



All bargaining units

2018-2019	Blue Shield	Blue Shield	Blue Shield	Kaiser	Kaiser	Kaiser
	80-L \$30	HSA-B	Anchor Bronze	Trad HMO \$20	Ded HMO \$1,000	HSA-B
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$2,000/ \$4,000	\$3,000/ \$5,200*	\$5,000/ \$10,000*	\$0	\$1,000/ \$2,000	\$3,000/ \$6,000
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$4,000/ \$8,000	\$5,000/ \$10,000*	\$6,350/ \$12,700*	\$1,500/ \$3,000	\$3,000/ \$6,000	\$5,950/ \$11,900

*Includes Rx

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PROFESSIONAL SERVICES

Office Visit (OV) co-pay	\$30	10%	30%	\$20	\$20	20%
Urgent Care co-pay	\$30	10%	30%	\$20	\$20	20%
Specialists/Consultants co-pay	\$30	10%	30%	\$20	\$20	20%
Prenatal, postnatal office visit co-pay	\$30	10%	30%	\$0	\$0	\$0
Scans: CT, CAT, MRI, PET etc.	20%	10%	30%	\$0	\$50	20%
Diagnostic X-ray & Laboratory Procedures	20%	10%	30%	\$0	\$10	20%
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Not covered	Not covered	Not covered	OV copay or hospitalization copay apply	OV copay or hospitalization copay apply	OV copay or hospitalization copay apply
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	\$0	0% Ded Waived	0% Ded Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (waived if admitted)	20% \$100 co-pay	10% \$100 co-pay	30% \$100 co-pay	\$100	20%	20%
Inpatient Hospital (preauthorization required)	20%	10%	30%	\$0	20%	20%
Outpatient Hospital	20%	10%	30%	\$20	20%	20%
Surgery, Outpatient (performed in Surgery Center)	20%	10%	30%	\$20	20%	20%
Surgery, Outpatient (performed in a Hospital)	20%	10%	30%	\$20	20%	20%

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MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	20%	10%	30%	\$0	20%	20%
OUTPATIENT: Facility Based Care (preauth required)	20%	10%	30%	\$20	20%	20%

OTHER SERVICES

Acupuncture - Limits apply	20%	10%	30%	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro	Limited coverage if authorized
Ambulance (Ground or Air)	20% \$100 co-pay	10% \$100 co-pay	30% \$100 co-pay	\$50	\$150	20%
Chiropractic - Limits apply	20%	10%	30%	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu	Not covered
Durable Medical Equipment (DME)	20%	10%	30%	no charge	20%	20%
Physical and Occupational Therapy - Limits apply	20%	10%	30%	\$20	\$20	20%

PHARMACY BENEFITS

Plan	9-35	HSA-B Rx	Anchor Bronze Rx	Trad HMO \$20	Ded HMO \$1,000	HSA B
Individual/Family Brand & Specialty Rx Deductibles	none	Included w/ Medical ded	Included w/ Medical ded	none	none	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$2,500/ \$3,500	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$9 at Other Network	\$9	\$9	\$10 up to 100 day supply	\$10	\$10 after deductible is met
Brand co-pay/30 days supply	\$35	\$35	\$35	\$20 up to 100 day supply	\$30	\$30 after deductible is met
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	Mail \$35	Mail \$35	\$20 up to 100 day supply	30	\$30 after deductible is met
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$90	\$10-\$20/up to 100 day supply	\$20-\$60/up to 100 day supply	\$20-\$60/up to 100 day supply