## CSEBO MEDICAL INSURANCE
### DEDUCTIBLE HEALTH PLANS
#### EFFECTIVE 10/1/2019 – 9/30/2020

<table>
<thead>
<tr>
<th>CARRIER</th>
<th>PPO 80</th>
<th>CDHP 90</th>
<th>KAISER PERMANENTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL PLAN INFORMATION</td>
<td>IN-NETWORK</td>
<td>OUT-OF-NETWORK</td>
<td>IN-NETWORK</td>
</tr>
<tr>
<td>Annual Medical Out-of-Pocket Limit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/Family</td>
<td>$3,000/$9,000&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Unlimited</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td>Annual Prescription Drug Out-of-Pocket Limit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/Family</td>
<td>$4,900/$6,800&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Unlimited</td>
<td>Combined with Medical</td>
</tr>
<tr>
<td>Annual Medical Deductible - Plan Deductible Applies Unless Otherwise Stated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/Family</td>
<td>$750/$2,250&lt;sup&gt;2&lt;/sup&gt;</td>
<td>$1,500/$4,500</td>
<td>$1,350/$2,700</td>
</tr>
</tbody>
</table>

### Prescription Drug Deductible

- Per Individual: $0
- Combined with Medical: Combined with Medical

### Plan Information

- Type of Plan: Preferred Provider Organization (PPO)
- Plan Coinsurance, After Deductible is Met: 80% | 50%
- Preferred Provider Organization (PPO)
- Health Maintenance Organization (HMO)
- Plan Coinsurance, After Deductible is Met: 90% | 50%
- Yes | 90%

### Health Savings Account (HSA) Compatibility:

- HSA-Compatible Plan?: No | Yes | Yes
- 2019 Individual Maximum Contribution: N/A | $3,500 | $3,500
- 2019 Family Maximum Contribution: N/A | $7,000 | $7,000

### Physician/Diagnostic Services - Coinsurance After Deductible is Met

<table>
<thead>
<tr>
<th>Services</th>
<th>PPO 80</th>
<th>CDHP 90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Primary Care Office Visit</td>
<td>$20 (Deductible Waived)</td>
<td>$20 (Deductible Waived)</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$30 (Deductible Waived)</td>
<td>$30 (Deductible Waived)</td>
</tr>
<tr>
<td>Diagnostic X-Ray and Lab Tests</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Advanced Imaging (MRI/PET/CAT Scans)</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>

### Inpatient Hospital Services - Coinsurance After Deductible is Met

<table>
<thead>
<tr>
<th>Services</th>
<th>PPO 80</th>
<th>CDHP 90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospitalization</td>
<td>20%&lt;sup&gt;4&lt;/sup&gt;</td>
<td>50%&lt;sup&gt;4&lt;/sup&gt; up to $1,000 maximum per day</td>
</tr>
<tr>
<td>10%</td>
<td>50% up to $1,000 maximum per day</td>
<td></td>
</tr>
</tbody>
</table>

### Outpatient Services - Coinsurance After Deductible is Met

<table>
<thead>
<tr>
<th>Services</th>
<th>PPO 80</th>
<th>CDHP 90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Surgery</td>
<td>20%&lt;sup&gt;4&lt;/sup&gt;</td>
<td>50%&lt;sup&gt;4&lt;/sup&gt; up to $350 per day maximum</td>
</tr>
<tr>
<td>50%&lt;sup&gt;4&lt;/sup&gt; up to $350 per procedure maximum</td>
<td>50% up to $350 per day maximum</td>
<td></td>
</tr>
</tbody>
</table>

### Notes:

1. When using out-of-network providers, you are responsible for the deductible, coinsurance, and additional amounts exceeding the usual and customary charges.
2. For Anthem PPO 80: The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to the individual deductible and individual out-of-pocket maximum; in addition, amounts for all family members apply to the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.
3. For Kaiser CDHP: An individual member within a family has an embedded deductible of $2,700. This means that a signle member enrolled in family coverage doesn't have to meet the full family deductible in order for after-deductible benefits to kick in.
4. $250 deductible applies if utilization review is not obtained (waived for emergency admissions).
<table>
<thead>
<tr>
<th>CARRIER</th>
<th>PLAN NAME</th>
<th>ANTHEM BLUE CROSS</th>
<th>KAISER PERMANENTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PPO 80</td>
<td>CDHP 90</td>
<td>CDHP</td>
</tr>
<tr>
<td>Emergency Services - Coinsurance After Deductible is Met</td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Urgent Care - Coinsurance After Deductible is Met</td>
<td>Urgent Care Visits</td>
<td>$20 (Deductible Waived)</td>
<td>50%</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse - Coinsurance After Deductible is Met</td>
<td>Inpatient Mental Health</td>
<td>20%</td>
<td>50% up to $1,000 per day maximum</td>
</tr>
<tr>
<td></td>
<td>Inpatient Detoxification</td>
<td>20%</td>
<td>50% up to $1,000 per day maximum</td>
</tr>
<tr>
<td></td>
<td>Outpatient Mental Health</td>
<td>20%</td>
<td>50% up to $350 maximum</td>
</tr>
<tr>
<td></td>
<td>Mental Health Office Visit</td>
<td>$20 (Deductible Waived)</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Outpatient Substance Abuse Evaluation</td>
<td>20%</td>
<td>50% up to $350 maximum</td>
</tr>
<tr>
<td></td>
<td>Substance Abuse Evaluation Office Visit</td>
<td>$20 (Deductible Waived)</td>
<td>50%</td>
</tr>
<tr>
<td>Other Practitioner Visits - Coinsurance After Deductible is Met</td>
<td>Acupuncture</td>
<td>20%</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Chiropractor Services</td>
<td>20%</td>
<td>50%, maximum of 6 visits per calendar year, then plan pays 0%</td>
</tr>
<tr>
<td>Retail - After Plan Deductible is Met</td>
<td>Generic</td>
<td>$10 (Deductible Waived)</td>
<td>$10</td>
</tr>
<tr>
<td></td>
<td>Brand (Formulary/Preferred)</td>
<td>$20 (Deductible Waived)</td>
<td>$30</td>
</tr>
<tr>
<td></td>
<td>Brand (Non-Formulary/Non-Preferred)</td>
<td>$35 (Deductible Waived)</td>
<td>$35</td>
</tr>
<tr>
<td></td>
<td>Specialty Rx (Specialty Pharmacy Only; 30-day supply)</td>
<td>Same as Retail Brand</td>
<td>Paper claim submission required</td>
</tr>
<tr>
<td>Mail Order - After Deductible is Met</td>
<td>Generic</td>
<td>$20 (Deductible Waived)</td>
<td>$20</td>
</tr>
<tr>
<td></td>
<td>Brand (Formulary/Preferred)</td>
<td>$40 (Deductible Waived)</td>
<td>$60</td>
</tr>
<tr>
<td></td>
<td>Brand (Non-Formulary/Non-Preferred)</td>
<td>$70 (Deductible Waived)</td>
<td>$70</td>
</tr>
<tr>
<td></td>
<td>Specialty Rx (Specialty Pharmacy Only; 30-day supply)</td>
<td>$70 (Deductible Waived)</td>
<td>Paper claim submission required</td>
</tr>
</tbody>
</table>

Note: This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

To access the Uniform Glossary of Health Coverage and Medical Terms, please visit: [http://www.csebo.net/Resources/Uniform-Glossary](http://www.csebo.net/Resources/Uniform-Glossary).