## ANTELOPE VALLEY COMMUNITY COLLEGE: CMSA EMPLOYEES

			_	COMMUNITY COLLEGE: CM				
	SISC	0P021000	0P041000	0P011000	0P031000	0P051001	225543-0845	225543-1017
	Self-Insured Schools of California	020 Blue Shield	Blue Shield	Blue Shield	Blue Shield	Blue Shield	Kaiser	Kaiser
	Schools Helping Schools	100-A \$20	100-C \$20	90-C \$30	80-G \$30	Anchor Bronze (HSA Compatible)	Trad HMO \$10	Trad HMO \$30
MEDICAL- CALEI	NDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Famil	ly Deductibles	\$0/\$0	\$200/\$400	\$200/\$500	\$500/\$1,000	\$5,000/\$10,000*	\$0/\$0	\$0/\$0
Individual/Famil	ly Out-of-Pocket (OOP) Max (includes medic	cal						
deductibles, co-i	insurance and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$6,350/\$12,700*	\$1,500/\$3,000	\$1,500/\$3,000
PROFESSIONAL:	SERVICES							
Office Visit (OV)	) co-pay	\$20	\$20	\$30		Deductible, then 30%	\$10	\$30
Urgent Care co-	pay	\$20	\$20	\$30	\$30	30%	\$10	\$30
Specialists/Cons	sultants co-pay	\$20	\$20	\$30		30%	\$10	\$30
Prenatal, postna	atal office visit co-pay	\$20	\$20	\$30	\$30	30%	\$0	\$0
Scans: CT, CAT, I		0%	0%	10%	20%	30%	\$0	\$0
Diagnostic X-ray	y & Laboratory Procedures	0%	0%	10%	20%	30%	\$0	\$0
Infertility (diagn	nosis/treatment of causes of infertility subje	ect					OV copay or hospitalization	OV copay or hospitalization
to plan benefits)	3)	Not covered	Not covered	Not covered	Not covered	Not covered	co-pay apply	co-pay apply
Preventive Care	(includes physical exams & screenings)	0%, Ded Waived	0%, Ded Waived	0%, Ded Waived	0%, Ded Waived	0%, Ded Waived	\$0	\$0
HOSPITAL & SKI	ILLED NURSING FACILITY SERVICES							
Emergency Roor	m visit (waived if admitted)	0%, \$100 co-pay	0%, \$100 co-pay	10%, \$100 co-pay	20%, \$100 co-pay	30%, \$100 co-pay	\$100	\$100
	tal (preauthorization required) - limits may				, , , ,	,, ,	,	
apply		0%	0%	10%	20%	30%	\$0	\$0
Outpatient Hosp	pital	0%	0%	10%	20%	30%	\$10	\$30
	tient (performed in Surgery Center)	0%	0%	10%	20%	30%	\$10	\$30
	tient (performed in a Hospital) - limits may						,	,
apply		0%	0%	10%	20%	30%	\$10	\$30
~ PP' y		0,0	0,0	10/0	2070	3070	710	730
	H & SUBSTANCE ABUSE TREATMENT		570	1070	2070	30%	710	<del>, 550</del>
MENTAL HEALTI	H & SUBSTANCE ABUSE TREATMENT ility Based Care (preauth required)	0%	0%	10%	20%	30%	\$0	,
MENTAL HEALTI INPATIENT: Facil							·	\$0
MENTAL HEALTI INPATIENT: Facil	ility Based Care (preauth required) acility Based Care (preauth required)	0%	0%	10%	20%	30%	\$0	\$0
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Fa	ility Based Care (preauth required) acility Based Care (preauth required)	0%	0%	10%	20%	30%	\$0	
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Fa	ility Based Care (preauth required) acility Based Care (preauth required) SS	0%	0%	10% 10%	20% 20% 20%	30%	\$0 \$10	\$0 \$30
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Fa OTHER SERVICES	ility Based Care (preauth required) acility Based Care (preauth required) SS Limits apply	0%	0%	10% 10%	20% 20% 20%	30%	\$0 \$10 \$10/30 visits combined	\$0 \$30 \$10/30 visits combined
