



**Aspen Valley Hospital  
Employee Health Plan  
Effective January 1, 2007**

 <small>Small enough to care, large enough to heal</small>	AVH 300		AVH 500		AVH 1000	
	In Network-- RFCHP/Aspen Valley Hospital & MMA Network Providers, not including Valley View Hospital	Out Of Network, including Valley View Hospital	In Network-- RFCHP/Aspen Valley Hospital & MMA Network Providers, not including Valley View Hospital	Out Of Network, including Valley View Hospital	In Network-- RFCHP/Aspen Valley Hospital & MMA Network Providers, not including Valley View Hospital	Out Of Network, including Valley View Hospital
<b>Lifetime Maximum Benefit</b>	\$2,000,000		\$2,000,000		\$2,000,000	
<b>Calendar Year Deductible</b>	\$300/\$600	\$600/\$1,200	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000
<i>Applies to all services except Tier I &amp; II physician office visits and outpatient prescription drugs</i>						
<b>Calendar Year Out-of-Pocket Limit</b>	\$2,000/\$4,000	\$5,000/\$10,000	\$3,500/\$7,000	\$7,500/\$15,000	\$5,000/\$10,000	\$10,000/\$20,000
<i>Includes Calendar Year Deductible. Does not include mental health or substance abuse charges, cost containment penalties, or Copayments.</i>						
<b>Physician Office Visit</b>	\$20 copay	50% after deductible	\$25 Copay	50% after deductible	\$30 Copay	50% after deductible
<i>Includes services provided specifically at the physicians office. Radiology, pathology, laboratory, etc. services are subject to the applicable deductible and coinsurance. Does not include in-office surgeries.</i>						
<b>Routine Well Adult Care</b>	\$20 copay	Not Covered	\$25 Copay	Not Covered	\$30 Copay	50% after deductible
<i>\$500 Calendar Year Maximum. Includes office visits, x-ray &amp; lab exams, tests or screenings relating to routine physical exams</i>						
<b>Routine Well Child Care</b>	\$20 copay	Not Covered	\$25 Copay	Not Covered	\$30 Copay	50% after deductible
<i>\$500 Calendar Year Maximum. Includes office visits, X-ray &amp; lab tests, hearing exams, &amp; immunizations</i>						
<b>Routine Well Newborn Care</b>	\$20 copay	50% after deductible	\$25 Copay	50% after deductible	\$30 Copay	50% after deductible
<b>In-Office Surgery</b>	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
<b>Surgery</b>	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
<b>Inpatient Visits</b>	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
<b>Radiologist Fees</b>	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
<b>Pathology Fees</b>	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
<b>Diagnostic Tests, Technical Fees</b>	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
<b>Anesthesia</b>	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
<b>Hearing Exams (\$100 Calendar Year Maximum)</b>	80% after deductible	Not Covered	70% after deductible	Not Covered	70% after deductible	Not Covered
<b>Laisk (must be enrolled in AVH health plan for 5 years, available only to AVH employees (no dependents))</b>	50% per eye to \$1000	50% per eye to \$1000	50% per eye to \$1000	50% per eye to \$1000	50% per eye to \$1000	50% per eye to \$1000
<b>Vision Benefit (\$100 Calendar Year Maximum to be used toward eye exam, glasses or contacts)</b>	100%	100%	100%	100%	100%	100%
<b>Smoking Cessation (\$150 Lifetime Maximum)</b>	80% after deductible	Not Covered	70% after deductible	Not Covered	70% after deductible	Not Covered
<b>Ambulance Services</b>	80% after deductible	80% after deductible	70% after deductible	70% after deductible	70% after deductible	70% after deductible
<b>Hospital Emergency Room</b>	80% after deductible	80% after deductible	70% after deductible	70% after deductible	70% after deductible	70% after deductible
<b>ER Physician</b>	80% after deductible	80% after deductible	70% after deductible	70% after deductible	70% after deductible	70% after deductible
<b>Note: Emergency Benefits noted above (Ambulance, Hospital ER and Physician ER) are based on a true emergency situation and benefits are not differentiated by network affiliation.</b>						

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Urgent Care Services	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Semi-Private Room & Board	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Intensive Care	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Nursery/NICU	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Maternity Services	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Outpatient Surgery	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Outpatient Radiology & Lab	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Chemotherapy/Radiation	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Pre-Admission Testing	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Skilled Nursing Facility <i>Within 14 days of a 3-day stay; 60 days Calendar Year Maximum.</i>	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Home Health Care <i>60 visits Calendar Year Maximum</i>	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Private Duty Nursing <i>\$2000 Calendar Year Maximum</i>	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Hospice Care <i>\$15,000 Lifetime Maximum</i>	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Bereavement Counseling <i>\$500 Lifetime Maximum</i>	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Occupational Therapy	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Speech Therapy	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Physical Therapy	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Transplant Services <i>\$200,000 Lifetime Maximum</i>	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Acupuncture <i>\$600 Calendar Year Maximum</i>	80% no deductible	80% no deductible	70% no deductible	70% no deductible	70% no deductible	70% no deductible
Durable Medical Equipment	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Prosthetics	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Orthotics <i>\$300 Calendar Year Maximum</i>	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Spinal Manipulation/Chiropractic <i>\$600 Calendar Year Maximum</i>	80% no deductible	80% no deductible	70% no deductible	70% no deductible	70% no deductible	70% no deductible
Mental Health Disorders <i>60 inpatient days Calendar Year Maximum. 25 outpatient visits Calendar Year Maximum.</i>	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Substance Abuse <i>60 inpatient days Calendar Year Maximum. 25 outpatient visits Calendar Year Maximum. \$25,000 Lifetime Maximum.</i>	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Prescription Drugs	\$15 Generic / 30% Preferred Brand / 50% Non-Preferred Brand	\$15 Generic / 30% Preferred Brand / 50% Non-Preferred Brand	\$15 Generic / 30% Preferred Brand / 50% Non-Preferred Brand	\$15 Generic / 30% Preferred Brand / 50% Non-Preferred Brand	\$15 Generic / 30% Preferred Brand / 50% Non-Preferred Brand	\$15 Generic / 30% Preferred Brand / 50% Non-Preferred Brand