

CVT PPO HEALTH PLANS – 2008 / 2009

| BENEFIT | PPO PLAN 1 | PPO PLAN 2 | PPO PLAN 3 | PPO PLAN 4 | PPO PLAN 5 | PPO PLAN 6 | PPO PLAN 7 | PPO PLAN 8 | PPO PLAN 9 | PPO PLAN 10 |
|---|--|---|--|---|---|---|---|---|---|---|
| MAJOR MEDICAL* | Deductible: 0 Coinsurance: 100% | Deductible: 0 Coinsurance: 100% | Deductible: \$100 Ind / \$300 family Coinsurance: 100% Out-of-Pocket Max: Deductible | Deductible: \$100 Ind / \$300 family Coinsurance: 90/10 Out-of-Pocket Max: \$300 per person + deductible | Deductible: \$100 Ind / \$300 family Coinsurance: 90/10 Out-of-Pocket Max: \$300 per person + deductible | Deductible: \$250 Ind / \$750 family Coinsurance: 80/20 Out-of-Pocket Max: \$1,000 per person + deductible | Deductible: \$250 Ind / \$750 family Coinsurance: 80/20 Out-of-Pocket Max: \$1,000 per person + deductible | Deductible: \$500 Ind / \$1,500 family Coinsurance: 80/20 Out-of-Pocket Max: \$2,000 per person + deductible | Deductible: \$1,000 Ind / \$3,000 family Coinsurance: 80/20 Out-of-Pocket Max: \$3,000 per person + deductible | Deductible: \$2,000 Ind / \$6,000 family Coinsurance: 80/20 Out-of-Pocket Max: \$4,000 per person + deductible |
| LIFETIME MAX PER PERSON | \$5,000,000 | \$5,000,000 | \$5,000,000 | \$5,000,000 | \$5,000,000 | \$5,000,000 | \$5,000,000 | \$5,000,000 | \$5,000,000 | \$5,000,000 |
| DOCTOR VISITS | Paid at 100% Par Rate to Preferred Providers | \$10 co-pay | \$10 co-pay (co-pay not applied to deductible) | \$10 co-pay (co-pay not applied to deductible or out-of-pocket max) | \$20 co-pay (co-pay not applied to deductible or out-of-pocket max) | \$10 co-pay (co-pay not applied to deductible or out-of-pocket max) | \$20 co-pay (co-pay not applied to deductible or out-of-pocket max) | Major Medical* | Major Medical* | Major Medical* |
| ANNUAL PHYSICAL | Up to \$200/year for employee and spouse; balance to Major Med* | Up to \$200/year for employee and spouse; balance to Major Med* | Up to \$200/year for employee and spouse; balance to Major Med* | Up to \$200/year for employee and spouse; balance to Major Med* | Up to \$200/year for employee and spouse; balance to Major Med* | Up to \$200/year for employee and spouse; balance to Major Med* | Up to \$200/year for employee and spouse; balance to Major Med* | Up to \$200/year for employee and spouse; balance to Major Med* | Up to \$200/year for employee and spouse; balance to Major Med* | Up to \$200/year for employee and spouse; balance to Major Med* |
| IMMUNIZATIONS | Employee & spouse covered under annual physical allowance. Paid at 100% Par Rate to Preferred Providers for covered dependent children. | Employee & spouse covered under annual physical allowance. Paid at 100% Par Rate to Preferred Providers for covered dependent children. | Major Medical* Employee & spouse covered under annual physical allowance. | Major Medical* Employee & spouse covered under annual physical allowance. | Major Medical* Employee & spouse covered under annual physical allowance. | Major Medical* Employee & spouse covered under annual physical allowance. | Major Medical* Employee & spouse covered under annual physical allowance. | Major Medical* Employee & spouse covered under annual physical allowance. | Major Medical* Employee & spouse covered under annual physical allowance. | Major Medical* Employee & spouse covered under annual physical allowance. |
| PREVENTIVE CARE FOR CHILDREN | Paid at 100% Par Rate to Preferred Providers. Covered, as long as eligible | Paid at 100% Par Rate to Preferred Providers. Covered, as long as eligible | Major Medical* Covered, as long as eligible | Major Medical* Covered, as long as eligible | Major Medical* Covered, as long as eligible | Major Medical* Covered, as long as eligible | Major Medical* Covered, as long as eligible | Major Medical* Covered, as long as eligible | Major Medical* Covered, as long as eligible | Major Medical* Covered, as long as eligible |
| WELL WOMAN: PAP SMEAR/ MAMMOGRAM | Paid at 100% Par Rate to Preferred Providers. | Paid at 100% Par Rate to Preferred Providers. | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* |
| OUTPATIENT X-RAY & LAB | Paid at 100% Par Rate to Preferred Providers | Paid at 100% Par Rate to Preferred Providers | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* |