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Fa OTHER SERVICES Acupuncture - L	ility Based Care (preauth required) acility Based Care (preauth required) SS Limits apply	0%	0% 0%	10% 10%	20% 20% 20%	30% 30% 30%	\$0 \$10 \$10/30 visits combined w/chiro	\$0 \$30 \$10/30 visits combined w/chiro
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Fa OTHER SERVICES Acupuncture - L	ility Based Care (preauth required) acility Based Care (preauth required)  S  Limits apply bund or Air)	0%	0% 0%	10% 10%	20% 20% 20%	30% 30% 30%	\$0 \$10 \$10/30 visits combined w/chiro \$50	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Fa OTHER SERVICE: Acupuncture - L Ambulance (Gro Chiropractic - Li Durable Medical	ility Based Care (preauth required) acility Based Care (preauth required)  S  Limits apply bund or Air)  imits apply al Equipment (DME)	0% 0% 0% 0%, \$100 co-pay 0% 0%	0% 0% 0% 0%, \$100 co-pay 0% 0%	10% 10% 10% 10%, \$100 co-pay 10% 10%	20% 20% 20% 20%, \$100 co-pay 20% 20%	30% 30% 30% 30%, \$100 co-pay 30% 30%	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OTHER SERVICE: Acupuncture - L Ambulance (Gro Chiropractic - Li Durable Medical Physical and Occ	ility Based Care (preauth required) acility Based Care (preauth required)  S  Limits apply bund or Air)  imits apply al Equipment (DME) cupational Therapy - Limits apply	0% 0% 0% 0%, \$100 co-pay 0% 0% 0%	0% 0% 0% 0%, \$100 co-pay 0% 0%	10% 10% 10%, \$100 co-pay 10%, \$100 co-pay 10% 10%	20% 20% 20% 20%, \$100 co-pay 20% 20% 20%	30% 30% 30% 30%, \$100 co-pay 30% 30% 30% 30%	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$10	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$30
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Fa OTHER SERVICE: Acupuncture - L Ambulance (Gro Chiropractic - Li Durable Medical	ility Based Care (preauth required) acility Based Care (preauth required)  S  Limits apply bund or Air)  imits apply al Equipment (DME) cupational Therapy - Limits apply	0% 0% 0% 0%, \$100 co-pay 0% 0%	0% 0% 0% 0%, \$100 co-pay 0% 0%	10% 10% 10% 10%, \$100 co-pay 10% 10%	20% 20% 20% 20%, \$100 co-pay 20% 20%	30% 30% 30% 30%, \$100 co-pay 30% 30%	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$10	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OTHER SERVICE: Acupuncture - L Ambulance (Gro Chiropractic - Li Durable Medical Physical and Occ PHARMACY BEN Pharmacy Benet	ility Based Care (preauth required) acility Based Care (preauth required)  S  Limits apply bund or Air)  imits apply al Equipment (DME) cupational Therapy - Limits apply NEFITS  Sitt Manager	0% 0% 0% 0%, \$100 co-pay 0% 0% 0%	0% 0% 0%, \$100 co-pay 0% 0% 0% 0% 200/10-35 Navitus	10% 10% 10%, \$100 co-pay 10%, \$100 co-pay 10% 10%	20% 20% 20% 20%, \$100 co-pay 20% 20% 20%	30% 30% 30% 30%, \$100 co-pay 30% 30% 30% Anchor Bronze Rx Navitus	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$10 Trad HMO \$10	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$30
