

## CSEA — 2017 – 2018 Medical Coverage Options

This chart is intended to provide highlights of your benefits only; it is not an Evidence of Coverage (EOC) plan document. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including a complete list of exclusions and limitations, please refer to each carrier's EOC.

	Kaiser HMO <sup>1</sup>	Blue Shield HMO <sup>1</sup>	Blue Shield PPO	
			In-Network	Out-of-Network
Plan Year Deductible Individual/Family	None	None	\$300/\$600	\$500/\$1,000
Plan Year Out-of-Pocket Maximum (including deductible) Individual/Family	\$1,500/\$3,000	\$250/\$500	\$1,300/\$2,600	\$5,500/\$11,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
<b>Member Cost for Covered Services</b>				
Inpatient Hospital	No charge	No charge	20%	40% up to \$600 per day, and all charges over \$600 per day
Outpatient Surgery	\$10 copay	No charge	20%	40% up to \$350 per day, and all charges over \$350 per day
Ambulatory Surgery Center and Outpatient Services	\$10 copay	No charge	20%	40% up to \$350 per day, and all charges over \$350 per day
Emergency Room	\$100 copay (waived if admitted) <sup>2</sup>	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Physician Office Visit	\$10 copay	\$10 copay	20%	40%
Routine Physical	No charge	No charge	No charge <sup>3</sup>	40%
Well-Baby & Well-Child Care	No charge	No charge	No charge <sup>3</sup>	40%
Well-Woman Exams	No charge	No charge	No charge <sup>3</sup>	40%
Maternity Care	No charge	\$10 copay	20%	40%
Lab and X-ray	No charge	No charge	20%	40%
Physical or Occupational Therapy	\$10 copay	\$10 copay	20%	40%
Chiropractic Care	\$5 copay (Up to 30 visits/year)	\$5 copay (Up to 30 visits/year)	20%	40%
Durable Medical Equipment	No charge	No charge	20%	40%
<b>Mental Health</b>				
Inpatient	No charge	No charge	20%	40% up to \$600 per day, and all charges over \$600 per day
Outpatient	\$10 copay	\$10 copay	20%	40%
<b>Prescription Drugs<sup>4</sup></b>				
	<b>Kaiser</b>	<b>Blue Shield<sup>6</sup></b>	<b>Express Scripts</b>	
Out-of-Pocket Maximum Individual/Family	None	None	\$5,550/\$11,100	
Retail	100 day supply Generic: \$5 copay Brand: \$10 copay Non-formulary: \$10 copay <sup>5</sup>	30 day supply Tier 1: \$5 copay Tier 2: \$10 copay Tier 3: \$35 copay Tier 4: \$35 copay	30 day supply <sup>7</sup> Generic: \$5 copay Brand: \$20 copay Non-formulary: \$50 copay	Not covered
Mail Order	100 day supply Generic: \$5 copay Brand: \$10 copay Non-formulary: \$10 copay <sup>5</sup>	90 day supply Tier 1: \$5 copay Tier 2: \$10 copay Tier 3: \$35 copay Tier 4: \$35 copay	90 day supply Generic: \$0 copay Brand: \$20 copay Non-formulary: \$50 copay	

<sup>1</sup> If you enroll in an HMO plan, you can obtain services only within the plan's geographic service area, except for emergency services.

<sup>2</sup> The Emergency Room Copay does apply if you are admitted for observation but are not admitted as an inpatient.

<sup>3</sup> Preventive care is 100% covered in-network with no deductible required. Routine tests and screenings are free to you when you use in-network providers, too.

<sup>4</sup> Some contraceptive prescriptions for women are 100% covered in-network with no copay or deductible required. Age limits may apply. Contact the plan for details.

<sup>5</sup> For Kaiser plans, non-formulary brand-name drugs are not listed on the drug formulary and aren't covered unless approved through an exception process initiated by the members plan physician. If approved, non-preferred (non formulary) brand-name drugs are covered at the brand copay.

<sup>6</sup> For the Blue Shield HMO, effective **January 1, 2018**, prescription drug coverage will be placed into tiers based on clinical value and cost effectiveness of drugs, rather than based on drug type (generic or brand status). As a result of the change to a 4-tier system, some drugs may change to a new tier on the Blue Shield prescription drug schedule. Check with your doctor about cost-effective medications that come in generic forms. For more info, call Blue Shield at **(855) 599-2657** or visit [www.blueshieldca.com/lbusd](http://www.blueshieldca.com/lbusd).

<sup>7</sup> Diabetic medications are available in 90 day supplies at select retail pharmacies.