


## Acalanes Union High School District

|   |                  |                   |                                    |
|---|------------------|-------------------|------------------------------------|
|  | <b>2022-2023</b> | <b>Anthem</b>     | <b>Anthem</b>                      |
|   |                  | <b>Premier 10</b> | <b>Classic<br/>20/40/250 Admit</b> |

| <b>MONTHLY PREMIUMS</b>  |                    |                    |
|--|--------------------|--------------------|
| Single   | \$1,800            | \$938              |
| 2-Party  | \$2,024            | \$1,883            |
| Family   | \$2,627            | \$2,445            |
|  |                    |                    |
| <b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>  | <b>Member Pays</b> | <b>Member Pays</b> |
| Individual/Family Deductibles  | \$0/\$0            | \$0/\$0            |
| Individual/Family Out-of-Pocket (OOP) Max<br><i>(includes medical deductibles, co-insurance and co-pays)</i> | \$1,000/\$2,000    | \$2,000/\$4,000    |

| <b>PROFESSIONAL SERVICES</b>  |            |            |
|---|------------|------------|
| Office Visit (OV) co-pay <i>(\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)</i> | \$10       | \$20       |
| Urgent Care co-pay  | \$10       | \$20       |
| Specialists/Consultants co-pay  | \$10       | \$40       |
| Prenatal, postnatal office visit co-pay   | \$10       | \$20       |
| Scans: CT, CAT, MRI, PET etc.   | \$100/test | \$100/test |
| Diagnostic X-ray & Laboratory Procedures  | \$0        | \$0        |
| Infertility (Refer to Plan Document)  | 50%        | 50%        |
| Preventive Care (includes physical exams & screenings)  | \$0        | \$0        |

| <b>HOSPITAL &amp; SKILLED NURSING FACILITY SERVICES</b>           |       |             |
|---|-------|-------------|
| Emergency Room visit<br>(waived if admitted)                      | \$100 | \$100       |
| Inpatient Hospital (preauthorization required) - limits may apply | \$0   | \$250/admit |
| Outpatient Hospital   | \$0   | \$125/admit |
| Surgery, Outpatient (performed in Surgery Center)                 | \$0   | \$125/admit |
| Surgery, Outpatient (performed in a Hospital) - limits may apply  | \$0   | \$125/admit |

| <b>MENTAL HEALTH &amp; SUBSTANCE ABUSE TREATMENT</b>      |     |             |
|---|-----|-------------|
| <b>INPATIENT:</b> Facility Based Care (preauth required)  | \$0 | \$250/admit |
| <b>OUTPATIENT:</b> Facility Based Care (preauth required) | \$0 | \$0         |

| <b>OTHER SERVICES</b>                            |  |  |
|--|--|--|
| Ambulance (Ground or Air)                        | \$100  | \$100  |
| Acupuncture - Limits apply                       | \$10/30 visits<br>combined w/chiro               | \$10/30 visits<br>combined w/chiro               |
| Chiropractic - Limits apply                      | \$10/30 visits<br>combined w/acu                 | \$10/30 visits<br>combined w/acu                 |
| Durable Medical Equipment (DME)                  | 0%   | 20%  |
| Physical and Occupational Therapy - Limits apply | \$10   | \$40   |
| Hearing Aids                                     | 50% Coinsurance<br>1 device per<br>ear/36 months | 50% Coinsurance<br>1 device per<br>ear/36 months |

| <b>PHARMACY BENEFITS</b>   |  |  |
|--|--|--|
| <b>Plan</b>  | <b>5-20</b>                              | <b>7-25</b>                              |
| Pharmacy Benefit Manager   | Navitus                                  | Navitus                                  |
| Individual/Family Brand & Specialty Rx Deductibles   | none                                     | none                                     |
| Individual/Family Rx Out-of-Pocket (OOP) Max<br><i>(includes Rx deductibles and co-pays)</i> | \$1,500/\$2,500                          | \$1,500/\$2,500                          |
| Generic co-pay/30 days supply  | \$0 at Costco<br>\$5 at Other<br>Network | \$0 at Costco<br>\$7 at Other<br>Network |
| Brand co-pay/30 days supply  | \$20                                     | \$25.00                                  |
| Specialty co-pay/up to 30 days supply  | \$20 Must Use<br>Navitus Mail            | \$25 Must Use<br>Navitus Mail            |
| Mail Order (Generic-Brand co-pay/90 days supply)   | \$0-\$50                                 | \$0-\$60                                 |
| Mail Order Pharmacy  | Costco Mail Order<br>Pharmacy            | Costco Mail Order<br>Pharmacy            |

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