



# CALIFORNIA'S VALUED TRUST

Healthcare Benefits for the Education Community

## PPO High Deductible Health Plans (HDHP) 2008 / 2009

| BENEFIT                                 | HDHP-1  | HDHP-2  |
|---|---|---|
| <b>MAJOR MEDICAL*</b>                   | <b>Deductible:</b><br>Individual: \$1,100<br>Family**: \$3,000<br>(no individual limit applies)<br><b>Coinsurance:</b> 80/20<br><b>Out-of-Pocket Max:</b><br>Individual: \$3,000 + deductible<br>Family: \$7,100 + deductible<br>**Family= Employee with one or more covered dependent(s) | <b>Deductible:</b><br>Individual: \$2,000<br>Family**: \$6,000<br>(no individual limit applies)<br><b>Coinsurance:</b> 80/20<br><b>Out-of-Pocket Max:</b><br>Individual: \$3,250 + deductible<br>Family: \$4,500 + deductible<br>**Family= Employee with one or more covered dependent(s) |
| <b>LIFETIME MAX PER PERSON</b>          | \$5,000,000   | \$5,000,000   |
| <b>DOCTOR VISITS</b>                    | Major Medical*  | Major Medical*  |
| <b>ANNUAL PHYSICAL</b>                  | Up to \$200 per year allowance for employee and spouse, balance to Major Medical*   | Up to \$200 per year allowance for employee and spouse, balance to Major Medical*   |
| <b>IMMUNIZATIONS</b>                    | Major Medical*  | Major Medical*  |
| <b>PREVENTIVE CARE FOR CHILDREN</b>     | Major Medical*<br>Covered, as long as eligible  | Major Medical*<br>Covered, as long as eligible  |
| <b>WELL WOMAN: PAP SMEAR/ MAMMOGRAM</b> | Major Medical*  | Major Medical*  |
| <b>OUTPATIENT X-RAY &amp; LAB</b>       | Major Medical*  | Major Medical*  |
| <b>PHYSICAL THERAPY</b>                 | Major Medical*<br>Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.  | Major Medical*<br>Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.  |
| <b>CHIROPRACTIC</b>                     | Major Medical*<br>Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.  | Major Medical*<br>Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.  |

| <b>Page 2</b>  | <b>HDHP-1</b>   | <b>HDHP-2</b>   |
|--|---|---|
| <b>ACUPUNCTURE</b>   | Major Medical*<br>Maximum of 12 visits per calendar year  | Major Medical*<br>Maximum of 12 visits per calendar year  |
| <b>HOSPITAL INPATIENT</b>  | Major Medical*<br>Unlimited days, semi-private room   | Major Medical*<br>Unlimited days, semi-private room   |
| <b>HOSPITAL EMERGENCY ROOM</b>   | Major Medical*  | Major Medical*  |
| <b>RADIATION THERAPY, CHEMOTHERAPY &amp; SURGERY</b>                                   | Major Medical*  | Major Medical*  |
| <b>HOME HEALTH CARE</b>  | Major Medical*<br>Limited to 100 visits per calendar year   | Major Medical*<br>Limited to 100 visits per calendar year   |
| <b>HOSPICE</b>   | Major Medical* with a lifetime maximum of \$10,000  | Major Medical* with a lifetime maximum of \$10,000  |
| <b>DURABLE MEDICAL EQUIPMENT</b>   | Major Medical*  | Major Medical*  |
| <b>AMBULANCE-GROUND/AIR</b>  | Major Medical*  | Major Medical*  |
| <b>MENTAL HEALTH - INPATIENT</b>   | After deductible met, facility charges paid at 80% to Contracted Providers up to a maximum of 30 days per calendar year.  | After deductible met, facility charges paid at 80% to Contracted Providers up to a maximum of 30 days per calendar year.  |
| <b>MENTAL HEALTH &amp; SUBSTANCE ABUSE PROFESSIONAL CHARGES (INPATIENT/OUTPATIENT)</b> | After deductible met, 50% up to a maximum of \$50 per visit to Contracted Providers & up to \$25 to Non-Par Providers.<br>(Substance abuse limited to 50 visits per year) | After deductible met, 50% up to a maximum of \$50 per visit to Contracted Providers & up to \$25 to Non-Par Providers.<br>(Substance abuse limited to 50 visits per year) |
| <b>SUBSTANCE ABUSE INPATIENT</b>   | After deductible met, MHN Provider -- 100%. Non-MHN Provider -- 50%. Two courses of treatment during lifetime.  | After deductible met, MHN Provider -- 100%. Non-MHN Provider -- 50%. Two courses of treatment during lifetime.  |
| <b>PRESCRIPTION DRUGS</b>  | Major Medical*  | Major Medical*  |

ALL PERCENTAGES ARE BASED ON PAYMENTS TO CONTRACTED HOSPITALS, PHYSICIANS AND OTHER NETWORK PROVIDERS. Major Medical\* - Deductible and coinsurance apply. Non-par (non-participating) providers receive payments based on the non-participating fee allowance and are subject to the deductibles and coinsurance of the plan. THIS SUMMARY IS FOR COMPARISON PURPOSES ONLY. PLEASE REFER TO THE ACTUAL SUMMARY PLAN DESCRIPTION FOR COMPLETE BENEFITS.