



**District Name BRAWLEY UNION HIGH SCHOOL DISTRICT**  
**Bargaining Unit ALL**

2019-2020	Anthem	Anthem	Anthem	Anthem	SIMNSA	Anthem
<b>*ANTHEM ANCHOR BRONZE ONLY OFFERED TO HOURLY/SHORT-TERM/SUB/TEMP EMPLOYEES WHO MEET ELIGIBILITY REQUIREMENT FOR QUALIFIED OFFER</b>	<b>100-A \$20</b>	<b>90-C \$30</b>	<b>80-G \$20</b>	<b>80-L \$30</b>	<b>In Network</b>	<b>*Anchor Bronze (HSA Compatible)</b>
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>Member Pays</b>					
Individual/Family Deductibles	\$0/\$0	\$200/\$500	\$500/\$1,000	\$2,000/\$4,000	\$0	\$5,000/\$10,000*
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$4,000/\$8,000	\$6,350/\$12,700	\$6,350/\$12,700*

\*Includes Rx

**PROFESSIONAL SERVICES**

Office Visit (OV) co-pay	\$20	\$30	\$20	\$30	\$5	Deductible, then 30%
Urgent Care co-pay	\$20	\$30	\$20	\$30	\$25 in Mexico (Provider)/\$50 outside Mexico	30%
Specialists/Consultants co-pay	\$20	\$30	\$20	\$30	\$5	30%
Prenatal, postnatal office visit co-pay	\$20	\$30	\$20	\$30	\$5	30%
Scans: CT, CAT, MRI, PET etc.	0%	10%	20%	20%	0%	30%
Diagnostic X-ray & Laboratory Procedures	0%	10%	20%	20%	0%	30%
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Not covered	Not covered				
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	\$0	0% Ded Waived

**HOSPITAL & SKILLED NURSING FACILITY SERVICES**

Emergency Room visit (waived if admitted)	0% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	\$250 in & out of plan area	30% \$100 co-pay
Inpatient Hospital (preauthorization required) - limits may apply	0%	10%	20%	20%	0%	30%
Outpatient Hospital	0%	10%	20%	20%	0%	30%
Surgery, Outpatient (performed in Surgery Center)	0%	10%	20%	20%	0%	30%
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	10%	20%	20%	0%	30%

**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

<b>INPATIENT:</b> Facility Based Care (preauth required)	0%	10%	20%	20%	0%	30%
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	0%	10%	20%	20%	\$5	30%

**OTHER SERVICES**

Acupuncture - Limits apply	0%	10%	20%	20%	\$10	30%
Ambulance (Ground or Air)	0% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	0%	30% \$100 co-pay
Chiropractic - Limits apply	0%	10%	20%	20%	\$10	30%
Durable Medical Equipment (DME)	0%	10%	20%	20%	0%	30%
Physical and Occupational Therapy - Limits apply	0%	10%	20%	20%	\$10	30%

**PHARMACY BENEFITS**

Plan	9-35	9-35	9-35	9-35	Select Rx Plan	Anchor Bronze Rx
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	none	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	none	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$9 at Other Network	\$5	Deductible, then \$0 at Costco or \$9 at Other Network			
Brand co-pay/30 days supply	\$35	\$35	\$35	\$35	\$5	Deductible, then \$35
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$5	Deductible, then \$35 (Must Use Navitus Mail)			
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90		Deductible, then \$0-\$90
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy		Costco Mail Order Pharmacy

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.