Schooler Schooler Collegens Schooler Reduced Schooler Collegens 2024-2025 MEDICAL - CALENDAR YEAR Deductibles & Maximums Individual/Family Deductibles Individual/Family Deductibles Individual/Family Deductibles, co-insurance and co-pays) PROFESSIONAL SERVICES Diffice Visit (OV) co-pay (50 Copay for 1st 3 cal yr Primary Jarre OV on Non-HSA PPO plants) Typent Care co-pay Specialists/Consultants co-pay Specialists/Consultants co-pay Terenatal, postnatal office visit co-pay Scans: CT, CAT, MRI, PET etc. Diagnostic X-ray & Laboratory Procedures Infertility (Refer to Plan Document)	Anthem 40662D 100-A \$20 Member Pays \$0/\$0 \$1,000/\$3,000	Anthem 40662E 90-C \$20 Member Pays \$200/\$500 \$1,000/\$3,000	Anthem 40662H 80-E \$20 Member Pays \$300/\$600	Anthem 40662G 80-G \$30 Member Pays	Anthem 40725B 80-K \$30	Anthem 40725E HSA \$1700 - Single	Anthem 40725F HSA \$1700 - Family	SIMNSA 378 SIMNSA
MEDICAL - CALENDAR YEAR Deductibles & Maximums Individual/Family Deductibles Individual/Family Deductibles Individual/Family Deductibles Individual/Family Deductibles, co-insurance and co-pays) PROFESSIONAL SERVICES Individual Services Individual/Family Deductibles, co-insurance and co-pays) PROFESSIONAL SERVICES Individual Services Individua	40662D 100-A \$20 Member Pays \$0/\$0 \$1,000/\$3,000	40662E 90-C \$20 Member Pays \$200/\$500	40662H 80-E \$20 Member Pays	40662G 80-G \$30	40725B	40725E	40725F HSA \$1700 -	378
Maximums Individual/Family Deductibles Individual/Family Out-of-Pocket (OOP) Max Individual/Family Out-of-Pocket (OOP) Max Individual/Family Out-of-Pocket (OOP) Max Individual/Family Out-of-Pocket (OOP) Max Individual/Family Out-of-Pocket (OOP)	100-A \$20 Member Pays \$0/\$0 \$1,000/\$3,000	90-C \$20 Member Pays \$200/\$500	80-E \$20 Member Pays	80-G \$30			HSA \$1700 -	
Maximums Individual/Family Deductibles Individual/Family Out-of-Pocket (OOP) Max Individual/Family Out-of-Pocket (OOP) Max Individual/Family Out-of-Pocket (OOP) Max Individual/Family Out-of-Pocket (OOP) Max Individual/Family Out-of-Pocket (OOP)	Member Pays \$0/\$0 \$1,000/\$3,000	Member Pays \$200/\$500	Member Pays		80-K \$30	HSA \$1700 - Single	7	SIIVIIVSA
Maximums Individual/Family Deductibles Individual/Family Out-of-Pocket (OOP) Max Individual/Family Out-of-Pocket (OOP) Max Individual/Family Out-of-Pocket (OOP) Max Individual/Family Out-of-Pocket (OOP) Max Individual/Family Out-of-Pocket (OOP)	\$0/\$0 \$1,000/\$3,000	\$200/\$500		Member Pays				\$5 OV \$5 Rx
Maximums Individual/Family Deductibles Individual/Family Out-of-Pocket (OOP) Max Individual/Family Out-of-Pocket (OOP) Max Individual/Family Out-of-Pocket (OOP) Max Individual/Family Out-of-Pocket (OOP) Max Individual/Family Out-of-Pocket (OOP)	\$0/\$0 \$1,000/\$3,000	\$200/\$500		Member Pavs	1		,	
ndividual/Family Out-of-Pocket (OOP) Max includes medical deductibles, co-insurance and co-pays) PROFESSIONAL SERVICES Diffice Visit (OV) co-pay (SO Copay for 1st 3 cal yr Primary lare OV on Non-HSA PPO plans) Tygent Care co-pay specialists/Consultants co-pay renatal, postnatal office visit co-pay scans: Cf. CAT, MRI, PET etc. Diagnostic X-ray & Laboratory Procedures nfertility (Refer to Plan Document)	\$1,000/\$3,000		\$300/\$600		Member Pays	Member Pays	Member Pays	Member Pays
PROFESSIONAL SERVICES Thice Visit (OV) co-pay (50 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO Jans) Jigent Care co-pay Jigent Care co		\$1,000/\$3,000		\$500/\$1,000	\$1,000/\$2,000	1700*	\$3,400/\$3,400*	\$0
PROFESSIONAL SERVICES Office Visit (OV) co-pay (50 Copay for 1st 3 cal yr Primary aree Von Non-MSA PPO plans) Jrgent Care co-pay ppecialists/Consultants co-pay prenatal, postnatal office visit co-pay scans: CT, CAT, MRI, PET etc. Diagnostic X-ray & Laboratory Procedures nfertility (Refer to Plan Document)		\$1,000/\$5,000	¢1 000/¢2 000	¢2.000/¢4.000	¢2.000/¢6.000	3400*	¢2.400/¢6.900*	\$6,350/
Office Visit (OV) co-pay (SO Copay for 1st 3 cal yr Primary 2are OV on Non-HSA PPO Johns) Tygent Care co-pay specialists/Consultants co-pay reenatal, postnatal office visit co-pay scans: Cf. CAT, MRI, PET etc. Diagnostic X-ray & Laboratory Procedures fertility (Refer to Plan Document)	¢20		\$1,000/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000	3400	\$3,400/\$6,800*	\$12,700
Office Visit (OV) co-pay (SO Copay for 1st 3 cal yr Primary 2are OV on Non-HSA PPO Johns) Tygent Care co-pay specialists/Consultants co-pay reenatal, postnatal office visit co-pay scans: Cf. CAT, MRI, PET etc. Diagnostic X-ray & Laboratory Procedures fertility (Refer to Plan Document)	ėan					*Includes Rx	*Includes Rx	
Care OV on Non-HSA PPO plans) Jrgent Care co-pay pecialists/Consultants co-pay renatal, postnatal office visit co-pay cians: CT, CAT, MRI, PET etc. Diagnostic X-ray & Laboratory Procedures nfertility (Refer to Plan Document)	éan	1	_					
Jrgent Care co-pay pecialists/Consultants co-pay prenatal, postnatal office visit co-pay cans: CT, CAT, MIR, PET etc. plagnostic X-ray & Laboratory Procedures fertility (Refer to Plan Document)	\$20	\$20	\$20	\$30	\$30	Deductible, then	Deductible, then	\$5
pecialists/Consultants co-pay renatal, postnatal office visit co-pay scans: CT, CAT, MRI, PET etc. Diagnostic X-ray & Laboratory Procedures nfertility (Refer to Plan Document)	\$20	\$20	\$20	\$30	\$30	10% 10%	10% 10%	\$25
Prenatal, postnatal office visit co-pay icans: CT, CAT, MRI, PET etc. Diagnostic X-ray & Laboratory Procedures infertility (Refer to Plan Document)	\$20	\$20	\$20	\$30	\$30	10%	10%	\$5
Diagnostic X-ray & Laboratory Procedures nfertility (Refer to Plan Document)	\$20	\$20	\$20	\$30	\$30	10%	10%	\$5
nfertility (Refer to Plan Document)	0%	10%	20%	20%	20%	10%	10%	\$0
	0%	10%	20%	20%	20%	10%	10%	\$0
reventive Core (includes abovious successions)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	N/A
Preventive Care (includes physical exams & screenings)	0%	0%	0%	0%	0%	0%	0%	\$0
	Ded Waived	Ded Waived	Ded Waived	Ded Waived	Ded Waived	Ded Waived	Ded Waived	
HOSPITAL & SKILLED NURSING FACILITY SERVICES								
mergency Room visit	0%	10%	20%	20%	20%	10%	10%	6350
copay waived if admitted)	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$250
npatient Hospital (preauthorization required) - limits may	0%	10%	20%	20%	20%	10%	10%	\$0
opply Outpatient Hospital	0%	10%	20%	20%	20%	10%	10%	\$0
Surgery, Outpatient (performed in Surgery Center)	0%	10%	20%	20%	20%	10%	10%	\$0 \$0
Surgery, Outpatient (performed in a Hospital) - limits may								
apply	0%	10%	20%	20%	20%	10%	10%	\$0
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT NPATIENT: Facility Based Care (preauth required)	0%	10%	20%	20%	20%	10%	10%	\$0
OUTPATIENT: Facility Based Care (preauth required)	0%	10%	20%	20%	20%	10%	10%	\$5
