

SHASTA-TRINITY SCHOOLS INSURANCE GROUP
2011/12 Medical Plan Summary

	Plan C		Plan C-2	
	PPO	Non-PPO	PPO	Non-PPO
DEDUCTIBLES (Beginning 1/1/12)				
Per Individual Per Calendar Year	\$600	\$600	\$750	\$750
With Wellness Credit	\$100	\$100	\$250	\$250
Per Family Per Calendar Year	\$800	\$800	\$1,250	\$1,250
With Wellness Credit	\$300	\$300	\$750	\$750
Per PPO Hospital Confinement	Included Above	N/A	\$500	\$500
Per Non-PPO Confinement	N/A	Included Above	N/A	Included Above
Per Non-PPO Confinement not authorized	N/A	20%	N/A	20%
LIFETIME MAXIMUMS				
Medical Care (All Services)	Unlimited		Unlimited	
OUT-OF-POCKET LIMIT (Calendar Year Max) <i>(Excludes Copays & Deductibles)</i>				
Per Individual per cal yr	\$2,000	\$3,500	\$3,500	\$6,500
Per Family per cal yr	\$3,500	\$5,500	\$6,500	\$12,500
<i>(Applies to all coverages)</i>				
COINSURANCE				
Physician Office Visits	80%	80%*	80%	80%*
Office Visit Copay*****	\$35	\$35	\$35	\$35
With Wellness Credit	\$25	\$25	\$25	\$25
Specialist Office Visit Copay*****	\$45	\$45	\$45	\$45
With Wellness Credit	\$35	\$35	\$35	\$35
Hospital Services**	80%	70%*	80%	60%*
With Wellness Credit	80%	80%*	80%	80%*
Ambulatory Surgical Centers	80%	70% (max. \$350/day)	80%	60% (max. \$350/day)
Preauthorization Required - waived for ER admissions**				
Emergency Room Visits	80%	80%*	80%	80%*
ER Copay (waived if admitted)		\$200		\$200
With Wellness Credit		\$100		\$100
Non Emergency Use	70%	70%*	70%	70%*
Medical/Surgical	80%	70%*	80%	60%*
Pre-operative Testing	80%	70%*	80%	60%*
Xray & Lab (Illness/Injury Only)	80%	80%*	80%	80%*
Maternity Care	80%	70%*	80%	60%*
Home Health Care	80%	80%*	80%	80%*
Visits/calendar year	65	65	65	65
Skilled Nursing Facility Care	80%	70%*	80%	60%*
Hospice Care	80%	70%*	80%	60%*
Ambulance - Ground/Air***	80%	80%	80%	80%*
Copay*****	\$35	\$35	\$35	\$35
All other covered services	80%	70%*	80%	60%*
Prosthetic Devices	80%	70%*	80%	60%*
Maximum	N/A	N/A	N/A	N/A
Durable Medical Equipment	80%	70%*	80%	60%*
Maximum	N/A	N/A	N/A	N/A
THERAPY				
Physical	80%	80%*	80%	80%*
Copay*****	\$35	\$35	\$35	\$35
With Wellness Credit	\$25	\$25	\$25	\$25
Visits/Calendar Year	40	40	40	40
Speech****	80%	80%*	80%	80%*
Copay*****	\$35	\$35	\$35	\$35
With Wellness Credit	\$25	\$25	\$25	\$25
Visits/Calendar Year	40	40	40	40

Denotes Non-Wellness Plan

Denotes Wellness Plan

	Plan C		Plan C-2	
	PPO	Non-PPO	PPO	Non-PPO
PREVENTIVE CARE***** (Effective 7/1/11)				
Routine Physical Exam Benefit	Unlimited 100% (Each family member)		Unlimited 100% (Each family member)	
Routine Diagnostic X-Ray & Lab	100%	100%*	100%	100%*
Routine Pap Smear	100%	100%*	100%	100%*
Routine Mammogram	100%	100%*	100%	100%*
Well Baby Care	100%	100%*	100%	100%*
Smoking Cessation Products	\$500 Lifetime Max		\$500 Lifetime Max	
Immunizations (Age Appropriate)	100%	100%*	100%	100%*
MENTAL HEALTH CARE				
Inpatient Hospital Care** (Subject to Deductible)	80%	80%*	80%	80%*
Outpatient Care	80%	80%*	80%*	80%*
Copay	\$35	\$35	\$35	\$35
Copay w/ Wellness Credit	\$25	\$25	\$25	..
CHEMICAL DEPENDENCY CARE				
Inpatient Hospital Care** (Subject to Deductible)	80%	80%*	80%	80%*
Maximum	Detox Only		Detox Only	
Outpatient Care	80%	80%*	80%*	80%*
Copay	\$35	\$35	\$35	\$35
Copay w/ Wellness Credit	\$25	\$25	\$25	\$25
CHIROPRACTIC CARE				
Benefit	80%	No benefit	No benefit	No benefit
Copay*****	\$35			
With Wellness Credit	\$25			
Maximum/calendar year	40			
ACUPUNCTURE				
Benefit	Combined w/Chiro	No benefit	No benefit	No benefit
PRESCRIPTION DRUG				
	Mandatory Generic/Closed Formulary		Mandatory Generic/Closed Formulary	
RETAIL PHARMACY				
Generic Copay	\$10	\$10 + 50%	\$10	\$10 + 50%
Brand Copay (Formulary)	\$30	\$30 + 50%	\$30	\$30 + 50%
With Wellness Credit (Disease Mgmt. Program)#	\$20	\$20 + 50%	\$20	\$20 + 50%
Brand Copay (Non-Formulary)	\$40	\$40 + 50%	\$40	\$40 + 50%
With Wellness Credit (Disease Mgmt. Program)#	\$30	\$30 + 50%	\$30	\$30 + 50%
Maximum Supply	30 days		30 days	
MAIL ORDER SERVICE				
Generic Copay	\$20	N/A	\$20	N/A
Brand Copay (Formulary)	\$60	N/A	\$60	N/A
With Wellness Credit (Disease Mgmt. Program)#	\$40	N/A	\$40	N/A
Brand Copay (Non-Formulary)	\$80	N/A	\$80	N/A
With Wellness Credit (Disease Mgmt. Program)#	\$60	N/A	\$60	N/A
Maximum Supply	90 days	N/A	90 days	N/A

This summary is intended for comparison purposes only. The certificate should be viewed for a detailed explanation of the plan coverage.

* Subject to UCR. Strongly recommend utilization of PPO network except where indicated.

** Pre-certification required. 20% penalty if not preauthorized.

*** Medically Necessary Only

**** No benefits except following surgery, injury or non-congenital organic disease.

*****Deductible waived where applicable

Denotes Non-Wellness Plan

*****Deductible waived if admitted to facility immediately following ER treatment.

Denotes Wellness Plan

#1-800-621-2232 to Enroll in Condition Care Disease Management Program