

**CALIFORNIA'S VALUED TRUST
KAISER HEALTH / RX PLANS – 1 Through 8
2010 / 2011**

BENEFIT	KAISER 1	KAISER 2	KAISER 3	KAISER 4	KAISER 5	KAISER 6 w/ Optical Benefit	KAISER 7	KAISER 8 Deductible Plan
DEDUCTIBLE	N / A							
DOCTOR VISITS	Covered, No Charge	Covered, \$10 Copay	Covered, \$20 Copay	Covered, \$20 Copay	Covered, \$25 Copay	Covered, \$15 Copay	Covered, \$25 Copay	Covered, \$20 Copay, No Deductible
ANNUAL PHYSICAL	Covered, No Charge	Covered, \$10 Copay	Covered, \$20 Copay	Covered, \$20 Copay	Covered, \$25 Copay	Covered, \$15 Copay	Covered, \$25 Copay	Covered, \$20 Copay, No Deductible
IMMUNIZATIONS	Covered, No Charge							
PREVENTIVE CARE FOR CHILDREN	Covered, No Charge	Covered, No Charge - Up To Age 2 After Age 2 - \$10 Copay	Covered, No Charge Up To Age 2 After Age 2 - \$20 Copay	Covered, No Charge Up To Age 2 After Age 2 - \$20 Copay	Covered, No Charge Up To Age 2 After Age 2 - \$25 Copay	Covered, \$5 Copay Up To Age 2 After Age 2 - \$15 Copay	Covered, \$ 15 Copay Up To Age 2 After Age 2 - \$25 Copay	Covered, No Deduct, \$10 Copay, Up To Age 2 - After Age 2 - \$20 Copay
PREVENTIVE CARE FOR ADULTS	Covered, No Charge	Covered, \$10 Copay	Covered, \$20 Copay	Covered, \$25 Copay	Covered, \$25 Copay	Covered, \$15 Copay	Covered, \$25 Copay	Covered, \$20 Copay
OUTPATIENT X-RAY & LAB	Covered, No Charge							
VISION EXAM	Covered, No Charge No frame, lense, contact allowance	Covered, \$10 Copay No frame, lense, contact allowance	Covered, \$20 Copay No frame, lense, contact allowance	Covered, \$25 Copay No frame, lense, contact allowance	Covered, \$25 Copay No frame, lense, contact allowance	Covered, \$15 Copay \$175 frame, lense, contact allowance	Covered, \$25 Copay No frame, lense, contact allowance	Covered, \$20 Copay No frame, lense, contact allowance
PHYSICAL THERAPY	Covered, No Charge	Covered, \$10 Copay	Covered, \$20 Copay	Covered, \$20 Copay	Covered, \$25 Copay	Covered, \$15 Copay	Covered, \$25 Copay	Covered, No Deduct, \$20 Copay
CHIROPRACTIC	Not Covered							
ACUPUNCTURE	Covered, No Charge Referral by Plan Physician	Covered, \$10 Copay Referral by Plan Physician	Covered, \$20 Copay Referral by Plan Physician	Covered, \$25 Copay Referral by Plan Physician	Covered, \$25 Copay Referral by Plan Physician	Covered, \$15 Copay Referral by Plan Physician	Covered, \$25 Copay Referral by Plan Physician	Covered, No Deduct, \$20 Copay Referral by Plan Physician
HOSPITAL INPATIENT	Covered, No Charge							
HOSPITAL EMERGENCY RM	Covered, No Charge	Covered, \$35 Copay Waived if Admitted	Covered, \$35 Copay Waived if Admitted	Covered, \$35 Copay Waived if Admitted	Covered, \$35 Copay Waived if Admitted	Covered, \$50 Copay Waived if Admitted	Covered, \$100 Copay Waived if Admitted	Covered, 20% Coinsurance after Deductible
RADIATION THERAPY, CHEMOTHERAPY	Covered, No Charge	Inpatient: Covered, No Charge Outpatient: \$10 Copay	Inpatient: Covered, No Charge Outpatient \$20 Copay	Inpatient: Covered, No Charge Outpatient \$25 Copay	Inpatient: Covered, No Charge Outpatient: \$25 Copay	Inpatient: Covered, No Charge Outpatient: \$15 Copay	Inpatient: Covered, No Charge Outpatient: \$50 Copay	Inpatient: Covered, 20% after Deductible Outpatient: Covered, No Charge
HOME HEALTH CARE	Covered, No Charge (Limits)							

