

Orcutt Union School District
Anthem Health Plan - Options

Plan	Anthem PPO	Anthem PPO 1	Anthem PPO 2	Anthem PPO 3	Anthem
Benefit	90-D \$10	90-G \$20	80-E \$20	80-G \$20	80-L \$30
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$200/\$500	\$500/\$1,000	\$300/\$600	\$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	\$1,000/\$3,000	\$2,000/\$4,000	\$4,000/\$8,000
PROFESSIONAL SERVICES					
Office Visit (OV), Urgent Care, Specialists Co-pay	\$10	\$20	\$20	\$20	\$30
Prenatal, postnatal office visit co-pay	\$10	\$20	\$20	\$20	\$30
Scans: CT, CAT, MRI, PET etc.	10%	10%	20%	20%	20%
Diagnostic X-ray & Laboratory Procedures	10%	10%	20%	20%	20%
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Not covered	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)	0% - (Ded Waived)
HOSPITAL & SKILLED NURSING FACILITY SERVICES					
Emergency Room visit - (waived if admitted)	10% (\$100 co-pay)	10% (\$100 co-pay)	20% (\$100 co-pay)	20% (\$100 co-pay)	20% (\$100 co-pay)
Inpatient Hospital (preauthorization required)	10%	10%	20%	20%	20%
Outpatient Hospital	10%	10%	20%	20%	20%
Surgery, Outpatient (performed in Surgery Center)	10%	10%	20%	20%	20%
Surgery, Outpatient (performed in a Hospital)	10%	10%	20%	20%	20%
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT					
INPATIENT: Facility Based Care (preauth required)	10%	10%	20%	20%	20%
OUTPATIENT: Facility Based Care (preauth required)	10%	10%	20%	20%	20%
OTHER SERVICES					
Acupuncture - Limits apply	10%	10%	20%	20%	20%
Ambulance (Ground or Air)	10% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay
Chiropractic - Limits apply	10%	10%	20%	20%	20%
Durable Medical Equipment (DME)	10%	10%	20%	20%	20%
Physical and Occupational Therapy - Limits apply	10%	10%	20%	20%	20%
PHARMACY BENEFITS - Copays and Out of Pocket Maximums					
Rx Plan	7-25	7-25	7-25	7-25	9-35
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$1,500/\$2,500	\$1,500/\$2,500	\$1,500/\$2,500	\$1,500/\$2,500	\$2500/\$3500
Generic co-pay/30 days supply	\$0 at Costco \$7 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$9 at Other Network
Brand co-pay/30 days supply	\$25	\$25	\$25	\$25	\$35
Specialty co-pay/up to 30 days supply	\$25 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$35 Must Use Navitus Mail
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$60	\$0-\$60	\$0-\$60	\$0-\$60	\$0-\$90