MUTA 2007-2008

	PLAN 1	PRESCRIPTION A	MONTHLY TOTAL	DISTRICT PAID	EMPLOYEE PAID	
Composite Rate	\$843.00	\$210.00	\$1,053.00	\$657.00	\$396.00	
	PLAN 4	PRESCRIPTION A	MONTHLY TOTAL	DISTRICT PAID	EMPLOYEE PAID	
Composite Rate	\$777.00	\$210.00	\$987.00	\$657.00	\$330.00	
	DI ANY C	PRESCRIPTION P	2402/2014	DICTRICT DATE	EMBY OVER BATE	
	PLAN 6	PRESCRIPTION B	MONTHLY TOTAL	DISTRICT PAID	EMPLOYEE PAID	
Composite Rate	\$706.00	\$189.00	\$895.00	\$657.00	\$238.00	
	PLAN 8	PRESCRIPTION C	MONTHLY TOTAL	DISTRICT PAID	EMPLOYEE PAID	
Composite Rate	\$617.00	\$171.00	\$788.00	\$657.00	\$131.00	
High Deductible	HDHP - 2	PRESCRIPTIONS	MONTHLY TOTAL	DISTRICT PAID	EMPLOYEE PAID	
Health Plans	\$606.00	NONE	\$606.00	\$657.00	-\$51.00	

CVT PPO HEALTH PLANS - 2007 / 2008

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 Colnsurance 100% Out-of-Pocket Max: Deductible	Deductible: \$100 Ind / \$300 family Coinsurance: 90/10 Out-of-Pocket Max: \$300 per person + deductible	Deductible: \$100 Ind / \$300 family Coinsurance: 90/10 Out-of-Pocket Max: \$300 per person + deductible	Deductible: \$250 Ind / \$750 family Colnsurance 80/20 Out-of-Pocket Max: \$1,000 per person + deductible	Deductible: \$250 Ind / \$750 family Coinsurance: 80/20 Out-of-Pocket Max: \$1,000 per person + deductible	Deductible: \$500 Ind / \$1,500 family Coinsurance: 80/20 Out-of-Pocket Max: \$2,000 per person + deductible	Deductible: \$1,000 Ind / \$3,000 family Coinsurance: 80/20 Out-of-Pocket Max: \$3,000 per person + deductible	Deductible: \$2,000 Ind / \$6,000 family Coinsurance: 80/20 Out-of-Pocket Max: \$4,000 per person + deductible
LIFETIME MAX PER PERSON	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
DOCTOR VISITS	Paid at 100% Par Rate to Preferred Providers	\$10 co-pay	\$10 co-pay (co-pay not applied to deductible)	\$10 co-pay (co-pay not applied to deductible or out-of- pocket max)	\$20 co-pay (co-pay not applied to deductible or out-of- pocket max)	\$10 co-pay (co-pay not applied to deductible or out-of- pocket max)	\$20 co-pay (co-pay not applied to deductible or out-of- pocket max)	Major Medical*	Major Medical*	Major Medical*
ANNUAL PHYSICAL	Up to \$200/year for employee and spouse; balance to Major Med*	Up to \$200/year for employee and spouse; balance to Major Med*	Up to \$200/year for employee and spouse; balance to Major Med*	Up to \$200/year for employee and spouse; balance to Major Med*	Up to \$200/year for employee and spouse; balance to Major Med*	Up to \$200/year for employee and spouse; balance to Major Med*	Up to \$200/year for employee and spouse; balance to Major Med*	Up to \$200/year for employee and spouse; balance to Major Med*	Up to \$200/year for employee and spouse; balance to Major Med*	Up to \$200/year for employee and spouse; balance to Major Med*
IMMUNIZATIONS	Employee & spouse covered under annual physical allowance. Paid at 100% Par Rate to Preferred Providers for covered dependent children.	Employee & spouse covered under annual physical allowance. Paid at 100% Par Rate to Preferred Providers for covered dependent children.	Major Medical* Employee & spouse covered under annual physical allowance,	Major Medical* Employee & spouse covered under annual physical allowance.	Major Medical* Employee & spouse covered under annual physical allowance.	Major Medical* Employee & spouse covered under annual physical allowance.	Major Medical* Employee & spouse covered under annual physical allowance.	Major Medical* Employee & spouse covered under annual physical allowanca.	Major Medical* Employee & spouse covered under annual physical allowance.	Major Medical* Employee & spouse covered under annual physical allowance.
