

**Science Applications International Corporation (SAIC)
2008 Plan Year Benefit Summary**

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|------------------------|-----------------------------|
| PLAN NAME | Personal Care HMO/Champ. IL |
| PRODUCT NAME | Personal Care HMO |
| SAIC SYSTEMS CODE | PERC |
| PLAN STATES* | IL/IN/MO/WI |
| CUSTOMER SERVICE PHONE | 1-800-431-1211 |
| WEB ADDRESS | www.PersonalCare.org |
| ACTIVE GROUP # | 950291001 |
| COBRA GROUP # | 950291999 |

| Benefit | 2008 Plan Year |
|-------------------------------------|--|
| ANNUAL DEDUCTIBLE | None |
| ANNUAL OUT-OF-POCKET MAXIMUM | \$1,500 per individual, \$3,000 per family |
| LIFETIME MAXIMUM BENEFIT | Unlimited |
| OFFICE VISITS | \$15 copay per visit. \$25 copay per specialist visit |
| LAB X-RAY DIAGNOSTICS | Covered at 100% |
| PREVENTIVE CARE | \$15 copay per visit. Limit 1 visit per year. Well child care and immunizations covered at 100% up to age 2 |
| HOSPITAL CARE | |
| Inpatient | Covered at 100% |
| Outpatient | Covered at 100% |
| EMERGENCY CARE | |
| In-area | \$100 copay per visit (waived if admitted). Must notify Plan within 48 hours |
| Out-of-area | \$100 copay per visit (waived if admitted). Must notify Plan within 48 hours |
| PRESCRIPTIONS | |
| Retail | \$15 generic, \$30 brand or \$50 non-formulary per prescription (each 30-day supply). Oral contraceptives included. Mandatory generic substitution |
| Mail-Order | \$45 generic, \$90 brand, or \$150 non-formulary copay per prescription (each 90 day supply) |
| MENTAL HEALTH | |
| Inpatient | \$100 copay per admission. Limit 45 days per contract year |
| Outpatient | \$25 copay per visit. Limit 60 visits per contract year |
| SUBSTANCE ABUSE | |
| Inpatient Detox and Rehab | \$100 copay per admission. Limit 10 days per contract year |
| Outpatient | \$25 copay per visit. Limit 20 visits per contract year |
| CHIROPRACTIC | \$15 copay per visit (pre-authorization not required) |
| DURABLE MEDICAL EQUIPMENT | Covered at 80% |
| VISION EXAMS | \$30 copay per visit. Limit 1 visit per year |
| EYEWEAR | Discounts offered on lenses and eyewear. Contact Plan for specifics |

* Available in selected service areas. Contact Process Works at 1-800-357-5854 to determine if you reside in the plan service area.
Information contained in the summary is designed for general reference only. If there is any conflict between this benefit summary and the plan document/certificate, the plan document/certificate governs.