



District Name Weed Union Elementary Sch

Bargaining Unit

Classified Staff

2017-2018

80-M \$40

80-K \$30

80-E \$20

MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$3,000/ \$6,000	\$1,000/ \$2,000	\$300/\$600
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$4,000/ \$8,000	\$3,000/ \$6,000	\$1,000/ \$3,000

PROFESSIONAL SERVICES

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

HOSPITAL & SKILLED NURSING FACILITY SERVICES

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%



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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	7-25	5-20
Individual/Family Brand & Specialty Rx Deductibles	\$200/\$500	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$2,500/ \$3,500	\$1,500/ \$2,500	\$1,500/ \$2,500
Generic co-pay/30 days supply	\$5 at Costco \$15 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$5 at Other Network
Brand co-pay/30 days supply	\$50	\$25	\$20
Specialty co-pay/up to 30 days supply	Must Use Navitus Mail \$50	Must Use Navitus Mail \$25	Must Use Navitus Mail \$20
Mail Order (Generic-Brand co-pay/90 days supply)	\$15-\$135	\$0-\$60	\$0-\$50