Page 2	KAISER 1	KAISER 2	KAISER 3	KAISER 4	KAISER 5	KAISER 6 w/ Optical Benefit	KAISER 7	KAISER 8 Deductible Plan
HOSPICE	Covered, No Charge							
DURABLE MEDICAL EQUIPMENT	Covered, No Charge In accord with DME Formulary							
AMBULANCE- GROUND/AIR	Covered, No Charge, If Med. Necessary							
MENTAL HEALTH - INPATIENT	Covered, No Charge.							
MENTAL HEALTH OUTPATIENT	Covered, No Charge;	Covered, \$10 Copay.	Covered, \$20 Copay.	Covered, \$25 Copay.	Covered, \$15 Copay.	Covered, \$50 Per Trip	Covered, \$100 Per Trip	Covered, 20% Coinsurance, No Deductible, In accord with DME Formulary Covered, \$150 Per Trip, No Deductible, If Med. Necessary Covered, 20% Coinsurance after Deductible
SUBSTANCE ABUSE INPATIENT	Detox - No Charge Transitional Residential Recovery Services-\$100 per admission Residential Rehab - No Charge							
SUBSTANCE ABUSE OUTPATIENT	Covered, No Charge for individual visits; No Charge for group visits	Covered, \$10 Copay for individual visits; \$5 Copay for group visits	Covered, \$20 Copay for individual visits; \$5 Copay for group visits	Covered, \$25 Copay for individual visits; \$5 Copay for group visits	Covered, \$15 Copay for individual visits; \$5 Copay for group visits	Covered, \$25 Copay for individual visits; \$5 Copay for group visits	Detox - 20% Coinsurance after Deduct., Transitional Residential Recovery Services- \$100 per admission	Covered, No Deduct, \$20 Copay for individual visits; \$5 Copay for group visits
OUT OF POCKET MAXIMUM	\$1,500 Per Person \$3,000 Per Family							
LIFETIME MAX PER PERSON	No Lifetime Maximum							
PRESCRIPTION DRUGS (CO-PAYMENTS)	<u>Kaiser 1 Retail</u> \$5 Copay (Up to 100 day supply) Mail Order \$5 Copay Refills Only	<u>Kaiser 2 Retail</u> \$5 Generic \$10 Brand (Up to 100 day supply) Mail Order \$5 Generic \$10 Brand Refills Only	<u>Kaiser 3 Retail</u> \$10 Generic \$20 Brand (Up to 100 day supply) Mail Order \$10 Generic \$20 Brand Refills Only	<u>Kaiser 4 Retail</u> \$10 Generic \$15 Brand (Up to 100 day supply) Mail Order \$10 Generic \$15 Brand Refills Only	<u>Kaiser 5 & 6 Retail</u> \$10 Generic \$20 Brand (Up to 100 day supply) Mail Order \$10 Generic \$20 Brand Refills Only	<u>Kaiser 7 & 8 Retail</u> \$10 Generic \$30 Brand (Up to 30 day supply) Mail Order \$20 Generic \$60 Brand (Up to 100 day supply)		

NOTE: Plans 1 through 5 - No copay for injections or infertility. Plans 6 and 7 - \$5 copay for injections; infertility covered at 50%. Plan 6 has \$175 allowance for lenses, frames, & contacts every 24 months. Plan 8 - No copay for allergy injections, infertility covered at 50% plus deductible. THIS SUMMARY IS FOR COMPARISON PURPOSES ONLY. PLEASE REFER TO THE ACTUAL SUMMARY PLAN DESCRIPTION FOR COMPLETE BENEFITS.

