



	40095D 100-B \$0	40095J 90-A \$20	40095K 90-D \$10	70195B ANCHOR BRONZE This is a Medical and Prescription plan only
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$100/\$300	\$100/\$300	\$200/\$500	\$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	\$1,000/ \$3,000	\$6,350/ \$12,700*

*Includes Rx

PROFESSIONAL SERVICES				
Office Visit (OV) co-pay	\$0	\$20	\$10	\$60 visits 1-3, then 30% after ded
Urgent Care co-pay	\$0	\$20	\$10	\$60 visits 1-3, then 30% after ded
Specialists/Consultants co-pay	\$0	\$20	\$10	\$60 visits 1-3, then 30% after ded
Prenatal, postnatal office visit co-pay	\$0	\$20	\$10	\$60 visits 1-3, then 30% after ded
Scans: CT, CAT, MRI, PET etc.	0%	10%	10%	30%
Diagnostic X-ray & Laboratory Procedures	0%	10%	10%	30%
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES				
Emergency Room visit (waived if admitted)	0% \$100 co-pay	10% \$100 co-pay	10% \$100 co-pay	30% \$100 co-pay
Inpatient Hospital (preauthorization required)	0%	10%	10%	30%
Outpatient Hospital	0%	10%	10%	30%
Surgery, Outpatient (performed in Surgery Center)	0%	10%	10%	30%
Surgery, Outpatient (performed in a Hospital)	0%	10%	10%	30%

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT				
INPATIENT: Facility Based Care (preauth required)	0%	10%	10%	30%
OUTPATIENT: Facility Based Care (preauth required)	0%	10%	10%	30%

OTHER SERVICES				
Acupuncture - Limits apply	0%	10%	10%	30%
Ambulance (Ground or Air)	0%	10%	10%	30%
Chiropractic - Limits apply	0%	10%	10%	30%
Durable Medical Equipment (DME)	0%	10%	10%	30%
Physical and Occupational Therapy - Limits apply	0%	10%	10%	30%

PHARMACY BENEFITS				
Plan	\$3-\$15	\$7-\$25	\$3-\$15	Rx - Subject to Medical Ded.
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	Included with Medical deductible
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$1,500/ \$2,500	\$1,500/ \$2,500	\$1,500/ \$2,500	Included with Medical OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$3 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$3 at Other Network	\$9
Brand co-pay/30 days supply	\$15	\$25	\$15	\$35
Specialty co-pay/up to 30 days supply	Must Use Navitus Mail \$15	Must Use Navitus Mail \$25	Must Use Navitus Mail \$15	Mail \$35
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$35	\$0-\$60	\$0-\$35	\$18-\$90
Delta Dental Plans (www.deltadentalca.org)	PPO Premier Incentive Plan \$1500 cal year max		PPO Premier Incentive Plan \$1000 cal year max	
Vision (www.vsp.com)	VSP, Plan B \$10/\$25 co-pay Exam & Lenses every cal year Frames Every 24 Months		VSP, Plan B \$10/\$25 co-pay Exam & Lenses every calendar year Frames Every 24 Months	
Life Insurance	\$25,000 Basic Life		\$25,000 Basic Life	

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