



**Central Union High School District**  
**Classified and Classified Management/Confidential**

2019-2020	Anthem	Anthem	Anthem	Anthem	Anthem
	40662D	40662H	40662E	40662G	40725B
	100-A \$20	100-G \$20	90-D \$10 (Non-Marketed)	80-G \$30	80-K \$30
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
Individual/Family Deductibles	\$0/\$0	\$500/\$1,000	\$200/\$500	\$500/\$1,000	\$1,000/\$2,000
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000

**PROFESSIONAL SERVICES**

Office Visit (OV) co-pay	\$20	\$20	\$10	\$30	\$30
Urgent Care co-pay	\$20	\$20	\$10	\$30	\$30
Specialists/Consultants co-pay	\$20	\$20	\$10	\$30	\$30
Prenatal, postnatal office visit co-pay	\$20	\$20	\$10	\$30	\$30
Scans: CT, CAT, MRI, PET etc.	0%	0%	10%	20%	20%
Diagnostic X-ray & Laboratory Procedures	0%	0%	10%	20%	20%
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived

**HOSPITAL & SKILLED NURSING FACILITY SERVICES**

Emergency Room visit (waived if admitted)	0% \$100 co-pay	0% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay
Inpatient Hospital (preauthorization required) - limits may apply	0%	0%	10%	20%	20%
Outpatient Hospital	0%	0%	10%	20%	20%
Surgery, Outpatient (performed in Surgery Center)	0%	0%	10%	20%	20%
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	0%	10%	20%	20%

**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

<b>INPATIENT:</b> Facility Based Care (preauth required)	0%	0%	10%	20%	20%
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	0%	0%	10%	20%	20%

**OTHER SERVICES**

Acupuncture - Limits apply	0%	0%	10%	20%	20%
Ambulance (Ground or Air)	0% \$100 co-pay	0% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay
Chiropractic - Limits apply	0%	0%	10%	20%	20%
Durable Medical Equipment (DME)	0%	0%	10%	20%	20%
Physical and Occupational Therapy - Limits apply	0%	0%	10%	20%	20%

**PHARMACY BENEFITS**

Plan	200/10-35	200/10-35	200/10-35	200/10-35	200/10-35
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	\$200/\$500	\$200/\$500	\$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	\$2,500/\$3,500	\$2,500/\$3,500
Generic co-pay/30 days supply	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network
Brand co-pay/30 days supply	\$35	\$35	\$35	\$35	\$35
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.