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OTHER SERVICE: Acupuncture - L Ambulance (Gro Chiropractic - Li Durable Medical Physical and Occ PHARMACY BEN Pharmacy Benei Individual/Famil	ility Based Care (preauth required) acility Based Care (preauth required)  S  Limits apply bund or Air)  imits apply al Equipment (DME) cupational Therapy - Limits apply NEFITS  Efit Manager ly Brand & Specialty Rx Deductibles	0% 0% 0% 0%, \$100 co-pay 0% 0% 0%	0% 0% 0%, \$100 co-pay 0% 0% 0% 0%	10% 10% 10% 10%, \$100 co-pay 10% 10% 10%	20% 20% 20% 20%, \$100 co-pay 20% 20% 20% 9-35	30% 30% 30% 30%, \$100 co-pay 30% 30% 30% Anchor Bronze Rx	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$10 Trad HMO \$10	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$30  Trad HMO \$30
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OTHER SERVICE: Acupuncture - L Ambulance (Gro Chiropractic - Li Durable Medical Physical and Occ PHARMACY BEN Pharmacy Benei Individual/Famil Individual/Famil	ility Based Care (preauth required) acility Based Care (preauth required)  S  Limits apply bund or Air) imits apply al Equipment (DME) cupational Therapy - Limits apply NEFITS Efit Manager ly Brand & Specialty Rx Deductibles ly Rx Out-of-Pocket (OOP) Max	0% 0% 0% 0%, \$100 co-pay 0% 0% 0% 7-25 Navitus	0% 0% 0%, \$100 co-pay 0% 0% 0% 0% 200/10-35 Navitus	10% 10% 10% 10%, \$100 co-pay 10% 10% 9-35 Navitus	20% 20% 20% 20%, \$100 co-pay 20% 20% 20% 9-35 Navitus	30% 30% 30% 30%, \$100 co-pay 30% 30% 30% Anchor Bronze Rx Navitus	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$10 Trad HMO \$10 Kaiser	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$30  Trad HMO \$30  Kaiser
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OTHER SERVICE: Acupuncture - L Ambulance (Gro Chiropractic - Li Durable Medical Physical and Occ PHARMACY BEN Pharmacy Benei Individual/Famil Individual/Famil	ility Based Care (preauth required) acility Based Care (preauth required)  S  Limits apply bund or Air)  imits apply al Equipment (DME) cupational Therapy - Limits apply NEFITS  Efit Manager ly Brand & Specialty Rx Deductibles	0% 0% 0% 0%, \$100 co-pay 0% 0% 0% 7-25 Navitus	0% 0% 0%, \$100 co-pay 0% 0% 0% 0% 200/10-35 Navitus	10% 10% 10% 10%, \$100 co-pay 10% 10% 9-35 Navitus	20% 20% 20% 20%, \$100 co-pay 20% 20% 20% 9-35 Navitus	30% 30% 30%, \$100 co-pay 30%, \$100 co-pay 30% 30% Anchor Bronze Rx Navitus *Included w/ Med ded	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$10 Trad HMO \$10 Kaiser	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$30  Trad HMO \$30  Kaiser none
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OTHER SERVICE: Acupuncture - L Ambulance (Gro Chiropractic - Li Durable Medical Physical and Occ PHARMACY BEN Pharmacy Benei Individual/Famil Individual/Famil	ility Based Care (preauth required) acility Based Care (preauth required)  S  Limits apply bund or Air) imits apply al Equipment (DME) cupational Therapy - Limits apply NEFITS Efit Manager ly Brand & Specialty Rx Deductibles ly Rx Out-of-Pocket (OOP) Max	0% 0% 0%, \$100 co-pay 0% 0% 0% 7-25 Navitus	0% 0% 0%, \$100 co-pay 0% 0% 0% 0% 200/10-35 Navitus	10% 10% 10% 10%, \$100 co-pay 10% 10% 10% 10% 10%	20% 20% 20% 20%, \$100 co-pay 20% 20% 20% 9-35 Navitus	30% 30% 30%, \$100 co-pay 30%, \$100 co-pay 30% 30% Anchor Bronze Rx Navitus *Included w/ Med ded	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$10 Trad HMO \$10 Kaiser none	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$30  Trad HMO \$30  Kaiser none
