



CALIFORNIA'S VALUED TRUST

Healthcare Benefits for the Education Community

PPO High Deductible Health Plans (HDHP) 2009 / 2010

BENEFIT	HDHP-1	HDHP-2
MAJOR MEDICAL*	Deductible: Individual: \$1,150 Family**: \$3,000 (no individual limit applies) Coinsurance: 80/20 Out-of-Pocket Max: Individual: \$3,000 + deductible Family: \$7,100 + deductible **Family= Employee with one or more covered dependent(s)	Deductible: Individual: \$2,000 Family**: \$6,000 (no individual limit applies) Coinsurance: 80/20 Out-of-Pocket Max: Individual: \$3,250 + deductible Family: \$4,500 + deductible **Family= Employee with one or more covered dependent(s)
LIFETIME MAX PER PERSON	\$5,000,000	
DOCTOR VISITS	Major Medical*	
ANNUAL PHYSICAL	Up to \$200 per year allowance for employee and spouse, balance to Major Medical*	
IMMUNIZATIONS	Major Medical*	
PREVENTIVE CARE FOR CHILDREN	Major Medical* Covered, as long as eligible	
WELL WOMAN: PAP SMEAR/ MAMMOGRAM	Major Medical*	
OUTPATIENT X-RAY & LAB	Major Medical*	
PHYSICAL THERAPY	Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.	
CHIROPRACTIC	Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.	

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