**CALIFORNIA'S VALUED TRUST
PPO HEALTH PLANS
2010 / 2011**

BENEFIT	PPO PLAN 1	PPO PLAN 2	PPO PLAN 3	PPO PLAN 4	PPO PLAN 5	PPO PLAN 6	PPO PLAN 7	PPO PLAN 8	PPO PLAN 9	PPO PLAN 10
MAJOR MEDICAL*	Deductible: 0 Coinsurance 100%	Deductible: 0 Coinsurance: 100%	Deductible: \$100 Ind / \$300 family Coinsurance: 100% Out-of-Pocket Max: Deductible	Deductible: \$100 Ind / \$300 family Coinsurance: 90/10 Out-of-Pocket Max: \$300 per person + deduct.	Deductible: \$100 Ind / \$300 family Coinsurance: 90/10 Out-of-Pocket Max: \$300 per person + deduct	Deductible: \$250 Ind / \$750 family Coinsurance: 80/20 Out-of-Pocket Max: \$1,000 per person + deduct	Deductible: \$250 Ind / \$750 family Coinsurance: 80/20 Out-of-Pocket Max: \$1,000 per person + deduct	Deductible: \$500 Ind / \$1,500 family Coinsurance: 80/20 Out-of-Pocket Max: \$2,000 per person + deduct	Deductible: \$1,000 Ind / \$3,000 family Coinsurance: 80/20 Out-of-Pocket Max: \$3,000 per person + deduct	Deductible: \$2,000 Ind / \$6,000 family Coinsurance: 80/20 Out-of-Pocket Max: \$4,000 per person + deduct
LIFETIME MAX PER PERSON	Effective 10/1/2010 there will no longer be a lifetime maximum.									
DOCTOR VISITS	\$10 copay	\$20 copay	\$20 copay (copay not applied to deductible)	\$20 copay (copay not applied to deductible or out-of-pocket max)	\$30 copay (copay not applied to deductible or out-of-pocket max)	\$20 copay (copay not applied to deductible or out-of-pocket max)	\$30 copay (copay not applied to deductible or out-of-pocket max)	\$30 copay (copay not applied to deductible 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.									
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.									
PREVENTIVE CARE FOR ADULTS	Paid at 100% Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider.									
OUTPATIENT X-RAY & LAB	Paid at 100%**									
RADIATION, CHEMO, & SURGERY	Paid at 100%**									
DURABLE MEDICAL EQUIPMENT	Paid at 100%**									
AMBULANCE-GROUND/AIR	100% of covered charges									

Page 2	PPO PLAN 1	PPO PLAN 2	PPO PLAN 3	PPO PLAN 4	PPO PLAN 5	PPO PLAN 6	PPO PLAN 7	PPO PLAN 8	PPO PLAN 9	PPO PLAN 10
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* (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* (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.
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* (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* (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.
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* (Copay, if applicable.) Maximum 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* (Copay, if applicable.) Maximum 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
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	Major Medical* 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	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)	Major Medical* \$35 copay Major Medical* (copay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)	Major Medical* \$35 copay Major Medical* (copay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)	Major Medical* \$35 copay Major Medical* (copay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)	Major Medical* \$35 copay Major Medical* (copay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)	Major Medical* \$35 copay Major Medical* (copay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)	Major Medical* \$35 copay Major Medical* (copay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)	Major Medical* \$35 copay Major Medical* (copay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)	Major Medical* \$35 copay Major Medical* (copay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)
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 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 calendar year	Major Medical* Limited to 100 visits per calendar year	Major Medical* Limited to 100 visits per calendar year
HOSPICE	100% of Covered Expense with a lifetime max of \$10,000									

Major Medical* - Deductible and coinsurance apply.

