

CVT High Deductible Health Plans (HDHP) 2005 / 2006

BENEFIT	HDHP-1	HDHP-2
MAJOR MEDICAL*	Deductible: Individual: \$1,050 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	\$5,000,000
DOCTOR VISITS	Major Medical*	Major Medical*
ANNUAL PHYSICAL	Major Medical*	Major Medical*
IMMUNIZATIONS	Major Medical*	Major Medical*
PREVENTIVE CARE FOR CHILDREN	Major Medical* Covered, as long as eligible	Major Medical* Covered, as long as eligible
WELL WOMAN: PAP SMEAR/ MAMMOGRAM	Major Medical*	Major Medical*
OUTPATIENT X-RAY & LAB	Major Medical*	Major Medical*
PHYSICAL THERAPY	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	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	Major Medical* Maximum of 12 visits per calendar year	Major Medical* Maximum of 12 visits per calendar year

Page 2	HDHP-1	HDHP-2
HOSPITAL INPATIENT	Major Medical* Unlimited days, semi-private room	Major Medical* Unlimited days, semi-private room
HOSPITAL EMERGENCY ROOM	Major Medical*	Major Medical*
RADIATION THERAPY, CHEMOTHERAPY & SURGERY	Major Medical*	Major Medical*
HOME HEALTH CARE	Major Medical* Limited to 100 visits per calendar year	Major Medical* Limited to 100 visits per calendar year
HOSPICE	Major Medical* with a lifetime maximum of \$10,000	Major Medical* with a lifetime maximum of \$10,000
DURABLE MEDICAL EQUIPMENT	Major Medical*	Major Medical*
AMBULANCE-GROUND/AIR	Major Medical*	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.	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)	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.	After deductible met, MHN Provider -- 100%. Non-MHN Provider -- 50%. Two courses of treatment during lifetime.
PRESCRIPTION DRUGS	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.