



Visalia Unified School District
October 1, 2022-September 30,2023

| | Classified | | | |
|--|---|---------|---|---------------|
| PPO PLANS | 80% E \$30 | | 80% C \$30 | |
| CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOP) | Member Pays | | Member Pays | |
| | Spousal Overlay | | | |
| Individual/Family Deductibles | \$300/\$600 | | \$200/\$500 | |
| Individual/Family Out-of-Pocket Max (includes deductibles and co-pays) | \$1,000/\$3,000 | | \$500/\$1,500 | |
| PROFESSIONAL SERVICES | | | | |
| Office Visit co-pay (\$0 Copay for first 3 calendar year Primary Care office visits) | \$30 | | \$30 | |
| Urgent Care co-pay | \$30 | | \$30 | |
| Specialists/Consultants co-pay | \$30 | | \$30 | |
| Prenatal, postnatal office visit co-pay | \$30 | | \$30 | |
| Scans: CT, CAT, MRI, PET etc. | 20% | | 20% | |
| Diagnostic X-ray & Laboratory Procedures | 20% | | 20% | |
| Infertility (diagnosis/treatment of causes of infertility) | Not covered | | Not covered | |
| Preventive Care Services (includes physical exams & screenings) | 0%, Deductible Waived | | 0%, Deductible Waived | |
| HOSPITAL & SKILLED NURSING FACILITY SERVICES | | | | |
| Emergency Room visit co-pay (waived if admitted) | 20% \$200 co-pay | | 20% \$200 co-pay | |
| Inpatient Hospital co-pay (preauthorization required) | 20% | | 20% | |
| Outpatient Hospital co-pay | 20% | | 20% | |
| Surgery, Outpatient (performed in an Ambulatory Surgery Center) | 20% | | 20% | |
| Surgery, Outpatient (performed in a Hospital) | 20% | | 20% | |
| MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT | | | | |
| INPATIENT CARE: Facility based care (preauthorization required) | 20% | | 20% | |
| OUTPATIENT CARE: Facility based care (preauthorization required) | Deductible waived office visit co-pay applies | | Deductible waived office visit co-pay applies | |
| OTHER SERVICES | | | | |
| Acupuncture - Limits apply | 20% | | 20% | |
| Ambulance (Ground or Air) | \$100 Co Pay + 20% | | \$100 Co Pay + 20% | |
| Chiropractic - Limits apply | 20% | | 20% | |
| Durable Medical Equipment (DME) | 20% | | 20% | |
| Physical and Occupational Therapy - Limits apply | 20% | | 20% | |
| PRESCRIPTION DRUG PLANS | | | | |
| Generic co-pay/days supply | \$10/30-Days | | \$10/30-Days | |
| Brand Deductible Individual/Family | \$200/\$500 | | \$200/\$500 | |
| Brand co-pay/days supply | \$35/30-Days | | \$35/30-Days | |
| Mail Order (Generic-Brand co-pay/days supply) | \$0-\$90/90-Days | | \$0-\$90/90-Days | |
| Individual/Family RX Out-of-pocket (OOP) Max (Includes Rx deductibles and co-pays) | \$2,500/\$3,500 | | \$2,500/\$3,500 | |
| Vision Service Plan (www.vsp.com) | Plan B, \$15 co-pay Exam & lenses every yr;frames every 2 yrs | | Plan B, \$15 co-pay Exam & lenses every yr;frames every 2 yrs | |
| Delta Dental Plan: (www.deltadentalca.org) | Premier Incentive Plan, \$1,500 cal yr max. Ortho 50% up to \$1,000 lifetime. | | Premier Incentive Plan, \$1,500 cal yr max. Ortho 50% up to \$1,000 lifetime. | |
| Life Insurance - Reductions Begin @ Age 75 | \$60,000 | | | |
| VUSD/EMPLOYEE CONTRIBUTIONS | | | | |
| | 2022-23 | | 2022-23 | |
| | Classified BASIC PLAN | | Classified Plan B | |
| Health Plan Annual Cost | \$15,154.44 | | \$15,634.44 | |
| VUSD Annual Contribution | \$15,154.44 | | \$15,154.440 | |
| | Annual | Monthly | Annual | Monthly (10*) |
| Employee Contribution | \$0.00 | \$0.00 | \$480.00 | \$48.00 |
| TOTAL ANNUAL EMPLOYEE CONTRIBUTION | \$0.00 ANNUAL | | \$480.00 ANNUAL | |

*Employee Deductions: 10 month (No deductions in July or August)

This sheet is only a brief summary of benefits that reflects In-Network benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions. Benefits may be subject to change due to mid-year legislative changes.

OOP maximum on Anthem plans with a Navitus pharmacy carve out does not include prescription drug co-pays.

Coinurance and co-pays do NOT carryover to the next calendar year.

Plans with a deductible all have 4th quarter carryover (October 1 - December 31)

For plans with a deductible, co-insurance applies after the deductible has been met unless otherwise noted.