

| Medical Plan Features   | Good to Above-Average Plans  | How My Plan Compares |
|---|--|----------------------|
| <b>Specific treatments excluded or limited.</b> Are there any treatments, such as kidney dialysis, that the policy will not cover?  | Few or none  |                      |
| <b>Hospital costs covered.</b> What share of hospital costs will the policy cover?  | All (after deductible, co-insurance and/or co-payment)                               |                      |
| <b>Days of hospital coverage in a year.</b> If your child needs to be hospitalized, how many days will the plan pay for each year?  | All  |                      |
| <b>Does the policy cover major medical devices?</b> If your child needs life support systems, does the policy pay for it?   | All (after deductible, co-insurance and/or co-payment)                               |                      |
| <b>Does the policy cover assistive devices?</b> If the quality of your child's life can be significantly improved with assistive technology, does the policy pay for it?  | All (after deductible, co-insurance and/or co-payment)                               |                      |
| <b>Lifetime maximum payment.</b> If your child needs continuing treatment, what is the cap on total payments the policy will make? (With the 2010 Health Care Reform, insurance plans can no longer impose maximum dollar amounts for essential services, such as hospitalization.)   | \$2 million or unlimited   |                      |
| <b>Home nursing care.</b> If your child requires frequent or continual nursing care, how much will the policy pay? Is there an exemption for custodial care if the child's condition is chronic?  | As often or as much as needed (unlimited)  |                      |
| <b>Yearly deductible.</b> How much of your own money must you spend on doctor bills before the plan begins to pay?  | \$200 to \$500 per person  |                      |
| <b>Annual co-insurance limit.</b> Find out what percentage of a claim your health care plan will pay for, and what percentage you must pay for. For example, a typical arrangement is 80/20. This means your health care plan would pay for 80 percent of a claim and you must pay 20 percent of the claim—in addition to the co-pay. | 80/20  |                      |
| <b>Co-payment.</b> How much will you pay each time you visit an HMO's or PPO's health care provider?  | \$20 to \$50 per visit   |                      |
| <b>Choice of medical service provider.</b> Can you pick your own doctor, or must you use someone who belongs to the plan's group?   | Any provider or a wide choice within a network                                       |                      |
| <b>Personal care assistance and home- and community-based services.</b> What kind of personal or home-based care do you provide? Are there any limitations? Will I need to share the costs?   | As often or as much as needed (unlimited)  |                      |
| <b>Preexisting condition exclusion period.</b> If this is a new policy, will there be a waiting period before the policy pays for your child's treatment?   | HIPAA rules apply  |                      |
| <b>Prescription drugs.</b> How much do you have to pay for prescription drugs?  | Usually \$10 or \$50 co-payment or plan covers 80 percent of cost (after deductible) |                      |
| <b>Mental health counseling.</b> How many outpatient mental health visits will the policy cover in a year?  | As many as needed (unlimited)  |                      |
| <b>Drug/alcohol treatment.</b> What kind of drug and alcohol treatment will the policy pay for?   | Rehabilitation (usually limited to in-patient)                                       |                      |
| <b>Does the policy cover physical, speech, and occupational therapy?</b> If the quality of your child's life can be significantly improved with the above therapies, does the policy pay for it? Is there a difference in coverage between habilitative and rehabilitative care?  | All (after deductible, co-insurance, and/or co-payment)                              |                      |
| <b>Does the policy cover care related to mental health issues?</b> If your child has an emotional or behavioral disorder, obsessive-compulsive disorder, or any other mental disability, are therapy, hospitalization, and prescriptions covered?   | Limited; may have maximum number of visits and higher co-payment or co-insurance     |                      |
| <b>Covered expenses.</b> Are your plan's "covered expenses" equal to actual charges?  | Covered expenses are usual, customary, and reasonable                                |                      |