Explanation of Covered Expense:

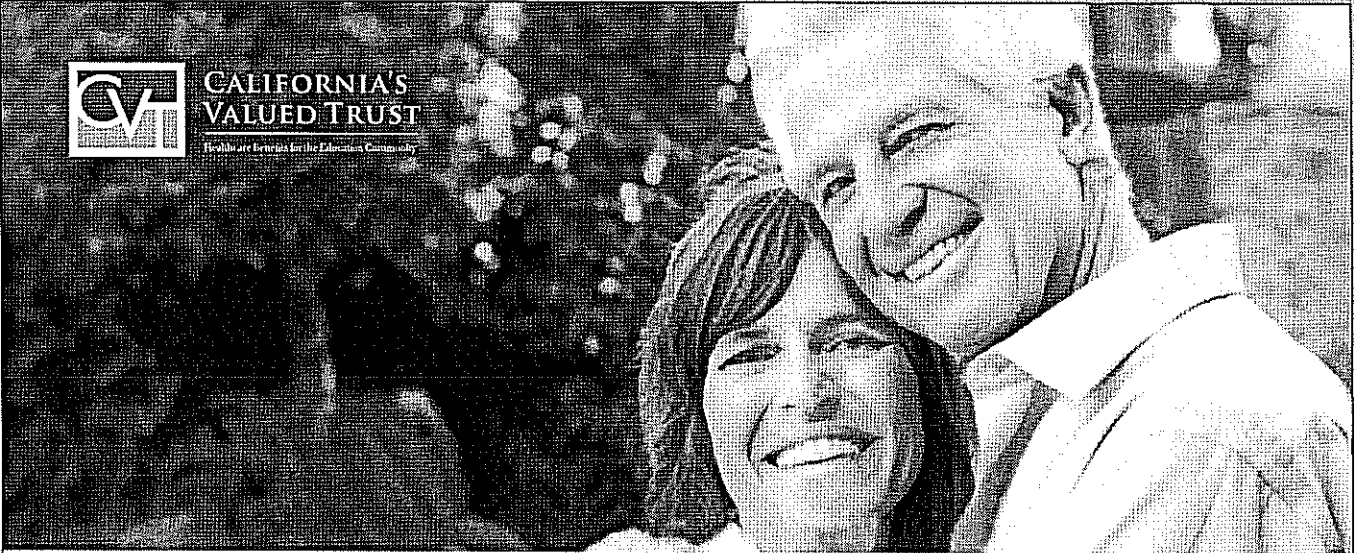
Plan payments are based on covered expense, which is the lesser of the charges billed by the provider or the following: PPO Providers - PPO negotiated rates. Members are not responsible for the difference between the provider's usual charges & the negotiated amount. Non-PPO Providers - For non-emergency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

- If your spouse or other dependent has prescription drug coverage under his/her own CVT group number or from another carrier, that coverage must be used first for those individuals that have this as the primary coverage. Any balances should be submitted to CVS/Caremark for consideration of payment.



**CALIFORNIA'S
VALUED TRUST**
Healthcare Benefits for the Educators Community



BETTER LIVING. HEALTHY REWARDS. INTRODUCING THE NEW CVT WELLNESS PPO PLAN.

We are excited to introduce the all-new Wellness PPO Plan designed not only to keep your healthcare costs as low as possible, but keep you in better health as well. This pioneering plan is being offered as a bargained benefit that specifically targets health initiatives, including prevention. It's about addressing and promoting good health as a way of life by building in rewards and credits which can be used towards out-of-pocket expenses for members who take a more active, positive stance on their own health.

This new plan looks like many other plans. But unlike others, it pays you back for taking an active role in your health. Here are some of the highlights of the new plan:

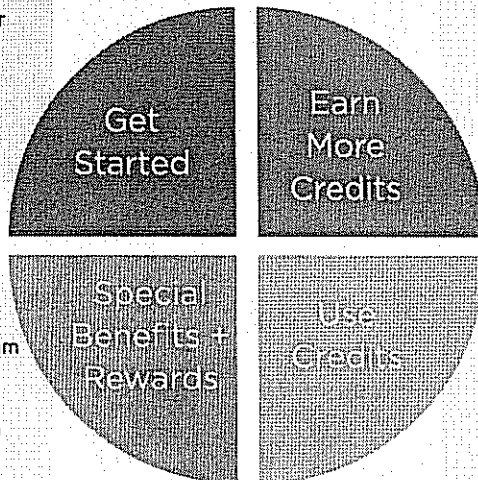
- **Deductible:** \$500 Individual/\$1,000 Family
- **Co-insurance:** 90/10
- **Out of Pocket Maximum per person:** \$500 plus deductible
- **Office visit co-pay:** \$20 Primary Care Physician and \$40 Specialist
- **Preventive care paid at 100% in-network:** For all eligible adults and children
- **Assigned Pharmacy Plan C:** Retail: \$7/\$25/\$40 (30 days supply) and Mail: \$15/\$60/\$90 (90 day supply)

