



**District Name Coast Unified School District**

**Bargaining Unit Certificated**

2016-2017	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem
	<b>100-A \$10</b>	<b>100-D \$20</b>	<b>80-G \$30</b>	<b>80-L \$30</b>	<b>Minimum Value</b>	<b>Select Medical Plan</b>	<b>Select Medical Plan</b>
<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>	<b>Member Pays</b>
Individual/Family Deductibles	\$0/\$0	\$300/ \$600	\$500/ \$1,000	\$2,000/ \$4,000	\$5,000/ \$10,000*		
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/ \$3,000	\$1,000/ \$3,000	\$2,000/ \$4,000	\$4,000/ \$8,000	\$6,350/ \$12,700*		

\*Includes Rx

**PROFESSIONAL SERVICES**

Office Visit (OV) co-pay	\$10	\$20	\$30	\$30	\$60 visits 1-3, then 30% after ded		
Urgent Care co-pay	\$10	\$20	\$30	\$30	\$60 visits 1-3, then 30% after ded		
Specialists/Consultants co-pay	\$10	\$20	\$30	\$30	\$60 visits 1-3, then 30% after ded		
Prenatal, postnatal office visit co-pay	\$10	\$20	\$30	\$30	\$60 visits 1-3, then 30% after ded		
Scans: CT, CAT, MRI, PET etc.	0%	0%	20%	20%	30%		
Diagnostic X-ray & Laboratory Procedures	0%	0%	20%	20%	30%		
Infertility (diagnosis/treatment of causes of infertility)	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	20% \$100 co-pay	20% \$100 co-pay	30% \$100 co-pay		
Inpatient Hospital (preauthorization required)	0%	0%	20%	20%	30%		
Outpatient Hospital	0%	0%	20%	20%	30%		
Surgery, Outpatient (performed in Surgery Center)	0%	0%	20%	20%	30%		
Surgery, Outpatient (performed in a Hospital)	0%	0%	20%	20%	30%		

	100-A \$10	100-D \$20	80-G \$30	80-L \$30	Minimum Value	Select Medical Plan	Select Medical Plan
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**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

<b>INPATIENT:</b> Facility Based Care (preauth required)	0%	0%	20%	20%	30%		
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	0%	0%	20%	20%	30%		

**OTHER SERVICES**

Acupuncture - Limits apply	0%	0%	20%	20%	30%		
Ambulance (Ground or Air)	0%	0%	20%	20%	30%		
Chiropractic - Limits apply	0%	0%	20%	20%	30%		
Durable Medical Equipment (DME)	0%	0%	20%	20%	30%		
Physical and Occupational Therapy - Limits apply	0%	0%	20%	20%	30%		

**PHARMACY BENEFITS**

Plan	9-35	200/10-35	200/10-35	200/10-35	Minimum Value Rx	Select Rx Plan	Select Rx Plan
Individual/Family Brand & Specialty Rx Deductibles	none	\$200/\$500	\$200/\$500	\$200/\$500	Included w/ Medical ded		
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	Included w/ Med OOP Max		
Generic co-pay/30 days supply	\$0 at Costco \$9 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$9		
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	Mail \$35		
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$18-\$90		