| PHYSICAL THERAPY | Paid at 100% Par Rate to Preferred Providers. Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit | Paid at 100% Par Rate to Preferred Providers. (Copay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. | Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. | Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. | Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. | Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. | Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. | Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. | Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. | Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. |
| CHIROPRACTIC | Paid at 100% Par Rate to Preferred Providers Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.. | Paid at 100% Par Rate to Preferred Providers. (Co-pay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. | Major Medical* (Co-pay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. | Major Medical* (Co-pay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. | Major Medical* (Co-pay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. | Major Medical* (Co-pay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. | Major Medical* (Co-pay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. | Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. | Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. | Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit. |
| ACUPUNCTURE | Paid at 100% Par Rate to Preferred Providers. Maximum of 12 visits per calendar year | Paid at 100% Par Rate to Pref Providers (Co-pay, if applicable) Max of 12 visits per calendar year | Major Medical* (Co-pay, if applicable) Maximum of 12 visits per calendar year | Major Medical* (Co-pay, if applicable) Maximum of 12 visits per calendar year | Major Medical* (Co-pay, if applicable) Maximum of 12 visits per calendar year | Major Medical* (Co-pay, if applicable) Maximum of 12 visits per calendar year | Major Medical* (Co-pay, if applicable) Maximum of 12 visits per calendar year | Major Medical* Maximum of 12 visits per calendar year | Major Medical* Maximum of 12 visits per calendar year | Major Medical* Maximum of 12 visits per calendar year |

| <i>Page 2</i> | PPO PLAN 1 | PPO PLAN 2 | PPO PLAN 3 | PPO PLAN 4 | PPO PLAN 5 | PPO PLAN 6 | PPO PLAN 7 | PPO PLAN 8 | PPO PLAN 9 | PPO PLAN 10 |
|--|--|--|--|--|--|--|--|--|--|--|
| HOSPITAL INPATIENT | Paid at 100% Par Rate to Preferred Providers; Unlimited days; Semi private room | Paid at 100% Par Rate to Preferred Providers; Unlimited days; Semi private room | Major Medical* Unlimited days, semi-private room | Major Medical* Unlimited days, semi-private room | Major Medical* Unlimited days, semi-private room | Major Medical* Unlimited days, semi-private room | Major Medical* Unlimited days, semi-private room | Major Medical* Unlimited days, semi-private room | Major Medical* Unlimited days, semi-private room | Major Medical* Unlimited days, semi-private room |
| HOSPITAL EMERGENCY ROOM | \$35 co-pay (co-pay waived if admitted as in-patient) | \$35 co-pay (co-pay waived if admitted as in-patient) | \$35 co-pay Major Medical* (co-pay not applied to deductible and waived if admitted as in-patient) | \$35 co-pay Major Medical* (co-pay not applied to deductible or out-of-pocket max and waived if admitted as in-patient) | \$35 co-pay Major Medical* (co-pay not applied to deductible or out-of-pocket max and waived if admitted as in-patient) | \$35 co-pay Major Medical* (co-pay not applied to deductible or out-of-pocket max and waived if admitted as in-patient) | \$35 co-pay Major Medical* (co-pay not applied to deductible or out-of-pocket max and waived if admitted as in-patient) | \$35 co-pay Major Medical* (co-pay not applied to deductible or out-of-pocket max and waived if admitted as in-patient) | \$35 co-pay Major Medical* (co-pay not applied to deductible or out-of-pocket max and waived if admitted as in-patient) | \$35 co-pay Major Medical* (co-pay not applied to deductible or out-of-pocket max and waived if admitted as in-patient) |
| RADIATION, CHEMO, & SURGERY | Paid at 100% Par Rate to Preferred Providers | Paid at 100% Par Rate to Preferred Providers | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* |
| HOME HEALTH CARE | Paid at 100% Par Rate to Preferred Providers Limited to 100 visits per calendar year | Paid at 100% Par Rate to Preferred Providers Limited to 100 visits per calendar year | Major Medical* Limited to 100 visits per calendar year | Major Medical* Limited to 100 visits per calendar year | Major Medical* Limited to 100 visits per calendar year | Major Medical* Limited to 100 visits per calendar year | Major Medical* Limited to 100 visits per calendar year | Major Medical* Limited to 100 visits per calendar year | Major Medical* Limited to 100 visits per calendar year | Major Medical* Limited to 100 visits per calendar year |
