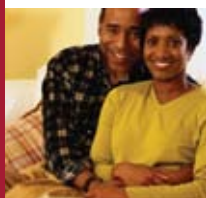


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SELF-PAID RETIREE HEALTH PLAN OPTIONS



CENTRAL VALLEY
SCHOOLS HEALTH & WELFARE
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PLAN SELECTION MADE SIMPLE

This brochure is designed to help make selecting a new health plan as simple as possible. Each available plan option is described below and color-coded for your convenience. Please review the features of each plan, and then mark your choice on the Health Plan Selection Form. If you have questions, please call Member Services at 800-CVT-9870 (800-288-9870).

SELF-PAID RETIREE HEALTH PLAN OPTIONS

SELF-PAID RETIREE PPO HEALTH PLAN OPTIONS 2006-07

PLAN NAME	1C*	4C*	6C*	8C*	10C*	MED SUPP 1C**	MED SUPP 2C**	HDHP 2
DEDUCTIBLE Individual	\$0	\$100	\$250	\$500	\$2,000	No Ded Coverage	No Ded Coverage	\$2,000
DEDUCTIBLE Family	\$0	\$300	\$750	\$1,500	\$6,000	No Ded Coverage	No Ded Coverage	\$6,000
COINSURANCE	100%	90%	80%	80%	80%	20%	20%	80%
OUT-OF-POCKET MAXIMUM	N/A	\$300 + Deduct	\$1,000 + Deduct	\$2,000 + Deduct	\$4,000 + Deduct	N/A	N/A	Ind: \$5,250 Fmly: \$10,000
OFFICE VISIT COPAY	\$0	\$10	\$10	Major Medical	Major Medical	Covers Part B 20%	Covers Part B 20%	Major Medical
PRESCRIPTION PLAN C	RETAIL \$7 / \$25 / \$40 (30-day supply) MAIL ORDER \$15 / \$60 / \$90 (90-day supply)							Major Medical
UNDER 65 RATES:								
Retiree Only	\$866	\$813	\$757	\$684	\$554			\$454
Retiree + One	\$1,488	\$1,398	\$1,303	\$1,178	\$953	N/A	N/A	\$779
Retiree + Family	\$1,885	\$1,771	\$1,651	\$1,493	\$1,207			\$986
MEDICARE A & B RATES:								
Retiree Only	\$354	\$342	\$330	\$313	\$283	\$343	\$333	
Retiree + One	\$662	\$638	\$613	\$579	\$519	\$638	\$616	N/A
Retiree + Family	\$887	\$853	\$818	\$772	\$688	\$852	\$821	

*NOTE: THESE OPTIONS INCLUDE THE PHARMACY "C" PLAN.

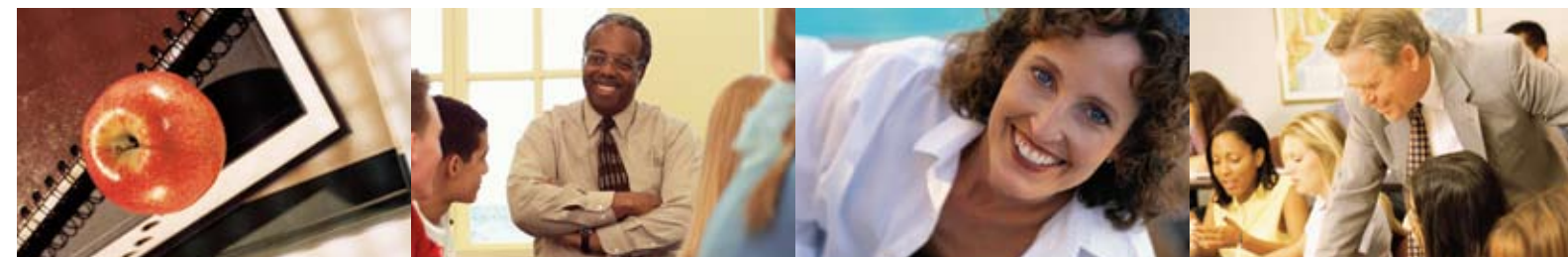
**MEDICAL SUPPLEMENT 1C COVERS FOREIGN TRAVEL EMERGENCIES AND PAYS ALL COPAYS FOR THE FIRST 100 DAYS FOR SKILLED NURSING FACILITIES. MEDICAL SUPPLEMENT 2C DOES NOT COVER THESE.

SELF-PAID RETIREE HMO HEALTH PLAN OPTIONS 2006-07

PLAN NAME	KAISER 1	KAISER 4	PACIFICARE
DEDUCTIBLE Individual	\$0	\$0	\$0
DEDUCTIBLE Family	\$0	\$0	\$0
COINSURANCE	N/A	N/A	N/A
OUT-OF-POCKET MAXIMUM	N/A	N/A	Ind: \$800 Family: \$2,400
OFFICE VISIT COPAY	\$0	\$20	\$0
PRESCRIPTION PLAN	RETAIL \$5 Copay MAIL ORDER \$5 Copay (Up to 100-day supply) (Refills Only)	RETAIL \$10 Generic \$15 Brand (Up to 100-day Supply) (Refills Only)	RETAIL \$5 Generic \$5 Brand (30-day supply) MAIL ORDER \$5 Generic \$5 Brand (90-day supply)

PLEASE CALL FOR RATES AND ENROLLMENT FORMS.

800-288-9870



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OF PLANS TO HELP MEET THE NEEDS OF YOUR
FAMILY, AND WE ARE COMMITTED TO THE FUTURE
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