



2019-2020

ANTELOPE VALLEY COMMUNITY COLLEGE: CLASSIFIED EMPLOYEES

	40011A	40011B	40011C	40011D	40011E	70111B	225543-0846
	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser
	100-A \$20	100-B \$20	90-A \$20	80-C \$20	80-G \$30	Anchor Bronze (HSA Compatible)	Trad HMO \$10
MEDICAL- CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0/\$0	\$100/\$300	\$100/\$300	\$200/\$500	\$500/\$1,000	\$5,000/\$10,000*	\$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	\$1,000/\$3,000	\$2,000/\$4,000	\$6,350/\$12,700*	\$1,500/\$3,000
PROFESSIONAL SERVICES							
Office Visit (OV) co-pay	\$20	\$20	\$20	\$20	Deductible, then 30%	Deductible, then 30%	\$10
Urgent Care co-pay	\$20	\$20	\$20	\$20	\$30	30%	\$10
Specialists/Consultants co-pay	\$20	\$20	\$20	\$20	\$30	30%	\$10
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20	\$20	\$30	30%	\$0
Scans: CT, CAT, MRI, PET etc.	0%	0%	10%	20%	20%	30%	\$0
Diagnostic X-ray & Laboratory Procedures	0%	0%	10%	20%	20%	30%	\$0
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Not covered	Not covered	Not covered	Not covered	Not covered	OV copay or hospitalization co-pay apply	OV copay or hospitalization copay apply
Preventive Care (includes physical exams & screenings)	0%, Ded Waived	0%, Ded Waived	0%, Ded Waived	0%, Ded Waived	0%, Ded Waived	0%, Ded Waived	\$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	20%, \$100 co-pay	30%, \$100 co-pay	\$100
Inpatient Hospital (preauthorization required) - limits may apply	0%	0%	10%	20%	20%	30%	\$0
Outpatient Hospital	0%	0%	10%	20%	20%	30%	\$10
Surgery, Outpatient (performed in Surgery Center)	0%	0%	10%	20%	20%	30%	\$10
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	0%	10%	20%	20%	30%	\$10
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT							
INPATIENT: Facility Based Care (preauth required)	0%	0%	10%	20%	20%	30%	\$0
OUTPATIENT: Facility Based Care (preauth required)	0%	0%	10%	20%	20%	30%	\$10
OTHER SERVICES							
Acupuncture - Limits apply	0%	0%	10%	20%	20%	30%	\$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	20%, \$100 co-pay	30%, \$100 co-pay	\$50
Chiropractic - Limits apply	0%	0%	10%	20%	20%	30%	\$10/30 visits combined w/acu
Durable Medical Equipment (DME)	0%	0%	10%	20%	20%	30%	no charge
Physical and Occupational Therapy - Limits apply	0%	0%	10%	20%	20%	30%	\$10
PHARMACY BENEFITS							
	7-25	9-35	9-35	7-25	9-35	Anchor Bronze Rx	Trad HMO \$10
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none	*Included w/ Med ded	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	\$1,500/\$2,500	\$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 \$9 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$9 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network	\$10 up to 100 day supply
Brand co-pay/30 days supply	\$25	\$35	\$35	\$25	\$35	Deductible, then \$35	\$10 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	\$25 Must Use Navitus Mail	\$35 Must Use Navitus Mail	Deductible, then \$35 (Must Use Navitus Mail)	\$10 up to 30 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$60	\$0-\$90	\$0-\$90	\$0-\$60	\$0-\$90	Deductible, then \$0-\$90	\$10-\$10/up to 100 day supply
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco 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 1290 - 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.						
31229-001 - Medical Eye Services (MES)	Medical Eye Services (MES) - Plan C - MES Network provides Exam, Lenses & Frames every calendar year for a \$0 co-pay; 2nd pair of glasses for a deductible.						
G000AMP6-A002 - 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.						