

VC64		valUcare HDHP	
<b>Plan Overview</b>			
Package ID	VC64		
Plan Name	valUcare HDHP		
Plan Type	HDHP		
Quoting Period	01/01/2012 - 03/31/2012		
<b>Plan features</b>			
Primary Care Physician (PCP)	Not required		
Referrals	Not required		
Out of network benefits	Covered at 60%, subject to the deductible		
Out of area benefits	out-of-network benefits are available, but additional costs may apply		
Student/Dependent coverage	Qualified dependents are covered to age 26		
Domestic partner	Covered		
Wellness Incentives	Tools & guides to being active, eating right and staying healthy		
<b>Plan cost-sharing highlights</b>			
Office visit copay (Primary Care Physician)	No copay, office visit covered at 80% in-network and 60% out-of network, subject to the deductible		
Office visit copay (Specialist)	No copay, office visit covered at 80% in-network and 60% out-of-network, subject to the deductible		
Coinsurance	In network: Covered at 80%; Out of network: Covered at 60%		
Deductible	Combined in and out of network: \$1300 Individual / \$2600 Family		
Out of pocket maximum	Combined in and out of network: \$3000 Individual / \$6000 Family		
Lifetime maximum	None		
<b>Plan Benefits</b>			
<b>Preventive Healthcare Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>	
Well child visits	Covered in full	Covered in full	
Adult routine physical exams	Covered in full for 1 exam per year	Covered at 60%, subject to the deductible for one routine exam per year	
+Adult immunizations	Covered in full	Covered at 60%, subject to the deductible	
+Mammography	Covered in full	Covered at 60%, subject to the deductible	
+Pap smear	Covered in full	Covered at 60%, subject to the deductible	
Routine GYN Exam	Covered in full	Covered at 60%, subject to the deductible	
Prostate cancer screening	Covered in full	Covered at 60%, subject to the deductible	
Routine vision	Covered at 80%, subject to the deductible for one routine exam per year.	Covered at 60%, subject to the deductible for one routine exam per year.	
+Colonoscopy	Preventive screening covered in full	Covered at 60%, subject to the deductible	
<b>Physician Office Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>	
Diagnostic office visits	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible	
Diagnostic x-rays	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible	
Diagnostic laboratory and pathology	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible	
Allergy tests	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible	
Allergy injections	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible	
Chemotherapy	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible	
Radiation therapy	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible	
<b>Maternity Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>	
Prenatal and postpartum care	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible	
Hospital care for mom (including delivery)	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible	
Newborn nursery care	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible	
<b>Prescription Drug</b>	<b>In-Network</b>	<b>Out-of-Network</b>	
Short-term and maintenance drugs	\$5/\$35/\$70; subject to plan deductible. \$0 copay for generics for children to age 19	Not covered	
<b>Inpatient Hospital Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>	
Hospital benefits	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible	
Physician visits in the hospital	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible	
Inpatient physical rehabilitation	Covered at 80%, subject to the deductible for up to 60 days per year	Covered at 60%, subject to the deductible for up to 60 days per year	

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<b>Surgery</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Anesthesia</b>	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible
<b>Emergency Care</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Emergency room care</b>	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible
<b>Freestanding urgent care center</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Ambulance</b>	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible
<b>Outpatient Hospital Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Diagnostic x-rays</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Diagnostic laboratory and pathology</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Surgical care</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Chemotherapy</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Radiation Therapy</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Mental Health and Chemical Dependence</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Inpatient mental health care</b>	Covered at 80%, subject to the deductible for up to 30 days per year	Covered at 60%, subject to the deductible for up to 30 days per year.
<b>Outpatient mental health care</b>	Covered at 80%, subject to the deductible, for up to 20 visits per year. Services can be provided in an outpatient facility or in a provider's office.	Covered at 60%, subject to the deductible, for up to 20 visits per year. Services can be provided in an outpatient facility or in a provider's office.
<b>Inpatient chemical dependence</b>	Covered at 80%, subject to the deductible for up to 7 days for detoxification and 30 days for rehabilitation per year; limited to 2 admissions per lifetime.	Covered at 60%, subject to the deductible for up to 7 days for detoxification and 30 days for rehabilitation per year; limited to 2 admissions per lifetime.
<b>Outpatient chemical dependence</b>	Covered at 80%, subject to the deductible for up to 60 visits per year	Covered at 60%, subject to the deductible for up to 60 visits per year
<b>Other Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Diabetic insulin and supplies</b>	Covered at 80%, subject to the deductible for up to a 30 day supply	Covered at 60%, subject to the deductible for up to a 30 day supply
<b>Skilled nursing facility</b>	Covered at 80%, subject to the deductible for up to 45 days per year	Covered at 60%, subject to the deductible for up to 45 days per year
<b>Home care</b>	Covered at 80%, subject to the deductible for up to 40 visits per year	Covered at 60%, subject to the deductible for up to 40 visits per year
<b>Hospice</b>	Covered at 80%, subject to the deductible for unlimited visits per year	Covered at 60%, subject to the deductible for unlimited visits per year
<b>Outpatient therapy</b>	Covered at 80%, subject to the deductible for a combined total of 45 visits per year for physical, speech and occupational therapy	Covered at 60%, subject to the deductible for a combined total of 45 visits per year for physical, speech and occupational therapy
<b>Durable medical equipment</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>External prosthetics</b>	Covered at 80% subject to the deductible	Covered at 60%, subject to the deductible
<b>Chiropractic</b>	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
<b>Acupuncture</b>	Covered at 80%, subject to the deductible, for up to 10 visits per year	Covered at 60%, subject to the deductible, for up to 10 visits per year
<b>Dental</b>	Covered at 80%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	Covered at 60%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly
<b>Hearing</b>	Covered at 80%, subject to the deductible, for one routine hearing exam per year	Covered at 60%, subject to the deductible, for one routine hearing exam per year

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. All benefits are subject to medical necessity. All day and visit limits are combined limits for both in and out of network benefit. +Preventive Services coverage required by the Federal Patient Protection and Affordable Care Act are not quoted herein. Please refer to the United States Preventive Services Task Force list of items and services rated "A" or "B" that are covered pursuant to the Federal Patient Protection and Affordable Care Act requirements.

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