

Buellton Union Elementary Certificated/Classified Plan for October 1, 2021	Plan Choice A	Plan Choice B	Plan Choice C	Plan Choice D	Affordable Care Plan
	Group 40737A / 40737B	Group 40404D / 40404E	Group 40404J / 40404H	Group 40404G / 40404F	Group 70737B / 70737B
Anthem PPO Plan Benefit	90-C \$20	80-E \$20	80-J \$30	80-L \$30	Anchor Bronze (HSA Compatible)
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$200/\$500	\$300/\$600	\$750/\$1,500	\$2,000/\$4,000	\$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	\$3,000/\$6,000	\$4,000/\$8,000	\$6,350/\$12,700*
PROFESSIONAL SERVICES					
Office Visit (OV) co-pay	\$0 1st 3 visits then \$20	\$0 1st 3 visits then \$20	\$0 1st 3 visits then \$30	\$0 1st 3 visits then \$30	Deductible, then 30%
Urgent Care co-pay	\$20	\$20	\$30	\$30	30%
Specialists/Consultants co-pay	\$20	\$20	\$30	\$30	30%
Prenatal, postnatal office visit co-pay	\$20	\$20	\$30	\$30	30%
Scans: CT, CAT, MRI, PET etc.	10%	20%	20%	20%	30%
Diagnostic X-ray & Laboratory Procedures	10%	20%	20%	20%	30%
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0%, Ded Waived	0%, Ded Waived	0%, Ded Waived	0%, Ded Waived	0%, Ded Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES					
Emergency Room visit (co-pay waived if admitted)	10%, \$100 co-pay	20%, \$100 co-pay	20%, \$100 co-pay	20%, \$100 co-pay	30%, \$100 co-pay
Inpatient Hospital (preauthorization required)-limits may apply	10%	20%	20%	20%	30%
Outpatient Hospital	10%	20%	20%	20%	30%
Surgery, Outpatient (performed in Surgery Center)	10%	20%	20%	20%	30%
Surgery, Outpatient (performed in a Hospital)-limits may apply	10%	20%	20%	20%	30%
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT					
INPATIENT: Facility Based Care (preauth required)	10%	20%	20%	20%	30%
OUTPATIENT: Facility Based Care (preauth required)	10%	20%	20%	20%	30%
OTHER SERVICES					
Acupuncture - Limits apply	10%	20%	20%	20%	30%
Ambulance (Ground or Air)	10%, \$100 co-pay	20%, \$100 co-pay	20%, \$100 co-pay	20%, \$100 co-pay	30%, \$100 co-pay
Chiropractic - Limits apply	10%	20%	20%	20%	30%
Durable Medical Equipment (DME)	10%	20%	20%	20%	30%
Physical and Occupational Therapy - Limits apply	10%	20%	20%	20%	30%
Hearing Aids: Allowance of \$700/every 24 months	10% and amount in excess of allowance	20% and amount in excess of allowance	20% and amount in excess of allowance	20% and amount in excess of allowance	10% and amount in excess of allowance
PHARMACY BENEFITS	200/10-35	200/10-35	200/10-35	200/10-35	Anchor Bronze Rx
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	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	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	Deductible then \$0 at Costco or \$9 at Other Network
Brand co-pay/30 days supply	\$35	\$35	\$35	\$35	Deductible, then \$35
Specialty co-pay/up to 30 days supply: Must use Navitus Mail	\$35	\$35	\$35	\$35	Deductible then \$35
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	Costco	Costco	Costco	Costco

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.