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OTHER SERVICE: Acupuncture - L Ambulance (Gro Chiropractic - Li Durable Medical Physical and Occ PHARMACY BEN Pharmacy Benei Individual/Famil Individual/Famil	ility Based Care (preauth required) acility Based Care (preauth required)  S  Limits apply bund or Air) imits apply al Equipment (DME) cupational Therapy - Limits apply NEFITS Efit Manager ly Brand & Specialty Rx Deductibles ly Rx Out-of-Pocket (OOP) Max	0% 0% 0%, \$100 co-pay 0% 0% 0% 7-25 Navitus	0% 0% 0%, \$100 co-pay 0% 0% 0% 0% 200/10-35 Navitus \$200/\$500	10% 10% 10%, \$100 co-pay 10% 10% 10% 10% 10% \$10% \$10% \$10% \$10%	20% 20% 20%, \$100 co-pay 20% 20% 20% 9-35 Navitus none \$2,500/\$3,500	30% 30% 30%, \$100 co-pay 30%, \$100 co-pay 30% Anchor Bronze Rx Navitus *Included w/ Med ded Included w/ Med OOP Max Deductible, then \$0 at Costco or	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$10 Trad HMO \$10 Kaiser none	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$30  Trad HMO \$30  Kaiser none
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OTHER SERVICE: Acupuncture - L Ambulance (Gro Chiropractic - Li Durable Medical Physical and Occ PHARMACY BEN Pharmacy Benei Individual/Famil Individual/Famil	ility Based Care (preauth required) acility Based Care (preauth required)  S  Limits apply bund or Air)  imits apply al Equipment (DME) cupational Therapy - Limits apply NEFITS  Fit Manager ly Brand & Specialty Rx Deductibles ly Rx Out-of-Pocket (OOP) Max ductibles and co-pays)	0% 0% 0%, \$100 co-pay 0% 0% 0% 7-25 Navitus	0% 0% 0%, \$100 co-pay 0% 0% 0% 0% 200/10-35 Navitus \$200/\$500	10% 10% 10%, \$100 co-pay 10% 10% 10% 10% 10% \$10% \$10% \$10% \$10%	20% 20% 20%, \$100 co-pay 20% 20% 20% 9-35 Navitus none \$2,500/\$3,500	30% 30% 30% 30%, \$100 co-pay 30% 30% 30% 30% Anchor Bronze Rx Navitus *Included w/ Med ded Included w/ Med OOP Max Deductible, then	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$10  Trad HMO \$10  Kaiser  none  Included w/ Med OOP Max	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$30  Trad HMO \$30  Kaiser  none  Included w/ Med OOP Max
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil Acupuncture - L Ambulance (Gro Chiropractic - Li Durable Medical Physical and Occ PHARMACY BEN Pharmacy Benet Individual/Famil Individual/Famil (includes Rx ded	ility Based Care (preauth required) acility Based Care (preauth required)  S  Limits apply bund or Air)  imits apply al Equipment (DME) cupational Therapy - Limits apply NEFITS  Fift Manager ly Brand & Specialty Rx Deductibles ly Rx Out-of-Pocket (OOP) Max ductibles and co-pays)	0% 0% 0% 0%, \$100 co-pay 0% 0% 0% 0% 7-25 Navitus none \$1,500/\$2,500 \$0 at Costco \$7 at Other Network \$25	0% 0% 0%, \$100 co-pay 0% 0% 0% 0% 0% 200/10-35 Navitus \$200/\$500 \$2,500/\$3,500 \$0 at Costco \$10 at Other Network	10% 10% 10% 10%, \$100 