

2019-2020	Kaiser	Blue Shield	Blue Shield
	Trad HMO \$30	100-G \$20	100-A \$0 (Non-Marketed)
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0	\$500/\$1,000	\$0/\$0
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,500/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000

PROFESSIONAL SERVICES

Office Visit (OV) co-pay	\$30	\$20	\$0
Urgent Care co-pay	\$30	\$20	\$0
Specialists/Consultants co-pay	\$30	\$20	\$0
Scans: CT, CAT, MRI, PET etc.	\$0	0%	0%
Diagnostic X-ray & Laboratory Procedures	\$0	0%	0%
Preventive Care (includes physical exams & screenings)	\$0	0% Ded Waived	0% Ded Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES

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

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	\$0	0%	0%
OUTPATIENT: Facility Based Care (preauth required)	\$30	0%	0%

OTHER SERVICES

Acupuncture - Limits apply	\$10/30 visits combined w/chiro	0%	0%
Chiropractic - Limits apply	\$10/30 visits combined w/acu	0%	0%
Durable Medical Equipment (DME)	no charge	0%	0%
Emergency Transportation/Ambulance (Ground or Air)	\$50	0% \$100 co-pay	0% \$100 co-pay
Physical and Occupational Therapy - Limits apply	\$30	0%	0%

PHARMACY BENEFITS -- Plan

	Trad HMO \$30	200/0-35 EGWP	200/0-35 EGWP
Pharmacy Benefit Manager	Kaiser	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	\$200/\$500	\$200/\$500
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	Included w/ Med OOP Max	\$5,100.00	\$5,100.00
Generic co-pay/30 days supply	\$10 up to 100 day supply	\$0	\$0
Brand co-pay/30 days supply	\$30 up to 100 day supply	\$35	\$35
Specialty co-pay/up to 30 days supply	\$30 up to 30 day supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail
Mail Order (Generic-Brand co-pay/90 days supply)	\$10-\$30/up to 100 day supply	\$0-\$90	\$0-\$90

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost, 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. Speciality medication, some narcotic pain medications, and cough medications are not included in Costco lower generic copays or the 90-day supply programs.

NOTE - The information presented in the chart is a summary only. 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.