

# Health Plan Outline of Benefits

## CLASSIFIED

### MEDICAL BENEFITS: Anthem Blue Cross PPO

- Office Visits **\$30 co-pay** (not subject to deductible)
- Major Medical Services subject to member responsibility deductible:
  - **Basic Plan** = **\$300 individual** or **\$600 per family** calendar year deductible
  - **Plan B Option** = **\$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** for **Basic Plan** or **\$500 individual** or **\$1,500 per family** for **Plan B Option** has been paid by member(s). Then the insurance plan will pay 100% of the allowable for the remainder of the calendar year. **Basic Plan** is negotiated as fully District Paid and **Plan B Option** requires the employee to pay **(\$408.00 annual employee contribution)**.*

#### 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 **\$200 deductible** each calendar year
- Costco Local Pharmacy copay: \$0/generic only - \$10/30day-\$30/90day (on selected generics **Brand Name \$35/30day or \$105/90day** (after deductible))
- **Walgreens Pharmacy excluded as a participating provider**
  - Any other local participating pharmacy (30 day supply) **copay \$10/generic - \$35/brand** (after deductible)
  - Any other local participating pharmacy (90 day supply) **copay \$30/generic - \$105/brand** (after deductible)

#### Costco Mail Order Pharmacy

- Mail Order Pharmacy (90 day supply) copay: **\$0/generic \$90/brand name** (after deductible) **or \$25 generic** (on selected generics)

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

- Anthem EAP (network preauthorized) - Available to all employees/household members of employee
  - ◊ 6 visits calendar year – 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 SERVICES – Vision Service Plan (VSP)**

### ➤ **Deductible \$15** *(Administered by CVT)*

- Exam every 12 months
- Lenses every 12 months, as needed
- Frames every 24 months
- Services have a \$15 Deductible (VSP panel providers) otherwise reimbursed from non-provider fee schedule

## **LIFE INSURANCE – Employee only** *(Life Insurance provided to all Classified Employees contracted 3 hours per day or more)*

- Term Life Insurance Policy – Death/Accidental Death/Dismemberment Benefit **\$60,000**