



	40605C	40605E	40605F
PPO PLANS	100% A \$20	100% D \$20 (Non-Marketed)	80% G \$30
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOP)	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0/\$0	\$300/\$600	\$500/\$1,000
Individual/Family Out-of-Pocket Max <i>(includes medical deductibles, coinsurance and co-pays)</i>	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000

PROFESSIONAL SERVICES

Office Visit (OV) co-pay <i>(\$0 Copay for first 3 calendar year Primary Care office visits on Non-HSA PPO plans)</i>	\$20	\$20	\$30
Urgent Care co-pay	\$20	\$20	\$30
Specialists/Consultants co-pay	\$20	\$20	\$30
Prenatal, postnatal office visit co-pay	\$20	\$20	\$30
Scans: CT, CAT, MRI, PET etc.	0%	0%	20%
Diagnostic X-ray & Laboratory Procedures (no out-of-network)	0%	0%	20%
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered
Preventive Care Services (includes physical exams & screenings)	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit co-pay (waived if admitted)	0% \$100 co-pay	0% \$100 co-pay	20% \$100 co-pay
Inpatient Hospital co-pay (preauthorization required)	0%	0%	20%
Outpatient Hospital co-pay	0%	0%	20%
Surgery, Outpatient (performed in an Ambulatory Surgery Center)	0%	0%	20%
Surgery, Outpatient (performed in a Hospital)	0%	0%	20%

MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT

INPATIENT CARE: Facility based care (preauthorization required)	0%	0%	20%
OUTPATIENT CARE: Facility based care (preauthorization required)	0%	0%	20%

OTHER SERVICES

Acupuncture - Limits apply	0%	0%	20%
Ambulance (Ground or Air)	\$100 Co pay	\$100 Copay	\$100 Co Pay + 20%
Chiropractic - Limits apply (no out-of-network)	0%	0%	20%
Durable Medical Equipment (DME) (no out-of-network)	0%	0%	20%
Physical and Occupational Therapy - Limits apply (no out-of-network)	0%	0%	20%

PRESCRIPTION DRUG PLANS

Individual/Family Brand & Specialty Rx Deductibles	\$200/\$500	\$200/\$500	\$200/\$500
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500
Generic co-pay/days supply	\$ 10/30-Days	\$ 10/30-Days	\$ 10/30-Days
Brand co-pay/days supply	\$35/30-Days	\$35/30-Days	\$35/30-Days
Mail Order (Generic-Brand co-pay/days supply)	\$0-00/90-Days	\$0-00/90-Days	\$0-00/90-Days

Vision Service Plan (www.vsp.com)	Plan C, \$10 co-pay Exam, lenses & frames every calendar yr	Plan C, \$10 co-pay Exam, lenses & frames every calendar yr	Plan C, \$10 co-pay Exam, lenses & frames every calendar yr
Delta Dental Plan: (www.deltadentalca.org)	Premier Incentive Plan, \$1,000 cal yr max.	PPO, \$3,000 cal yr max; Ortho \$2,500 cal yr max	Premier Incentive Plan, \$1,000 cal yr max.
	PPO, \$3,000 cal yr max; Ortho \$2,500 cal yr max	Premier Incentive Plan, \$1,000 cal yr max.	PPO, \$3,000 cal yr max; Ortho \$2,500 cal yr max

RATES

<i>Medical</i>	\$1,785.00	\$1,785.00	\$1,706.00	\$1,706.00	\$1,441.00	\$1,441.00
<i>Dental</i>	\$79.00	\$113.50	\$79.00	\$113.50	\$79.00	\$113.50
<i>Vision</i>	\$23.60	\$23.60	\$23.60	\$23.60	\$23.60	\$23.60
TOTAL PER EMP/MO	\$1,887.60	\$1,922.10	\$1,808.60	\$1,843.10	\$1,543.60	\$1,578.10
ANNUAL PREMIUM	\$22,651.20	\$23,065.20	\$21,703.20	\$22,117.20	\$18,523.20	\$18,937.20
DISTRICT CONTRIBUTION	\$17,383.20	\$17,383.20	\$17,383.20	\$17,383.20	\$17,383.20	\$17,383.20
DIFFERENCE PER EMP/10 MO Deduct	\$526.80	\$568.20	\$432.00	\$473.40	\$114.00	\$155.40

NOTATIONS:

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.

Coinsurance 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.