co-pay 10% 10% 10% 10% 10% \$0 at Costco \$9 at Other Network \$35	20% 20% 20% 20%, \$100 co-pay 20% 20% 20% 20% 30% 20% 50 at Costco \$9 at Other Network \$35	30% 30% 30% 30%, \$100 co-pay 30%, \$100 co-pay 30% 30% Anchor Bronze Rx Navitus *Included w/ Med ded Included w/ Med OOP Max Deductible, then \$0 at Costco or \$9 at Other Network Deductible, then \$35	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$10 Trad HMO \$10 Kaiser none	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$30  Trad HMO \$30  Kaiser  none  Included w/ Med OOP Max
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil Acupuncture - L Ambulance (Gro Chiropractic - Li Durable Medical Physical and Occ PHARMACY BEN Pharmacy Benet Individual/Famil Individual/Famil (includes Rx ded Generic co-pay/30	ility Based Care (preauth required) acility Based Care (preauth required)  S  Limits apply bund or Air)  imits apply al Equipment (DME) cupational Therapy - Limits apply NEFITS  Fit Manager ly Brand & Specialty Rx Deductibles ly Rx Out-of-Pocket (OOP) Max ductibles and co-pays)  //30 days supply 0 days supply	0% 0% 0%, \$100 co-pay 0% 0%, \$100 co-pay 0% 0% 7-25 Navitus none \$1,500/\$2,500 \$0 at Costco \$7 at Other Network \$25 \$25 Must Use Navitus	0% 0% 0% 0%, \$100 co-pay 0% 0% 0% 0% 200/10-35 Navitus \$200/\$500 \$2,500/\$3,500 \$0 at Costco \$10 at Other Network \$35 \$35 Must Use Navitus	10% 10% 10% 10%, \$100 co-pay 10% 10% 10% 10% 10% 9-35 Navitus none \$2,500/\$3,500 \$0 at Costco \$9 at Other Network \$35 \$35 Must Use Navitus	20% 20% 20% 20%, \$100 co-pay 20% 20% 20% 20% 20% 30% 20% 9-35 Navitus none \$2,500/\$3,500 \$0 at Costco \$9 at Other Network \$35 \$35 Must Use Navitus	30% 30% 30%, \$100 co-pay 30%, \$100 co-pay 30% 30% 30% 30% Anchor Bronze Rx Navitus *Included w/ Med ded Included w/ Med OOP Max Deductible, then \$0 at Costco or \$9 at Other Network Deductible, then \$35 Deductible, then \$35	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$10 Trad HMO \$10 Kaiser none Included w/ Med OOP Max \$10 up to 100 day supply \$10 up to 100 day supply	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$30  Trad HMO \$30  Kaiser  none  Included w/ Med OOP Max  \$10 up to 100 day supply \$30 up to 100 day supply
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil Acupuncture - L Ambulance (Gro Chiropractic - Li Durable Medical Physical and Occ PHARMACY BEN Pharmacy Benet Individual/Famil (includes Rx ded Generic co-pay/30 Brand co-pay/30	ility Based Care (preauth required) acility Based Care (preauth required)  S  Limits apply bund or Air)  imits apply al Equipment (DME) cupational Therapy - Limits apply NEFITS  Fift Manager ly Brand & Specialty Rx Deductibles ly Rx Out-of-Pocket (OOP) Max ductibles and co-pays)	0% 0% 0% 0%, \$100 co-pay 0% 0% 0% 0% 7-25 Navitus none \$1,500/\$2,500 \$0 at Costco \$7 at Other Network \$25	0% 0% 0%, \$100 co-pay 0% 0% 0% 0% 0% 200/10-35 Navitus \$200/\$500 \$2,500/\$3,500 \$0 at Costco \$10 at Other Network	10% 10% 10% 10%, \$100 co-pay 10% 10% 10% 10% 10% \$0 at Costco \$9 at Other Network \$35	20% 20% 20% 