PREVENTIVE CARE FOR CHILDREN	Paid at 100% Par Rate to Preferred Providers. Covered, as long as eligible	Paid at 100% Par Rate to Preferred Providers. Covered, as long as eligible	Major Medical* Covered, as long as eligible	Major Medical* Covered, as long as eligible	Major Medical* Covered, as long as eligible	Major Medical* Covered, as long as eligible				
WELL WOMAN: PAP SMEAR/ MAMMOGRAM	Paid at 100% Par Rate to Preferred Providers.	Paid at 100% Par Rate to Preferred Providers.	Major Medical*	Major Medicat*	Major Medicat*	Major Medical*	Major Medical*	Major Medical*	Major Medical*	Major Medical*
OUTPATIENT X- RAY & LAB	Paid at 100% Par Rate to Preferred Providers	Paid at 100% Par Rate to Preferred Providers	Major Medical*	Major Medical*	Major Medical*	Major Medical*				
PHYSICAL THERAPY	Paid at 100% Par Rate to Preferred Providers. Non-Par Providers limited to a combined maximum 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 maximum of 13 visits per year, max \$25 per visit.	Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.	Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per yeer, max \$25 per visit.	Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.	Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.	Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.	Major Medicat* 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	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 Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit	Paid at 100% Par Rate to Preferred Providers. (Co-pay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.	Major Medical* (Co-pay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.	Major Medical* (Co-pay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.	Major Medical* (Co-pay, if applicable,) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.	Major Medical* (Co-pay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.	Major Medical* (Co-pay, if applicable.) 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.	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	Paid at 100% Par Rate to Preferred	Paid et 100% Par Rate to Pref Providers	Major Medical* (Co-pay, if applicable)	Major Medical* (Co-pay, if applicable)	Major Medical* (Co-pay, if applicable)	Major Medical* (Co-pay, if applicable)	Major Medical* (Co-pay, if applicable)	Major Medical* Maximum of 12 visits	Major Medical* Maximum of 12 visits	Major Medical* Maximum of 12 visits

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
HOSPITAL INPATIENT	Paid at 100% Par Rate to Preferred Providers; Unlimited days; Semi private room	Paid at 100% Par Rate to Preferred Providers; Unlimited days; Semi private room	Major Medicat* Unlimited days, semi- private room	Major Medical* Unlimited days, semi- private room	Major Medicat* 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 co-pay (co-pay waived if admitted as in-patient)	\$35 co-pay (co-pay waived if admitted as in-patient)	\$35 co-pay Major Medical* (co-pay not applied to deductible and waived if admitted as in- patient)	\$35 co-pay Major Medical* (co-pay not applied to deductible or out-of- pocket max and waived if admitted as in-patient)	\$35 co-pay Major Medical* (co-pay not applied to deductible or out-of- pocket max and waived if admitted as in-patient)	\$35 co-pay Major Medical* (co-pay not applied to deductible or out-of- pocket max and walved if admitted as in-patient)	\$35 co-pay Major Medical* (co-pay not applied to deductible or out-of- pocket max and waived if admitted as in-patient)	\$35 co-pay Major Medical* (co-pay not applied to deductible or out-of- pocket max and walved if admitted as in-patient)	\$35 co-pay Major Medical* (co-pay not applied to deductible or out-of- pocket max and warved if admitted as in-patient)	\$35 co-pay Major Medical* (co-pay not applied to deductible or out-of- pocket max and waived if admitted as in-patient)
RADIATION, CHEMO, & SURGERY	Paid at 100% Par Rate to Preferred Providers	Paid at 100% Par Rate to Preferred Providers	Major Medical*	Major Medical*	Major Medical*	Major Medical*	Major Medical*	Major Medical*	Major Medical*	Major Medical*
