

**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
	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 Coinsurance 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 Coinsurance 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 allowance.	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	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 Medical*	Major Medical*	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*	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 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 Medical* (Copay, 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.
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 at 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

