

	Current	Current
Effective Date	7/1/2023	7/1/2023
Carrier	Anthem Blue Cross	Anthem Blue Cross
Plan Name	HMO 30 w/Chiro - \$15/40/80 Rx	DHMO 500 Select w/Chiro - \$19/50/75 Rx
General Plan Information		
Annual Deductible/Individual	\$0	\$500
Annual Deductible/Family	\$0	\$1,000
Coinsurance	100%	100%
Office Visit/Exam	\$30 copay	\$40 copay
Outpatient Specialist Visit	\$30 copay	\$40 copay
Annual Out-of-Pocket Limit/Individual	\$500 Rx not included	\$1,500 Rx not included
Annual Out-of-Pocket Limit/Family	\$1,500 Rx not included	\$4,500 Rx not included
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospital Services		
Inpatient Hospitalization	100%	100%
Emergency Services		
Emergency Room	\$100 copay waived if admitted	\$100 copay waived if admitted
Mental Health Benefits		
Inpatient Care	100% (subject to utilization review; waived for emergency admissions)	100% (Behavioral Health treatment for autism or pervasive development disorders require pre-service review.)
Outpatient Care	100% (Behavioral Health treatment for autism or pervasive development disorders require pre-service review.)	100% (Behavioral Health treatment for autism or pervasive development disorders require pre-service review.)
Alcohol Abuse		
Inpatient Care		
Inpatient Hospitalization	100% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)
Inpatient Detoxification Services	100% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)
Outpatient Care		
Outpatient Services	100% (subject to utilization review)	100% (subject to utilization review)
Outpatient Detoxification Services	100% (subject to utilization review)	100% (subject to utilization review)
Substance Abuse		
Inpatient Care		
Inpatient Hospitalization	100% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)
Inpatient Detoxification Services	100% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)

	Current	Current
Effective Date	7/1/2023	7/1/2023
Carrier	Anthem Blue Cross	Anthem Blue Cross
Plan Name	HMO 30 w/Chiro - \$15/40/80 Rx	DHMO 500 Select w/Chiro - \$19/50/75 Rx
Outpatient Care		
Outpatient Services	100% (subject to utilization review)	100% (subject to utilization review)
Outpatient Detoxification Services	100% (subject to utilization review)	100% (subject to utilization review)
Prescription Drug Benefits		
Generic	\$15 copay/Tier 1 Pharmacy; \$15 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$19 copay/Tier 1 Pharmacy; \$19 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)
Brand (Formulary/Preferred)	\$40 copay/Tier 1 Pharmacy; \$40 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$50 copay/Tier 1 Pharmacy; \$50 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)
Brand (Non-Formulary/Non-preferred)	\$80 copay/Tier 1 Pharmacy; \$80 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$75 copay/Tier 1 Pharmacy; \$75 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)
Number of Days Supply	30 days	30 days
Mail Order		
Generic	\$30 copay provided by Express Scripts	\$38 copay provided by Express Scripts
Brand (Formulary/Preferred)	\$80 copay provided by Express Scripts	\$100 copay provided by Express Scripts
Brand (Non-Formulary/Non-preferred)	\$160 copay provided by Express Scripts	\$150 copay provided by Express Scripts
Number of Days Supply for Mail Order	90 days	90 days
Other Services and Supplies		
Chiropractic Services	\$10 copay 30 visits/calendar year; provided through American Specialty Health	\$10 copay 30 visits/calendar year; provided through American Specialty Health
*Premiums below are based on an 8 hour / 100% Contract employee and Delta Dental PPO per month		
Medical Premium*	\$1,741.56	\$1,558.27
Delta Dental PPO	\$111.79	\$111.79
Vision	\$16.69	\$16.69
Group Life	\$7.00	\$7.00
District Cap	-\$916.67	-\$916.67
Monthly Employee Cost	\$960.37	\$777.08