

**Antelope Valley High - Certificated
Brief Benefit Summary**

	BC OPT 2	BC OPT 1	BC OPT 3	BC OPT 4	KAISER 1	KAISER 2
2018-2019	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Kaiser	Kaiser
	100-B \$0 (FROZEN)	90-A \$10 (FROZEN)	90-E \$20 (FROZEN)	80-L \$30	Trad HMO \$0	Trad HMO \$30
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$100/\$300	\$100/\$300	\$300/\$600	\$2,000/\$4,000	\$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	\$4,000/ \$8,000	\$1,500/ \$3,000	\$1,500/ \$3,000

PROFESSIONAL SERVICES

Office Visit (OV) co-pay	\$0	\$10	\$20	\$30	\$0	\$30
Urgent Care co-pay	\$0	\$10	\$20	\$30	\$0	\$30
Specialists/Consultants co-pay	\$0	\$10	\$20	\$30	\$0	\$30
Prenatal, postnatal office visit co-pay	\$0	\$10	\$20	\$30	\$0	\$0
Scans: CT, CAT, MRI, PET etc.	0%	10%	10%	20%	\$0	\$0
Diagnostic X-ray & Laboratory Procedures	0%	10%	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 copay 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	10% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	\$100	\$100
Inpatient Hospital (preauthorization required)	0%	10%	10%	20%	\$0	\$0
Outpatient Hospital	0%	10%	10%	20%	\$0	\$30
Surgery, Outpatient (performed in Surgery Center)	0%	10%	10%	20%	\$0	\$30
Surgery, Outpatient (performed in a Hospital)	0%	10%	10%	20%	\$0	\$30

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	0%	10%	10%	20%	\$0	\$0
OUTPATIENT: Facility Based Care (preauth required)	0%	10%	10%	20%	\$0	\$30

OTHER SERVICES

Acupuncture - Limits apply	0%	10%	10%	20%	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro
Ambulance (Ground or Air)	0% \$100 co-pay	10% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	\$50	\$50
Chiropractic - Limits apply	0%	10%	10%	20%	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu
Durable Medical Equipment (DME)	0%	10%	10%	20%	no charge	no charge
Physical and Occupational Therapy - Limits apply	0%	10%	10%	20%	\$0	\$30

PHARMACY BENEFITS	7-25	7-25	7-25	9-35	Trad HMO \$5	Trad HMO \$10-\$30
Individual/Family Brand & Specialty Rx Deductibles	none	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	\$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 \$7 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$9 at Other Network	\$5 up to 100 day supply	\$10 up to 100 day supply
Brand co-pay/30 days supply	\$25	\$25	\$25	\$35	\$5 up to 100 day supply	\$30 up to 100 day supply
Specialty co-pay/up to 30 days supply	\$25 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$5 up to 100 day supply	\$30 up to 100 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$60	\$0-\$60	\$0-\$60	\$0-\$90	\$5-\$5/up to 100 day supply	\$10-\$30/up to 100 day supply