

# Health Plan Outline of Benefits

## CERTIFICATED

### MEDICAL BENEFIT - Anthem Blue Cross PPO

- Office Visits **\$30 co-pay** (not subject to deductible)
- Major Medical Services subject to member responsibility deductible:
  - **\$200 individual** or **\$500 per family** calendar year deductible

*Once deductible has been met, Anthem pays **80%** of allowable amount for Anthem participating providers; Member responsibility is **20% co-insurance** of the allowable amount until a total of **\$1,000 individual or \$3,000 per family** has been paid by member(s). Then the insurance plan will pay 100% of the allowable for the remainder of the calendar year.*

#### Example of Major Medical Services:

- Hospitalization
  - Outpatient Diagnostic x-ray or lab testing
  - Physical Medicine (Occupational/Physical Therapy and Chiropractic)
  - Durable Medical Equipment
  - Ambulance
- Emergency Room Services additional **\$200 co-pay** (if not admitted to hospital directly from ER)

### PHARMACY BENEFITS – Navitus Health Solutions

- Brand Name **\$100 deductible** each calendar year
- Costco Local Pharmacy **\$0 copay generic only** - **\$5/30day copay** (on selected generics)  
**or \$15/90day copay** (on selected generics)  
Brand Name at Costco: **\$20/30day or \$60/90day** (after deductible)
- Walgreens Pharmacy excluded as a participating provider
  - Any other local participating pharmacy (30 day supply) copay **\$5/generic - \$20/brand** (after deductible)
  - Any other local participating pharmacy (90 day supply) copay **\$15/generic - \$60/brand** (after deductible)
- **Costco Mail Order Pharmacy**
  - ◇ Mail Order Pharmacy (90 day supply) copay **\$0/generic - \$50/brand** or **\$10/generic** (on selected generics)

## **Mental/Behavioral Health Services – Anthem Blue Cross**

- Anthem EAP (network preauthorized) - Available to all employees/household members of employee
  - ◇ 6 visits – No Cost to participant; additional visits - \$30 office visit copay
- Mental/Behavioral/Substance Use Disorder Outpatient \$30/office visit copay (in network providers)
- Mental/Behavioral/Substance Use Disorder Inpatient 20% coinsurance after deductible (in network providers) with preauthorization

## **DENTAL SERVICES - Delta Dental Plan of California** *(Administered by SISC)*

### ➤ **Incentive PPO or Delta Premier Plan:**

- Under this plan, Delta Dental pays 70% of the allowed fees of a PPO or Delta Premier contracted provider for covered diagnostic, preventative, basic, cast and crown benefits during the first year you are eligible. This percentage will increase 10% each calendar year to a maximum of 100% for each enrollee, provided each person visits the dentist at least once during the calendar year.
- Maximum benefit paid for Premier Dentist = \$1,500 per person per calendar year
- Maximum benefit paid for PPO in network = \$1,700 per person per calendar year
- Orthodontic benefit paid 50% PPO/Delta Premier approved fee subject to \$1,000 Lifetime Maximum
- Prosthodontic benefit paid 50% of PPO/Delta Premier allowed fee up to calendar maximum
- Accidental benefit 100% of PPO/Delta Premier allowed fee (separate \$1,000 maximum per person per calendar year)

## **VISION BENEFITS - Vision Service Plan (VSP)**

- Vision Service Plan (VSP) - **Deductible \$10** *(Administered by SISC)*
  - Exam every 12 months
  - Lenses every 12 months, as needed
  - Frames every 24 months
  - Services have a \$ 10 Deductible (for VSP panel providers) otherwise reimbursed from non-provider fee schedule

## **LIFE INSURANCE – Employee only**

- Term Life Insurance Policy – Death/Accidental Death/Dismemberment Benefit **\$50,000**