ConocoPhillips

2013 Primary PPO

Click Here for Prescription Drugs

Click Here for Rates and Carrier Information

	Primary PPO	
	Network	Non-Network
Cost Sharing		
Annual deductible	$700 You Only coverage $1,400 Other coverage levels	$1,400 You Only coverage $2,800 Other coverage levels
Out-of-pocket maximum	$3,000 You Only coverage $6,000 Other coverage levels; includes deductible; copays not included	$5,000 You Only coverage $10,000 Other coverage levels; includes deductible; copays not included
Lifetime coverage limit	No limit	No limit
Preventive Care		
Annual physical exam	100% covered	Covered at 100% up to $1,000; 60% thereafter
Well-woman exam (includes pap)	100% covered	Covered at 100% up to $1,000; 60% thereafter
Mammogram	100% covered	Covered at 100% up to $1,000; 60% thereafter
Preventive colonoscopy	100% covered	Covered at 100% up to $1,000; 60% thereafter
Outpatient Care		
Primary doctor office visit	$25 copay	60% covered after deductible
Specialist office visit	$50 copay	60% covered after deductible
Outpatient surgery	80% covered after deductible	60% covered after deductible
Outpatient laboratory services	80% covered after deductible	60% covered after deductible
Outpatient physical therapy	80% covered after deductible	60% covered after deductible
Outpatient X-ray	80% covered after deductible (some services require pre-certification)	60% covered after deductible (some services require pre-certification)
Family Planning/Maternity		
Office visit: Pre/postnatal	$25 copay PCP; $50 copay specialist	60% covered after deductible
In-hospital delivery services	80% covered after deductible	60% covered after deductible
Fertility services	80% covered after deductible; check with Plan	60% covered after deductible; check with Plan
Vision		
Routine vision exams	Preventive: 100% covered; Non-Preventive: $50 copay specialist	Preventive: 100% covered up to $1,000; 60% thereafter; Non-Preventive: 60% covered after deductible
Glasses and contacts	Aetna Vision Discounts	Not covered
Dental		
Oral surgery	Not covered except for treatment due to accidental injury	Not covered except for treatment due to accidental injury

	Primary PPO	
	Network	Non-Network
Inpatient Care		
Inpatient physician and surgeon services	80% covered after deductible	60% covered after deductible
Hospital semi-private room	80% covered after deductible	60% covered after deductible
Emergency Care		
Emergency room	80% covered after deductible 50% after deductible for non-emergency use	80% covered after deductible 50% after deductible for non-emergency use
Urgent care clinic visit	$50 copay	60% covered after deductible
Ambulance services	80% covered after deductible 60% after deductible for non-emergency use	80% covered after deductible 60% after deductible for non-emergency use
Mental Health		
Mental Health: Outpatient coverage	$25 copay for office visit; 80% after deductible for all other services; must be authorized by ValueOptions	60% covered after deductible; must be authorized by ValueOptions
Mental Health: Inpatient coverage	80% covered after deductible; must be authorized by ValueOptions	60% covered after deductible; must be authorized by ValueOptions
Detox: Outpatient coverage	$25 copay for office visit; must be authorized by ValueOptions	60% covered after deductible; must be authorized by ValueOptions
Detox: Inpatient coverage	80% covered after deductible; must be authorized by ValueOptions	60% covered after deductible; must be authorized by ValueOptions
Rehab: Outpatient coverage	$25 copay for office visit; must be authorized by ValueOptions	60% covered after deductible; must be authorized by ValueOptions
Rehab: Inpatient coverage	80% covered after deductible; must be authorized by ValueOptions	60% covered after deductible; must be authorized by ValueOptions
Alternative Care		
Chiropractic	$50 copay; limited to 20 visits per year	60% covered after deductible; limited to 20 visits per year
Other		
Durable medical equipment	80% covered after deductible	60% covered after deductible
Policies/Requirements		
Need to file claims	No	If provider does not file

Prescription Drugs

	Network
Retail	
Retail generic	$10 copay
Retail formulary brand	60% covered; $25 minimum copay; $125 maximum
Retail nonformulary brand	50% covered; $50 minimum copay; $250 maximum copay
Mail Order	
Mail order generic	$20 copay
Mail order formulary brand	60% covered; $50 minimum copay; $250 maximum copay
Mail order nonformulary brand	50% covered; $100 minimum copay; $500 maximum copay

These comparisons provide an overview of certain terms and conditions of the health and welfare benefits and are for information purposes only. Benefits and eligibility for coverage are determined under the specific provisions of the official plan documents and any underlying insurance contracts. If there is any discrepancy or conflict between these highlights and the terms of the official plan documents and any underlying insurance contracts, as applicable, the official plan documents and insurance contracts, as applicable, will control. ConocoPhillips reserves the right to amend, change or terminate the health and welfare benefit plans, any underlying contracts or any other programs, at any time and without notice, at its sole discretion, according to the terms of the applicable plans or programs.

2013 Primary PPO Rates

100% Annualized Employee Cost			100% Annualized Company Cost			100% Annualized Total Cost		
You Only	You + 1	You + 2 or more	You Only	You + 1	You + 2 or more	You Only	You + 1	You + 2 or more
$1,560.00	$3,192.00	$4,260.00	$5,628.00	$12,144.00	$16,392.00	$7,188.00	$15,336.00	$20,652.00

Monthly Employee Cost		
You Only	You + 1	You + 2 or more
$130.00*	$266.00*	$355.00*

* If eligible, you will receive the $50 monthly *Know Your Numbers* payroll credit.

Carrier Information

Aetna

800-738-7674

www.aetnanavigator.com

Search "Aetna Mobile" in the App Store