



District Name Marin County Office of Education
Bargaining Unit All Bargaining Units

2021-2022	Anthem	Anthem	Anthem	Kaiser	Kaiser	Kaiser	Kaiser
	100-B \$20	80-G \$30	HSA-B	Trad HMO \$15	Ded HMO \$1,000	HSA-A Single	HSA-A Family
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$100/\$300	\$500/\$1,000	\$3,000/\$5,200*	\$0	\$1,000/\$2,000	\$1,500*	\$2,800/\$3,000*
Individual/Family Out-of-Pocket (OOP) Max <i>(includes medical deductibles, co-insurance and co-pays)</i>	\$1,000/\$3,000	\$2,000/\$4,000	\$5,000/\$10,000*	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000*	\$3,000/\$6,000*

*Includes Rx

*Includes Rx

*Includes Rx

PROFESSIONAL SERVICES

Office Visit (OV) co-pay <i>(\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)</i>	\$20	\$30	Deductible, then 10%	\$15	\$20	Deductible, then 10%	Deductible, then 10%
Urgent Care co-pay	\$20	\$30	10%	\$15	\$20	10%	10%
Specialists/Consultants co-pay	\$20	\$30	10%	\$15	\$20	10%	10%
Prenatal, postnatal office visit co-pay	\$20	\$30	10%	\$0	\$0	\$0	\$0
Scans: CT, CAT, MRI, PET etc.	0%	20%	10%	\$0	20% Copay up to \$50	10%	10%
Diagnostic X-ray & Laboratory Procedures	0%	20%	10%	\$0	\$10	10%	10%
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered	Co-pay applies	Co-pay applies	Co-pay applies	Co-pay applies
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	\$0	0% Ded Waived	0% Ded Waived	0% Ded Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (waived if admitted)	0% \$100 co-pay	20% \$100 co-pay	10% \$100 co-pay	\$100	20%	10%	10%
Inpatient Hospital (preauthorization required) - limits may apply	0%	20%	10%	\$0	20%	10%	10%
Outpatient Hospital	0%	20%	10%	\$15	20%	10%	10%
Surgery, Outpatient (performed in Surgery Center)	0%	20%	10%	\$15	20%	10%	10%
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	20%	10%	\$15	20%	10%	10%

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	0%	20%	10%	\$0	20%	10%	10%
OUTPATIENT: Facility Based Care (preauth required)	0%	20%	10%	\$15	20%	10%	10%

OTHER SERVICES

Ambulance (Ground or Air)	0% \$100 co-pay	20% \$100 co-pay	10% \$100 co-pay	\$50	\$150	10%	10%
Acupuncture - Limits apply	0%	20%	10%	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro	Requires Prior Authorization	Requires Prior Authorization
Chiropractic - Limits apply	0%	20%	10%	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu	no coverage	no coverage
Durable Medical Equipment (DME)	0%	20%	10%	no charge	20%	10%	10%
Physical and Occupational Therapy - Limits apply	0%	20%	10%	\$15	\$20	10%	10%
Hearing Aids	Amount in excess of \$700 allowance/24 months	20% and Amount in excess of \$700 allowance/24 months	10% and Amount in excess of \$700 allowance/24 months	amount in excess of \$500 allowance every 36 months	amount in excess of \$500 allowance every 36 months	no coverage	no coverage

PHARMACY BENEFITS

Plan	9-35	9-35	HSA-B Rx	Custom \$5-\$20 (30 day)	Ded HMO \$1,000	HSA A	HSA A
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Kaiser	Kaiser	Kaiser	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none	Included w/ Medical ded	none	none	Included w/ Medical ded	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(includes Rx deductibles and co-pays)</i>	\$2,500/\$3,500	\$2,500/\$3,500	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$9 at Other Network	\$0 at Costco \$9 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network	\$5 up to 30 day supply	\$10.00	deductible, then \$10	deductible, then \$10
Brand co-pay/30 days supply	\$35	\$35.00	Deductible, then \$35	\$20 up to 30 day supply	\$30.00	deductible, then \$30	deductible, then \$30
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	Deductible, then \$35 (Must Use Navitus Mail)	\$20 up to 30 day supply	\$30.00	deductible, then \$30	deductible, then \$30
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	Deductible, then \$0-\$90	\$10-\$40/up to 100 day supply	\$20-\$60/up to 100 day supply	\$20-\$60/up to 100 day supply	\$20-\$60/up to 100 day supply
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.