



District Name Pleasant Valley School District

2016-2017	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser
	90-A \$20	80-G \$20	80-L \$30	80-M \$40	Anchor Bronze	Premier 20	Trad HMO \$20
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$100/ \$300	\$500/ \$1,000	\$2,000/ \$4,000	\$3,000/ \$6,000	\$5,000/ \$10,000*	\$0/\$0	\$0
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/ \$3,000	\$2,000/ \$4,000	\$4,000/ \$8,000	\$4,000/ \$8,000	\$6,350/ \$12,700*	\$1,500/ \$3,000	\$1,500/ \$3,000

*Includes Rx

PROFESSIONAL SERVICES

Office Visit (OV) co-pay	\$20	\$20	\$30	\$40	\$60 visits 1-3, then 30% after ded	\$20	\$20
Urgent Care co-pay	\$20	\$20	\$30	\$40	\$60 visits 1-3, then 30% after ded	\$20	\$20
Specialists/Consultants co-pay	\$20	\$20	\$30	\$40	\$60 visits 1-3, then 30% after ded	\$20	\$20
Prenatal, postnatal office visit co-pay	\$20	\$20	\$30	\$40	\$60 visits 1-3, then 30% after ded	\$20	\$0
Scans: CT, CAT, MRI, PET etc.	10%	20%	20%	20%	30%	\$100/test	\$0
Diagnostic X-ray & Laboratory Procedures	10%	20%	20%	20%	30%	\$0	\$0
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered	Not covered	Not covered	50%	50%
Preventive Care (includes physical exams & screenings)	0% Ded Waived	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)	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	30% \$100 co-pay	\$100	\$100
Inpatient Hospital (preauthorization required)	10%	20%	20%	20%	30%	\$200/admit	\$0
Outpatient Hospital	10%	20%	20%	20%	30%	\$100/admit	\$20
Surgery, Outpatient (performed in Surgery Center)	10%	20%	20%	20%	30%	\$100	\$20
Surgery, Outpatient (performed in a Hospital)	10%	20%	20%	20%	30%	\$100	\$20

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MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	10%	20%	20%	20%	30%	\$200	\$0
OUTPATIENT: Facility Based Care (preauth required)	10%	20%	20%	20%	30%	\$0	\$20

OTHER SERVICES

Acupuncture - Limits apply	10%	20%	20%	20%	30%	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro
Ambulance (Ground or Air)	10%	20%	20%	20%	30%	\$100	\$50
Chiropractic - Limits apply	10%	20%	20%	20%	30%	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu
Durable Medical Equipment (DME)	10%	20%	20%	20%	30%	20%	100%
Physical and Occupational Therapy - Limits apply	10%	20%	20%	20%	30%	\$20	\$20

PHARMACY BENEFITS

<i>Plan</i>	5-20	7-25	9-35	9-35	Anchor Bronze Rx	7-25	Trad HMO \$20
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	Included w/ Medical ded	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$1,500/ \$2,500	\$1,500/ \$2,500	\$2,500/ \$3,500	\$2,500/ \$3,500	Included w/ Med OOP Max	\$1,500/ \$2,500	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$5 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$9 at Other Network	\$9	\$0 at Costco \$7 at Other Network	\$10 up to 100 day supply
Brand co-pay/30 days supply	\$20	\$25	\$35	\$35	\$35	\$25	\$20 up to 100 day supply
Specialty co-pay/up to 30 days supply	\$20 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	Mail \$35	\$25 Must Use Navitus Mail	\$20 up to 100 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$50	\$0-\$60	\$0-\$90	\$0-\$90	\$18-\$90	\$0-\$60	\$10-\$20/up to 100 day supply