

Plan Comparison Chart In-Network	Option 1	Option 2	Option 3	Option 4	Option 5
Insurance Carrier	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Kaiser Permanente
Plan Name	80-E PPO 1	80-G PPO 2	80-M PPO 3	High Deductible Health Plan (HSA)	HMO Traditional Plan (Ventura County)
Tenthly Employee Rates			Classified (CL) / Certificated (CE)		
<b>2021-22 Tenthly Rates</b>					
Employee Only	\$675.27	\$604.95	\$164.50CL/\$323.43CE	\$417.63	\$406.59
Employee + 1 Dependent	\$1263.80	\$1124.00	\$725.84	\$786.44	\$736.88
Employee + 2 or More Deps	\$1679.49	\$1479.33	\$911.49	\$1031.01	\$924.21
Calendar Year Deductible	\$300 / \$600	\$500 / \$1,000	\$3,000 / \$6,000	\$3,000 / \$5,200	None
Annual Maximum-Out-Of-Pocket	\$1,000 / \$3,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$1500 / \$3,000
Doctor Visits (Co-Payment)					
Primary Care Physician	\$20	\$30	\$40	10%	\$30
Specialist	\$20	\$30	\$40	10%	\$30
Routine Preventive Care	\$0	\$0	\$0	0%	\$0
	Deductible Waived	Deductible Waived	Deductible Waived	Deductible Waived	
Hospitalization					
Inpatient Hospitalization	20% of charges	20% of charges	20% of charges	10% of charges	\$0
Outpatient Hospitalization	20% of charges	20% of charges	20% of charges	10% of charges	\$30/procedure
Lab and X-ray					
Lab and X-ray	20% of charges	20% of charges	20% of charges	10% of charges	\$0
Chiropractic & Acupuncture					
Chiropractic Care	20% of charges	20% of charges	20% of charges	10% of charges	\$10
Acupuncture (limited to 12 visits/calendar year)	20% of charges	20% of charges	20% of charges	10% of charges	\$10 - 30 visits/yr (combined chiro & acupuncture)
Durable Medical Equipment					
Rental or purchase of DME	20% of charges	20% of charges	20% of charges	10% of charges	20% copay
Prosthetics	20% of charges	20% of charges	20% of charges	10% of charges	\$0
Emergency & Urgent Care					
Emergency Room (waived if admitted to hospital)	20% after \$100 copay	20% after \$100 copay	20% after \$100 copay	10% after \$100 copay	\$100
Urgent Care	\$20	\$30	\$40	10% of charges	\$30
Ambulance	20% after \$100 copay	20% after \$100 copay	20% after \$100 copay	10% after \$100 copay	\$50/trip

**Notes:**

- The following do not apply to out-of-pocket maximums: non-covered expenses. After the member reaches out-of-pocket maximum, the member remains responsible for non-covered services and costs in excess of the covered expenses. This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail. **NOTE:** Option 3, Employee Only has two rates, one for Classified staff and one for Certificated staff.

## All Plans IN-Network Only (continued)

	Option 1	Option 2	Option 3	Option 4	Option 5
Insurance Carrier	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Kaiser Permanente
Plan Name	80-E PPO 1	80-G PPO 2	80-M PPO 3	High Deductible Health Plan (HSA)	HMO Traditional Plan (Ventura County)
<b>Mental Health Services</b>					
<b>Mental/Nervous Disorders or Substance Abuse Inpatient<sup>1</sup></b>	20% of charges	20% of charges	20% of charges	10% of charges	\$0
<b>Outpatient<sup>1</sup></b>	\$20	\$30	\$40	10% of charges	\$30
<b>Prescription Drugs</b>	Pharmacy vendor: Costco/Navitus	Pharmacy vendor: Costco/Navitus	Pharmacy vendor: Costco/Navitus	Pharmacy vendor: Anthem Blue Cross	Pharmacy vendor: Kaiser
<b>Deductible for Brand Drugs</b>	\$200 Ind / \$500 Family	\$200 Ind / \$500 Family	\$200 Ind / \$500 Family	Combined Medical/Pharmacy Deductible & OOP	None
<b>Out-of-Pocket Maximum</b>	\$2500 Ind/\$3500 Family	\$2500 Ind/\$3500 Family	\$2500 Ind/\$3500 Family		None
<b>Retail - 30 day supply</b>	\$10-Generic/\$35-Brand <sup>2</sup>	\$10-Generic/\$35-Brand <sup>2</sup>	\$10-Generic/\$35-Brand <sup>2</sup>	\$9-Generic/\$35-Brand <sup>2</sup>	\$10-Generic \$30 Brand Up to 100 day supply
<b>- Costco Pharmacy</b>	\$0-Generic/\$35-Brand <sup>2</sup> (30-day supply <sup>3</sup> ) \$0-Generic/\$90-Brand <sup>2</sup> (90-day supply <sup>3</sup> )	\$0-Generic/\$35-Brand <sup>2</sup> (30-day supply <sup>3</sup> ) \$0-Generic/\$90-Brand <sup>2</sup> (90-day supply <sup>3</sup> )	\$0-Generic/\$35-Brand <sup>2</sup> (30-day supply <sup>3</sup> ) \$0-Generic/\$90-Brand <sup>2</sup> (90-day supply <sup>3</sup> )		
<b>Mail Order - Costco Pharmacy - 90 day supply</b>	\$0-Generic/\$90-Brand <sup>2</sup> (90-day supply <sup>3</sup> )	\$0-Generic/\$90-Brand <sup>2</sup> (90-day supply <sup>3</sup> )	\$0-Generic/\$90-Brand <sup>2</sup> (90-day supply <sup>3</sup> )	\$0-Generic \$90- Brand	\$10-Generic \$30 Brand Up to 100 day supply
<b>- Navitus - 30 day supply</b>	\$35 Specialty	\$35 Specialty	\$35 Specialty	N/A Prescriptions are subject to the Medical Deductible	

**Notes:**

1. The following do not apply to out-of-pocket maximums: non-covered expenses. After the member reaches out-of-pocket maximum, the member remains responsible for non covered services and costs in excess of the covered expenses.
2. If you purchase a brand-name drug when a generic alternative is available, you will pay the generic copay plus the difference in cost even if your doctor writes “dispense as written.”
3. For Costco Pharmacy only - pain medication and cough syrup with medication does not qualify for \$0- copay, member pays Brand or Generic copays.
4. Please see evidence of coverage booklet for out-of-network coverages. [www.sbunified.org/benefits](http://www.sbunified.org/benefits)

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