

2020-2021	Blue Shield	Blue Shield	Blue Shield	Blue Shield	Kaiser	Kaiser
	100-A \$20	90-G \$20	10-0	10-0	Trad HMO \$0	Trad HMO \$15
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0/\$0	\$500/\$1,000	\$0/\$0	\$0/\$0	\$0	\$0
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/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000	\$1,500/\$3,000
includes medical deductibles, co-insurance and co-pays)				TRIO Network		
PROFESSIONAL SERVICES Office Visit (OV) co-pay						
(\$0 Copay for first 3 calendar year Primary Care office visits on Non-HSA PPO plans)	\$20	\$20	\$10	\$10	\$0	\$15
Urgent Care co-pay	\$20	\$20	\$10	\$10	\$0	\$15
Specialists/Consultants co-pay	\$20	\$20	\$10	\$10	\$0	\$15
Prenatal, postnatal office visit co-pay	\$20	\$20	\$0	\$0	\$0	\$0
Scans: CT, CAT, MRI, PET etc.	0%	10%	\$0	\$0	\$0	\$0
Diagnostic X-ray & Laboratory Procedures	0%	10%	\$0	\$0	\$0	\$0
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Not covered	Not covered	50%	50%	Co-pay applies	Co-pay applies
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	\$0	\$0	\$0	\$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES						
Emergency Room visit	0%	10%				
(waived if admitted)	\$100 co-pay	\$100 co-pay	\$100	\$100	\$100	\$100
Inpatient Hospital (preauthorization required) - limits may			4.0	4.0	4.0	4.0
apply	0%	10%	\$0	\$0	\$0	\$0
Outpatient Hospital	0%	10%	\$0	\$0	\$0	\$15
Surgery, Outpatient (performed in Surgery Center)	0%	10%	\$0	\$0	\$0	\$15
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	10%	\$0	\$0	\$0	\$15
INPATIENT: Facility Based Care (preauth required)	0% 0%	10% 10%	\$0 \$10	\$0 \$10	\$0 \$0	\$0 \$15
INPATIENT: Facility Based Care (preauth required)			\$10	\$10	\$0	\$15
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Acupuncture - Limits apply					\$0 \$10/30 visits	\$15 \$10/30 visits
INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES	0%	10%	\$10 \$10/30 visits	\$10 \$10/30 visits	\$0 \$10/30 visits	\$15 \$10/30 visits
INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Acupuncture - Limits apply	0% 0% 0%	10% 10% 10%	\$10 \$10/30 visits combined w/chiro	\$10 \$10/30 visits combined w/chiro	\$0 \$10/30 visits combined w/chiro	\$15 \$10/30 visits combined w/chird \$50 \$10/30 visits
INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Acupuncture - Limits apply Ambulance (Ground or Air) Chiropractic - Limits apply	0% 0% \$100 co-pay	10% 10% \$100 co-pay	\$10 \$10/30 visits combined w/chiro \$100 \$10/30 visits	\$10 \$10/30 visits combined w/chiro \$100 \$10/30 visits	\$0 \$10/30 visits combined w/chiro \$50 \$10/30 visits	\$15 \$10/30 visits combined w/chird \$50 \$10/30 visits
INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Acupuncture - Limits apply Ambulance (Ground or Air)	0% 0% \$100 co-pay 0%	10% 10% \$100 со-рау 10%	\$10 \$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu	\$10 \$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu	\$0 \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu	\$15 \$10/30 visits combined w/chirc \$50 \$10/30 visits combined w/acu
INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Acupuncture - Limits apply Ambulance (Ground or Air) Chiropractic - Limits apply Durable Medical Equipment (DME)	0% 0% \$100 co-pay 0% 0%	10% 10% \$100 co-pay 10% 10%	\$10 \$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu 0%	\$10 \$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu 0%	\$0 \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge	\$15 \$10/30 visits combined w/chirc \$50 \$10/30 visits combined w/acu no charge \$15 amount in excess
INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Acupuncture - Limits apply Ambulance (Ground or Air) Chiropractic - Limits apply Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply Hearing Aids	0% 0% \$100 co-pay 0% 0% Amount in excess of \$700 allowance/24	10% 10% \$100 co-pay 10% 10% 10% and Amount in excess of \$700 allowance/24	\$10 \$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu 0% \$10 50% Coinsurance 1 device/24	\$10 \$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu 0% \$10 50% Coinsurance 1 device/24	\$0 \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$0 amount in excess of \$500 allowance	\$15 \$10/30 visits combined w/chirc \$50 \$10/30 visits combined w/acu no charge \$15 amount in excess of \$500 allowance every 36 months
INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Acupuncture - Limits apply Ambulance (Ground or Air) Chiropractic - Limits apply Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply Hearing Aids PHARMACY BENEFITS Plan	0% 0% \$100 co-pay 0% 0% Amount in excess of \$700 allowance/24	10% 10% \$100 co-pay 10% 10% 10% and Amount in excess of \$700 allowance/24	\$10 \$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu 0% \$10 \$10 \$0% Coinsurance 1 device/24 months 5-20	\$10 \$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu 0% \$10 50% Coinsurance 1 device/24	\$0 \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$0 amount in excess of \$500 allowance	\$15 \$10/30 visits combined w/chirc \$50 \$10/30 visits combined w/acu no charge \$15 amount in excess of \$500 allowance
INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Acupuncture - Limits apply Ambulance (Ground or Air) Chiropractic - Limits apply Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply Hearing Aids PHARMACY BENEFITS	0% 0% \$100 co-pay 0% 0% Amount in excess of \$700 allowance/24 months	10% 10% \$100 co-pay 10% 10% 10% and Amount in excess of \$700 allowance/24 months	\$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu 0% \$10 50% Coinsurance 1 device/24 months	\$10 \$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu 0% \$10 50% Coinsurance 1 device/24 months	\$0 \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$0 amount in excess of \$500 allowance every 36 months	\$15 \$10/30 visits combined w/chirc \$50 \$10/30 visits combined w/acu no charge \$15 amount in excess of \$500 allowance every 36 months Custom \$5-\$20
INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Acupuncture - Limits apply Ambulance (Ground or Air) Chiropractic - Limits apply Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply Hearing Aids PHARMACY BENEFITS Plan Pharmacy Benefit Manager Individual/Family Brand & Specialty Rx Deductibles	0% 0% \$100 co-pay 0% 0% 0% Amount in excess of \$700 allowance/24 months 5-20	10% 10% 10% \$100 co-pay 10% 10% 10% and Amount in excess of \$700 allowance/24 months 5-20	\$10 \$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu 0% \$10 \$10 \$0% Coinsurance 1 device/24 months 5-20	\$10 \$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu 0% \$10 50% Coinsurance 1 device/24 months 5-20	\$0 \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$0 amount in excess of \$500 allowance every 36 months Trad HMO \$0 Kaiser none	\$15 \$10/30 visits combined w/chirc \$50 \$10/30 visits combined w/acu no charge \$15 amount in excess of \$500 allowance every 36 months Custom \$5-\$20 (30 day) Kaiser none
INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Acupuncture - Limits apply Ambulance (Ground or Air) Chiropractic - Limits apply Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply Hearing Aids PHARMACY BENEFITS Plan Pharmacy Benefit Manager	0% 0% \$100 co-pay 0% 0% Amount in excess of \$700 allowance/24 months 5-20 Navitus	10% 10% 10% 10% 10% 10% 10% 10%	\$10 \$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu 0% \$10 50% Coinsurance 1 device/24 months 5-20 Navitus	\$10 \$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu 0% \$10 50% Coinsurance 1 device/24 months 5-20 Navitus	\$0 \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$0 amount in excess of \$500 allowance every 36 months Trad HMO \$0 Kaiser	\$15 \$10/30 visits combined w/chirc \$50 \$10/30 visits combined w/acu no charge \$15 amount in excess of \$500 allowance every 36 months Custom \$5-\$20 (30 day) Kaiser
