



**Central Union High School District
Classified Employees**

2022-2023	Anthem	Anthem	Anthem	Anthem	Anthem	SIMNSA
	100-A \$20	90-C \$20	80-E \$20	80-G \$30	80-K \$30	378
	40662D	40662E	40662H	40662G	40725B	P-5-5-250
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0/\$0	\$200/\$500	\$300/\$600	\$500/\$1,000	\$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	\$2,000/\$4,000	\$3,000/\$6,000	\$6,350/\$12,700

PROFESSIONAL SERVICES

Office Visit (OV) co-pay <i>(for PPO plan, \$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)</i>	\$20	\$20	\$20	\$30	\$30	\$5
Urgent Care co-pay	\$20	\$20	\$20	\$30	\$30	\$25 in Mexico, \$50 outside Mexico
Specialists/Consultants co-pay	\$20	\$20	\$20	\$30	\$30	\$5
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20	\$30	\$30	\$5
Scans: CT, CAT, MRI, PET etc.	0%	10%	20%	20%	20%	\$0
Diagnostic X-ray & Laboratory Procedures	0%	10%	20%	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 <i>(waived if admitted)</i>	0% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	\$250
Inpatient Hospital (preauthorization required) - limits may apply	0%	10%	20%	20%	20%	\$0
Outpatient Hospital	0%	10%	20%	20%	20%	\$0
Surgery, Outpatient (performed in Surgery Center)	0%	10%	20%	20%	20%	\$0
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	10%	20%	20%	20%	\$0

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

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

OTHER SERVICES

Acupuncture - Limits apply	0%	10%	20%	20%	20%	\$10
Ambulance (Ground or Air)	0% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	\$0
Chiropractic - Limits apply	0%	10%	20%	20%	20%	\$10
Durable Medical Equipment (DME)	0%	10%	20%	20%	20%	\$0
Physical and Occupational Therapy - Limits apply	0%	10%	20%	20%	20%	\$10
Hearing Aids	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	20% and Amount in excess of \$700 allowance/24 months	Not Covered

PHARMACY BENEFITS

Plan	200/10-35	200/10-35	200/10-35	200/10-35	200/10-35	\$5
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	SIMNSA
Individual/Family Brand & Specialty Rx Deductibles	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	none
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	Included in medical
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	NA
Brand co-pay/30 days supply	\$35	\$35.00	\$35.00	\$35.00	\$35.00	\$5 (approximate 30 day supply)
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	\$5
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$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.