

2015/2016 Health Insurance Plans

40328A 100%	
Health, Dental, & Vision	
Employee Monthly Contribution	
Single	\$258.48
2-Party	\$498.37
Family	\$701.89
Deductible	\$0/Ind/\$0 Family
Max OOP	\$2000 Ind/\$4000 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	\$187.47
2-Party	\$355.37
Family	\$497.89
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
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	\$44.48
2-Party	\$77.37
Family	\$108.89
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	\$98.21
2-Party	\$264.37
Family	\$380.89
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	

2015/2016 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**