

| | OP021002 | OP041002 | OP011002 | OP031002 | 225543-0945 | 225543-3017 |
|---|--|--|---------------------------------------|---------------------------------------|---|--|
| | Blue Shield | Blue Shield | Blue Shield | Blue Shield | Kaiser | Kaiser |
| | 100-A \$20 | 100-C \$20 | 90-C \$30 | 80-G \$30 | Trad HMO \$10 | Trad HMO \$30 |
| | Member Pays | Member Pays | Member Pays | Member Pays | Member Pays | Member Pays |
| MEDICAL- CALENDAR YEAR Deductibles & Maximums | | | | | | |
| Individual/Family Deductibles | \$0/\$0 | \$200/\$400 | \$200/\$500 | \$500/\$1,000 | \$0/\$0 | \$0/\$0 |
| 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 | \$1,500/\$3,000 | \$1,500/\$3,000 |
| PROFESSIONAL SERVICES | | | | | | |
| Office Visit (OV) co-pay | \$20 | \$20 | \$30 | \$30 | \$10 | \$30 |
| Urgent Care co-pay | \$20 | \$20 | \$30 | \$30 | \$10 | \$30 |
| Specialists/Consultants co-pay | \$20 | \$20 | \$30 | \$30 | \$10 | \$30 |
| Prenatal, postnatal office visit co-pay | \$20 | \$20 | \$30 | \$30 | \$0 | \$0 |
| Scans: CT, CAT, MRI, PET etc. | 0% | 0% | 10% | 20% | \$0 | \$0 |
| Diagnostic X-ray & Laboratory Procedures | 0% | 0% | 10% | 20% | \$0 | \$0 |
| Infertility (diagnosis/treatment of causes of infertility subject to plan benefits) | Not covered | Not covered | Not covered | Not covered | OV copay or hospitalization copay apply | OV copay or hospitalization co-pay apply |
| Preventive Care (includes physical exams & screenings) | 0%, Ded Waived | 0%, Ded Waived | 0%, Ded Waived | 0%, Ded Waived | \$0 | \$0 |
| HOSPITAL & SKILLED NURSING FACILITY SERVICES | | | | | | |
| Emergency Room visit (waived if admitted) | 0%, \$100 co-pay | 0%, \$100 co-pay | 10%, \$100 co-pay | 20%, \$100 co-pay | \$100 | \$100 |
| Inpatient Hospital (preauthorization required) - limits may apply | 0% | 0% | 10% | 20% | \$0 | \$0 |
| Outpatient Hospital | 0% | 0% | 10% | 20% | \$10 | \$30 |
| Surgery, Outpatient (performed in Surgery Center) | 0% | 0% | 10% | 20% | \$10 | \$30 |
| Surgery, Outpatient (performed in a Hospital) - limits may apply | 0% | 0% | 10% | 20% | \$10 | \$30 |
| MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT | | | | | | |
| INPATIENT: Facility Based Care (preauth required) | 0% | 0% | 10% | 20% | \$0 | \$0 |
| OUTPATIENT: Facility Based Care (preauth required) | 0% | 0% | 10% | 20% | \$10 | \$30 |
| OTHER SERVICES | | | | | | |
| Acupuncture - Limits apply | 0% | 0% | 10% | 20% | \$10/30 visits combined w/chiro | \$10/30 visits combined w/chiro |
| Ambulance (Ground or Air) | 0%, \$100 co-pay | 0%, \$100 co-pay | 10%, \$100 co-pay | 20%, \$100 co-pay | \$50 | \$50 |
| Chiropractic - Limits apply | 0% | 0% | 10% | 20% | \$10/30 visits combined w/acu | \$10/30 visits combined w/acu |
| Durable Medical Equipment (DME) | 0% | 0% | 10% | 20% | no charge | no charge |
| Physical and Occupational Therapy - Limits apply | 0% | 0% | 10% | 20% | \$10 | \$30 |
| PHARMACY BENEFITS | | | | | | |
| | 7-25 | 200/10-35 | 9-35 | 9-35 | Trad HMO \$10 | Trad HMO \$30 |
| Pharmacy Benefit Manager | Navitus | Navitus | Navitus | Navitus | Kaiser | Kaiser |
| Individual/Family Brand & Specialty Rx Deductibles | none | \$200/\$500 | none | none | none | none |
| Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays) | \$1,500/\$2,500 | \$2,500/\$3,500 | \$2,500/\$3,500 | \$2,500/\$3,500 | Included w/ Med OOP Max | Included w/ Med OOP Max |
| Generic co-pay/30 days supply | \$0 at Costco \$7 at Other Network | \$0 at Costco \$10 at Other Network | \$0 at Costco \$9 at Other Network | \$0 at Costco \$9 at Other Network | \$10 up to 100 day supply | \$10 up to 100 day supply |
| Brand co-pay/30 days supply | \$25 | \$35 | \$35 | \$35 | \$10 up to 100 day supply | \$30 up to 100 day supply |
| Specialty co-pay/up to 30 days supply | \$25 Must Use Navitus Mail | \$35 Must Use Navitus Mail | \$35 Must Use Navitus Mail | \$35 Must Use Navitus Mail | \$10 up to 30 day supply | \$30 up to 30 day supply |
| Mail Order (Generic-Brand co-pay/90 days supply) | \$0-\$60 | \$0-\$90 | \$0-\$90 | \$0-\$90 | \$10-\$10/up to 100 day supply | \$10-\$30/up to 100 day supply |
| Mail Order Pharmacy | Costco Mail Order Pharmacy | Costco Mail Order Pharmacy | Costco Mail Order Pharmacy | Costco Mail Order Pharmacy | Kaiser Mail Order Pharmacy | Kaiser Mail Order Pharmacy |
| Note: 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/payroll deduction, if applicable, can be requested from the district. | | | | | | |
| 7079 2390 - 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. | | | | | |
| 2978535A - 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-R003 - 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. | | | | | |