



District Name Weed Union Elementary Sch

Certificated Staff,

Confidential/Management Staff &

Board Members

Bargaining Unit

2017-2018

	80-M \$40	80-L \$30	80-E \$20
<i>MEDICAL - CALENDAR YEAR Deductibles & Maximums</i>	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$3,000/ \$6,000	\$2,000/ \$4,000	\$300/\$600
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$4,000/ \$8,000	\$4,000/ \$8,000	\$1,000/ \$3,000
<i>PROFESSIONAL SERVICES</i>			
Office Visit (OV) co-pay	\$40	\$30	\$20
Urgent Care co-pay	\$40	\$30	\$20
Specialists/Consultants co-pay	\$40	\$30	\$20
Prenatal, postnatal office visit co-pay	\$40	\$30	\$20
Scans: CT, CAT, MRI, PET etc.	20%	20%	20%
Diagnostic X-ray & Laboratory Procedures	20%	20%	20%
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived
<i>HOSPITAL & SKILLED NURSING FACILITY SERVICES</i>			
Emergency Room visit (waived if admitted)	20% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay
Inpatient Hospital (preauthorization required)	20%	20%	20%
Outpatient Hospital	20%	20%	20%
Surgery, Outpatient (performed in Surgery Center)	20%	20%	20%
Surgery, Outpatient (performed in a Hospital)	20%	20%	20%



District Name Weed Union Elementary Sch

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	20%	20%	20%
OUTPATIENT: Facility Based Care (preauth required)	20%	20%	20%

OTHER SERVICES

Acupuncture - Limits apply	20%	20%	20%
Ambulance (Ground or Air)	20% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay
Chiropractic - Limits apply	20%	20%	20%
Durable Medical Equipment (DME)	20%	20%	20%
Physical and Occupational Therapy - Limits apply	20%	20%	20%

PHARMACY BENEFITS

<i>Plan</i>	200/15-50	200/10-35	7-25
Individual/Family Brand & Specialty Rx Deductibles	\$200/\$500	\$200/\$500	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$2,500/ \$3,500	\$2,500/ \$3,500	\$1,500/ \$2,500
Generic co-pay/30 days supply	\$5 at Costco \$15 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$7 at Other Network
Brand co-pay/30 days supply	\$50	\$35	\$25
Specialty co-pay/up to 30 days supply	Must Use Navitus Mail \$50	Must Use Navitus Mail \$35	Must Use Navitus Mail \$25
Mail Order (Generic-Brand co-pay/90 days supply)	\$15-\$135	\$0-\$90	\$0-\$60