

Valassis 2009 Medical Plans

	Buy-Up Plan		Basic Plan		Health Choice Savings Plan	
	In-Network	Out of Network	In-Network	Out of Network	In-network	Out of Network
Primary Care Office Visit	\$25	70% after ded	\$25	60% after ded	100% after ded	100% after ded
Specialist Visit	\$35	70% after ded	\$35	60% after ded	100% after ded	100% after ded
Annual Deductible						
Individual	\$250	\$500	\$750	\$1,500	\$2,000	\$4,000
Individual + 1	\$500	\$1,000	\$1,500	\$3,000	\$4,000	\$8,000
Family	\$750	\$1,500	\$2,250	\$4,500	\$4,000	\$8,000
Health Savings Account (H.S.A.) - Company-funded portion	Not Applicable	Not Applicable	Not Applicable	Not Applicable	For associates hired prior to 7/1/09, \$500 for individual coverage and \$1,000 for individual+1 and family coverage will be funded by the company into the Associate's H.S.A. account. Associates hired 7/1/09 or later will not receive a company contribution for the plan year. Associates may contribute additional funds which combined with the company provided funds can not exceed \$3,000 for individual coverage and \$5,950 for individual+1 or family coverage for 2009.	
Annual Co-Insurance Maximum (includes Deductible)						
Individual	\$1,000	\$1,500	\$2,000	\$3,000	\$2,000	\$4,000
Individual +1	\$2,000	\$3,000	\$4,000	\$6,000	\$4,000	\$8,000
Family	\$3,000	\$4,500	\$6,000	\$9,000	\$4,000	\$8,000
Lifetime Maximum	\$2,000,000 for all Plans (Combined)					
Preventive Services						
Mammograms (1/year)	100%	70% after ded	100%	60% after ded	100%	100% after ded
Pap Tests (1/year)	100%	70% after ded	100%	60% after ded	100%	100% after ded
Gynecological Exam (1/year)	100%	70% after ded	100%	60% after ded	100%	100% after ded
Annual Physical (16 yrs. +)	100%	70% after ded	100%	60% after ded	100%	100% after ded
Immunizations	100%	70% after ded	100%	60% after ded	100%	100% after ded
Routine Endoscopic Treatments (1/year each)	100%	70% after ded	100%	60% after ded	100%	100% after ded
Well Child (Routine Physical Exam - Child)	100%	70% after ded	100%	60% after ded	100%	100% after ded
	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		Child: First 12 months of life: 6 exams; 2 - 3 years: 2 exams; 4 -15 years: 1 exam/calendar year	
Allergy Tests and Treatment	90% after ded	70% after ded	80% after ded	60% after ded	100% after ded	100% after ded
Prenatal/Postnatal Care (Mother)	First Visit \$25, then 90% after ded	70% after ded	First Visit \$25, then 80% after ded	60% after ded	100% after ded	100% after ded
Diagnostic Laboratory and Radiology Services	90% after ded	70% after ded	80% after ded	60% after ded	100% after ded	100% after ded
Radiation Therapy	90% after ded	70% after ded	80% after ded	60% after ded	100% after ded	100% after ded
Short Term Rehab Visits	\$35 copay (60 visit limit)	70% after ded (60 visit limit)	\$35 copay (60 visit limit)	60% after ded, 60 visit limit	100% after ded (60 visit limit)	100% after ded (60 visit limit)
Outpatient Surgery	90% after ded in hospital, \$35 in office	70% after ded	80% after ded	60% after ded	100% after ded	100% after ded
Inpatient Hospital Admissions - Facility Charge	90% after ded	70% after ded	80% after ded	60% after ded	100% after ded	100% after ded
Associated Professional Services	90% after ded	70% after ded	80% after ded	60% after ded	100% after ded	100% after ded
Emergency Room						
Life Threatening	100% after \$100 copay (waived if admitted immediately)	100% after \$100 copay (waived if admitted immediately)	80% waive ded	80% waive ded	100% waive ded	100% waive ded
Non-emergency	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Urgent Care (Facility-Based)	\$35 copay	70% after ded	\$35 copay	60% after ded	100% after ded	100% after ded
Chiropractic Care	\$35 copay (20 visit limit)	70% after ded (20 visit limit)	50% after ded (20 visit limit)	50% after ded (20 visit limit)	100% after ded (20 visit limit)	100% after ded (20 visit limit)
Hospice	90% after ded	70% after ded	80% after ded	60% after ded	100% after ded	100% after ded
Skilled Nursing	90% after ded (120 day max, 1 copay per member per yr)	70% after ded (120 day max)	80% after ded (120 day max)	60% after ded (120 day max)	100% after ded (120 day max)	100% after ded (120 day max)
Home Health	90% after ded (120 visit max)	70% after ded (120 visit max)	80% (120 visit max)	60% after ded (120 visit max)	100% (120 visit max)	100% after ded (120 visit max)
Ambulance	80% after ded	80% after ded	80% after ded	80% after ded	100% after ded	100% after ded
Durable Medical Equip	90% after ded	70% after ded	80% after ded	60% after ded	100% after ded	100% after ded
Outpatient Mental Health Visits	\$35 copay/30 visit max	70% after ded/30 visit max	\$35 copay/30 visit max	60% after ded/30 visit max	100% after ded/30 visit max	100% after ded/30 visit max
Inpatient Mental Health - Facility Charge	90% after ded/30 day max	70% after ded/30 day max	80% after ded/30 day max	60% after ded/30 day max	100% after ded/30 day max	100% after ded/30 day max
Associated Professional Services	90% after ded	70% after ded	80% after ded	60% after ded	100% after ded	100% after ded
Outpatient Chemical Dependency Visits	\$35 copay/30 visit max	70% after ded/30 visit max	\$35 copay/30 visit max	60% after ded/30 visit max	100% after ded/30 visit max	100% after ded/30 visit max
Inpatient Chemical Dependency - Facility Charge	90% after ded/30 day max	70% after ded/30 day max	80% after ded/30 day max	60% after ded/30 day max	100% after ded/30 day max	100% after ded/30 day max
Associated Professional Services	90% after ded	70% after ded	80% after ded	60% after ded	100% after ded	100% after ded
Prescription Drugs	In-Network Only				In-Network Only	
Retail - 30 Day Supply	\$10 copayment / 20% coinsurance- \$25 min \$45 max fomulary /30% coinsurance - \$45 min, \$65 max non-formulary				100% after deductible	
Mail Order - 90 Day Supply	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.