

**Miller Creek Elementary School District  
All Bargaining Units**


**Cost (single/two-party/family)**

\$1,034/\$2,214/\$3,092

\$971/\$2,066/\$2,879

\$763/\$1,678/\$2,365

\$617/\$1,345/\$1,345

	2022-2023				
	Anthem	Anthem	Anthem	Anthem	Anthem
	100-G \$20	80-E \$20	HSA-A Individual	HSA-A Family	Anchor Bronze (HSA Compatible)
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
Individual/Family Deductibles	\$500/\$1,000	\$300/\$600	1500*	\$2,800/\$3,000*	\$5,000/\$10,000*
Individual/Family Out-of-Pocket (OOP) Max <i>(includes medical deductibles, co-insurance and co-pays)</i>	\$1,000/\$3,000	\$1,000/\$3,000	3000*	\$3,000/\$6,000*	\$6,350/\$12,700*

\*Includes Rx

\*Includes Rx

\*Includes Rx

**PROFESSIONAL SERVICES**

Office Visit (OV) co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	\$20	\$20	Deductible, then 10%	Deductible, then 10%	Deductible, then 30%
Urgent Care co-pay	\$20	\$20	10%	10%	30%
Specialists/Consultants co-pay	\$20	\$20	10%	10%	30%
Prenatal, postnatal office visit co-pay	\$20	\$20	10%	10%	30%
Scans: CT, CAT, MRI, PET etc.	0%	20%	10%	10%	30%
Diagnostic X-ray & Laboratory Procedures	0%	20%	10%	10%	30%
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0%	0%	0%	0%	0%
	Ded Waived	Ded Waived	Ded Waived	Ded Waived	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	10% \$100 co-pay	30% \$100 co-pay
Inpatient Hospital (preauthorization required) - limits may apply	0%	20%	10%	10%	30%
Outpatient Hospital	0%	20%	10%	10%	30%
Surgery, Outpatient (performed in Surgery Center)	0%	20%	10%	10%	30%
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	20%	10%	10%	30%

**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

<b>INPATIENT:</b> Facility Based Care (preauth required)	0%	20%	10%	10%	30%
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	0%	20%	10%	10%	30%

**OTHER SERVICES**

Ambulance (Ground or Air)	0% \$100 co-pay	20% \$100 co-pay	10% \$100 co-pay	10% \$100 co-pay	30% \$100 co-pay
Acupuncture - Limits apply	0%	20%	10%	10%	30%
Chiropractic - Limits apply	0%	20%	10%	10%	30%
Durable Medical Equipment (DME)	0%	20%	10%	10%	30%
Physical and Occupational Therapy - Limits apply	0%	20%	10%	10%	30%
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	10% and Amount in excess of \$700 allowance/24 months	10% and Amount in excess of \$700 allowance/24 months

**PHARMACY BENEFITS**

Plan	9-35	7-25	HSA-A Rx Individual	HSA-A Rx Family	Anchor Bronze Rx
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	none	Included w/ Medical ded	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	\$1,500/\$2,500	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 \$7 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network
Brand co-pay/30 days supply	\$35	\$25.00	Deductible, then \$35	Deductible, then \$35	Deductible, then \$35
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$25 Must Use Navitus Mail	Deductible, then \$35 (Must Use Navitus Mail)	Deductible, then \$35 (Must Use Navitus Mail)	Deductible, then \$35 (Must Use Navitus Mail)
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$60	Deductible, then \$0-\$90	Deductible, then \$0-\$90	Deductible, then \$0-\$90
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco 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.

\*Coverage stages apply, see benefit summary for details