

Summary of Benefits for Plan Year 2007-2008

Foothill - De Anza Community College District - 2007/2008 Medical Benefits Plan Options

COVERAGE DESCRIPTION	Kaiser Foundation Health Plan	District Network Only Plan (PPO)	District Combined Coverage Medical Plan (PPO+)	
Plan Type	HMO	PPO Network Only	In Network	PPO+ 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%
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
Hospitalization	No Charge	\$50 copay Deductible Applies	\$0	\$0
Outpatient Services	\$10 Per Procedure	Deductible Applies	No Copay	Plan Pays 80% of UCR
Preventative Care	\$10 copay	\$20 copay	\$20 copay	Plan Pays 80% of UCR
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	
Lifetime Maximum	None	\$2,000,000 (carryover from District Plan)	\$2,000,000 In and Out of Network (carryover from District Plan)	
Urgent Care	\$10 Copay	\$20 Copay	\$20 Copay	Plan Pays 80% of UCR
Emergency Room	\$50 Copay (If admitted, waived)	\$50 Copay (If admitted, waived) Deductible Applies	\$50 Copay (If admitted, waived) 80% if emergency criteria not met	\$50 Copay (If admitted, waived) 80% if emergency criteria not met
Mental Health		80% if emergency criteria not met		
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

NOTE: Both Self-Funded Plans have \$500 per person annual cap on mail order copay

- Notes:** 1) Retirees who live outside of the U.S. territory or employees who live more than 30 miles from the nearest PPO provider must enroll in the PPO + Plan.
2) Retirees' monthly premium (PPO+ Plan) for dependent coverage will be billed directly from UHCDirectBill Business Unit, toll free (1-866-747-0048), email: CustomerService@UHCDire
3) Members selecting District Network Only Plan (PPO) - MUST choose only providers under the UnitedHealthcare Choice PPO Network
4) Members selecting District Combined Coverage Medical Plan (PPO+) - Can access providers under the UnitedHealthcare Choice Plus PPO Network plus and non-network providers
5) Services for some non-traditional care may be available subject to medical necessity and pre-authorization review.

MONTHLY EMPLOYEE CONTRIBUTION FOR FISCAL YEAR 2007-2008 Rates subject to change annually

COVERAGE TYPE	Kaiser Foundation Health Plan	District Network Only Plan (PPO)	PPO + PLAN - Employee's Monthly contribution over 12 months period
Employee Only	\$0	\$0	\$0
Employee Plus One	\$0	\$0	\$115.00
Employee Plus Two or More	\$0	\$0	\$187.00

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.