

## 2016/2017 Health Insurance Plans

### 40328A 100%

#### Health, Dental, & Vision

##### Employee Monthly Contribution

Single	<b>\$264.23</b>
2-Party	<b>\$502.37</b>
Family	<b>\$708.89</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 Monthly Contribution

Single	<b>\$191.23</b>
2-Party	<b>\$357.37</b>
Family	<b>\$501.89</b>

Deductible	\$200 Ind/\$500 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

### 40328C 80/20% Base Plan

#### Health, Dental, & Vision

##### Employee Monthly Contribution

Single	<b>\$82.21</b>
2-Party	<b>\$213.37</b>
Family	<b>\$300.89</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 Monthly Contribution

Single	<b>\$0.00</b>
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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	<b>\$46.23</b>
2-Party	<b>\$74.37</b>
Family	<b>\$105.89</b>

Deductible	\$2000 Ind/\$4000 Fam
Max OOP	\$4000 Ind/\$8000 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	<b>\$93.21</b>
2-Party	<b>\$263.37</b>
Family	<b>\$374.89</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

## 2016/2017 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

*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**