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INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Acupuncture - Limits apply Ambulance (Ground or Air) Chiropractic - Limits apply Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply Hearing Aids PHARMACY BENEFITS Plan Pharmacy Benefit Manager Individual/Family Brand & Specialty Rx Deductibles Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	0% 0% \$100 co-pay 0% 0% Amount in excess of \$700 allowance/24 months 5-20 Navitus none \$1,500/\$2,500 \$0 at Costco \$5 at Other Network	10% 10% 10% 10% 10% 10% 10% and Amount in excess of \$700 allowance/24 months 5-20 Navitus none \$1,500/\$2,500 \$0 at Costco \$5 at Other Network	\$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu 0% \$10 50% Coinsurance 1 device/24 months 50% Coinsurance 1 device/24 months 50% Coinsurance 1 device/24 months 51,500/\$2,500 \$0 at Costco \$5 at Other Network	\$10 \$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu 0% \$10 50% Coinsurance 1 device/24 months 50% Coinsurance 50% Coinsurance	\$0 \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$0 amount in excess of \$500 allowance every 36 months Trad HMO \$0 Kaiser none Included w/ Med OOP Max \$5 up to 100 day supply \$5 up to 100 day	\$15 \$10/30 visits combined w/chirc \$50 \$10/30 visits combined w/acu no charge \$15 amount in excess of \$500 allowance every 36 months Custom \$5-\$20 (30 day) Kaiser none Included w/ Med OOP Max \$5 up to 30 day \$20 up to 30 day
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INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Acupuncture - Limits apply Ambulance (Ground or Air) Chiropractic - Limits apply Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply Hearing Aids PHARMACY BENEFITS Plan Pharmacy Benefit Manager Individual/Family Brand & Specialty Rx Deductibles Individual/Family Brand & Specialty Rx Deductibles Generic co-pay/30 days supply Specialty co-pay/up to 30 days supply	0% 0% 0% \$100 co-pay 0% 0% Amount in excess of \$700 allowance/24 months 5-20 allowance/24 months 5.20 \$0 al Costco \$5 at Other Network \$1,500/\$2,500 \$0 at Costco \$5 at Other Network \$20 Must Use Navitus Mail	10% 10% 10% 10% 10% 10% 10% 10%	\$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu 0% \$10 50% Coinsurance 1 device/24 months 50% Coinsurance 1 device/24 months 50% Coinsurance 1 device/24 months \$1,500/\$2,500 \$0 at Costco \$5 at Other Network \$20 \$20 Must Use Navitus Mail \$0.\$50	\$10 \$10/30 visits combined w/chiro \$100 \$10/30 visits combined w/acu 0% \$10 50% Coinsurance 1 device/24 months 50% Coinsurance 1 device/24 months 50% Coinsurance 1 device/24 months \$10 \$0% Coinsurance 1 device/24 months \$10 \$0% Coinsurance 1 device/24 months \$10 \$0% Coinsurance 1 device/24 months \$20 \$0 at Costco \$5 at Other Network \$20 \$20 Must Use Navitus Mail	\$0 \$10/30 visits combined w/chiro \$50 \$10/30 visits combined w/acu no charge \$0 amount in excess of \$500 allowance every 36 months Trad HMO \$0 Kaiser none Included w/ Med OOP Max \$5 up to 100 day supply \$5 up to 100 day supply \$5 up to 30 day supply	\$15 \$10/30 visits combined w/chiri \$50 \$10/30 visits combined w/acu no charge \$15 amount in excess of \$500 allowanc every 36 months Custom \$5-\$20 (30 day) Kaiser none Included w/ Med OOP Max \$5 up to 30 day supply \$20 up to 30 day supply \$20 up to 30 day supply \$20 up to 30 day

services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.