



District Name
Bargaining Unit

Central Union High School District
Certificated

2024-2025	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem
	40662A	40662C	40662F	40662B	40725A	40725C	40725D
	100-A \$10	100-G \$20	90-G \$20	80-G \$30	80-J \$30	HSA \$1700 - Single	HSA \$1700 - Family
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0/\$0	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$750/\$1,500	1700*	\$3,400/\$3,400*
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	3400*	\$3,400/\$6,800*

*Includes Rx

*Includes Rx

PROFESSIONAL SERVICES

Office Visit (OV) co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	\$10	\$20	\$20	\$30	\$30	Deductible, then 10%	Deductible, then 10%
Urgent Care co-pay	\$10	\$20	\$20	\$30	\$30	10%	10%
Specialists/Consultants co-pay	\$10	\$20	\$20	\$30	\$30	10%	10%
Prenatal, postnatal office visit co-pay	\$10	\$20	\$20	\$30	\$30	10%	10%
Scans: CT, CAT, MRI, PET etc.	0%	0%	10%	20%	20%	10%	10%
Diagnostic X-ray & Laboratory Procedures	0%	0%	10%	20%	20%	10%	10%
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0%	0%	0%	0%	0%	0%	0%
	Ded Waived	Ded Waived	Ded Waived	Ded Waived	Ded Waived	Ded Waived	Ded Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES

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

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	0%	0%	10%	20%	20%	10%	10%
OUTPATIENT: Facility Based Care (preauth required)	0%	0%	10%	20%	20%	10%	10%

OTHER SERVICES

Ambulance (Ground or Air)	0%	0%	10%	20%	20%	10%	10%
	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay
Acupuncture - Limits apply	0%	0%	10%	20%	20%	10%	10%
	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network
Chiropractic - Limits apply	0%	0%	10%	20%	20%	10%	10%
	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network
Durable Medical Equipment (DME)	0%	0%	10%	20%	20%	10%	10%
Physical and Occupational Therapy - Limits apply	0%	0%	10%	20%	20%	10%	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	10% and Amount in excess of \$700 allowance/24 months	10% and Amount in excess of \$700 allowance/24 months

PHARMACY BENEFITS

Plan	7-25	200/10-35	200/10-35	200/10-35	200/10-35	HSA Rx	HSA Rx
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	Included w/ Medical ded	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max (Includes Rx deductibles and co-pays)	\$1,500/\$2,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$7 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	Deductible, then \$0 at Costco or \$9 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network
Brand co-pay/30 days supply	\$25	\$35.00	\$35.00	\$35.00	\$35.00	Deductible, then \$35	Deductible, then \$35
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	Deductible, then \$35 (Must Use Navitus Mail)	Deductible, then \$35 (Must Use Navitus Mail)
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$60	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	Deductible, then \$0-\$90	Deductible, then \$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	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. Cost/payroll deduction, if applicable, can be requested from the district.

*Coverage stages apply, see benefit summary for details