



Central Union High School District

Classified and Classified Management/Confidential

2020-2021	Anthem 40662D	Anthem 40662H	Anthem 40662E	Anthem 40662G	Anthem 40725B
	100-A \$20	100-G \$20	90-D \$10 (Non-Marketed)	80-G \$30	80-K \$30
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0/\$0	\$500/\$1,000	\$200/\$500	\$500/\$1,000	\$1,000/\$2,000
Individual/Family Out-of-Pocket (OOP) Max <i>(includes medical deductibles, co-insurance and co-pays)</i>	\$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 (\$0 Copay for first 3 calendar year Primary Care office visits on Non-HSA PPO plans)	\$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

INPATIENT: Facility Based Care (preauth required)	0%	0%	10%	20%	20%
OUTPATIENT: 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%
Hearing Aids	Amount in excess of \$700 allowance/24 months	Amount in excess of \$700 allowance/24 months	10% and Amount in excess of \$700 allowance/24 months	20% and Amount in excess of \$700 allowance/24 months	20% and Amount in excess of \$700 allowance/24 months

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 <i>(includes Rx deductibles and co-pays)</i>	\$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 Navitues 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.