HOME HEALTH CARE	Paid at 100% Par Rate to Preferred Providers Limited to 100 visits per calendar year	Paid at 100% Par Rate to Preferred Providers 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 maximum of \$10,000	100% of Covered Expense with a lifetime maximum of \$10,000	100% of Covered Expense with a lifetime maximum of \$10,000	100% of Covered Expense with a lifetime maximum of \$10,000	100% of Covered Expense with a lifetime maximum of \$10,000	100% of Covered Expense with a lifetime maximum of \$10,000	100% of Covered Expense with a lifetime maximum of \$10,000	100% of Covered Expense with a lifetime maximum of \$10,000	100% of Covered Expense with a lifetime maximum of \$10,000	100% of Covered Expense with a lifetime maximum of \$10,000
DURABLE MEDICAL EQUIPMENT	Paid at 100% Par Rate to Preferred Providers	Paid at 100% Par Rate to Preferred Providers	Major Medical*	Major Medical*	Major Medical*	Major Medical*	Major Medical*	Major Medical*	Major Medical*	Major Medical*
AMBULANCE- GROUND/AIR	100% of covered charges	100% of covered charges	Major Medical*	Major Medical*	Major Medical*	Major Medical*	Major Medical*	Major Medical*	Major Medical*	Major Medical*
MENTAL HEALTH INPATIENT	Facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year.	Facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year.	After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year.	After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year.	After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year.	After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year.	After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year.	After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year.	After deductible met, facility charges paid at 80% to Preferred Providers up to a meximum of 30 days per calendar year.	After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar year.
MENTAL HEALTH & SUBSTANCE ABUSE PROFESSIONAL CHARGES –	50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers.	50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers.	After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers.	After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers,	After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers,	After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers	After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers.	After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers	After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers	After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers,
(INPATIENT / OUTPATIENT)	(Substance Abuse Limited to 50 Visits Per Year)	(Substance Abuse Limited to 50 Visits Per Year)	(Substance Abuse Limited to 50 Visits Per Year)	(Substance Abuse Limited to 50 Visits Per Year)	(Substance Abuse Limited to 50 Visits Per Year)	(Substance Abuse Limited to 50 Visits Per Year)	(Substance Abuse Limited to 50 Visits Per Year)	(Substance Abuse Limited to 50 Visits Per Year)	(Substance Abuse Limited to 50 Visits Per Year).	(Substance Abuse Limited to 50 Visits Per Year)
SUBSTANCE ABUSE INPATIENT	\$300 Copay – After copay met, MHN Provider 100%, Non- Par – 50%. Two Courses of Treatment during lifetime	\$300 Copay After copay met, MHN Provider 100%, Non- Par 50%. Two Courses of Treatment during lifetime	\$300 Copay ~ After copay met, MHN Provider 100%, Non- Par ~ 50%. Two Courses of Treatment during lifetime	\$300 Copay – After copay met, MHN Provider 100%, Non- Par – 50%. Two Courses of Treatment during lifetime	\$300 Copay After copay met, MHN Provider 100%, Non- Par 50%. Two Courses of Treatment during lifetime	\$300 Copay – After copay met, MHN Provider 100%, Non- Par – 50%. Two Courses of Treatment during lifetime	\$300 Copay – After copay met, MHN Provider 100%, Non- Par – 50%. Two Courses of Treatment during lifetime	\$300 Copay – After copay met, MHN Provider 100%, Non- Par – 50%. Two Courses of Treatment during lifetime	\$300 Copay – After copay met, MHN Provider 100%, Non- Par – 50%. Two Courses of Treatment during lifetime	\$300 Copay – After copay met, MHN Provider 100%, Non- Par – 50%. Two Courses of Treatment during lifetime