



CALIFORNIA'S VALUED TRUST

Healthcare Benefits for the Education Community

PPO High Deductible Health Plans (HDHP) 2011 / 2012

BENEFIT	HDHP-1	HDHP-2
MAJOR MEDICAL*	Deductible: Individual: \$1,200 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)
CALENDAR YEAR MAXIMUM PER PERSON	\$5,000,000	
DOCTOR VISITS	Major Medical*	
IMMUNIZATIONS	Paid at 100%**	
PREVENTIVE CARE FOR CHILDREN	Paid at 100%** - Covered as long as eligible	
PREVENTIVE CARE FOR ADULTS	Paid at 100%**	
OUTPATIENT X-RAY & LAB	Major Medical*	
RADIATION THERAPY, CHEMOTHERAPY	Major Medical*	
DURABLE MEDICAL EQUIPMENT	Major Medical*	
AMBULANCE- GROUND/AIR	Major Medical*	

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PHYSICAL THERAPY	Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year	
CHIROPRACTIC	Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year	
ACUPUNCTURE	Major Medical* Maximum of 12 visits per calendar year	
HOSPITAL INPATIENT	Major Medical* Unlimited days, semi-private room	
HOSPITAL EMERGENCY ROOM	Major Medical*	
HOME HEALTH CARE	Major Medical* Limited to 100 visits per calendar year	
HOSPICE	Major Medical*	
PRESCRIPTION DRUGS	Major Medical*	

***Major Medical** - Deductible and coinsurance apply.

****Explanation of Covered Expense:**

Plan payments are based on covered expense, which is the lesser of the charges billed by the provider or the following: **PPO Providers** - PPO negotiated rates. Members are not responsible for the difference between the provider's usual charges & the negotiated amount.

Non-PPO Providers - For non-emergency services, the scheduled amount. For emergency services, same as other health care providers. **Other Health Care Providers** (includes those not represented in the PPO provider network) - The customary & reasonable charge for professional services or the reasonable charge for institutional services. **When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay.** All percentages are based on payments to preferred hospitals, physicians and other network providers.

Effective 10/1/11: 24/7 NURSELINE

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits.