

MUSD RETIREES
Eff 10/01/2013

REVISED
Dist Pays \$1101.87

	Anthem Plan 1/Prescription A Health \$1151.00 Ret; \$1979.00 Ret +1; \$2498.00 Ret+fam	Anthem Plan 3/Prescription A Health \$1069.00 Ret; \$1838.00 Ret +1; \$2320.00 Ret+fam	Anthem Plan 4/Prescription A Health \$1036.00 Ret; \$1782.00 Ret +1; \$2248.00 Ret+fam
	Retiree Pays \$49.13 a month Ret +1 pays \$877.13 a month Ret +Fam pays \$1396.13 a month	Retiree Pays \$00.00 a month Ret +1 pays \$736.13 a month Ret +Fam pays \$1218.13 a month	Retiree Pays \$00.00 a month Ret +1 pays \$680.13 a month Ret +Fam pays \$1146.13a month
MAJOR MEDICAL	Deductible: \$0 Coinsurance: 100%	Deductible:\$100 ind/\$300 family Coinsurance:100%**Out of pocket max: deductible	Deductible:\$100 ind/\$300 family Coinsurance:90/10, Out of pocket max \$300/person + deductible
Lifetime Max	No Lifetime Max	No Lifetime Max	No Lifetime Max
Calendar Year Max per Person	\$5,000,000	\$5,000,000	\$5,000,000
Doctor Visits	\$10 co pay	\$20 co pay (co pay not applied to deductible)	\$20 co pay(co pay not applied to deductible or out of pocket max)
Prescription co pay/Retail	\$5 Generic \$22 Brand	\$5 Generic \$22 Brand	\$5 Generic \$22 Brand
Prescription co pay/Mail Order	\$10 Generic;\$44 Brand	\$10 Generic;\$44 Brand	\$10 Generic;\$44 Brand
Immunizations	Paid @ 100% **	Paid @ 100% **	Paid @ 100% **
Preventative Care for children	Paid @100%**covered as long as eligible	Paid @100%**covered as long as eligible	Paid @100%**covered as long as eligible
Preventative Care for Adults	Paid @ 100% **	Paid @ 100% **	Paid @ 100% **
TELEMEDICINE (new) www.mdlive.com or 1-888-632-2738	\$5 co pay for NON emergency medical conditions	\$5 co pay for NON emergency medical conditions	\$5 co pay for NON emergency medical conditions
Outpatient x-ray/lab	Paid at 100% **	Major Medical *	Major Medical *
Radiation, Chemo	Paid at 100% **	Major Medical *	Major Medical *
Durable Medical Equipment	Paid at 100% **	Major Medical *	Major Medical *
Ambulance-Ground/Air	100% of covered expenses	Major Medical *	Major Medical *
Physical Therapy	Paid @ 100%** Par Rate to Preferred providers (co pay if applicable) Non-Par providers limited to a combined max of 13 visits per calendar year	Major Medical * (co pay if applicable) Non-Par Providers limited to a combined max of 13 visits per calendar year	Major Medical * (co pay if applicable) Non-Par Providers limited to a combined max of 13 visits per calendar year
Chiropractic	Paid @ 100%** Par Rate to Preferred providers (co pay if applicable) Non-Par providers limited to a combined max 13 visits per calendar year	Major Medical * (co pay if applicable) Non-Par providers limited to a combined max 13 visits per calendar year	Major Medical * (co pay if applicable)Non-Par providers limited to a combined max of 13 visits per calendar year
Acupuncture	Paid @ 100%** Par Rate to Preferred providers (co pay if applicable) Max of 12 visitsper calendar year	Major Medical * (co pay if applicable) Max of 12 visits per calendar year	Major Medical * (co pay if applicable) Max of 12 visits per calendar year
Hospital-In Patient	Paid @ 100%** Unlimited days; semi-private room	Major Medical * Unlimited days; semi-private room	Major Medical * Unlimited days; semi-private room

Pg2 continued	<u>Anthem Plan 1/Prescription A</u>	<u>Anthem Plan 3/Prescription A</u>	<u>Anthem Plan 4/Prescription A</u>
HOSPITAL EMERGENCY ROOM	\$75.00 CO PAY (co pay waived if admitted as inpatient)	\$75.00 CO PAY Major Medical* (co pay not applied to deductible waived if admitted as in-patient)	\$75.00 CO PAY Major Medical* (co pay not applied to deductible)waived if admitted
Home Health Care	Paid @ 100%** Limited to 100 visits/calendar yr	Major Medical * Limited to 100 visits/calendar yr	Major Medical * Limited to 100 visits per calendar yr
Hospice	100 %** of covered expense	100 %** of covered expense	100 %** of covered expense

