

CARNEGIE MELLON HEALTH MAINTENANCE ORGANIZATION PLAN

Schedule of Payments

Effective July 1, 2006

The following **Schedule of Payments** explains the Participant's out-of-pocket cost for the Benefits covered under this Plan. The schedule is provided to assist with determining what the Participant will have to pay for Benefits when determined to be Medically Necessary. Benefits are defined in Article VIII, Benefits, of the Summary Plan Description. **Coverage is always subject to the terms, exclusions and limitations of this Plan.**

Capitalized terms used in this Schedule of Payments shall have the same meaning set forth in the Summary Plan Description.

This Plan covers only those health services and supplies: (1) that are deemed Medically Necessary, (2) that are expressly listed in Article VIII, Benefits, of the Summary Plan Description, (3) that are provided by a Participating Health Care Provider unless otherwise noted in the Benefits section of the Summary Plan Description or Prior Authorized by the Plan, (4) that are not excluded under the Exclusions and Limitations Section of the Summary Plan Description, and (5) for which the Participant is eligible for coverage under this Plan on the date of service. Emergency Services do not need Prior Authorization and are covered whether the Provider is a Participating Health Care Provider or a Non-Participating Health Care Provider.

The schedule below lists Benefits and the Participant's payment responsibility for each. For example, when "Office Visit Copayment" is listed immediately below, the dollar amount of that Copayment will be listed in this Schedule of Payments. The Participant's payment responsibility applies to Benefits for all Participants, including Non-Participating Health Care Provider coverage for Eligible Students Living Outside the Service Area.

The Plan Year commences on: (Each subsequent Plan Year begins on the anniversary of this date.)	July 1
Dependent students eligible to age:	23
Benefit Maximum:	Unlimited
Deductible amount (does not include Prescription Drugs): The Participant must pay the Deductible amount before services are covered under this Plan. Services with a Copayment are not subject to the Deductible.	No Participant Payment Responsibility
Coinsurance amount:	No Participant Payment Responsibility
Out-of-Pocket Maximum (does not include Prescription Drugs):	No Participant Payment Responsibility
Deductible for Prescription Drugs:	No Participant Payment Responsibility
Annual Maximum For Prescription Drugs:	Unlimited
Out-of-Pocket Maximum For Prescription Drugs:	Unlimited

COMMON COPAYMENTS

The following lists the Participant's specific payment responsibility for the most common Copayments. Some Copayments are listed below. **IF NO SPECIFIC COPAYMENT AMOUNT IS REFERENCED, either in the following list or in the Schedule of Payments above, the Participant has NO Copayment responsibility for that Benefit.**

TYPE OF COPAYMENT	PARTICIPANT PAYMENT RESPONSIBILITY
Ambulance Copayment:	No Participant Payment Responsibility
Emergency Services Copayment:	\$25 Copayment waived if admitted to the Hospital from the emergency room
Inpatient Care Copayment:	No Participant Payment Responsibility
Office Visit Copayment:	No Participant Payment Responsibility
Outpatient Rehabilitation Copayment:	No Participant Payment Responsibility
Outpatient Surgery Copayment:	No Participant Payment Responsibility
Radiology Copayment:	No Participant Payment Responsibility

COVERED SERVICE	PARTICIPANT PAYMENT RESPONSIBILITY
Allergy (excludes antigen & serum)	No Participant Payment Responsibility
Ambulance	No Participant Payment Responsibility
Blood and Blood Products	No Participant Payment Responsibility
Breast Reconstruction	No Participant Payment Responsibility
Cardiac Rehabilitation Therapy	No Participant Payment Responsibility
Chemotherapy and radiation therapy	No Participant Payment Responsibility
Corrective Appliances	No Participant Payment Responsibility Costs for upgrades to equipment beyond the cost of the basic Medically Necessary and adequate equipment are the Participant's responsibility.
Dental & Oral Surgical Services	No Participant Payment Responsibility
Diabetic Care Benefits Blood glucose monitors and orthotics	No Participant Payment Responsibility

