

**DANVILLE AREA COMMUNITY COLLEGE
2007-2008 Health Plan Employee Options**

	Option One (0501)		Option Two (0502)		Option Three (0505)		Option Four (0506)	
	PPO Providers	NonPPO Providers	PPO Providers	NonPPO Providers	PPO Providers	NonPPO Providers	PPO Providers	NonPPO Providers
Deductible/Out-of-Pocket								
Lifetime Maximum Benefit	Unlimited	No Coverage		Unlimited		\$2,000,000		\$2,000,000
Per Confinement Deductible	----	No Coverage	None					
Plan Year Deductible	None	No Coverage		\$200	\$200	\$500 (\$1000 Family)	\$1000 (\$2000 Family)	\$500 (\$1500 Family) \$1000 (\$3000 Family)
Out-of-Pocket Maximum								
Individual	None	No Coverage	\$800	\$3,000	\$2,000	\$4,000	\$2,000	\$4,000
Family	None	No Coverage	\$2,000	\$7,000	\$4,000	\$8,000	\$6,000	\$12,000
Special Coverages								
Second Surgical Opinion	100% after a \$10 co-pay	No Coverage			80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Voluntary	----			80% No Deductible	----		----	
Required	----			100% No Deductible				
Well Child Care (through age 6)								
Office Visits	100% after a \$10 co-pay	No Coverage		80% No Deductible	100% after a \$20 copay	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Immunizations/Routine Lab Work	100%	No Coverage		100% No Deductible	100% after a \$20 copay	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
School Health Exams (grades 5 and 8)								
Office Visits	100% after a \$10 co-pay	No Coverage		80% No Deductible	100% after a \$20 copay	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Immunizations/Routine Lab Work	100%	No Coverage		100% No Deductible	100% after a \$20 copay	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Adult Physicals (age 19 and over)								
Office Visits	100% after a \$10 co-pay	No Coverage		80% No Deductible	100% after a \$20 copay	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Immunizations/Routine Lab Work	100%	No Coverage		100% No Deductible				
Pap Smear	100%	No Coverage		100% No Deductible	100% No Deductible	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Related Exam	100% after a \$10 co-pay	No Coverage		80% No Deductible	100% No Deductible	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Related Professional charges	100%	No Coverage		80% No Deductible	100% No Deductible	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Mammograms	100%	No Coverage		100% No Deductible	100% No Deductible	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Related Professional charges	100%	No Coverage		80% No Deductible	100% No Deductible	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Sigmoidoscopy	100%	No Coverage		80% No Deductible	100% No Deductible	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Fecal Occult Blood Testing	100%	No Coverage		100% No Deductible	100% No Deductible	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Related Professional charges	100%	No Coverage		80% No Deductible	100% No Deductible	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
PSA Test	100%	No Coverage		100% No Deductible	100% No Deductible	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Related Exam	100% after a \$10 co-pay	No Coverage		80% No Deductible	100% No Deductible	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Related Professional charges	100%	No Coverage		80% No Deductible	100% No Deductible	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Physician and Office Services								
Office Visits	100% after a \$10 co-pay	No Coverage		80% Deductible Applies	100% after a \$20 copay	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Surgeon	100%	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Diagnostic X-ray & Lab	100%	No Coverage		100% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Independent Lab, Radiologist & Pathologist	100%	No Coverage		100% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Allergy Injections	100%	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Allergy Testing	100%	No Coverage		100% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Acupuncture for treatment of chronic pain	100% after a \$10 