

Shasta - Trinity Schools Insurance Group 2017-2018 Plan Comparison

Benefit	80-C	80-G	80-K	80-M	HSA-A	HSA-B
Calendar Year Deductible	Individual: \$200 / Family: \$500	Individual: \$500 / Family: \$1,000	Individual: \$1,000 / Family: \$2,000	Individual: \$3,000 / Family: \$6,000	Individual: \$1,500 Family Each: \$2,600 / Family Max: \$3,000	Individual: \$3,000 Family Each: \$3,000 / Family Max: \$5,200
Coinsurance	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 90% after deductible is met	Paid at 90% after deductible is met
Calendar Year Out of Pocket Maximum (includes deductible, coinsurance and medical copays)	Individual: \$1,000 / Family: \$3,000	Individual: \$2,000 / Family: \$4,000	Individual: \$3,000 / Family: \$6,000	Individual: \$4,000 / Family: \$8,000	Individual: \$3,000 / Family: \$6,000	Individual: \$5,000 / Family: \$10,000
Doctor Visits (Primary Care / Specialty Care / Urgent Care)	\$20 Copay (Deductible waived)	\$30 Copay (Deductible waived)	\$30 Copay (Deductible waived)	\$40 Copay (Deductible waived)	Paid at 90% after deductible is met	Paid at 90% after deductible is met
Prestige Primary / Urgent Care Visits	\$0 Fee	\$0 Fee	\$0 Fee	\$0 Fee	\$20 Fee	\$20 Fee
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Diagnostic Test / Imaging (Note 2)	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 90% after deductible is met	Paid at 90% after deductible is met
Radiation Therapy, Chemotherapy	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 90% after deductible is met	Paid at 90% after deductible is met
Durable Medical Equipment (Note 2)	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 90% after deductible is met	Paid at 90% after deductible is met
Ambulance-Ground/Air	\$100 Copay + Paid at 80% after deductible is met	\$100 Copay + Paid at 80% after deductible is met	\$100 Copay + Paid at 80% after deductible is met	\$100 Copay + Paid at 80% after deductible is met	Paid at 90% after deductible is met	Paid at 90% after deductible is met
Physical Therapy (Note 2)	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 90% after deductible is met	Paid at 90% after deductible is met
Chiropractic (Note 2)	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 90% after deductible is met	Paid at 90% after deductible is met
Acupuncture	Paid at 80% after deductible is met Limited to 12 Visits per calendar year	Paid at 80% after deductible is met Limited to 12 Visits per calendar year	Paid at 80% after deductible is met Limited to 12 Visits per calendar year	Paid at 80% after deductible is met Limited to 12 Visits per calendar year	Paid at 90% after deductible is met Limited to 12 Visits per calendar year	Paid at 90% after deductible is met Limited to 12 Visits per calendar year
Outpatient Surgery	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 90% after deductible is met	Paid at 90% after deductible is met
Hospital Inpatient	Paid at 80% after deductible is met. Semi-private room, medically necessary services & supplies.	Paid at 80% after deductible is met. Semi-private room, medically necessary services & supplies.	Paid at 80% after deductible is met. Semi-private room, medically necessary services & supplies.	Paid at 80% after deductible is met. Semi-private room, medically necessary services & supplies.	Paid at 90% after deductible is met. Semi-private room, medically necessary services & supplies.	Paid at 90% after deductible is met. Semi-private room, medically necessary services & supplies.
Hospital Emergency Room	\$100 Copay (Copay waived if admitted as inpatient) Paid at 80% after deductible is met	\$100 Copay (Copay waived if admitted as inpatient) Paid at 80% after deductible is met	\$100 Copay (Copay waived if admitted as inpatient) Paid at 80% after deductible is met	\$100 Copay (Copay waived if admitted as inpatient) Paid at 80% after deductible is met	Paid at 90% after deductible is met	Paid at 90% after deductible is met