20%, \$100 co-pay 20% 20% 20% 20% 30% 20% 50 at Costco \$9 at Other Network \$35	30% 30% 30% 30%, \$100 co-pay 30%, \$100 co-pay 30% 30% Anchor Bronze Rx Navitus *Included w/ Med ded Included w/ Med OOP Max Deductible, then \$0 at Costco or \$9 at Other Network Deductible, then \$35	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$10 Trad HMO \$10 Kaiser none Included w/ Med OOP Max \$10 up to 100 day supply \$10 up to 100 day supply \$10 up to 30 day supply	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$30  Trad HMO \$30  Kaiser  none  Included w/ Med OOP Max  \$10 up to 100 day supply \$30 up to 100 day supply
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil Acupuncture - L Ambulance (Gro Chiropractic - Li Durable Medical Physical and Occ PHARMACY BEN Pharmacy Benet Individual/Famil Individual/Famil (includes Rx ded Generic co-pay/3 Brand co-pay/3 Specialty co-pay	ility Based Care (preauth required) acility Based Care (preauth required)  S  Limits apply bund or Air)  imits apply al Equipment (DME) cupational Therapy - Limits apply  NEFITS  efit Manager ly Brand & Specialty Rx Deductibles ly Rx Out-of-Pocket (OOP) Max ductibles and co-pays)  //30 days supply  // O days supply  // Up to 30 days supply	0% 0% 0%, \$100 co-pay 0% 0%, \$100 co-pay 0% 0% 7-25 Navitus none \$1,500/\$2,500 \$0 at Costco \$7 at Other Network \$25 \$25 Must Use Navitus Mail	0% 0% 0%, \$100 co-pay 0% 0%, \$100 co-pay 0% 0% 200/10-35 Navitus \$200/\$500 \$2,500/\$3,500 \$0 at Costco \$10 at Other Network \$35 \$35 Must Use Navitus Mail	10% 10% 10% 10%, \$100 co-pay 10% 10% 10% 10% 10% 9-35 Navitus none \$2,500/\$3,500 \$0 at Costco \$9 at Other Network \$35 \$35 Must Use Navitus Mail	20% 20% 20% 20%, \$100 co-pay 20% 20% 20% 20% 20% 30% 20% 9-35 Navitus none \$2,500/\$3,500 \$0 at Costco \$9 at Other Network \$35 \$35 Must Use Navitus Mail	30% 30% 30%, \$100 co-pay 30%, \$100 co-pay 30% 30% 30% Anchor Bronze Rx Navitus *Included w/ Med ded Included w/ Med OOP Max Deductible, then \$0 at Costco or \$9 at Other Network Deductible, then \$35 Deductible, then \$35 (Must Use Navitus Mail)	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$10 Trad HMO \$10 Kaiser none Included w/ Med OOP Max \$10 up to 100 day supply \$10 up to 100 day supply \$10 up to 30 day supply \$10 up to 30 day supply \$10-\$10/up to 100 day	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$30  Trad HMO \$30  Kaiser  none  Included w/ Med OOP Max  \$10 up to 100 day supply \$30 up to 100 day supply \$30 up to 30 day supply \$10-\$30/up to 100 day
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OTHER SERVICE: Acupuncture - L Ambulance (Gro Chiropractic - Li Durable Medical Physical and Occ PHARMACY BEN Pharmacy Benet Individual/Famil Individual/Famil (includes Rx ded  Generic co-pay/: Brand co-pay/30	ility Based Care (preauth required) acility Based Care (preauth required)  S  Limits apply bund or Air)  imits apply al Equipment (DME) cupational Therapy - Limits apply NEFITS  Fit Manager ly Brand & Specialty Rx Deductibles ly Rx Out-of-Pocket (OOP) Max ductibles and co-pays)  //30 