



District Name _____

Bargaining Unit _____

2016-2017	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem
	90-C \$30	80-C \$20	80-G \$30	80-L \$30	Select Medical Plan	Select Medical Plan	Select Medical Plan
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$200/ \$500	\$200/ \$500	\$500/ \$1,000	\$2,000/ \$4,000			
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			

PROFESSIONAL SERVICES

Office Visit (OV) co-pay	\$30	\$20	\$30	\$30			
Urgent Care co-pay	\$30	\$20	\$30	\$30			
Specialists/Consultants co-pay	\$30	\$20	\$30	\$30			
Prenatal, postnatal office visit co-pay	\$30	\$20	\$30	\$30			
Scans: CT, CAT, MRI, PET etc.	10%	20%	20%	20%			
Diagnostic X-ray & Laboratory Procedures	10%	20%	20%	20%			
Infertility (diagnosis/treatment of causes of infertility)	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			

HOSPITAL & SKILLED NURSING FACILITY SERVICES

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

	90-C \$30	80-C \$20	80-G \$30	80-L \$30	Select Medical Plan	Select Medical Plan	Select Medical Plan
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MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

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

OTHER SERVICES

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

PHARMACY BENEFITS

Plan	200/10-35	200/10-35	200/10-35	200/15-50	Select Rx Plan	Select Rx Plan	Select Rx Plan
Individual/Family Brand & Specialty Rx Deductibles	\$200/\$500	\$200/\$500	\$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 \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$5 at Costco \$15 at Other Network			
Brand co-pay/30 days supply	\$35	\$35	\$35	\$50			
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$50 Must Use Navitus Mail			
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$90	\$15-\$135			