TOTPATIENT: Facility Based Care (preauth required)	U%	10%	20%	20%	20%	10%	10%	دد
THE CENTRE								
OTHER SERVICES	0%	10%	20%	20%	20%	10%	10%	
Ambulance (Ground or Air)	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$0
								440 ===
Acupuncture - Limits apply	0% Uses ASH Network	10% Uses ASH Network	20% Uses ASH Network	20% Uses ASH Network	20% Uses ASH Network	10% Uses ASH Network	10% Uses ASH Network	\$10 Tijuana Netv only
	OSES ASIT NELWOIK	OSES ASTINETWORK	OSES ASIT NELWORK	OSES ASIT NELWOIK	OSES ASIT NELWORK	OSES ASIT NELWORK	OSES ASIT NELWORK	Only
Notes and the lands and	0%	10%	20%	20%	20%	10%	10%	21/2
Chiropractic - Limits apply	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network	N/A
Durable Medical Equipment (DME)	0%	10%	20%	20%	20%	10%	10%	100%
Physical and Occupational Therapy - Limits apply	0%	10%	20%	20%	20%	10%	10%	\$10
	Amount in excess	10% and	20% and	20% and	20% and	10% and	10% and	İ
	of \$700	Amount in excess	Amount in excess	Amount in excess	Amount in excess	Amount in excess	Amount in excess	İ
Hearing Aids	allowance/24	of \$700	of \$700	of \$700	of \$700	of \$700	of \$700	No Coverage
	months	allowance/24 months	allowance/24 months	allowance/24 months	allowance/24 months	allowance/24 months	allowance/24 months	
		months	HIOHEIS	months	months	IIIOIILIIS	months	
PHARMACY BENEFITS								
Plan	200/10-35	200/10-35	200/10-35	200/10-35	200/10-35	HSA Rx	HSA Rx	SIMNSA \$5 F
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus
ndividual/Family Brand & Specialty Rx Deductibles	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	Included w/ Medical		none
ndividual/Family Rx Out-of-Pocket (OOP) Max					-	ded Included w/ Med	ded Included w/ Med	Included w/ N
includes Rx deductibles and co-pays)	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	OOP Max	OOP Max	OOP Max
	40	40	40	40	40	Deductible, then \$0	Deductible, then \$0	COI IVIAX
Canadia ao may/20 days synathy	\$0 at Costco \$10 at Other	\$0 at Costco	\$0 at Costco	\$0 at Costco	\$0 at Costco	at Costco	at Costco	\$5 up to 30 d
Generic co-pay/30 days supply		\$10 at Other	\$10 at Other	\$10 at Other	\$10 at Other	or \$9 at Other	or \$9 at Other	supply
	Network	Network	Network	Network	Network	Network	Network	<u> </u>
Brand co-pay/30 days supply	\$35	\$35.00	\$35.00	\$35.00	\$35.00	Deductible, then	Deductible, then	\$5 up to 30 d
					· · · · · ·	\$35	\$35	supply
					i '	Deductible, then	Deductible, then	Not covered un
	\$35 Must Use	\$35 Must Use	\$35 Must Use	\$35 Must Use	\$35 Must Use	\$35	\$35	medically neces
	Navitus Mail	Navitus Mail	Navitus Mail	Navitus Mail	Navitus Mail	(Must Use Navitus	(Must Use Navitus	and requested
specialty co-pay/up to 30 days supply						Mail)	Mail)	SIMNSA doctor
pecialty co-pay/up to 30 days supply		l		i i	1	, ,		Copay if cover
pecialty co-pay/up to 30 days supply							l	
		\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	Deductible, then \$0-	Deductible, then \$0-	Not covered
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$90	\$90	Not covered
Mail Order (Generic-Brand co-pay/90 days supply)		\$0-\$90 Costco Mail Order Pharmacy	\$0-\$90 Costco Mail Order Pharmacy	\$0-\$90 Costco Mail Order Pharmacy	\$0-\$90 Costco Mail Order Pharmacy			Not covered Costco Mail Or Pharmacy

 $[\]hbox{*Coverage stages apply, see benefit summary for details}\\$