



District Name *Coast Unified School District*

Bargaining Unit *Classified*

2017-2018

90-A \$20	90-C \$30	80-E \$20	80-G \$30
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MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$100/\$300	\$200/\$500	\$300/\$600	\$500/\$1,000
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

PROFESSIONAL SERVICES

Office Visit (OV) co-pay	\$20	\$30	\$20	\$30
Urgent Care co-pay	\$20	\$30	\$20	\$30
Specialists/Consultants co-pay	\$20	\$30	\$20	\$30
Prenatal, postnatal office visit co-pay	\$20	\$30	\$20	\$30
Scans: CT, CAT, MRI, PET etc.	10%	10%	20%	20%
Diagnostic X-ray & Laboratory Procedures	10%	10%	20%	20%
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES

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



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MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

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

OTHER SERVICES

Acupuncture - Limits apply	10%	10%	20%	20%
Ambulance (Ground or Air)	10% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay
Chiropractic - Limits apply	10%	10%	20%	20%
Durable Medical Equipment (DME)	10%	10%	20%	20%
Physical and Occupational Therapy - Limits apply	10%	10%	20%	20%

PHARMACY BENEFITS

Plan	200/10-35	9-35	200/10-35	200/10-35
Individual/Family Brand & Specialty Rx Deductibles	\$200/\$500	none	\$200/\$500	\$200/\$500
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
Generic co-pay/30 days supply	\$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
Brand co-pay/30 days supply	\$35	\$35	\$35	\$35
Specialty co-pay/up to 30 days supply	Must Use Navitus Mail \$35	Must Use Navitus Mail \$35	Must Use Navitus Mail \$35	Must Use Navitus Mail \$35
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90



District Name _____

Bargaining Unit

2017-2018

	MINIMUM VALUE	Select Medical Plan	Select Medical Plan
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$5,000/ \$10,000*		
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$6,350/ \$12,700*		

*Includes Rx

PROFESSIONAL SERVICES

Office Visit (OV) co-pay	\$60 visits 1-3, then 30% after ded		
Urgent Care co-pay	\$60 visits 1-3, then 30% after ded		
Specialists/Consultants co-pay	\$60 visits 1-3, then 30% after ded		
Prenatal, postnatal office visit co-pay	\$60 visits 1-3, then 30% after ded		
Scans: CT, CAT, MRI, PET etc.	30%		
Diagnostic X-ray & Laboratory Procedures	30%		
Infertility (diagnosis/treatment of causes of infertility)	Not covered		
Preventive Care (includes physical exams & screenings)	0%, Deductible Waived		

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (waived if admitted)	30% \$100 co-pay		
Inpatient Hospital (preauthorization required)	30%		
Outpatient Hospital	30%		
Surgery, Outpatient (performed in Surgery Center)	30%		
Surgery, Outpatient (performed in a Hospital)	30%		



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MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	30%		
OUTPATIENT: Facility Based Care (preauth required)	30%		

OTHER SERVICES

Acupuncture - Limits apply	30%		
Ambulance (Ground or Air)	30% \$100 co-pay		
Chiropractic - Limits apply	30%		
Durable Medical Equipment (DME)	30%		
Physical and Occupational Therapy - Limits apply	30%		

PHARMACY BENEFITS

<i>Plan</i>	Minimum Value Rx - Subject to Medical Ded.	Select Rx Plan	Select Rx Plan
Individual/Family Brand & Specialty Rx Deductibles	Included with Medical deductible		
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	Included with Medical OOP Max		
Generic co-pay/30 days supply	\$9		
Brand co-pay/30 days supply	\$35		
Specialty co-pay/up to 30 days supply	Mail \$35		
Mail Order (Generic-Brand co-pay/90 days supply)	\$18-\$90		