



**Central Union High School District  
Certificated and Administration**

2021-2022	Anthem	Anthem	Anthem	Anthem	Anthem	SIMNSA
	40662A	40662C	40662F	40662B	40725A	379
	100-A \$10	100-A \$20	90-C \$20	80-E \$20	80-K \$30	P-5-5-250
<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>	<b>Member Pays</b>
Individual/Family Deductibles	\$0/\$0	\$0/\$0	\$200/\$500	\$300/\$600	\$1,000/\$2,000	\$0/\$0
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	\$1,000/\$3,000	\$3,000/\$6,000	\$6,350/\$12,700

**PROFESSIONAL SERVICES**

Office Visit (OV) co-pay (\$0 Copay for first 3 calendar year Primary Care office visits on Non-HSA PPO plans)	\$10	\$20	\$20	\$20	\$30	\$5
Urgent Care co-pay	\$10	\$20	\$20	\$20	\$30	\$25 in Mexico, \$50 outside Mexico
Specialists/Consultants co-pay	\$10	\$20	\$20	\$20	\$30	\$5
Prenatal, postnatal office visit co-pay	\$10	\$20	\$20	\$20	\$30	\$5
Scans: CT, CAT, MRI, PET etc.	0%	0%	10%	20%	20%	\$0
Diagnostic X-ray & Laboratory Procedures	0%	0%	10%	20%	20%	\$0
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Not covered	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	\$0

**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	\$250
Inpatient Hospital (preauthorization required) - limits may apply	0%	0%	10%	20%	20%	\$0
Outpatient Hospital	0%	0%	10%	20%	20%	\$0
Surgery, Outpatient (performed in Surgery Center)	0%	0%	10%	20%	20%	\$0
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	0%	10%	20%	20%	\$0

**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

<b>INPATIENT:</b> Facility Based Care (preauth required)	0%	0%	10%	20%	20%	\$0
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	0%	0%	10%	20%	20%	\$5

**OTHER SERVICES**

Acupuncture - Limits apply	0%	0%	10%	20%	20%	\$10
Ambulance (Ground or Air)	0% \$100 co-pay	0% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	\$0
Chiropractic - Limits apply	0%	0%	10%	20%	20%	\$10
Durable Medical Equipment (DME)	0%	0%	10%	20%	20%	\$0
Physical and Occupational Therapy - Limits apply	0%	0%	10%	20%	20%	\$10
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	Not Covered

**PHARMACY BENEFITS**

Plan	7-25	200/10-35	9-35	200/10-35	200/10-35	\$5
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	SIMNSA
Individual/Family Brand & Specialty Rx Deductibles	none	\$200/\$500	none	\$200/\$500	\$200/\$500	none
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	\$2,500/\$3,500	\$2,500/\$3,500	Included in medical
Generic co-pay/30 days supply	\$0 at Costco \$7 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	NA
Brand co-pay/30 days supply	\$25	\$35	\$35	\$35	\$35	\$5 (approximate 30 day supply)
Specialty co-pay/up to 30 days supply	\$25 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$5
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$60	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	NA
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	NA

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.

\*Coverage stages apply, see benefit summary for details