

**CVT HEALTH PLANS
SANTA ROSA CITY SCHOOLS—CSEA #75
2010 / 2011**

BENEFIT	PPO PLAN 1 A	PPO PLAN 2 B	PPO PLAN 5 C	PPO PLAN 7 C	HDHP-2
MAJOR MEDICAL*	Deductible: 0 Coinsurance: 100%	Deductible: 0 Coinsurance: 100%	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: 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	Effective 10/1/2010 there will no longer be a lifetime max.	Effective 10/1/2010 there will no longer be a lifetime max.	Effective 10/1/2010 there will no longer be a lifetime max.	Effective 10/1/2010 there will no longer be a lifetime max.	Effective 10/1/2010 there will no longer be a lifetime max.
DOCTOR VISITS	\$10 copay	\$20 copay	\$30 copay (copay not applied to deduct. or out-of-pocket max)	\$30 copay (copay not applied to deduct. or out-of-pocket max)	Major Medical*
IMMUNIZATIONS	Paid at 100%** Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider.	Paid at 100%** Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider.	Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider. Major Medical*	Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider. Major Medical*	Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider. Major Medical*
PREVENTIVE CARE FOR CHILDREN	Paid at 100%** Covered, as long as eligible. Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider.	Paid at 100%** Covered, as long as eligible. Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider.	Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider. Major Medical*	Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider. Major Medical*	Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider. Major Medical* Covered as long as eligible.
PREVENTIVE CARE FOR ADULTS	Paid at 100%** Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider.	Paid at 100%** Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider.	Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider. Major Medical*	Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider. Major Medical*	Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider. Major Medical*
OUTPATIENT X-RAY & LAB	Paid at 100%**	Paid at 100%**	Major Medical*	Major Medical*	Major Medical*
RADIATION THERAPY, CHEMOTHERAPY & SURGERY	Paid at 100%**	Paid at 100%**	Major Medical*	Major Medical*	Major Medical*
DURABLE MEDICAL EQUIPMENT	Paid at 100%**	Paid at 100%**	Major Medical*	Major Medical*	Major Medical*
AMBULANCE-GROUND/AIR	100% of covered charges	100% of covered charges	Major Medical*	Major Medical*	Major Medical*

Page 2	PPO PLAN 1 A		PPO PLAN 2 B		PPO PLAN 5 C		PPO PLAN 7 C		HDHP-2
PHYSICAL THERAPY	Paid at 100% Par Rate to Preferred Providers. (Copay , if applicable.) Non-Par Providers limited to a combined max 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 max of 13 visits per yr, max \$25 per visit.		Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined max of 13 visits per year, max \$25 per visit.		Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined max 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 (Copay , if applicable.) Non-Par Providers limited to a combined max 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 max of 13 visits per year, max \$25 per visit.		Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined max of 13 visits per year, max \$25 per visit.		Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined max 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 (Copay, if applicable) Max of 12 visits per calendar year		Paid at 100% Par Rate to Preferred Providers (Copay, if applicable) Max of 12 visits per calendar year		Major Medical* (Copay, if applicable) Maximum of 12 visits per calendar year		Major Medical* (Copay, if applicable) Maximum of 12 visits per calendar year		Major Medical* Max of 12 visits per calendar year
HOSPITAL INPATIENT	Paid at 100%** Unlimited days; Semi private room		Paid at 100%** 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 copay (copay waived if admitted as in-patient)		\$35 copay (copay waived if admitted as in-patient)		\$35 copay Major Medical* (copay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)		\$35 copay Major Medical* (copay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)		Major Medical*
HOME HEALTH CARE	Paid at 100%** Limited to 100 visits per calendar year		Paid at 100%** 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 cal year
HOSPICE	100% of Covered Expense with a lifetime max of \$10,000		100% of Covered Expense with a lifetime max of \$10,000		100% of Covered Expense with a lifetime max of \$10,000		100% of Covered Expense with a lifetime max of \$10,000		Major Medical* with a lifetime maximum of \$10,000
PRESCRIPTION DRUGS (CO-PAYMENTS)	<u>Retail</u> \$5 Generic \$22 Preferred (30-day supply)	<u>Mail Order</u> \$10 Generic \$44 Preferred (90-day supply)	<u>Retail</u> \$7 Generic \$15 Preferred \$30 Non-Pref (30-day supply)	<u>Mail Order</u> \$15 Generic \$35 Preferred \$70 Non-Pref (90-day supply)	<u>Retail</u> \$7 Generic \$25 Preferred \$40 Non-Pref (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Preferred \$90 Non-Pref (90-day supply)	<u>Retail</u> \$7 Generic \$25 Preferred \$40 Non-Pref (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Preferred \$90 Non-Pref (90-day supply)	Major Medical*
THREE-TIERED RATES									
EMPLOYEE ONLY	\$745.00		\$735.00		\$678.00		\$626.00		\$454.00
EMPLOYEE + ONE	\$1,282.00		\$1,261.00		\$1,159.00		\$1,072.00		\$780.00
EMPLOYEE + FAMILY	\$1,620.00		\$1,596.00		\$1,464.00		\$1,356.00		\$986.00

* 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. **Mental Health Parity Effective October 1, 2010. This summary is for comparison purposes only.** Please refer to the actual benefit booklet for complete benefits.