



		40095E 90-A \$20
MEDICAL - CALENDAR YEAR Deductibles & Maximums		Member Pays
Individual/Family Deductibles		\$100/\$300
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)		\$1,000/ \$3,000
PROFESSIONAL SERVICES		
Office Visit (OV) co-pay		\$20
Urgent Care co-pay		\$20
Specialists/Consultants co-pay		\$20
Prenatal, postnatal office visit co-pay		\$20
Scans: CT, CAT, MRI, PET etc.		10%
Diagnostic X-ray & Laboratory Procedures		10%
Infertility (diagnosis/treatment of causes of infertility)		Not covered
Preventive Care (includes physical exams & screenings)		0%, Deductible Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES		
Emergency Room visit (waived if admitted)		10% \$100 co-pay
Inpatient Hospital (preauthorization required)		10%
Outpatient Hospital		10%
Surgery, Outpatient (performed in Surgery Center)		10%
Surgery, Outpatient (performed in a Hospital)		10%
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT		
INPATIENT: Facility Based Care (preauth required)		10%
OUTPATIENT: Facility Based Care (preauth required)		10%
OTHER SERVICES		
Acupuncture - Limits apply		10%
Ambulance (Ground or Air)		10%
Chiropractic - Limits apply		10%
Durable Medical Equipment (DME)		10%
Physical and Occupational Therapy - Limits apply		10%
PHARMACY BENEFITS		
Plan		\$7-\$25
Individual/Family Brand & Specialty Rx Deductibles		none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)		\$1,500/ \$2,500
Generic co-pay/30 days supply		\$0 at Costco \$7 at Other Network
Brand co-pay/30 days supply		\$25
Specialty co-pay/up to 30 days supply		Must Use Navitus Mail \$25
Mail Order (Generic-Brand co-pay/90 days supply)		\$0-\$60
Delta Dental Plans (www.deltadentalca.org)		PPO Premier Incentive Plan \$1000 cal year max
Vision (www.vsp.com)		VSP, Plan B \$10/\$25 co-pay Exam & Lenses every calendar year Frames Every 24 Months