co-pay	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Christian Science Practitioner	100% after a \$10 co-pay	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Nurse Practitioner	100% after a \$10 co-pay	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Dietician Services/Consultation	100%	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Chemotherapy	100%	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Physical, Occupational & Speech Therapy	100%	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Chiropractic Services	100% after a \$10 co-pay	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Podiatric Services								
Office Visits	100% after a \$10 co-pay	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Surgery	100%	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
X-ray & Lab	100%	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Orthotics	100%	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Infertility Services								
Physician Charges	100% after a \$10 co-pay	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Lab/X-ray	100%	No Coverage		100% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Other Covered Services								
Outpatient Hospital & Ambulatory Surgical Center								
Facility	100%	No Coverage	90% Deductible Applies	65% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Surgi-Center/Ambulatory Surgicenter (Facility Fee Only)	----			90% Deductible and Network OOP Applies	----		----	
Emergency Room	100% after a \$150 co-pay	No Coverage		80% after a \$200 per visit co-pay, Deductible Applies	100% after a \$150 co-pay	100% after a \$150 co-pay	80% (\$50 penalty for non-emergencies)	60% (\$50 penalty for non-emergencies)
Urgent Care Facility	100% after a \$10 co-pay	No Coverage			100% after a \$150 co-pay	100% after a \$150 co-pay	80% Deductible Applies	60% Deductible Applies
Non-Emergency Care	----			80% Deductible Applies	----		----	
Emergency Care	----			100% Deductible Applies	----		----	
Lab/X-ray	----			100% Deductible Applies	----		----	
Diagnostic X-ray & Lab	100%	No Coverage		100% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Pre-Admission Testing	100%	No Coverage		90% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Surgeon	100%	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Physical, Occupational & Speech Therapy	100%	No Coverage		90% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Chemotherapy & Radiation Therapy	100%	No Coverage		90% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Assistant Surgeon, Anesthesiologist, & Consulting Physician	100%	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Pathologist, Radiologist	100%	No Coverage		100% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Other Covered Services	100%	No Coverage		90% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Inpatient Hospital								
Room, Board & Miscellaneous	100% after a \$150 co-pay	No Coverage	90% Deductible Applies	65% Deductible Applies	80% after a \$150 co-pay	60% after a \$150 co-pay	80% Deductible Applies	60% Deductible Applies
Nursery	100% after a \$150 co-pay	No Coverage	90% Deductible Applies	65% Deductible Applies	80% after a \$150 co-pay	60% after a \$150 co-pay	80% Deductible Applies	60% Deductible Applies
Diagnostic X-ray & Lab	100%	No Coverage	90% Deductible Applies	65% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Surgeon	100% after a \$10 co-pay	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Physician Visits	100% after a \$10 co-pay	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Private Duty Nursing	100%	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Assistant Surgeon, Anesthesiologist, & Consulting Physician	100%	No Coverage		80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Other Covered Services	100%	No Coverage		90% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Other Covered Services								
Extended Care Facility	100% after a \$150 co-pay	No Coverage		80% Deductible Applies	80% after a \$150 co-pay	60% after a \$150 co-pay	80% Deductible Applies	60% Deductible Applies

