

# Sandia Total Health Benefits at-a-Glance

Here's a look at the 2010 benefits available under Sandia Total Health.

2010 Plan Feature	New Sandia Total Health	
	In-Network	Out-of-Network
<p><b>Annual Deductible<sup>1</sup></b></p> <p>Employee-Only                      Employee + Spouse or Child(ren)                      Employee + Spouse and Child(ren)</p> <p><i>Note:</i> In- and out-of-network deductibles do not cross-apply.</p>	<p>\$750                      Up to \$1,500 (max. of \$750 per person)                      Up to \$2,250 (max. of \$750 per person)</p>	<p>\$2,000                      Up to \$4,000 (max. of \$2,000 per person)                      Up to \$6,000 (max. of \$2,000 per person)</p>
<p><b>Annual Health Reimbursement Account Contribution from Sandia</b> (if you complete a Health Assessment and screenings)</p> <p>Employee-Only                      Employee + Spouse or Child(ren)                      Employee + Spouse and Child(ren)</p> <p><i>Note:</i> If you <b>don't</b> take a Health Assessment and complete your screenings, you will receive \$250 less than if you do take a Health Assessment and complete your screenings. For employee-only coverage, this means you will receive \$0.</p>	<p>\$250 Sandia contribution                      \$500 Sandia contribution                      \$750 Sandia contribution</p>	
<p><b>Preventive Care<sup>2</sup></b></p>	100% covered	60% covered
<p><b>Coinsurance<sup>1</sup></b> (% of the cost of services you pay)</p>	You pay 20%	You pay 40%
<p><b>Office Visits</b></p>	You pay 20%	You pay 40%
<p><b>Prescription Drugs<sup>2</sup></b> (maximum 30-day supply for retail and 90-day supply for mail-order)</p> <p>Generic                      Brand-Name Preferred                      Brand-Name Non-Preferred</p> <p><i>Note:</i> There is an annual out-of-pocket maximum of \$1,500 per person for prescription drugs.</p>	<p>You pay 20%                      You pay 30%                      You pay 40%</p> <p><i>Note:</i> There is an annual out-of-pocket maximum of \$1,500 per person for prescription drugs.</p>	<p>You pay 50%                      You pay 50%                      You pay 50%</p> <p><i>Note:</i> There is no out-of-pocket maximum for out-of-network prescription drugs.</p>
<p><b>Annual Calendar-Year Out-of-Pocket Maximum</b> (maximum amount you pay each year)</p> <p>Employee-Only                      Employee + Spouse or Child(ren)                      Employee + Spouse and Child(ren)</p> <p><i>Note:</i> In- and out-of-network out-of-pocket maximums do not cross-apply.</p>	<p>\$2,750 (includes deductible)                      \$5,500 (includes deductible; max. of \$2,750 per person)                      \$8,250 (includes deductible; max. of \$2,750 per person)</p> <p>(excludes prescription drug costs)</p>	<p>\$6,000 (includes deductible)                      \$12,000 (includes deductible; max. of \$6,000 per person)                      \$18,000 (includes deductible; max. of \$6,000 per person)</p> <p>(excludes prescription drug costs)</p>

<sup>1</sup> If one person in your family meets the \$750 per person deductible, coinsurance will start for that person only.

<sup>2</sup> Not subject to the annual deductible.