

Trinidad Rancheria PPO Health Plan Summary
Effective January 1, 2007

Annual Deductible	\$1,500/3,000 Single/Family
Out of Pocket Maximum	\$5,500/11,000 Single/Family
Out of Network Maximum	\$10,000 per member
Lifetime Maximum Plan Benefits	\$1,000,000 per member
Network(s)	Humboldt Del Norte IPA (local), California Foundation for Medical Care (state), and Plan Vista (national)
UCR for Out of Network coverage	Same as in-network

Medical Services	In-Network Coverage	Out-of-Network Coverage	Comments
Physician/Podiatrist – Office visits, first 12	\$40 copay, then 100%	50% after deductible	Includes preventive health
Physician/Podiatrist – Office visits, 13+	55%, no deductible	50% after deductible	
Physician/Podiatrist – All other services	60% after deductible	50% after deductible	
Laboratory	60% after deductible	50% after deductible	
X-ray	60% after deductible	50% after deductible	
Hospital - Inpatient	60% after deductible	100% to max of \$650 per day	
Hospital - Outpatient	60% after deductible	100% to max of \$380 per day	
Hospital - Emergency Room and Urgent Care	\$50 copay, then 60%, after deductible	\$50 copay, then 60%, after deductible	Copay waived if admitted.
Mental Health/Substance Abuse - Inpatient	100% to max of \$175, after deductible	100% to max of \$175, after deductible	Maximum 30 days/year
Mental Health/Substance Abuse - Outpatient/Office	100% to max of \$25, after deductible	100% to max of \$25, after deductible	Maximum 30 visits/year
Mental Health - Serious Mental Illness	Covered under medical benefit	Covered under medical benefit	
Acupuncture/Acupressure	100% to max of \$25 per visit	100% to max of \$25 per visit	Maximum 12 visits/year
Chiropractic, Physical, and Occupational Therapy	60% after deductible	100% to max of \$25 per day	Maximum 12 visits/year, additional with prior authorization
Speech Therapy	60% after deductible	50% after deductible	Maximum 50 visits/year, additional with prior authorization
Durable Medical Equipment	60% after deductible	50% after deductible	
Orthotics & Special Footwear	60% after deductible	50% after deductible	Maximum \$200 per year
Home Health Care	60% after deductible	100% to \$75	Maximum 90 4-hour visits/year
Infertility/Impregnation	\$500 copay then 60% after deductible	\$500 copay then 50% after deductible	Maximum benefit \$2,000 per lifetime.
Infusion Therapy/Chemotherapy, drugs only	60% after deductible	100% to AWP and max \$500/day	
Infusion Therapy/Chemotherapy, other than drugs	60% after deductible	100% to \$50 and max \$500/day	
Skilled Nursing Facility	60% after deductible	100% to \$150 per day	Maximum 100 days per year
Nursing Services (private duty in hospital)	60% after deductible	50% after deductible	Maximum 3 consecutive days of 24 hours per day.

Dental Services	\$1,000 maximum benefit/year
	\$50/\$150 single/family annual deductible
Preventive Services	100%, no deductible
Basic Services	80% after deductible
Major Services	50% after deductible

Prescriptions managed by Express Scripts	\$150 annual deductible per member	Call 800-872-8276
	Participating Pharmacy	Non-Participating Pharmacy
Generic drug copay	\$15	50% co-pay
Grand-Name drug copay	\$25	50% co-pay
Self-administered drug (except insulin) copay	30% co-pay	50% co-pay
		Mail Order (REQUIRED FOR MAINTENANCE DRUGS)
		\$30
		\$50
		30% co-pay