



**District Name** *Coast Unified School District*

**Bargaining Unit** *Confidential Management*

**2017-2018**

90-C \$30	80-C \$20	80-G \$30	80-L \$30
-----------	-----------	-----------	-----------

<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
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%, 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	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%



District Name Coast Unified School District

**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

<b>INPATIENT:</b> Facility Based Care (preauth required)	10%	20%	20%	20%
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	10%	20%	20%	20%

**OTHER SERVICES**

Acupuncture - Limits apply	10%	20%	20%	20%
Ambulance (Ground or Air)	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay
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**

<b>Plan</b>	<b>200/10-35</b>	<b>200/10-35</b>	<b>200/10-35</b>	<b>200/15-50</b>
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	Must Use Navitus Mail \$35	Must Use Navitus Mail \$35	Must Use Navitus Mail \$35	Must Use Navitus Mail \$50
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$90	\$15-\$135



District Name \_\_\_\_\_

Bargaining Unit

**2017-2018**

	Select Medical Plan	Select Medical Plan	Select Medical Plan
<b><i>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</i></b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
Individual/Family Deductibles			
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)			

***PROFESSIONAL SERVICES***

Office Visit (OV) co-pay			
Urgent Care co-pay			
Specialists/Consultants co-pay			
Prenatal, postnatal office visit co-pay			
Scans: CT, CAT, MRI, PET etc.			
Diagnostic X-ray & Laboratory Procedures			
Infertility (diagnosis/treatment of causes of infertility)			
Preventive Care (includes physical exams & screenings)			

***HOSPITAL & SKILLED NURSING FACILITY SERVICES***

Emergency Room visit (waived if admitted)			
Inpatient Hospital (preauthorization required)			
Outpatient Hospital			
Surgery, Outpatient (performed in Surgery Center)			
Surgery, Outpatient (performed in a Hospital)			



**District Name** \_\_\_\_\_

**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

<b>INPATIENT:</b> Facility Based Care (preauth required)			
<b>OUTPATIENT:</b> Facility Based Care (preauth required)			

**OTHER SERVICES**

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

**PHARMACY BENEFITS**

<i>Plan</i>	Select Rx Plan	Select Rx Plan	Select Rx Plan
Individual/Family Brand & Specialty Rx Deductibles			
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)			
Generic co-pay/30 days supply			
Brand co-pay/30 days supply			
Specialty co-pay/up to 30 days supply			
Mail Order (Generic-Brand co-pay/90 days supply)			