You may be eligible for reduced pharmacy co-pays for being actively enrolled and participating in an approved AccordantCare Disease Management program. Reduced co-pays apply to select prescriptions for COPD, Diabetes, Asthma, Heart Failure and Coronary Artery Disease for members engaged in the corresponding disease management programs.

In addition, you can access other great services as needed at no extra cost to you.

- **24/7 Nurseline** offers members access to trained registered nurses anytime day or night
- **Healthy Lifestyles Program and One-on-One Telephone Coaching** to help members earn rewards and set goals on: Tobacco Cessation, Stress Management, Weight Management, Diet and Exercise. Healthy Lifestyles also includes benefits such as discounts on massage therapy, gym memberships, chiropractors and much more.
- **Future Moms Maternity Management Program** provides individualized support to expectant moms to achieve healthier pregnancies and deliveries
- **AccordantCare Disease Management Program** for members with chronic or rare diseases to discuss their health with a caring and supportive health expert
- **AudioHealth Library** where members can choose from a library of audio recordings containing the latest health information

- \$200 credited to your MyIncentive Account by CVT for member and spouse/domestic partner upon enrollment
- Create an online account at www.anthem.com/ca/cvt



- 24/7 Nurseline Access
- Healthy Lifestyles online program
- Staying Healthy Reminders
- Audio Health Library (English & Spanish)
- AccordantCare Disease Management prescription co-pay reduction incentive

- Online Health Assessment - \$100
- Healthy Lifestyles Telephonic Coaching Programs - \$100
- Future Moms Maternity Management Program - \$100

- For out-of-pocket expenses (deductible & coinsurance) for member, spouse/partner & dependents
- Reimbursement check mailed once member receives EOB for services (min. \$25)
- Credits roll over year to year (max. \$1,000 per person)
- Applied to Wellness PPO Plan only

Better living. More credit.

By enrolling in the new Wellness PPO Plan, you and your enrolled spouse/domestic partner will each receive an initial \$200 of credit from CVT just for signing up. Additional credits can be earned as you put the plan into practice. Each of you may earn up to \$400 per year to be used toward out-of-pocket deductible and coinsurance expenditures, including those of your enrolled dependent children.

- **You and your enrolled spouse/domestic partner will be able to earn credits by completing key tasks such as:**
 - > Completion of the online Health Assessment: \$100
 - > Enrollment in one of the five Healthy Lifestyles Telephonic Coaching Programs: \$50
 - > Completion of one of five Healthy Lifestyles Telephonic Programs: \$50
 - > Enrollment in Future Moms Maternity Management Program: \$50
 - > Completion of Future Moms Maternity Management Program: \$50
 - > You can also reduce pharmacy co-payments for certain prescriptions ONLY when enrolled and engaged with a nurse in an approved Accordant Disease Management Program (COPD, Diabetes, Asthma, Heart Failure and Coronary Artery Disease). Co-payments reduced to Retail: \$0/\$7/\$25 and Mail: \$0/\$15/\$60.

Am I eligible?

Yes. If you are a current CVT member and your district/unit has chosen to offer this plan, both you and your spouse/domestic partner are eligible to enroll.

- Option available as a plan selection to all participating district groups effective 10/1/10 (Anthem Blue Cross only)
- Retirees under age 65 if not enrolled for Medicare coverage
- If spouse is covered by Medicare, employee is not eligible unless coverage is employee only

We are in this with you.

