

# Valassis 2012 Medical Plans

	Traditional PPO Plan		Health Choice Savings Plan	
	In-Network	Out of Network	In-Network	Out of Network
Primary Care Office Visit	\$25	60% after deductible	100% after deductible	100% after deductible
Specialist Visit	\$35	60% after deductible	100% after deductible	100% after deductible
Annual deductible				
Individual	\$600	\$1,200	\$2,000	\$4,000
Individual + 1	\$1,200	\$2,400	\$4,000	\$8,000
Family	\$1,200	\$2,400	(Family deductible must be met before plan pays) \$4,000	(Family deductible must be met before plan pays) \$8,000
Annual out-of-pocket Maximum (includes deductible and excludes co-pays)				
Individual	\$2,100	\$3,200	\$2,000	\$4,000
Individual + 1	\$4,200	\$6,400	\$4,000	\$8,000
Family	\$4,200	\$6,400	\$4,000	\$8,000
Preventive Services				
Mammograms (1/year)	100%	60% after deductible	100%	100% after deductible
Pap Tests (1/year)	100%	60% after deductible	100%	100% after deductible
Gynecological Exam (1/year)	100%	60% after deductible	100%	100% after deductible
Annual Physical (16 yrs. +)	100%	60% after deductible	100%	100% after deductible
Immunizations	100%	60% after deductible	100%	100% after deductible
Routine Endoscopic Treatments (1/year each)	100%	60% after deductible	100%	100% after deductible
Well Child	100%	60% after deductible	100%	100% after deductible
(Routine Physical Exam - Child)	100%	60% after deductible	100%	100% after deductible
	Child: First 12 months of life: 6 exams; 2 - 3 years: 2 exams; 4 -15 years: 1 exam/calendar year		Child: First 12 months of life: 6 exams; 2 - 3 years: 2 exams; 4 -15 years: 1 exam/calendar year	
Allergy Tests and Treatment	80% after deductible	60% after deductible	100% after deductible	100% after deductible
Prenatal/Postnatal Care (Mother)	First Visit \$25, then 80% after deductible	60% after deductible	100% after deductible	100% after deductible
Diagnostic Laboratory and Radiology Services	80% after deductible	60% after deductible	100% after deductible	100% after deductible
Radiation and Chemo Therapy	100% after deductible	60% after deductible	100% after deductible	100% after deductible
Short Term Rehab Visits (60 visit limit)	\$35 copay	60% after deductible	100% after deductible	100% after deductible
Outpatient Surgery	80% after deductible	60% after deductible	100% after deductible	100% after deductible
Inpatient Hospital Admissions - Facility Charge	80% after deductible	60% after deductible	100% after deductible	100% after deductible
Associated Professional Services	80% after deductible	60% after deductible	100% after deductible	100% after deductible
Emergency Room LifeThreatening	\$100 copay (copay waived if admitted)	\$100 copay (copay waived if admitted)	100% after deductible	100% after deductible
Urgent Care (Facility-Based)	\$35 copay	60% after deductible	100% after deductible	100% after deductible
Chiropractic Care (20 visit max)	\$35 copay	60% after deductible	100% after deductible	100% after deductible
Hospice	80% after deductible	60% after deductible	100% after deductible	100% after deductible
Skilled Nursing (120 day max)	80% after deductible	60% after deductible	100% after deductible	100% after deductible
Home Health (120 visit max)	80% after deductible	60% after deductible	100% after deductible	100% after deductible
Ambulance	80% after deductible	60% after deductible	100% after deductible	100% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible	100% after deductible	100% after deductible
Outpatient Mental Health Visits	\$35 copay	60% after deductible	100% after deductible	100% after deductible
Inpatient Mental Health - Facility Charge	80% after deductible	60% after deductible	100% after deductible	100% after deductible
Associated Professional Services	80% after deductible	60% after deductible	100% after deductible	100% after deductible
Outpatient Chemical Dependency Visits	\$35 copay	60% after deductible	100% after deductible	100% after deductible
Inpatient Chemical Dependency - Facility Charge	80% after deductible	60% after deductible	100% after deductible	100% after deductible
Associated Professional Services	80% after deductible	60% after deductible	100% after deductible	100% after deductible
Prescription Drug through Caremark/CVS	In-Network Only		In-Network Only After Deductible	
Retail - 30 Day Supply	\$10 copayment generic / 20% coinsurance - \$30 min & \$50 max formulary/30% coinsurance - \$50 min & \$75 max non-formulary		\$10 copayment generic - \$40 copayment formulary - \$65 copayment non-formulary - \$1,000/\$2,000 out of pocket max then 100%	
Mail Order - 90 Day Supply	2 times retail		2 times retail	

**NOTE: This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Consult your plan documents to determine governing contractual provisions, including procedures, exclusions, pre-certification requirements and limitations relating to our plan. All day or visit maximums in the above chart apply to in- and out-of-network services combined.**