Plan Name is	<u>Anthem Plan 7/Prescription B</u> Health \$943.00 Ret: \$1622.00 Ret +I: \$2047.00 Ret+fam	<u>HDHP-1(High Ded Health Plan)</u> Health \$740.00 Ret: \$1273.00 Ret +I: \$1606.00 Ret+fam	<u>CVT Wellness</u> Health \$958.00 Ret: \$1647.00 Ret +I: \$2079.00 Ret+fam
	Retiree Pays \$.00 a month Ret +1 pays \$520.13 a month Ret +Fam pays \$945.13 a month	Retiree Pays \$.00 a month Ret +1 pays \$171.13 a month Ret +Fam pays \$504.13 a month	Retiree Pays \$.00 a month Ret +1 pays \$545.13 a month Ret +Fam pays \$977.13 a month
MAJOR MEDICAL	Deductible: \$250 Ind/\$750 Fam Coinsurance:80/20 Out of pocket max; \$1000 per person + Ded	\$1250 Ind/\$3000** Family (no individual limits applies) 80/20 coinsurance Out of pocket max: \$3000+dcd Ind;Fam \$7100**+ded **Fam=Emp w/1 or more covered Dep	Deductible:\$500 Ind/\$1000 Fam Coinsurance: 90/10 Out of pocket max: \$500/person plus Ded
Lifetime Max	NO LIFETIME MAX	NO LIFETIME MAX	NO LIFETIME MAX
Calendar Year Max/person	\$5,000,000	\$5,000,000	\$5,000,000
Doctor Visits	\$30 co pay (co pay not applied to deductible or out of pocket max)	Major Medical*	\$20 Primary Care MD:\$40 Specialist (co pays not applied to Ded or Out of pocket max)
TELEMEDICINE (new) www.mdlive.com or 1-888-632-2738	\$5 co pay for NON emergency medical conditions	Major Medical for NON emergency medical conditions	\$5 co pay for NON emergency medical conditions
Prescription co pay/Retail	\$7/\$15/\$30	Major Medical*	\$7/\$25/\$40 =30day supply
Prescription co pay/Mail Order	\$15/\$35/\$70	Major Medical*	\$15/\$60/\$90=90 day supply
Immunizations	Paid @ 100% **	Paid at 100% **	Paid at 100 % **
Preventative Care for children	Paid @ 100%** covered as long as eligible	Paid @ 100%** covered as long as eligible	Paid at 100 % **-covered as long as eligible
Preventative Care for Adults	Paid @ 100% **	Paid @ 100%**	Paid at 100% **
Outpatient x-ray/lab	Major Medical*	Major Medical*	Major Medical *
Radiation, Chemo	Major Medical*	Major Medical*	Major Medical *
Durable Medical Equipment	Major Medical*	Major Medical*	Major Medical *
Ambulance-Ground/Air	Major Medical*	Major Medical*	Major Medical *
Physical Therapy	Major Medical* (co pay if applicable) Non Par Providers limited to a combined max of 13 visits per calendar year	Major Medical * Non-par providers limited to a combined max of 13 visits per calendar year	Major Medical * (co pay if applicable) Non Par Providers limited to a combined max of 13 visits per calendar year

Pg 3	continued	<u>Anthem Plan 7/Prescription B</u>	<u>HDHP-1(High Ded Health Plan)</u>	<u>CVT Wellness</u>
Chiropractic		Major Medical * (co pay if applicable) Non-par providers limited to a combined max 13 visits per calendar year	Major Medical * Non-par providers limited to a combined max of 13 visits per calendar year	Major Medical * (co pay if applicable) Non-par providers limited to a combined max 13 visits per calendar year
Acupuncture		Major Medical * (co pay if applicable)Max of 12 visits per calendaryear	Major Medical * max of 12 visits per calendar year	Major Medical * (co pay if applicable)Max of 12 visits per calendaryear
Hospital-In Patient		Major Medical * Unlimited days; semi-private room	Major Medical * Unlimited days, semi-private room	Major Medical * Unlimited days, semi-private room
HOSPITAL EMERGENCY ROOM		\$75.00 CO PAY Major Medical * (co pay not applied to deductible or out of pocket max) waived if admitted as in-patient	Major Medical *	\$75.00 CO PAY Major Medical* (Co pay not applied to ded or out of pocket max Waived if admitted)
Home Health Care		Major Medical * Limited to 100 visits/calendar yr	Major Medical * Limited to 100 visits/calendar yr	Major Medical * Limited to 100 visits per calendar year
Hospice		100 % of covered expense	Major Medical *	100 % of Covered Expense

Plan Name is	<u>CVT Bronze Plan</u>	<u>Kaiser 1 HMO</u>	<u>Kaiser 3 HMO</u>
	Health \$504.00 Ret; \$866.00 Ret +1; \$1093.00 Ret+fam	Health \$905.00 Ret; \$1554.00 Ret +1; \$1960.00.00 Ret+fam	Health \$852.00 Ret; \$1464.00 Ret +1; \$1846.00 Ret+fam
	Retiree Pays \$.00 a month Ret +1 pays \$.00 a month Ret +Fam pays \$00.00 a month	Retiree Pays \$00 a month Ret +1 pays \$452.13 a month Ret +Fam pays \$858.13 a month	Retiree Pays \$.00 a month Ret +1 pays \$362.13 a month Ret +Fam pays \$744.13 a month
MAJOR MEDICAL	Deductible:\$5,000.00 Ind/10,000.00 Fam Coinsurance: 70/30 Out of pocket max: \$6400/person \$12800 per Family	Deductible:0 Out of pocket max: \$1500/person \$3000 per Family	Deductible:0 Out of pocket max: \$1500/person \$3000 per Family
Lifetime Max	NO LIFETIME MAX	NO LIFETIME MAX	NO LIFETIME MAX
Calendar Year Max/person	\$5,000,000		
Doctor Visits	\$60 Co pay;First 3 visits in Full after co pay Remaining visits-Major Med	\$10 co pay; \$5 allergy injections (50% infertility)	\$20 co pay ;\$5 allergy injections (50% infertility)
TELEMEDICINE (new) www.mdlive.com or 1-888-632-2738	\$5 co pay for NON emergency medical conditions	N/A	N/A
Prescription co pay/Retail	Subject to Med Ded, then \$25 Co pay Generic;\$50 Co pay Brand	\$5/\$10 =30day supply; \$10/\$20=31-60 supply \$15/\$30=61-100 day supply	\$10/\$20 =30day supply; \$20/\$40=31-60 supply \$30/\$60=61-100 day supply
Prescription co pay/Mail Order		\$5/\$10=30 day \$10 /\$20= 31-100 day supply	\$10/\$20=30day; \$20/40= 31-100 day supply
Immunizations	100 % in Network	Covered/no charge	Covered/no charge
Preventative Care for children	100 % in Network	Covered/no charge	Covered/no charge

Pg 4 continued	CVT Bronze Plan	Kaiser 1 HMO	Kaiser 3 HMO
Preventative Care for Adults	100 % in Network	Covered/no charge	Covered/no charge
Outpatient x-ray/lab	Major Medical *	Covered/no charge	Covered/no charge
Radiation, Chemo	Major Medical *	Covered/no charge;Chemo \$10 co pay	Covered/no charge;Chemo \$20 co pay
Durable Medical Equipment	Major Medical *	Covered/no charge(w/DME formulary)	Covered/no charge(w/DME formulary)
Ambulance-Ground/Air	Major Medical *	Covered/no charge(if med necessary)	Covered/no charge(if med necessary)
Physical Therapy	Major Medical * Non-Par Providers limited to max 13 visits per calendar year	Covered w/ \$10 co pay	Covered w/ \$20 co pay
Chiropractic	Major Medical * Non-Par Providers limited to max 13 visits per calendar year	NOT COVERED	NOT COVERED
Acupuncture	Major Medical * Max 12 visits per calendar year	Covered w/ \$10 co pay Referral by Plan Physician	Covered w/ \$20 co pay Referral by Plan Physician
Hospital-(In Patient,Outpatient,Surgical)	Subject to Ded/Coinsurance	Covered/ no charge	Covered/ no charge
HOSPITAL EMERGENCY ROOM	Subject to Ded, then \$250 Co-pay URGENT CARE-Subject to ded,then \$120 co pay	\$35.00 CO PAY (waived if admitted)	\$50.00 CO PAY (waived if admitted)
Home Health Care	Major Medical * 100 visits per calendar year	Covered/no charge (limits)	Covered/No charge (limits)
Hospice	Major Medical *	Covered/no charge	Covered/No charge
Vision	N/A	Covered/no charge;No frames, lenses, contact allowance	Covered/no charge;No frames, lenses, contact allowance

