

NON-REPRESENTED — 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 ¹	Blue Shield HMO ¹	Blue Shield PPO		PPO Saver Plan	
			In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible Individual/Family	None	None	\$300/\$600	\$500/\$1,000	\$1,500/\$3,000 (For family coverage, full calendar-year deductible must be met before plan pays benefits)	
Plan Year Out-of-Pocket (includes deductible) Maximum Individual/Family	\$1,500/\$3,000	\$250/\$500	\$1,300/\$2,600	\$5,500/\$11,000	\$3,275/\$6,550 (For family coverage, full annual out-of-pocket maximum must be met before plan pays benefits)	
Lifetime Maximum	Unlimited	Unlimited	Unlimited		Unlimited	
Health Savings Account (HSA)	None	None	None		Available (includes District contribution)	
Member Cost for Covered Services						
Inpatient Hospital	No charge	No charge	20%	40% up to \$600 per day, and all charges over \$600 per day	10%	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	10%	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	10%	40% up to \$350 per day, and all charges over \$350 per day
Emergency Room	\$100 copay (waived if admitted) ²	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted), then 10%	\$100 copay (waived if admitted), then 10%
Physician Office Visit	\$10 copay	\$10 copay	20%	40%	10%	40%
Routine Physical	No charge	No charge	No charge ³	40%	No charge ³	Not covered
Well-Baby & Well-Child Care	No charge	No charge	No charge ³	40%	No charge ³	Not covered
Well-Woman Exams	No charge	No charge	No charge ³	40%	No charge ³	Not covered
Maternity Care	No charge	\$10 copay	20%	40%	10%	40%
Lab and X-ray	No charge	No charge	20%	40%	\$25 then you pay 10%	40%
Physical or Occupational Therapy	\$10 copay	\$10 copay	20%	40%	10%	40%
Chiropractic Care	\$5 copay (Up to 30 visits/year)	\$5 copay (Up to 30 visits/year)	20%	40%	10% (Up to 20 visits/year)	40% (Up to 20 visits/year)
Durable Medical Equipment	No charge	No charge	20%	40%	10%	40%
Mental Health						
Inpatient	No charge	No charge	20%	40% up to \$600 per day, and all charges over \$600 per day	10%	40% up to \$600 per day, and all charges over \$600 per day
Outpatient	\$10 copay	\$10 copay	20%	40%	10%	40%
Prescription Drugs⁴						
	Kaiser	Blue Shield⁶	Express Scripts		Blue Shield^{5,6}	
Out-of-Pocket Maximum Individual/Family	None	None	\$5,550/\$11,100		None	
Retail	100 day supply Generic: \$5 copay Brand: \$10 copay Non-formulary: \$10 copay ⁷	30 day supply Tier 1: \$5 copay Tier 2: \$10 copay Tier 3: \$35 copay Tier 4: \$35 copay	30 day supply ⁸ Generic: \$5 copay Brand: \$20 copay Non-formulary: \$50 copay	Not covered	30 day supply Tier 1: \$5 copay Tier 2: \$10 copay Tier 3: \$35 copay Tier 4: \$35 copay	Not covered
Mail Order	100 day supply Generic: \$5 copay Brand: \$10 copay Non-formulary: \$10 copay ⁷	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		90 day supply Tier 1: \$5 copay Tier 2: \$10 copay Tier 3: \$35 copay Tier 4: \$35 copay	

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

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

³ 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.

⁴ 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.

⁵ For the PPO Saver Plan, prescription drugs count towards annual deductible.

⁶ For the Blue Shield HMO and PPO Saver Plan, 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.

⁷ 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.

⁸ Diabetic medications are available in 90 day supplies at select retail pharmacies.

If you don't enroll for coverage when you're first eligible, you'll be automatically enrolled in the non-represented default coverage for yourself only: Blue Shield PPO medical plan, Delta PPO Plus Premier plan, vision coverage, life and accidental death & dismemberment insurance, and the employee assistance program.