

Effective 10/1/22

| 2022-2023 | Kaiser | Blue Shield | Blue Shield | Blue Shield | Blue Shield |
|---|-----------------|-----------------|-----------------|-----------------|---------------------------|
| | Trad HMO \$30 | 80-G \$30 | 80-C \$20 | 90-G \$20 | 100-D \$30 (Non-Marketed) |
| MEDICAL - CALENDAR YEAR Deductibles & Maximums | Member Pays | Member Pays | Member Pays | Member Pays | Member Pays |
| Individual/Family Deductibles | \$0 | \$500/\$1,000 | \$200/\$500 | \$500/\$1,000 | \$300/\$600 |
| Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays) | \$1,500/\$3,000 | \$2,000/\$4,000 | \$1,000/\$3,000 | \$1,000/\$3,000 | \$1,000/\$3,000 |

PROFESSIONAL SERVICES

| | | | | | |
|--|----------------|------------------|------------------|------------------|------------------|
| Office Visit (OV) co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans) | \$30 | \$30 | \$20 | \$20 | \$30 |
| Urgent Care co-pay | \$30 | \$30 | \$20 | \$20 | \$30 |
| Specialists/Consultants co-pay | \$30 | \$30 | \$20 | \$20 | \$30 |
| Prenatal, postnatal office visit co-pay | \$0 | \$30 | \$20 | \$20 | \$30 |
| Scans: CT, CAT, MRI, PET etc. | \$0 | 20% | 20% | 10% | 0% |
| Diagnostic X-ray & Laboratory Procedures | \$0 | 20% | 20% | 10% | 0% |
| Infertility (Refer to Plan Document) | Co-pay applies | Not covered | Not covered | Not covered | Not covered |
| Preventive Care (includes physical exams & screenings) | \$0 | 0% Ded Waived | 0% Ded Waived | 0% Ded Waived | 0% Ded Waived |

HOSPITAL & SKILLED NURSING FACILITY SERVICES

| | | | | | |
|---|-------|---------------------|---------------------|---------------------|--------------------|
| Emergency Room visit (copay waived if admitted) | \$100 | 20% \$100 co-pay | 20% \$100 co-pay | 10% \$100 co-pay | 0% \$100 co-pay |
| Inpatient Hospital (preauthorization required) - limits may apply | \$0 | 20% | 20% | 10% | 0% |
| Outpatient Hospital | \$30 | 20% | 20% | 10% | 0% |
| Surgery, Outpatient (performed in Surgery Center) | \$30 | 20% | 20% | 10% | 0% |
| Surgery, Outpatient (performed in a Hospital) - limits may apply | \$30 | 20% | 20% | 10% | 0% |

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

| | | | | | |
|---|------|-----|-----|-----|----|
| INPATIENT: Facility Based Care (preauth required) | \$0 | 20% | 20% | 10% | 0% |
| OUTPATIENT: Facility Based Care (preauth required) | \$30 | 20% | 20% | 10% | 0% |

OTHER SERVICES

| | | | | | |
|--|---|---|---|---|---|
| Ambulance (Ground or Air) | \$50 | 20% \$100 co-pay | 20% \$100 co-pay | 10% \$100 co-pay | 0% \$100 co-pay |
| Acupuncture - Limits apply | \$10/30 visits (through ASH) combined w/chiro | 20% | 20% | 10% | 0% |
| Chiropractic - Limits apply | \$10/30 visits (through ASH) combined w/acu | 20% | 20% | 10% | 0% |
| Durable Medical Equipment (DME) | no charge | 20% | 20% | 10% | 0% |
| Physical and Occupational Therapy - Limits apply | \$30 | 20% | 20% | 10% | 0% |
| Hearing Aids | amount in excess of \$500 allowance every 36 months | 20% and Amount in excess of \$700 allowance/24 months | 20% and Amount in excess of \$700 allowance/24 months | 10% and Amount in excess of \$700 allowance/24 months | Amount in excess of \$700 allowance/24 months |

PHARMACY BENEFITS

| Plan | Trad HMO \$30 | 200/10-35 | 200/10-35 | 9-35 | 200/10-35 |
|---|--------------------------------|-------------------|-------------------|-------------------|-------------------|
| Pharmacy Benefit Manager | Kaiser | Navitus | Navitus | Navitus | Navitus |
| Individual/Family Brand & Specialty Rx Deductibles | none | \$200/\$500 | \$200/\$500 | none | \$200/\$500 |
| Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays) | Included w/ Med OOP Max | \$2,500/\$3,500 | \$2,500/\$3,500 | \$2,500/\$3,500 | \$2,500/\$3,500 |
| Generic co-pay/30 days supply | \$10 up to 100 day | \$0 at Costco | \$0 at Costco | \$0 at Costco | \$0 at Costco |
| Brand co-pay/30 days supply | \$30 up to 100 day | \$35.00 | \$35.00 | \$35.00 | \$35.00 |
| Specialty co-pay/up to 30 days supply | \$30 up to 30 day | \$35 Must Use | \$35 Must Use | \$35 Must Use | \$35 Must Use |
| Mail Order (Generic-Brand co-pay/90 days supply) | \$10-\$30/up to 100 day supply | \$0-\$90 | \$0-\$90 | \$0-\$90 | \$0-\$90 |
| Mail Order Pharmacy | Kaiser Mail Order | Costco Mail Order | Costco Mail Order | Costco Mail Order | Costco Mail Order |

*Coverage stages apply, see benefit summary for details

This sheet is only a brief summary of In-Network patient costs. The information does not include all of the detailed information, explanation of benefits, exclusions, and limitations. Plan participants should refer to the Evidence of Coverage (EOC) document for coverage details available through the plan program (Kaiser or Blue Shield). In the event the information in the summary differs from the EOC, the EOC will prevail. Please refer to the plan documents available through the 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.

A generic drug will always be dispensed if one is available. If you purchase a brand-name drug when a generic alternative is available, you will pay the generic co-payment PLUS the difference in cost between the brand name and the generic, even if your doctor writes "DISPENSE AS WRITTEN" (DAW) on the prescription. Specialty medication, some narcotic pain medications, and cough medications are not included in Costco lower generic copays or the 90-day supply program.

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|--|---------------|---------------|-----------------|-----------------|-----------------|
| COMPOSITE RATES (all rates listed MONTHLY) | \$1,700.00 | \$1,812.00 | \$2,014.00 | \$2,044.00 | \$2,141.00 |
| 2022-23 YCCD Contribution | \$1,700.00 | \$1,812.00 | \$1,812.00 | \$1,812.00 | \$1,812.00 |
| Certificated/Management/Classified Monthly Contribution | \$0.00 | \$0.00 | \$202.00 | \$232.00 | \$329.00 |