

Foothill - De Anza Community College District - Plan Year 2009/2010 Summary of Benefits

| Medical Benefits Plan Options | | | | |
|---|--|--|---|---|
| COVERAGE DESCRIPTION | Kaiser Foundation Health Plan | Exclusive Provider Organization (EPO) Medical Plan | Preferred Provider Organization (PPO) Medical Plan | |
| Plan Type | HMO | EPO | PPO | |
| | | | In Network | Out of Network |
| Deductible (Calendar Year) | \$0/person \$0/family | \$150/ person maximum of \$400 per family | \$0/person \$0/family | \$0/person \$0/family |
| Office Visits | \$10 copay | \$20 copay | 20 copay | Plan Pays 80% of UCR Employee Pays 20% |
| Outpatient Services (i.e. labs/x-rays) | \$10 Per Procedure | Deductible Applies | No Copay | Plan Pays 80% of UCR |
| Preventative Care | \$10 copay | \$20 copay/\$300 maximum allowance for annual physical | \$20 copay | Plan Pays 80% of UCR |
| Urgent Care | \$10 Copay | \$20 Copay | \$20 Copay | Plan Pays 80% of UCR |
| Hospitalization | No Charge | \$50 copay Deductible Applies | \$0 | \$0 |
| Out of Pocket Maximum | \$1,500/person \$3,000/family | \$600 /person \$1,800/family | \$400/person \$1,200/family | \$2,000/person \$6,000/family |
| Chiropractic Care | \$10 copay | \$20 copay | \$20 copay | Plan Pays 80% of UCR |
| Chiropractic Maximum | 30 Visits Per Year | 10 visits per year | Subject to Pre- Authorization (after 12 visits), annual limit of 30 visits | |
| Emergency Room | \$50 Copay (If admitted, waived) | \$50 Copay (If admitted, waived) | \$50 Copay (If admitted, waived) | \$50 Copay (If admitted, waived) |
| | | 80% if emergency criteria not met Deductible Applies | 80% if emergency criteria not met | 80% if emergency criteria not met |
| Mental Health | | | | |
| Inpatient | No Charge | \$50 Copay, Deductible Applies | 100% of UCR | Plan Pays 80% of UCR |
| Inpatient Maximum | 45 Days | 30 Days per calendar year | None | None |
| Outpatient | Individ. - \$10 copay, Group - \$5 copay | \$20 Copay | \$20 Copay | Plan Pays 80% of UCR |
| Outpatient Maximum | 20 Visits Per Year | 25 Visits per calendar year (1 visit a day) | 25 Visits per calendar year | 25 Visits per calendar year |
| Substance Abuse | | | | |
| Inpatient | No Charge | \$50 Copay, Deductible Applies | 100% of UCR | Plan Pays 80% of UCR |
| Inpatient Maximum | Detox Only | 30 Days per calendar year | 30 Days per calendar year | 30 Days per calendar year |
| Outpatient | Individ. - \$10 copay, Group - \$5 copay | Deductible applies then Plan Pays 50% of UCR | Plan Pays 50% of UCR | Plan Pays 50% of UCR |
| Outpatient Maximum | None | \$2,000 Per Year, \$50 Per Visit | \$2,000 Per Year, \$50 Per Visit | \$2,000 Per Year, \$50 Per Visit |
| Prescription Drug | | | | |
| Retail (per 30 days supply) | | | | |
| Generic | \$5 Copay | \$5 Copay | \$5 Copay | Reimbursed at a Scheduled Amount |
| Brand | \$10 Copay | \$15 Copay | \$15 Copay | Reimbursed at a Scheduled Amount |
| Mail Order (min. 90 days supply) | | | | |
| Generic | \$5 Copay | \$10 Copay | \$10 Copay | Not Available |
| Brand | \$10 Copay | \$30 Copay | \$30 Copay | Not Available |
| *HALF TAB (min. 90 days supply) | | | | |
| Generic | | Pay half of the \$10 copay/90 days supply or \$5/90 days mail order | | Not Available |
| Brand | | Pay Half of the \$30 copay/90 days supply or \$15/90 days mail order | | Not Available |
| | | <i>NOTE: Both Self-Funded Plans have \$500 per person annual cap on mail order copay</i> | | |
| Lifetime Maximum | UNLIMITED | \$2,000,000 (Medical + Rx plans) | \$2,000,000 In and Out of Network (Medical + Rx Plans) | |

Notes: 1) Retirees who live outside of the U.S. territory or employees who live more than 30 miles from the nearest EPO provider must enroll in the PPO Plan.

2) Retirees' monthly premium (PPO Plan) for dependent coverage will be billed directly from UnitedHealthcare Benefits Services, toll free: 1-866-747-0048, www.uhcservices.com.

3) Members selecting the Exclusive Provider Organization (EPO) Medical Plan - MUST choose only providers under the UnitedHealthcare Choice PPO Network

4) Members selecting the Preferred Provider Organization (PPO) Medical Plan - Can access providers under the UnitedHealthcare Choice Plus PPO Network plus and non-network providers

* 5) Half Tab is a voluntary program. Not all medications are appropriate for tablet splitting. Please consult with your physician before splitting any prescription tablets. Get your FREE tablet splitter by calling 1-877-471-1860. For more information visit www.halftablet.com.

6) Services for some non-traditional care may be available subject to medical necessity and pre-authorization review.

MONTHLY EMPLOYEE CONTRIBUTION FOR FISCAL YEAR 2009-2010: Rates subject to change annually

| COVERAGE TYPE | Kaiser Foundation Health Plan | Exclusive Provider Organization (EPO) Medical Plan | PPO PLAN - Employee's Monthly contribution over 12 months period |
|----------------------------------|--------------------------------------|---|---|
| Employee Only | \$0 | \$0 | \$0 |
| Employee Plus One | \$0 | \$0 | \$142.08 |
| Employee Plus Two or More | \$0 | \$0 | \$266.38 |

This is a brief summary of the most frequently used benefit provisions. Please refer to the Evidence of Coverage or the Summary Plan Description for a complete detail of benefit limitations, exclusions and general program parameters.

Prepared by Christine Vo, 3/25/09