COVERED SERVICE	PARTICIPANT PAYMENT RESPONSIBILITY
<ul style="list-style-type: none"> 1 Diabetes Outpatient Self-Management Training And Education 1 Diabetic Monitor Supplies, Syringes and Injection Aids 	<p>No Participant Payment Responsibility</p> <p>Monitor supplies: \$10 Generic Copayment, \$20 Brand Copayment, Ancillary Charge</p> <p>Insulin infusion devices: \$10 Generic Copayment, \$20 Brand Copayment, Ancillary Charge</p> <p>Syringes and injection aids: \$10 Generic Copayment, \$20 Brand Copayment, Ancillary Charge</p> <p>Diabetic Prescription Drugs: Same Copayments and Ancillary Charges as Prescription Drugs (listed below)</p>
Dialysis	No Participant Payment Responsibility
Disposable Supplies (non-diabetic care supplies)	No Participant Payment Responsibility
Drug and Alcohol Abuse and Dependency	See “Mental Health, Alcohol and Drug Abuse Services” below
Durable Medical Equipment (DME)	<p>No Participant Payment Responsibility</p> <p>Costs for upgrades to equipment beyond the cost of the basic Medically Necessary and adequate equipment are the Participant’s responsibility.</p>
Emergency Benefits	<p>Emergency Services Copayment:</p> <p>Copayment waived if admitted to the Hospital from the emergency room</p>
Family Planning	<p>Tubal ligation: \$100 Copayment</p> <p>Vasectomy: \$50 Copayment</p> <p>Diaphragm fittings: \$10 Copayment</p>
Genetic Counseling, Testing and Screening	<p>The Participant’s payment responsibility depends on the type of service received. Refer to the specific Benefit category that applies to the Participant’s treatment. For example, for a lab test, refer to the Laboratory Services benefit for the Participant’s payment responsibility.</p>
Home Health Care	No Participant Payment Responsibility
Hospice	No Participant Payment

COVERED SERVICE	PARTICIPANT PAYMENT RESPONSIBILITY
	Responsibility
Immunizations	No Participant Payment Responsibility
Infertility	One-time \$300 Copayment per Participant. Benefit Maximum is \$2,500. The Participant is responsible for costs over this amount.
Inhalation Therapy	No Participant Payment Responsibility
Inpatient Hospital Care	No Participant Payment Responsibility
Laboratory Services	No Participant Payment Responsibility
Maternity Services	No Participant Payment Responsibility for prenatal visits. No Participant Payment Responsibility for each maternity admission. Postpartum home health visit as listed in the Schedule of Benefits is not subject to Copayments, Coinsurance or Deductibles, if any.
Medical Complications	The Participant's payment responsibility depends on the type of service received. Refer to the specific Benefit category that applies to the Participant's treatment. For example, for a lab test, refer to the Laboratory Services benefit for the Participant's payment responsibility.
Medical Foods and Nutritional Therapy	No Participant Payment Responsibility
Mental Health, Alcohol and Drug Abuse Services <u>Alcohol And Drug Detoxification</u> <ul style="list-style-type: none"> ▮ Outpatient detoxification ▮ Inpatient detoxification <u>Alcoholism, Drug Abuse And Drug Addiction</u> <ul style="list-style-type: none"> ▮ Outpatient visits and Transitional Partial Hospitalization ▮ Non-Hospital residential or inpatient treatment 	No Participant Payment Responsibility No Participant Payment Responsibility No Participant Payment Responsibility No Participant Payment Responsibility

COVERED SERVICE	PARTICIPANT PAYMENT RESPONSIBILITY
Self-Administered Injectable Drug Copayment for Formulary generic Self-Administered Injectable Drugs:	Same as Retail Copayment for Formulary generic Prescription Drugs
Retail Copayment for Formulary brand name Prescription Drugs and Plan-approved test strips:	\$5 Copayment
Self-Administered Injectable Drug Copayment for Formulary brand name Self-Administered Injectable Drugs: Mail Order Copayment:	Same as Retail Copayment for Formulary brand name Prescription Drugs
	1 Retail Copayment
Ancillary Charges:	Apply
<p>Preventive, Diagnostic and Treatment Services</p> <ul style="list-style-type: none"> ▮ Preventive care visits ▮ Diagnosis and treatment of illness or injury ▮ Therapeutic injections ▮ Consultations with Participating Specialists ▮ Laboratory tests ▮ Obstetrical care ▮ PSA Test ▮ Colon cancer screening ▮ Well-woman care ▮ Preventive mammogram 	<p>No Participant Payment Responsibility</p> <p>No Participant Payment Responsibility</p> <p>After-hours Copayment for office hours other than the physician's posted office hours: \$10 Copayment per visit</p> <p>No Participant Payment Responsibility</p> <p>No Participant Payment Responsibility</p> <p>No Participant Payment Responsibility</p> <p>No Participant Payment Responsibility for prenatal visits.</p> <p>No Participant Payment Responsibility for each maternity admission.</p> <p>Postpartum home health visit as listed in the Schedule of Benefits is not subject to Copayments, Coinsurance or Deductibles, if any.</p> <p>No Participant Payment Responsibility</p> <p>No Participant Payment Responsibility</p> <p>No Participant Payment Responsibility</p> <p>No Participant Payment</p>

