

2017/2018 Health Insurance Plans

40328A 100%
Health, Dental, & Vision

Employee Monthly Contribution

Single	\$288.71
2-Party	\$526.37
Family	\$741.89

Deductible	\$0/Ind/\$0 Family
Max OOP	\$1000 Ind/\$3000 Fam
Office/Urgent Care	\$20 co-pay
Emergency room	\$100 co-pay

Prescription Drugs
(90-Day Supply)

Generic	\$9 co-pay
Preferred Brand	\$35 co-pay

\$0 deductible
Max OOP \$2500 Ind/\$3500 Fam

40328B 80/20%
Health, Dental, & Vision

Employee Monthly Contribution

Single	\$209.71
2-Party	\$367.37
Family	\$514.89

Deductible	\$200 Ind/\$500 Family
Max OOP	\$1K Ind/\$3K Fam
Office/Urgent Care	\$20 co-pay
Emergency room	\$100 co-pay

Prescription Drugs
(90-Day Supply)

Generic	\$9 co-pay
Preferred Brand	\$35 co-pay

\$0 deductible
Max OOP \$2500 Ind/\$3500 Fam

40328C 80/20% Base Plan
Health, Dental, & Vision

Employee Monthly Contribution

Single	\$82.21
2-Party	\$213.37
Family	\$300.89

Deductible	\$500/Ind/\$1000 Family
Max OOP	\$2000 Ind/\$4000 Fam
Office/Urgent Care	\$30 co-pay
Emergency room	\$100 co-pay

Prescription Drugs
(90-Day Supply)

Generic	\$10 co-pay
Preferred Brand	\$35 co-pay

\$200 deductible on Preferred Brands
Max OOP \$2500 Ind/\$3500 Fam

40328D 70/30% Minimum Value Plan
Health, Dental, & Vision

Employee Monthly Contribution

Single	\$0.00
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Deductible	\$5000 Ind
Max OOP	\$6350 Ind
Office/Urgent Care	\$60 (1st 3 visits)*
Emergency room	\$100 co-pay

(*then full price until medical deductible is met)

Prescription Drugs
(90-Day Supply)

Generic	\$9 co-pay
Preferred Brand	\$35 co-pay

Pharmacy Deductible is included in Medical Deductible

40328E 80/20%
Health, Dental, & Vision

Employee Monthly Contribution

Single	\$54.71
2-Party	\$66.37
Family	\$91.89

Deductible	\$2000 Ind/\$4000 Fam
Max OOP	\$4K Ind/\$8K Fam
Office/Urgent Care	\$30 co-pay
Emergency room	\$100 co-pay

Prescription Drugs
(90-Day Supply)

Generic	\$15 co-pay
Preferred Brand	\$50 co-pay

\$200 deductible on Preferred Brands
Max OOP \$2500 Ind/\$3500 Fam

Kaiser HMO Health (w/Chiropractic)
(Dental & Vision not thru Kaiser)

Employee Monthly Contribution

Single	\$107.21
2-Party	\$261.37
Family	\$369.89

Deductible	\$0
Max Liability	\$1500 Ind/\$3000 Fam
Office/Urgent Care	\$30 co-pay
Emergency room	\$100 co-pay

Prescription Drugs
(100-Day Supply)

Generic	\$10 co-pay
Preferred Brand	\$30 co-pay

\$0 deductible

OOP = Out of Pocket
In Network ONLY

**There is a \$100 Ambulance copay for all Anthem BlueCross plans

2017/2018 Health Insurance Plans

Included with each of these health plans are:

Blue Cross Contact Info (www.anthem.com) 800 825-5541

Kaiser Permanente (www.kp.com) 800 464-4000

Dental through Delta Dental (www.deltadentalins.com) 866 499-3001

Vision through VSP (www.vsp.com) 800 877-7195

Prescription benefits through Navitus Health (www.navitus.com) 866 333-2757

Basic Life Insurance (\$50,000)

MD Live 24/7/365 (www.mdlive.com/sisc) 888 632-2738

Employee Assistance Program (www.anthemEAP.com) 800 999-7222

If an employee wishes to delete dependents from health and only insure them for dental & vision, the employees would pay the contribution rate as outlined above for employee (and any fully covered dependants), and would pay the following to insure dependents on dental & vision:

Dental / Vision Only for Dependents

Employee Contribution

One dependent **\$25.00**

2 or more dependents **\$55.00**