## CSEBO Medical Insurance Deductible Health Plans

**Effective 10/1/2020 - 12/31/2021**

### Carrier

#### Plan Name

<table>
<thead>
<tr>
<th>General Plan Information</th>
<th>PPO 80</th>
<th>CDHP 90</th>
<th>CDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Medical Out-of-Pocket Limit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/Family</td>
<td>$3,000/$9,000</td>
<td>$3,000/$6,000</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td>Unlimited</td>
<td>(Combined Medical &amp; Rx Out-of-Pocket Max)</td>
<td>Unlimited</td>
<td>(Combined Medical &amp; Rx Out-of-Pocket Max)</td>
</tr>
</tbody>
</table>

**Annual Prescription Drug Out-of-Pocket Limit**

| Individual/Family | $5,150/$7,300 | unlimited | Combined with Medical |

**Annual Medical Deductible - Plan Deductible Applies Unless Otherwise Stated**

| Individual/Family | $750/$2,250 | $1,500/$4,500 | $1,400/$2,800 | $4,000/$8,000 | $1,500/$3,000 |
| $750 | $1,500 | $1,400 | $4,000 | $1,500 |

**Prescription Drug Deductible**

| Per Individual | $0 | Combined with Medical | Combined with Medical |

### Plan Information

#### Type of Plan

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Health Savings Account (HSA) Compatibility:
  - HSA-Compatible Plan: No, Yes
  - 2019 Individual Maximum Contribution: N/A, $3,550
  - 2019 Family Maximum Contribution: N/A, $7,100

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

| Preventive Care | $0 | $0 | $0 |
| Primary Care Office Visit | $20 (Deductible Waived) | 50% | 10% | 50% |
| Specialist Office Visit | $30 (Deductible Waived) | 50% | 10% | 50% |
| Diagnostic X-Ray and Lab Tests | 20% | 50% up to $800 per procedure maximum | 10% | 50% up to $800 per procedure maximum |
| Advanced Imaging (MRI/PET/CAT Scans) | 20% | 50% up to $800 per procedure maximum | 10% | 50% up to $800 per procedure maximum |

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

| Inpatient Hospitalization | 20% | 50% up to $1,000 maximum per day | 10% | 50% up to $1,000 maximum per day |

#### Outpatient Services - Coinsurance After Deductible is Met

| Outpatient Surgery | 20% | 50% up to $350 per day maximum |
| Outpatient Lab and Imaging | 20% | 50% up to $350 per day maximum |

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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 $2,800. This means that a single 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).
**CARRIER**

**PLAN NAME** | **PPO 80** | **ANTHEM BLUE CROSS** | **CDHP 90** | **KAISER PERMANENTE**
--- | --- | --- | --- | ---
Emergency Services - Coinsurance After Deductible is Met | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network Only
Ambulance Services | 20% | 20% | 10% | 10% | 10%
Emergency Room | 20% | 20% | 10% | 10% | 10%

Urgent Care - Coinsurance After Deductible is Met

Urgent Care Visits | $20 (Deductible Waived) | 50% | 10% | 50% | 10%

Mental Health and Substance Abuse - Coinsurance After Deductible is Met

Inpatient Mental Health | 20%<sup>4</sup> | 50%<sup>4</sup> up to $1,000 per day maximum | 10% | 50% up to $1,000 per day maximum | 10%
Inpatient Detoxification | 20%<sup>4</sup> | 50%<sup>4</sup> up to $1,000 per day maximum | 10% | 50% up to $1,000 per day maximum | 10%
Outpatient Mental Health | 20% | 50% up to $350 maximum | 10% | 50% up to $350 maximum | 10%
Mental Health Office Visit | $20 (Deductible Waived) | 50% | 10% | 50% | 10%
Outpatient Substance Abuse Evaluation | 20% | 50% up to $350 maximum | 10% | 50% up to $350 maximum | 10%
Substance Abuse Evaluation Office Visit | $20 (Deductible Waived) | 50% | 10% | 50% | 10%

Other Practitioner Visits - Coinsurance After Deductible is Met

Acupuncture | 20%<sup>4</sup> | Not Covered | 10%, maximum of 20 visits per calendar year, then plan pays 0% | 50%, maximum of 6 visits per calendar year, then plan pays 0% | N/A
Chiropractic Services | 20%<sup>4</sup> | 50%, maximum of 6 visits per calendar year, then plan pays 0% | 10%, maximum of 30 visits per calendar year, then plan pays 0% | 50%, maximum of 6 visits per calendar year, then plan pays 0% | N/A

**PRESCRIPTION DRUG BENEFITS**

**IN–NETWORK** | **OUT–OF–NETWORK** | **IN–NETWORK** | **OUT–OF–NETWORK** | **IN–NETWORK ONLY**
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Retail - After Plan Deductible is Met

| | 30 days | 30 days | 30 days | 30 days |
--- | --- | --- | --- | ---
Generic | $10 (Deductible Waived) | $10 | $10 | $10
Brand (Formulary/Preferred) | $20 (Deductible Waived) | $30 | $30 | $20
Brand (Non-Formulary/Non-Preferred) | $35 (Deductible Waived) | Paper claim submission required | Paper claim submission required | Paper claim submission required
Specialty Rx (Specialty Pharmacy Only; 30-day supply) | Same as Retail Brand | 20% (Not to Exceed $150) | 20% (Not to Exceed $150) | 20% (Not to Exceed $150)

Mail Order - After Deductible is Met

| | 90 days | 90 days | 100 days |
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Generic | $20 (Deductible Waived) | $20 | $20 |
Brand (Formulary/Preferred) | $40 (Deductible Waived) | $60 | $60 |
Brand (Non-Formulary/Non-Preferred) | $70 (Deductible Waived) | $60 | $60 |
Specialty Rx (Specialty Pharmacy Only; 30-day supply) | $70 (Deductible Waived) | 20% (Not to Exceed $150) | 20% (Not to Exceed $150) |

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).