Home Health Care	Paid at 80% after deductible is met. Limited to 100 visits per calendar year	Paid at 80% after deductible is met. Limited to 100 visits per calendar year	Paid at 80% after deductible is met. Limited to 100 visits per calendar year	Paid at 80% after deductible is met. Limited to 100 visits per calendar year	Paid at 90% after deductible is met. Limited to 100 visits per calendar year	Paid at 90% after deductible is met. Limited to 100 visits per calendar year
Telemedicine	MDLIVE- \$5 Copay Call 1-888-632-2738 or visit mdlive.com/sic for non-emergency medical conditions. 24/7/365 on demand	MDLIVE- \$5 Copay Call 1-888-632-2738 or visit mdlive.com/sic for non-emergency medical conditions. 24/7/365 on demand	MDLIVE- \$5 Copay Call 1-888-632-2738 or visit mdlive.com/sic for non-emergency medical conditions. 24/7/365 on demand	MDLIVE- \$5 Copay Call 1-888-632-2738 or visit mdlive.com/sic for non-emergency medical conditions. 24/7/365 on demand	MDLIVE- \$40 Fee Call 1-888-632-2738 or visit mdlive.com/sic for non-emergency medical conditions. 24/7/365 on demand	MDLIVE- \$40 Fee Call 1-888-632-2738 or visit mdlive.com/sic for non-emergency medical conditions. 24/7/365 on demand
Employee Assistance Program (EAP) through Anthem BlueCross	Paid at 100% (6 visits per occurrence) 1-800-999-7222 or go to anthemEAP.com to access benefits	Paid at 100% (6 visits per occurrence) 1-800-999-7222 or go to anthemEAP.com to access benefits	Paid at 100% (6 visits per occurrence) 1-800-999-7222 or go to anthemEAP.com to access benefits	Paid at 100% (6 visits per occurrence) 1-800-999-7222 or go to anthemEAP.com to access benefits	Paid at 100% (6 visits per occurrence) 1-800-999-7222 or go to anthemEAP.com to access benefits	Paid at 100% (6 visits per occurrence) 1-800-999-7222 or go to anthemEAP.com to access benefits
Prescription Drugs	Retail: Non-Costco/Non-Walgreens Day: 30 Generic: \$9 Brand: \$35	Retail: Non-Costco/Non-Walgreens Day: 30 Generic: \$9 Brand: \$35	Retail: Non-Costco/Non-Walgreens Day: 30 Generic: \$9 Brand: \$35	Retail: Non-Costco/Non-Walgreens Day: 30 Generic: \$9 Brand: \$35	Retail: Non-Costco/Non-Walgreens Day: 30 Generic: \$9 after deductible Brand: \$35 after deductible	Retail: Non-Costco/Non-Walgreens Day: 30 Generic: \$9 after deductible Brand: \$35 after deductible
	Costco Retail or Mail Order Day: 30 Generic: \$0 Brand: \$35	Costco Retail or Mail Order Day: 30 Generic: \$0 Brand: \$35	Costco Retail or Mail Order Day: 30 Generic: \$0 Brand: \$35	Costco Retail or Mail Order Day: 30 Generic: \$0 Brand: \$35	Costco Retail or Mail Order Day: 30 Generic: \$5 after deductible Brand: \$50 after deductible	Costco Retail or Mail Order Day: 30 Generic: \$0 after deductible Brand: \$35 after deductible
	Mail Order - Costco Day: 90 Generic: \$0 Brand: \$90	Mail Order - Costco Day: 90 Generic: \$0 Brand: \$90	Mail Order - Costco Day: 90 Generic: \$0 Brand: \$90	Mail Order - Costco Day: 90 Generic: \$0 Brand: \$90	Mail Order - Costco Day: 90 Generic: \$15 after deductible Brand: \$135 after deductible	Mail Order - Costco Day: 90 Generic: \$0 after deductible Brand: \$90 after deductible
HSA Contribution (Note 1)	\$0	\$0	\$0	\$0	\$500 Individual / \$1,000 Family	\$500 Individual / \$1,000 Family

NOTES:
 *Preventive Care Services with Non-Participating providers are not covered.
 1 HSA Contribution - For first time enrollees only.
 2 X-Ray, Lab, Durable Medical Equipment and Physical Medicine provided by a Non-Participating provider is not covered. This does not include emergency services.
 3 Physical Medicine includes Chiropractic, Physical And Occupational Therapy.
 4 Hip/Knee/Spine surgeries are covered only when performed at a designated Blue Distention Plus Center.
 5 Non-Participating provider services are paid based on a fee schedule.
 6 When using Non-Participating providers, members are responsible for any difference between the covered expense and actual charges.