Plan Name is	Kaiser 6 HMO	Kaiser 8 HMO
	Health \$748.00 Ret: \$1285.00 Ret +I: \$1621.00 Ret+fam	Health \$672.00 Ret: \$1154.00 Ret +I: \$1455.00 Ret+fam
	Retiree Pays \$.00 a month Ret +1 pays \$183.13 a month Ret +Fam pays \$519.13 a month	Retiree Pays \$.00 a month Ret +1 pays \$52.13 a month Ret +Fam pays \$353.13 a month
MAJOR MEDICAL	Deductible:0 Out of pocket max: \$1500/person \$3000 Family	Deductible:\$1000 Ind/\$2000 Fam Out of pocket max: \$3000/person \$6000 Per Family
Lifetime Max	NO LIFETIME MAX	NO LIFETIME MAX
Calendar Year Max/person		
Doctor Visits	Covered \$25 Co pay (50% infertility, \$5 allergy injections)	Covered \$20 Co pay(no ded) (50% infertility, no charge allergy injections)
Prescription co pay/Retail	\$10/\$20 =30day supply; \$20/\$40=31-60 supply \$30/\$60=61-100 day supply	\$10/\$30 =30day supply; \$20/\$60=31-60 supply \$30/\$90=61-100 day supply
Prescription co pay/Mail Order	\$10/\$20=30day; \$20/40= 31-100 day supply	\$10/\$30=30day; \$20/60= 31-100 day supply
Immunizations	Covered/no charge	Covered/no charge

Pg 5 continued	<u>Kaiser 6 HMO</u>	<u>Kaiser 8 HMO</u>
Preventative Care for children	Covered/no charge	Covered/no charge
Preventative Care for Adults	Covered/no charge	Covered/no charge
Outpatient x-ray/lab	Covered/no charge	Covered/No Ded, \$10 Co pay
Radiation, Chemo	Covered/no charge;Chemo \$25 co pay	Covered/20% after Ded; Chemo no charge
Durable Medical Equipment	Covered/no charge(w/DME formulary)	Covered 20% coinsurance No Ded(w/DME)
Ambulance-Ground/Air	Covered, \$50/trip(if med necessary)	Covered, \$150/trip(if med necessary)No Ded
Physical Therapy	Covered w/ \$25 co pay	Covered w/ \$20 co pay, No Ded
Chiropractic	NOT COVERED	NOT COVERED
Acupuncture	Covered, \$25 co pay Referral by Plan Physician	Covered, \$20 co pay No Ded Referral by Plan Physician
Hospital-In Patient	Covered,\$250 Co pay	Covered,20% coinsurance after deductible
HOSPITAL EMERGENCY ROOM	\$50.00 CO PAY (waived if admitted)	Covered,20% coinsurance after deductible
Home Health Care	Covered/No charge (limits)	Covered/No charge (limits)
Hospice	Covered/No charge	Covered/No charge
Vision	Covered/no charge;\$175 frame,lenses,contact allowance	Covered/no charge;NO frame,lenses,contact allowance

HEALTH BENEFIT CALCULATOR
www.cvtrust.org/calculator

INSURANCE INFORMATION

Anthem Blue Cross PO Box 60007 Los Angeles, CA 90060-0007 www.bluecrossca.com 1-800-234-4333 Pre Admission 1-888-274-7767	Kaiser Member Service PO Box 12923 Oakland, CA 94604-2923 www.kaiserpermanente.org 1-800-464-4000	Vision Service Plan One Market ST Plaza Ste 2625 Steuart St Tower, SF CA 94105 www.vsp.com 1-800-877-7195
Caremark/CVS PO Box 961066 Fort Worth TX 76161-0066 www.caremark.com 1-888-354-6390	Delta Dental Insurance PO Box 7736 San Francisco CA 94120 www.deltadentalca.org 1-866-499-3001	California's Valued Trust PO Box 26300 Fresno CA 93729-69300 www.cvtrust.org 7-800-288-9870

This summary is subject to change based on further healthcare reform guidelines and is for comparison purposes only. (PPACA Law)

Using Non-PPO & Other Health Care Providers

Members are responsible for any difference between the covered expense and the actual charges as well as any deductible or co pay

*** Major Medical-** Deductible and coinsurance apply

**** Explanation of covered expense:**

Plan payments are based on a covered expense, which is the lesser of the charges billed by the provider or the following: PPO Providers- PPO negotiated rates, members are not responsible for the difference between the provider's usual charge and the negotiated amount

Non PPO Providers-For non-emergency services, the schedule amount. For emergency services, same as other health care providers.

Other Health Care Providers-(includes those not represented in the PPO provider network) The customary & reasonable charge for professional services or the reasonable charge for institutional services