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2007-2008 Health Plan Employee Options**

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	PPO Providers	NonPPO Providers	PPO Providers	NonPPO Providers	PPO Providers	NonPPO Providers	PPO Providers	NonPPO Providers
Home Health Care	100%	No Coverage	80% Deductible Applies	80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Hospice Care	100%	No Coverage	80% Deductible Applies	80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Rbereavement Counseling	100%	No Coverage	80% Deductible Applies	80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Ambulance	100%	No Coverage	80% Deductible Applies	80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Durable Medical Equipment	80%	No Coverage	80% Deductible Applies	80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Prosthetic Appliances	80%	No Coverage	80% Deductible Applies	80% Deductible Applies	80% Deductible Applies	60% Deductible Applies	80% Deductible Applies	60% Deductible Applies
Smoking Cessation Program	100% up to \$50	No Coverage	100% up to \$50	100% up to \$50	80% up to \$150	60% up to \$150	80% Deductible Applies	60% Deductible Applies
Psychiatric & Substance Abuse Care								
Inpatient Care	100% after a \$150 co-pay	No Coverage	\$50 per day co-pay up to \$275 per admission, 100% co-insurance	\$50 per day copay up to \$250 per admission, 60% co-insurance	80% after a \$150 co-pay	60% after a \$150 co-pay	80% Deductible Applies	60% Deductible Applies
Inpatient Physicians	100% after a \$20 co-pay	No Coverage	100% after a \$15 per day co-pay	50% limited to \$35 per visit	80% after a \$20 co-pay	60% after a \$20 co-pay	80% Deductible Applies	60% Deductible Applies
Outpatient Care/Physician Visits	100% after a \$20 co-pay	No Coverage	100% after a \$15 per visit	50% limited to \$35 per visit	80% after a \$20 co-pay	60% after a \$20 co-pay	80% Deductible Applies	60% Deductible Applies
Prescription Drug Plan								
Retail Prescription Plan								
Brand	100% after a \$10 co-pay	No Coverage	\$24	\$24	100% after a \$40 co-pay	No Coverage	100% after a \$40 co-pay	No Coverage
Formulary	100% after a \$10 co-pay	No Coverage	\$12	\$12	100% after a \$20 co-pay	No Coverage	100% after a \$20 co-pay	No Coverage
Generic	100% after a \$5 co-pay	No Coverage	\$6	\$6	100% after a \$10 co-pay	No Coverage	100% after a \$10 co-pay	No Coverage
Mail Order Prescription Plan								
Brand	100% after a \$20 co-pay	No Coverage	\$48	\$48	100% after a \$80 co-pay	No Coverage	100% after a \$80 co-pay	No Coverage
Formulary	100% after a \$20 co-pay	No Coverage	\$24	\$24	100% after a \$40 co-pay	No Coverage	100% after a \$40 co-pay	No Coverage
Generic	100% after a \$10 co-pay	No Coverage	\$12	\$12	100% after a \$20 co-pay	No Coverage	100% after a \$20 co-pay	No Coverage
Purchased Outside the Plan	No Coverage	No Coverage	100% of the discounted amount minus the appropriate co-pay	100% of the discounted amount minus the appropriate co-pay	No Coverage	No Coverage	No Coverage	No Coverage
Dental Benefits								
Plan Year Maximum Benefit	\$1,200	\$1,200	\$1,200	\$1,200	No coverage	No coverage	\$1,200	\$1,200
Prosthetic, Periodontic, Surgical Extraction & Related Anesthesia	\$2,000	\$2,000	\$2,000	\$2,000	No Coverage	No Coverage	\$2,000	\$2,000
Orthodontia Lifetime Maximum	\$1,500	\$1,500	\$1,500	\$1,500	No Coverage	No Coverage	\$1,500	\$1,500
Plan Year Deductible	\$50 per person	\$50 per person	\$50 per person	\$50 per person	No Coverage	No Coverage	\$50 per person	\$50 per person
VSP								
Eye Care Wellness								
Exam	Covered in Full	up to \$25 every 24 months	Covered in Full	up to \$25 every 24 months	No coverage	No coverage	Covered in Full	up to \$25 every 24 months
Lenses	Single Vision, Lined Bifocal, Lined Trifocal lenses are covered in full	up to \$30 (\$35 bifocal & \$45 trifocal) every 24 months	Single Vision, Lined Bifocal, Lined Trifocal lenses are covered in full	up to \$30 (\$35 bifocal & \$45 trifocal) every 24 months	No Coverage	No Coverage	Single Vision, Lined Bifocal, Lined Trifocal lenses are covered in full	up to \$30 (\$35 bifocal & \$45 trifocal) every 24 months
Frames	VSP fully covers a wide selection of frames	up to \$45	VSP fully covers a wide selection of frames	up to \$45	No Coverage	No Coverage	VSP fully covers a wide selection of frames	up to \$45
Contact Lenses	Covered in Full after a \$50 co-pay	up to \$250 after a \$50 co-pay every 24 months	Covered in Full after a \$50 co-pay	up to \$250 after a \$50 co-pay every 24 months	No Coverage	No Coverage	Covered in Full after a \$50 co-pay	up to \$250 after a \$50 co-pay every 24 months
2007-2008								
Single Employee + One Family	\$705.00 \$1,376.00 \$1,781.00		\$800.00 \$1,558.00 \$2,038.00		\$548.00 \$1,100.00 \$1,236.00		\$546.00 \$1,096.00 \$1,228.00	

Dental and Vision benefits are available optional coverages. Rates for Dental benefits are \$19 for Single, \$33 for Employee + One, and \$63 for Family coverage. Rates for Vision benefits are \$10 for Single, \$15 for Employee + One, and \$26 for Family coverage.