



Cutler-Orosi Joint Unified School District
Classified Employees
October 1, 2020 -21

PPO PLANS	40562B	40562D	40562G	40562H
	100% - A \$20	90% - C \$20	80% - G \$20	80% - J \$30
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOP)	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0/\$0	\$200/\$500	\$500/\$1,000	\$750/\$1,500
Individual/Family Out-of-Pocket Max (includes medical deductibles, coinsurance and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000

PROFESSIONAL SERVICES				
Office Visit co-pay (\$0 copay for first 3 calendar year Primary Care office visits)	\$20	\$20	\$20	\$30
Urgent Care co-pay	\$20	\$20	\$20	\$30
Specialists/Consultants co-pay	\$20	\$20	\$20	\$30
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20	\$30
Scans: CT, CAT, MRI, PET etc.	0%	10%	20%	20%
Diagnostic X-ray & Laboratory Procedures (In-Network Only)	0%	10%	20%	20%
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered	Not covered
Preventive Care Services (includes physical exams & screenings)	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES				
Emergency Room visit co-pay (waived if admitted)	0% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay
Inpatient Hospital co-pay (preauthorization required)	0%	10%	20%	20%
Outpatient Hospital co-pay	0%	10%	20%	20%
Surgery, Outpatient (performed in an Ambulatory Surgery Center)	0%	10%	20%	20%
Surgery, Outpatient (performed in a Hospital)	0%	10%	20%	20%

MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT				
INPATIENT CARE: Facility based care (preauthorization required)	0%	10%	20%	20%
OUTPATIENT CARE: Facility based care (preauthorization required)	Deductible waived office visit co-pay applies	Deductible waived office visit co-pay applies	Deductible waived office visit co-pay applies	Deductible waived office visit co-pay applies

OTHER SERVICES				
Acupuncture - Limits apply	0%	10%	20%	20%
Ambulance (Ground or Air)	\$100 Co Pay	\$100 Co Pay + 10%	\$100 Co Pay +20%	\$100 Co Pay +20%
Chiropractic - Limits apply (In-Network only)	0%	10%	20%	20%
Durable Medical Equipment (DME) (In-Network only)	0%	10%	20%	20%
Physical and Occupational Therapy - Limits apply (In-Network Only)	0%	10%	20%	20%

PRESCRIPTION DRUG PLANS				
Brand Deductible - Individual/Family	None	\$200/\$500	\$200/\$500	\$200/\$500
Individual/Family Rx Out-of-Pocket (OOP) Max (includes RX deductible & co-pays)	\$1,500/\$2,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500
Generic co-pay/days supply	\$7/30-Days	\$10/30-Days	\$10/30-Days	\$10/30-Days
Brand co-pay/days supply	\$25/30-Days	\$35/30-Days	\$35/30-Days	\$35/30-Days
Mail Order (Generic-Brand co-pay/days supply)	\$0-\$60/90-Days	\$0-\$90/90-Days	\$0-\$90/90-Days	\$0-\$90/90-Days
Vision Service Plan (www.vsp.com)	Plan B, \$10 co-pay Exam & lenses every calendar yr; frames every other yr	Plan B, \$10 co-pay Exam & lenses every calendar yr; frames every other yr	Plan B, \$10 co-pay Exam & lenses every calendar yr; frames every other yr	Plan B, \$10 co-pay Exam & lenses every calendar yr; frames every other yr
Delta Dental Plan: (www.deltadentalca.org)	Premier Incentive Plan, \$1,500 cal yr max. Ortho up to \$1,000 lifetime max.	Premier Incentive Plan, \$1,500 cal yr max. Ortho up to \$1,000 lifetime max.	Premier Incentive Plan, \$1,500 cal yr max. Ortho up to \$1,000 lifetime max.	Premier Incentive Plan, \$1,500 cal yr max. Ortho up to \$1,000 lifetime max.

RATES				
Medical	\$1,398.00	\$1,220.00	\$1,085.00	\$1,045.00
Dental	\$106.20	\$106.20	\$106.20	\$106.20
Vision	\$19.70	\$19.70	\$19.70	\$19.70
TOTAL PER EMP/MO	\$1,523.90	\$1,345.90	\$1,210.90	\$1,170.90
DISTRICT CONTRIBUTION	\$1,170.90	\$1,170.90	\$1,170.90	\$1,170.90
DIFFERENCE PER EMP/MO (12)	\$353.00	\$175.00	\$40.00	\$0.00

NOTATIONS:
 This sheet is only a brief summary of benefits that reflects In-Network benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions. Benefits may be subject to change due to mid-year legislative changes.
 OOP maximum on Anthem plans with a Navitus pharmacy carve out does not include prescription drug co-pays.
 Coinsurance and co-pays do NOT carryover to the next calendar year.
 Plans with a deductible all have 4th quarter carryover (October 1 - December 31)
 For plans with a deductible, co-insurance applies after the deductible has been met unless otherwise noted.