

## 2020/2021 Health Insurance Plans

**\*\*\* 40328A 100%**  
**Health, Dental, & Vision**

**Employee Semi-Monthly Contribution**

Single	<b>\$151.99</b>
2-Party	<b>\$271.68</b>
Family	<b>\$383.44</b>

  

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 Semi-Monthly Contribution**

Single	<b>\$109.99</b>
2-Party	<b>\$187.68</b>
Family	<b>\$263.44</b>

  

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 Semi-Monthly Contribution**

Single	<b>\$41.10</b>
2-Party	<b>\$106.68</b>
Family	<b>\$150.44</b>

  

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 Semi-Monthly Contribution**

Single	<b>\$0.00</b>
--------	---------------

  

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 Semi-Monthly Contribution**

Single	<b>\$25.00</b>
2-Party	<b>\$28.18</b>
Family	<b>\$39.44</b>

  

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 Semi-Monthly Contribution**

Single	<b>\$60.10</b>
2-Party	<b>\$143.68</b>
Family	<b>\$203.94</b>

  

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

## 2020/2021 Health Insurance Plans

### Included with each of these health plans are:

Blue Cross Contact Info ([www.anthem.com](http://www.anthem.com)) 800 825-5541

Kaiser Permanente ([www.kp.com](http://www.kp.com)) 800 464-4000

Dental through Delta Dental ([www.deltadentalins.com](http://www.deltadentalins.com)) 866 499-3001

Vision through VSP ([www.vsp.com](http://www.vsp.com)) 800 877-7195

Prescription benefits through Navitus Health ([www.navitus.com](http://www.navitus.com)) 866 333-2757

Basic Life Insurance (\$50,000)

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

Employee Assistance Program ([www.anthemEAP.com](http://www.anthemEAP.com)) 800 999-7222

### **WABE 99014B Plan (Dental & Vision coverage remain the same)**

#### **Employee Monthly Contribution**

Single **\$0.00**

No Medical Coverage

No Prescription Drug Plan

*\*\*Your 'other' medical coverage will be considered primary.*

*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 **\$12.50/semi-monthly**  
2 or more dependents **\$27.50/semi-monthly**