COVERED SERVICE	PARTICIPANT PAYMENT RESPONSIBILITY
	Responsibility
Pulmonary Rehabilitation Therapy	No Participant Payment Responsibility
Radiology and Nuclear Medicine	No Participant Payment Responsibility
Reconstructive Surgery	No Participant Payment Responsibility
Rehabilitative Services (Physical, Speech and Occupational Therapies)	No Participant Payment Responsibility
Skilled Nursing Facility	No Participant Payment Responsibility
Spinal Manipulations	No Participant Payment Responsibility
Surgical Services	No Participant Payment Responsibility
Temporomandibular Joint Disorder (TMJ)	The Participant's payment responsibility depends on the type of service received. Refer to the specific Benefit category that applies to the Participant's treatment. For example, for an X-ray, refer to the Radiology and Nuclear Medicine benefit for the Participant's payment responsibility.
Termination of Pregnancy	No Participant Payment Responsibility
Therapeutic Injections	No Participant Payment Responsibility
Transplant Services	<p>Donor screening tests are subject to a benefit maximum of \$10,000 and must be performed at a facility approved by the Plan. Costs over \$10,000 are the responsibility of the Participant or the donor.</p> <p>The cost of any care, including complications, arising from an organ donation by a Participant when the recipient is <u>not</u> a Participant are the Participant's responsibility.</p>
Vision Care	
Routine eye examinations with refraction:	\$15 Copayment per examination.

NON-PARTICIPATING HEALTH CARE PROVIDER COVERAGE FOR ELIGIBLE STUDENTS LIVING OUTSIDE THE SERVICE AREA	
COVERED SERVICE	PARTICIPANT PAYMENT RESPONSIBILITY
Allergy (excluding antigen & serum)	No Participant Payment Responsibility
Corrective Appliances	No Participant Payment Responsibility Costs for upgrades to equipment beyond the cost of the basic Medically Necessary and adequate equipment are the Participant's responsibility.
Diabetic Care Benefits	
Blood glucose monitors and orthotics	No Participant Payment Responsibility
Diabetes Outpatient Self-Management Training And Education	No Participant Payment Responsibility
Diabetic Prescription Drugs, Monitor Supplies, Syringes and Injection Aids	Monitor supplies: \$10 Generic Copayment, \$20 Brand Copayment, Ancillary Charge Insulin infusion devices: \$10 Generic Copayment, \$20 Brand Copayment, Ancillary Charge Syringes and injection aids: \$10 Generic Copayment, \$20 Brand Copayment, Ancillary Charge Diabetic Prescription Drugs: \$10 Generic Copayment, \$20 Brand Copayment, Ancillary Charge
Diagnostic and Treatment Services	
Diagnosis and treatment of illness or injury	No Participant Payment Responsibility
Therapeutic injections	No Participant Payment Responsibility
Consultations with Specialists	No Participant Payment Responsibility
Laboratory tests	No Participant Payment Responsibility
Dialysis	No Participant Payment Responsibility
Durable Medical Equipment (DME)	No Participant Payment Responsibility Costs for upgrades to equipment beyond the cost of the basic Medically Necessary and adequate equipment are the Participant's responsibility.
Emergency Benefits	Emergency Services Copayment Copayment waived if admitted to the Hospital from the emergency room
Maternity Services	No Participant Payment Responsibility Subsequent prenatal visits only covered in Service Area.
Radiology and Nuclear Medicine	No Participant Payment Responsibility
Rehabilitative Services - Outpatient Only (Physical, Speech and Occupational Therapies)	No Participant Payment Responsibility