(non custodial care)</i>	50 per year; Plan may approve an additional 50	100% for 365 days less hospital days used
Physical / Speech / Occupational Therapy	50 per year; Plan may approve an additional 50	100%, no limit on visits or days
Durable Medical Equipment (DME)	20% co-insurance, \$500 OOP maximum	100%

coins = Coinsurance; **ded** =deductible; **OOP** = out-of-pocket

Hospital Pre-Certification	SMP 2005: Advantage Program for inpatient stays. Voluntary 2 nd surgical opinion	Advantage Program for inpatient stays. Voluntary 2 nd surgical opinion
Referrals	SMP 2005: In network not required. Out of network required.	In network not required. Out of network required.
Primary Care Provider	SMP 2005: Primary care clinic required	Primary care clinic required
Oral Surgery	11 procedures	23 procedures. 100%
Dental Care	SMP: no benefit	Preventative up to age 12, 100%
Prescription Out-of-Pocket Maximum ⁴	\$300 individual / \$600 family	\$300 individual / \$600 family

¹ Deductible applies to all services except mental health

² Coinsurance applies to all services up to the listed out-of-pocket maximum, then 100%

³ Any benefits paid for mental health during the year will be applied toward the alcohol and drug abuse maximums.

⁴ Separate from other out-of-pocket maximums, such as the medical

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