| HOSPICE | 100% of Covered Expense with a lifetime maximum of \$10,000 | 100% of Covered Expense with a lifetime maximum of \$10,000 | 100% of Covered Expense with a lifetime maximum of \$10,000 | 100% of Covered Expense with a lifetime maximum of \$10,000 | 100% of Covered Expense with a lifetime maximum of \$10,000 | 100% of Covered Expense with a lifetime maximum of \$10,000 | 100% of Covered Expense with a lifetime maximum of \$10,000 | 100% of Covered Expense with a lifetime maximum of \$10,000 | 100% of Covered Expense with a lifetime maximum of \$10,000 | 100% of Covered Expense with a lifetime maximum of \$10,000 |
| DURABLE MEDICAL EQUIPMENT | Paid at 100% Par Rate to Preferred Providers | Paid at 100% Par Rate to Preferred Providers | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* |
| AMBULANCE-GROUND/AIR | 100% of covered charges | 100% of covered charges | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* | Major Medical* |
| MENTAL HEALTH INPATIENT | Facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year. | Facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year. | After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year. | After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year. | After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year. | After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year. | After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year. | After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year. | After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year. | After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year. |
| MENTAL HEALTH & SUBSTANCE ABUSE PROFESSIONAL CHARGES – (INPATIENT / OUTPATIENT) | 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers. (Substance Abuse Limited to 50 Visits Per Year) | 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers. (Substance Abuse Limited to 50 Visits Per Year) | After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers. (Substance Abuse Limited to 50 Visits Per Year) | After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers. (Substance Abuse Limited to 50 Visits Per Year) | After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers. (Substance Abuse Limited to 50 Visits Per Year) | After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers. (Substance Abuse Limited to 50 Visits Per Year) | After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers. (Substance Abuse Limited to 50 Visits Per Year) | After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers. (Substance Abuse Limited to 50 Visits Per Year) | After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers. (Substance Abuse Limited to 50 Visits Per Year) | After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers. (Substance Abuse Limited to 50 Visits Per Year) |
| SUBSTANCE ABUSE INPATIENT | \$300 Copay – After copay met, MHN Provider 100%, Non-Par – 50%. Two Courses of Treatment during lifetime | \$300 Copay – After copay met, MHN Provider 100%, Non-Par – 50%. Two Courses of Treatment during lifetime | \$300 Copay – After copay met, MHN Provider 100%, Non-Par – 50%. Two Courses of Treatment during lifetime | \$300 Copay – After copay met, MHN Provider 100%, Non-Par – 50%. Two Courses of Treatment during lifetime | \$300 Copay – After copay met, MHN Provider 100%, Non-Par – 50%. Two Courses of Treatment during lifetime | \$300 Copay – After copay met, MHN Provider 100%, Non-Par – 50%. Two Courses of Treatment during lifetime | \$300 Copay – After copay met, MHN Provider 100%, Non-Par – 50%. Two Courses of Treatment during lifetime | \$300 Copay – After copay met, MHN Provider 100%, Non-Par – 50%. Two Courses of Treatment during lifetime | \$300 Copay – After copay met, MHN Provider 100%, Non-Par – 50%. Two Courses of Treatment during lifetime | \$300 Copay – After copay met, MHN Provider 100%, Non-Par – 50%. Two Courses of Treatment during lifetime |

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. **ALL PERCENTAGES ARE BASED ON PROVIDERS PAYMENTS TO PREFERRED HOSPITALS, PHYSICIANS AND OTHER NETWORK PROVIDERS. THIS SUMMARY IS FOR COMPARISON PURPOSES ONLY. PLEASE REFER TO THE ACTUAL SUMMARY PLAN DESCRIPTION FOR COMPLETE BENEFITS.**