

ENCINITAS UNION SCHOOL DISTRICT
Blue Shield HMOs and PPOs Medical Plans from CSEBA JPA
Effective 10/01/2020

BENEFITS	HMO Plans		PPO1 & Tandem Plans In-Network Benefits
	CSEBA- Blue Shield		CSEBA- Blue Shield
Provider	Access + and Trio ACO HMOs		In-Network PPO Benefits
Annual Deductible / Cal. Year	None		\$200/Ind; \$400 max/ Fam
Annual Out-of-Pocket Max./Year			
General Medical	\$500/Ind; \$1,500/Family		\$2,000/Ind; \$4,000/ Fam
Prescription Medication	Medical - Rx combined		Medical - Rx combined
Lifetime Maximum Benefit	Unlimited		Unlimited
Hospital In-Patient & Out-patient	No Charge		10% after deductible met
ER Copay (Waived if Admitted)	\$50 Copay		\$10% after deductible met
Urgent Care Facility	\$10 Copay		\$10 visit (deductible waived)
Ambulance	No Charge		20% after deductible met
Primary Care Office Visit	\$10 Copay		\$10 visit (deductible waived)
Specialist Visit	\$20 Copay (when self-referred)		\$10 visit (deductible waived)
Periodic Health Evaluations (Wellness)	No Charge		No Charge (deductible waived)
Well-Woman Care	No Charge		No Charge (deductible waived)
Well-Baby Care	No Charge		No Charge (deductible waived)
Maternity - prenatal care	\$10 Copay		\$10-1st visit then 10% after deductible met
Allergy Testing & Treatment	\$10 Copay		10% after deductible met
Hearing Aid rider through EPIC Hearing Healthcare	Vista 610 - member copay \$599.00 Vista 810 - member copay \$899.00 (see EPIC brochure)		Vista 610 - member copay \$599.00 Vista 810 - member copay \$899.00 (see EPIC brochure)
Lab & X-Ray including Complex Radiology (CT, MRI, SPECT,MUGA & PET)	No Charge		10% after deductible met
Surgery	No Charge		10% after deductible met
Short-Term Therapy (physical, occupational or speech)	\$10 Copay		\$10 Copay (deductible waived), except speech therapy: 10% after deductible met
Durable Medical Equipment	No Charge		10% after deductible met
Skilled Nursing Care (limited to 100 days/year)	No Charge		10% after deductible met
Home Health Care (limited to 100 visits/year)	\$10 Copay		10% after deductible met
Hospice Services	No Charge		20% after deductible met
Chiropractic (for HMO chiro and acu is combined)	\$10 copay (up to 30 visits combined)		\$10 (after deductible met) - 24 visits/Yr.
Acupuncture	\$10 copay (up to 30 visits combined)		10% (after deductible met) - 12 visits/Yr.
Basic Infertility studies & test	50% of covered expenses		Not Covered
Mental Health/Substance Abuse			
Behavioral Health Treatment in an office setting	\$10 Copay		\$10 visit (deductible waived)
Inpatient (preauthorization required)	No Charge		10% after deductible met
Outpatient Rx	Access + HMO	Trio ACO HMO	PPO Plan (In-Network Benefits)
Rx Card (30 Day Retail)	Participating Pharmacy		Participating Pharmacy
Tier 1 Drugs (Formulary low cost generic & brand)	\$5 Copay	\$5 Copay	\$5 Copay
Tier 2 Drugs (Formulary high cost generic & brand)	\$10 Copay	\$10 Copay	\$10 Copay
Tier 3* Drugs (Non-formulary)	\$25 Copay	Not Covered	\$25 Copay
Tier 4* Drugs (Specialty Medicine)	\$25 Copay	\$10 Copay	\$25 Copay
Mail Order (90 Day Supply)	\$10/\$20/\$50/\$50	\$10/\$20/Excluded/\$20	\$10/\$20/\$50/\$50

* Tier 3 and Tier 4 medications must be pre-authorized by Blue Shield before the medicine is dispensed. Step therapy may be required.

For Summary Illustration and Comparison Purposes Only. Please refer to each company's plan documents to verify eligibility, benefits and conditions for coverage. This summary illustration and comparison is NOT to be relied upon and is NOT binding as to the Company's benefits. See the Certificate / Evidence of Coverage for details