




AUHSD Medical Plans Summary of Benefits

 2018-2019	Kaiser Permanente	Anthem HMO Premier 10	Anthem PPO 90-20	Anthem PPO 80-20
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0	\$0/\$0	\$500/ \$1,000	\$500/ \$1,000
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,500/ \$3,000	\$1,000/ \$2,000	\$1,000/ \$3,000	\$2,000/ \$4,000

PROFESSIONAL SERVICES

Office Visit (OV) co-pay	\$15	\$10	\$20	\$20
Urgent Care co-pay	\$15	\$10	\$20	\$20
Specialists/Consultants co-pay	\$15	\$10	\$20	\$20
Prenatal, postnatal office visit co-pay	\$0	\$10	\$20	\$20
Scans: CT, CAT, MRI, PET etc.	\$0	\$100/test	10%	20%
Diagnostic X-ray & Laboratory Procedures	\$0	\$0	10%	20%
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	OV copay or hospitalization copay apply	50%	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	\$0	\$0	0% Ded Waived	0% Ded Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (waived if admitted)	\$100	\$100	10% \$100 co-pay	20% \$100 co-pay
Inpatient Hospital (preauthorization required)	\$0	\$0	10%	20%
Outpatient Hospital	\$15	\$0	10%	20%
Surgery, Outpatient (performed in Surgery Center)	\$15	\$0	10%	20%
Surgery, Outpatient (performed in a Hospital)	\$15	\$0	10%	20%



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MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	\$0	\$0	10%	20%
OUTPATIENT: Facility Based Care (preauth required)	\$15	\$0	10%	20%

OTHER SERVICES

Acupuncture - Limits apply	\$10/30 visits combined	\$10/30 visits combined	10%	20%
Ambulance (Ground or Air)	\$50	\$100	10% \$100 co-pay	20% \$100 co-pay
Chiropractic - Limits apply	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu	10%	20%
Durable Medical Equipment (DME)	no charge	0%	10%	20%
Physical and Occupational Therapy - Limits apply	\$15	\$10	10%	20%

PHARMACY BENEFITS

Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	Included w/ Med OOP Max	\$1,500/ \$2,500	\$1,500/ \$2,500	\$1,500/ \$2,500
Generic co-pay/30 days supply	\$15 up to 100 day supply	\$0 at Costco \$5 at Other Network	\$0 at Costco \$5 at Other Network	\$0 at Costco \$5 at Other Network
Brand co-pay/30 days supply	\$15 up to 100 day supply	\$20	\$20	\$20
Specialty co-pay/up to 30 days supply	\$15 up to 100 day supply	\$20 Must Use Navitus Mail	\$20 Must Use Navitus Mail	\$20 Must Use Navitus Mail
Mail Order (Generic-Brand co-pay/90 days supply)	\$15-\$15/up to 100 day supply	\$0-\$50	\$0-\$50	\$0-\$50