



	40095F 100-B \$20	40095G 90-A \$20
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays
Individual/Family Deductibles	\$100/\$300	\$100/\$300
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/ \$3,000	\$1,000/ \$3,000
PROFESSIONAL SERVICES		
Office Visit (OV) co-pay	\$20	\$20
Urgent Care co-pay	\$20	\$20
Specialists/Consultants co-pay	\$20	\$20
Prenatal, postnatal office visit co-pay	\$20	\$20
Scans: CT, CAT, MRI, PET etc.	0%	10%
Diagnostic X-ray & Laboratory Procedures	0%	10%
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	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
Inpatient Hospital (preauthorization required)	0%	10%
Outpatient Hospital	0%	10%
Surgery, Outpatient (performed in Surgery Center)	0%	10%
Surgery, Outpatient (performed in a Hospital)	0%	10%
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT		
INPATIENT: Facility Based Care (preauth required)	0%	10%
OUTPATIENT: Facility Based Care (preauth required)	0%	10%
OTHER SERVICES		
Acupuncture - Limits apply	0%	10%
Ambulance (Ground or Air)	0%	10%
Chiropractic - Limits apply	0%	10%
Durable Medical Equipment (DME)	0%	10%
Physical and Occupational Therapy - Limits apply	0%	10%
PHARMACY BENEFITS		
Plan	\$7-\$25	\$7-\$25
Individual/Family Brand & Specialty Rx Deductibles	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$1,500/ \$2,500	\$1,500/ \$2,500
Generic co-pay/30 days supply	\$0 at Costco \$7 at Other Network	\$0 at Costco \$7 at Other Network
Brand co-pay/30 days supply	\$25	\$25
Specialty co-pay/up to 30 days supply	Must Use Navitus Mail \$25	Must Use Navitus Mail \$25
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$60	\$0-\$60
Delta Dental Plans (www.deltadentalca.org)	PPO Premier Incentive Plan \$1500 cal year max	
Vision (www.vsp.com)	VSP, Plan B \$10/\$25 co-pay Exam & Lenses every cal year Frames Every 24 Months	
Life Insurance	\$50,000 Basic Life	\$50,000 Basic Life