At CVT, we want you to be an active participant in your own healthcare plan. The more you get involved in developing and maintaining a healthy lifestyle...the more it can directly impact your healthcare costs. We want to help our members with their preventive and health initiatives and we think they should be rewarded for it.

This new plan is now available for your district and/or unit to choose to offer as a possible fifth PPO option. For more information about selecting this as your plan please contact Member Services at **800.288.9870** or talk to your chapter president about how this may be included in your unit's plan offerings.



**CALIFORNIA'S
VALUED TRUST**

Healthcare Benefits for the Educational Community



**WELLNESS PPO PLAN
2010 / 2011**

BENEFIT	WELLNESS PPO PLAN
MAJOR MEDICAL*	Deductible: \$500 Individual / \$1,000 Family Coinsurance: 90/10 Out-of-Pocket Max: \$500 per person + deductible
DOCTOR VISITS	\$20 Primary Care Physician Copay / \$40 Specialist Copay Does not apply to deductible or out-of-pocket maximum
ANNUAL PHYSICAL	Paid at 100%
IMMUNIZATIONS	Paid at 100%
PREVENTIVE CARE FOR CHILDREN	Paid at 100% - As long as eligible
PREVENTIVE CARE FOR ADULTS	Paid at 100%
OUTPATIENT X-RAY & LAB	Major Medical*
PHYSICAL THERAPY	Major Medical* Copay, if applicable. Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.
CHIROPRACTIC	Major Medical* Copay, if applicable. Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.
ACUPUNCTURE	Major Medical* Copay, if applicable. Maximum of 12 visits per calendar year
HOSPITAL INPATIENT	Major Medical* Unlimited days, semi-private room

Page 2	WELLNESS PPO PLAN	
HOSPITAL EMERGENCY ROOM	\$35 co-pay Major Medical* (Copay waived if admitted as in-patient)	
RADIATION THERAPY, CHEMOTHERAPY & SURGERY	Major Medical*	
HOME HEALTH CARE	Major Medical* Limited to 100 visits per calendar year	
HOSPICE	100% of Covered Expense with a lifetime maximum of \$10,000	
DURABLE MEDICAL EQUIPMENT	Major Medical*	
AMBULANCE-GROUND/AIR	Major Medical*	
MENTAL HEALTH - INPATIENT	Major Medical*	
MENTAL HEALTH & SUBSTANCE ABUSE PROFESSIONAL CHARGES (INPATIENT/OUTPATIENT)	Major Medical*	
SUBSTANCE ABUSE INPATIENT	Major Medical*	
PRESCRIPTION DRUGS (CO-PAYMENTS)	<u>Retail</u> \$7 Generic \$25 Preferred \$40 Non-Preferred (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Preferred \$90 Non-Preferred (90-day supply)

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.

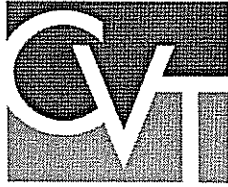
Non-PPO Providers - For non-emergency services, the scheduled amount. For emergency services, same as other health care providers.

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.

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



CALIFORNIA'S VALUED TRUST

Healthcare Benefits for the Education Community

PPO High Deductible Health Plans (HDHP) 2010 / 2011

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)
LIFETIME MAX PER PERSON	Effective 10/1/2010 there will no longer be a lifetime maximum.	
DOCTOR VISITS	Major Medical*	
IMMUNIZATIONS	Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider. Major Medical**	
PREVENTIVE CARE FOR CHILDREN	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	Certain age appropriate preventive care services will be covered without cost sharing at a contracted provider. Major Medical**	
OUTPATIENT X-RAY & LAB	Major Medical*	
RADIATION THERAPY, CHEMOTHERAPY & SURGERY	Major Medical*	
DURABLE MEDICAL EQUIPMENT	Major Medical*	
AMBULANCE-GROUND/AIR	Major Medical*	

PHYSICAL THERAPY	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.
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* with a lifetime maximum of \$10,000
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.

Mental Health Parity Effective October 1, 2010.

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