



PPO PLANS	40605B		40605G		40605L	
	100% A \$0 (Non-Marketed)		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>	\$0		\$20		\$30	
Urgent Care co-pay	\$0		\$20		\$30	
Specialists/Consultants co-pay	\$0		\$20		\$30	
Prenatal, postnatal office visit co-pay	\$0		\$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 Co Pay		\$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	Not Applicable		Not Applicable		Not Applicable	
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(includes Rx deductibles and co-pays)</i>	\$1,500/\$2,500		\$2,500/\$3,500		\$2,500/\$3,500	
Generic co-pay/days supply	\$ 0/30-Days		\$9/30-Days		\$9/30-Days	
Brand co-pay/days supply	\$0/30-Days		\$35/30-Days		\$35/30-Days	
Mail Order (Generic-Brand co-pay/days supply)	\$0-0/90-Days		\$0-\$90/90-Days		\$0-\$90/90-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 \$2,250 Lifetime max	Premier Incentive Plan, \$1,000 cal yr max.	PPO, \$3,000 cal yr max; Ortho \$2,250 Lifetime max	Premier Incentive Plan, \$1,000 cal yr max.	PPO, \$3,000 cal yr max; Ortho \$2,250 Lifetime max
RATES						
<i>Medical</i>	\$2,303.00	\$2,303.00	\$1,740.00	\$1,740.00	\$1,475.00	\$1,475.00
<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	\$2,405.60	\$2,440.10	\$1,842.60	\$1,877.10	\$1,577.60	\$1,612.10
Annual Premium	\$28,867.20	\$29,281.20	\$22,111.20	\$22,525.20	\$18,931.20	\$19,345.20
DISTRICT CONTRIBUTION	\$17,791.20	\$17,791.20	\$17,791.20	\$17,791.20	\$17,791.20	\$17,791.20
DIFFERENCE PER EMP/ 10 MO Deduct	\$1,107.60	\$1,149.00	\$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.