



CALIFORNIA'S VALUED TRUST

Healthcare Benefits for the Education Community

PPO High Deductible Health Plan 2 (HDHP-2) 2011 / 2012

BENEFIT	HDHP-2
MAJOR MEDICAL*	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	100%** of Covered Expense
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.