



**District Name Tulare Joint Union High School District**

**Bargaining Unit CTA**

	<b>2017-2018</b>					
	<b>90-E \$20 (FROZEN)</b>	<b>100-A \$20</b>	<b>90-G \$20</b>	<b>90-C \$30</b>	<b>100-G \$30</b>	<b>100-A \$10</b>
<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>	<b>Member Pays</b>
Individual/Family Deductibles	\$300/\$600	\$0/\$0	\$500/\$1,000	\$200/\$500	\$500/\$1,000	\$0/\$0
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000

**PROFESSIONAL SERVICES**

Office Visit (OV) co-pay	\$20	\$20	\$20	\$30	\$30	\$10
Urgent Care co-pay	\$20	\$20	\$20	\$30	\$30	\$10
Specialists/Consultants co-pay	\$20	\$20	\$20	\$30	\$30	\$10
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20	\$30	\$30	\$10
Scans: CT, CAT, MRI, PET etc.	10%	0%	10%	10%	0%	0%
Diagnostic X-ray & Laboratory Procedures	10%	0%	10%	10%	0%	0%
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived

**HOSPITAL & SKILLED NURSING FACILITY SERVICES**

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

**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

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

**OTHER SERVICES**

Acupuncture - Limits apply	10%	0%	10%	10%	0%	0%
Ambulance (Ground or Air)	10% \$100 co-pay	0% \$100 co-pay	10% \$100 co-pay	10% \$100 co-pay	0% \$100 co-pay	0% \$100 co-pay
Chiropractic - Limits apply	10%	0%	10%	10%	0%	0%
Durable Medical Equipment (DME)	10%	0%	10%	10%	0%	0%
Physical and Occupational Therapy - Limits apply	10%	0%	10%	10%	0%	0%

**PHARMACY BENEFITS**

<b>Plan</b>	<b>200/10-35</b>	<b>9-35</b>	<b>7-25</b>	<b>9-35</b>	<b>7-25</b>	<b>5-20</b>
Individual/Family Brand & Specialty Rx Deductibles	\$200/\$500	none	none	none	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$2,500/\$3,500	\$2,500/\$3,500	\$1,500/\$2,500	\$2,500/\$3,500	\$1,500/\$2,500	\$1,500/\$2,500
Generic co-pay/30 days supply	\$0 at Costco \$10 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$5 at Other Network
Brand co-pay/30 days supply	\$35	\$35	\$25	\$35	\$25	\$20
Specialty co-pay/up to 30 days supply	Must Use Navitus Mail \$35	Must Use Navitus Mail \$35	Must Use Navitus Mail \$25	Must Use Navitus Mail \$35	Must Use Navitus Mail \$25	Must Use Navitus Mail \$20
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$60	\$0-\$90	\$0-\$60	\$0-\$50



District Name \_\_\_\_\_

Bargaining Unit

2017-2018

	Select Medical Plan
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	Member Pays
Individual/Family Deductibles	
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	

**PROFESSIONAL SERVICES**

Office Visit (OV) co-pay	
Urgent Care co-pay	
Specialists/Consultants co-pay	
Prenatal, postnatal office visit co-pay	
Scans: CT, CAT, MRI, PET etc.	
Diagnostic X-ray & Laboratory Procedures	
Infertility (diagnosis/treatment of causes of infertility)	
Preventive Care (includes physical exams & screenings)	

**HOSPITAL & SKILLED NURSING FACILITY SERVICES**

Emergency Room visit (waived if admitted)	
Inpatient Hospital (preauthorization required)	
Outpatient Hospital	
Surgery, Outpatient (performed in Surgery Center)	
Surgery, Outpatient (performed in a Hospital)	

**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

<b>INPATIENT:</b> Facility Based Care (preauth required)	
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	

**OTHER SERVICES**

Acupuncture - Limits apply	
Ambulance (Ground or Air)	
Chiropractic - Limits apply	
Durable Medical Equipment (DME)	
Physical and Occupational Therapy - Limits apply	

**PHARMACY BENEFITS**

Plan	Select Rx Plan
Individual/Family Brand & Specialty Rx Deductibles	
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	
Generic co-pay/30 days supply	
Brand co-pay/30 days supply	
Specialty co-pay/up to 30 days supply	
Mail Order (Generic-Brand co-pay/90 days supply)	