

Health Plan Outline of Benefits

MANAGEMENT (Certificated/Classified Management)

MEDICAL BENEFIT COVERAGE: 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 **\$500 individual or \$1,500 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
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- **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 \$0 copay/generic only or \$10 copay (on selected generics)
- 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 **\$ 25/generic** (on selected generics)

Brand Name at Costco Store Pharmacy: **\$35/30day or \$105/90day** (after deductible)

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 BENEFITS - Delta Dental of California

➤ 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) - **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**