

# Valassis 2010 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 Specialist Visit	\$25 \$35	70% after ded 70% after ded	\$25 \$35	60% after ded 60% after ded	100% after ded 100% after ded	100% after ded 100% after ded
Annual Deductible Individual Individual +1 Family	\$250 \$500 \$750	\$500 \$1,000 \$1,500	\$750 \$1,500 \$2,250	\$1,500 \$3,000 \$4,500	\$4,000 \$4,000 \$4,000	\$4,000 \$5,000 \$8,000 <i>(Family ded must be met before plan pays)</i>
Health Savings Account (H.S.A.) - Company-funded portion	Not Applicable	Not Applicable	Not Applicable	Not Applicable	NEW ENROLLEES ONLY: \$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. Associate may contribute additional funds which combined with the company provided funds can not exceed \$3,650 for individual coverage and \$6,150 for individual +1 or family coverage for 2010.	
Annual Coinsurance Maximum Individual Individual +1 Family	\$1,000 \$2,000 \$3,000	\$1,500 \$3,000 \$4,500	\$2,000 \$4,000 \$6,000	\$3,000 \$6,000 \$9,000	\$2,000 \$4,000 \$4,000	\$4,000 \$8,000 \$8,000
Lifetime Maximum				\$2,000,000 for all Plans (Combined)		
Preventive Services Mammograms (1/year) Pap Tests (1/year) Gynecological Exam (1/year) Annual Physical (16 years +) Immunizations Routine Endoscopic Treatments (1/year each) Well Child (Routine Physical Exam - Child)	100% 100% 100% 100% 100% 100% 100%	70% after ded 70% after ded 70% after ded 70% after ded 70% after ded 70% after ded 70% after ded	100% 100% 100% 100% 100% 100% 100%	60% after ded 60% after ded 60% after ded 60% after ded 60% after ded 60% after ded 60% after ded	100% 100% 100% 100% 100% 100% 100%	100% after ded 100% after ded 100% after ded 100% after ded 100% after ded 100% after ded 100% after ded
Allergy Tests and Treatment	90% after ded	70% after ded	80% after ded	80% after ded	100% after ded	100% after ded
Prenatal/Postnatal Care (Mother)	First Visit \$25, then 100% 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 Associated Professional Services	90% after ded 90% after ded	70% after ded 70% after ded	80% after ded 80% after ded	60% 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
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 (120 day max)	90% after ded (1 copay per member per year)	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% after ded (120 visit max)	60% after ded (120 visit max)	100% after ded (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 Equipment	90% after ded	70% after ded	80% after ded	60% after ded	100% after ded	100% after ded
Outpatient Mental Health Visits	\$35 copay	70% after ded	\$35 copay	60% after ded	100% after ded	100% after ded
Inpatient Mental Health - Facility Charge Associated Professional Services	90% after ded 90% after ded	70% after ded 70% after ded	80% after ded 80% after ded	60% after ded 60% after ded	100% after ded 100% after ded	100% after ded 100% after ded
Outpatient Chemical Dependency Visits	\$35 copay	70% after ded	\$35 copay	60% after ded	100% after ded	100% after ded
Inpatient Chemical Dependency - Facility Charge Associated Professional Services	90% after ded 90% after ded	70% after ded 70% after ded	80% after ded 80% after ded	60% after ded 60% after ded	100% after ded 100% after ded	100% after ded 100% after ded
Prescription Drugs Retail - 30 Day Supply Mail Order - 90 Day Supply				\$10 co-payment/20% coinsurance - \$25 min \$45 max formulary/30% coinsurance - \$45 min, \$65 max non-formulary 2 times retail		In-Network Only 100% after ded

**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.**