days supply 0 days supply	0% 0% 0% 0%, \$100 co-pay 0% 0% 0% 7-25 Navitus none \$1,500/\$2,500 \$0 at Costco \$7 at Other Network \$25 \$25 Must Use Navitus Mail	0% 0% 0% 0%, \$100 co-pay 0% 0% 0% 0% 200/10-35 Navitus \$200/\$500 \$2,500/\$3,500 \$0 at Costco \$10 at Other Network \$35 \$35 Must Use Navitus Mail	10% 10% 10% 10%, \$100 co-pay 10% 10%, \$100 co-pay 10% 10% 9-35 Navitus none \$2,500/\$3,500 \$0 at Costco \$9 at Other Network \$35 \$35 Must Use Navitus Mail	20% 20% 20% 20%, \$100 co-pay 20% 20% 20% 20% 20% 30% 20% 9-35 Navitus none \$2,500/\$3,500 \$0 at Costco \$9 at Other Network \$35 \$35 Must Use Navitus Mail \$0-\$90	30% 30% 30% 30%, \$100 co-pay 30% 30%, \$100 co-pay 30% 30% 30% 30% Anchor Bronze Rx Navitus *Included w/ Med ded Included w/ Med OOP Max Deductible, then \$0 at Costco or \$9 at Other Network Deductible, then \$35 Deductible, then \$35 (Must Use Navitus Mail) Deductible, then \$0-\$90	\$10/30 visits combined w/chiro \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$10  Trad HMO \$10  Kaiser  none  Included w/ Med OOP Max  \$10 up to 100 day supply \$10 up to 30 day supply \$10 up to 30 day supply \$10-\$10/up to 100 day supply	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$30  Trad HMO \$30  Kaiser none Included w/ Med OOP Max  \$10 up to 100 day supply \$30 up to 30 day supply \$30 up to 30 day supply \$10-\$30/up to 100 day supply
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil Acupuncture - L Ambulance (Gro Chiropractic - Li Durable Medical Physical and Occ PHARMACY BEN Pharmacy Benet Individual/Famil Individual/Famil (includes Rx ded Generic co-pay/3 Brand co-pay/3 Specialty co-pay Mail Order (Gen	ility Based Care (preauth required) acility Based Care (preauth required) S  Limits apply bund or Air)  imits apply al Equipment (DME) cupational Therapy - Limits apply NEFITS efit Manager ly Brand & Specialty Rx Deductibles ly Rx Out-of-Pocket (OOP) Max ductibles and co-pays)  //30 days supply 0 days supply y/up to 30 days supply  neric-Brand co-pay/90 days supply)	0% 0% 0% 0% 0%, \$100 co-pay 0% 0% 0% 7-25 Navitus none \$1,500/\$2,500 \$0 at Costco \$7 at Other Network \$25 \$25 Must Use Navitus Mail \$0-\$60 Costco Mail Order	0% 0% 0% 0%, \$100 co-pay 0% 0% 0% 0% 200/10-35 Navitus \$200/\$500 \$2,500/\$3,500 \$0 at Costco \$10 at Other Network \$35 \$35 Must Use Navitus Mail \$0-\$90 Costco Mail Order	10% 10% 10% 10% 10%, \$100 co-pay 10% 10% 10% 10% 9-35 Navitus none \$2,500/\$3,500 \$0 at Costco \$9 at Other Network \$35 \$35 Must Use Navitus Mail \$0-\$90 Costco Mail Order	20% 20% 20% 20%, \$100 co-pay 20% 20% 20% 20% 20% 30% 20% 9-35 Navitus none \$2,500/\$3,500 \$0 at Costco \$9 at Other Network \$35 \$35 Must Use Navitus Mail \$0-\$90 Costco Mail Order	30% 30% 30% 30%, \$100 co-pay 30% 30%, \$100 co-pay 30% 30% 30% 30% Anchor Bronze Rx Navitus *Included w/ Med ded Included w/ Med OOP Max Deductible, then \$0 at Costco or \$9 at Other Network Deductible, then \$35 Deductible, then \$35 (Must Use Navitus Mail) Deductible, then \$0-\$90 Costco Mail Order	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$10  Trad HMO \$10  Kaiser none  Included w/ Med OOP Max  \$10 up to 100 day supply \$10 up to 30 day supply \$10 up to 100 day supply \$10-\$10/up to 100 day supply Kaiser Mail Order	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$30  Trad HMO \$30  Kaiser none  Included w/ Med OOP Max  \$10 up to 100 day supply \$30 up to 30 day supply \$30 up to 30 day supply \$10-\$30/up to 100 day supply Kaiser Mail Order
MENTAL HEALTI INPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil OUTPATIENT: Facil Acupuncture - L Ambulance (Gro Chiropractic - Li Durable Medical Physical and Occ PHARMACY BEN Pharmacy Benet Individual/Famil Individual/Famil (includes Rx ded Generic co-pay/3 Brand co-pay/3 Specialty co-pay	ility Based Care (preauth required) acility Based Care (preauth required) S  Limits apply bund or Air)  imits apply al Equipment (DME) cupational Therapy - Limits apply NEFITS efit Manager ly Brand & Specialty Rx Deductibles ly Rx Out-of-Pocket (OOP) Max ductibles and co-pays)  //30 days supply 0 days supply y/up to 30 days supply  neric-Brand co-pay/90 days supply)	0% 0% 0% 0%, \$100 co-pay 0% 0% 0% 7-25 Navitus none \$1,500/\$2,500 \$0 at Costco \$7 at Other Network \$25 \$25 Must Use Navitus Mail	0% 0% 0% 0%, \$100 co-pay 0% 0% 0% 0% 200/10-35 Navitus \$200/\$500 \$2,500/\$3,500 \$0 at Costco \$10 at Other Network \$35 \$35 Must Use Navitus Mail	10% 10% 10% 10%, \$100 co-pay 10% 10%, \$100 co-pay 10% 10% 9-35 Navitus none \$2,500/\$3,500 \$0 at Costco \$9 at Other Network \$35 \$35 Must Use Navitus Mail	20% 20% 20% 20%, \$100 co-pay 20% 20% 20% 20% 20% 30% 20% 9-35 Navitus none \$2,500/\$3,500 \$0 at Costco \$9 at Other Network \$35 \$35 Must Use Navitus Mail \$0-\$90 Costco Mail Order	30% 30% 30% 30%, \$100 co-pay 30% 30%, \$100 co-pay 30% 30% 30% 30% Anchor Bronze Rx Navitus *Included w/ Med ded Included w/ Med OOP Max Deductible, then \$0 at Costco or \$9 at Other Network Deductible, then \$35 Deductible, then \$35 (Must Use Navitus Mail) Deductible, then \$0-\$90	\$10/30 visits combined w/chiro \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$10  Trad HMO \$10  Kaiser  none  Included w/ Med OOP Max  \$10 up to 100 day supply \$10 up to 30 day supply \$10 up to 30 day supply \$10-\$10/up to 100 day supply	\$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$30 Trad HMO \$30 Kaiser none Included w/ Med OOP Max \$10 up to 100 day supply \$30 up to 100 day supply \$30 up to 30 day supply \$10-\$30/up to 100 day supply

7079 1390 - Delta Dental PPO Incentive Plan	Delta Dental Premier Network- Provides \$2,000 annual max on basic dental services (PPO Network provides \$2,200 annual max) on an incentive basis. Ortho for Children only; lifetime max \$1,500.
2978534A - Vision Service Plan (VSP)	Vision Service Plan (VSP) - Plan C - VSP Signature Network provides Exam, Lenses & Frames every calendar year for a \$0 co-pay.
G000AMP6-A001 - Life Insurance Coverage	No change to the benefit. \$50,000 Term Group Life/AD&D policy. Life will continue to be administered by Mutual of Omaha and will not be covered through SISC.