



ANTHEM BLUE CROSS

2019 MEDICAL PLANS: Select HMO

Classic HMO

Classic PPO

HDHP PPO-H.S.A

Plan Network Name: Select HMO

Blue Cross HMO
CACare
(LargeGroup)

Blue Cross PPO
Prudent Buyer
(LargeGroup)

Lumenos Plans PPO

MEDICAL CALENDAR YEAR DEDUCTIBLES & MAXIMUMS

in-network benefits only

Individual/Family Deductibles	\$750 per member	None	\$1,000 / \$3,000	\$2,000 / \$2,700 / \$4,000
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$3,000 / \$6,000	\$2,500 / \$5,000	\$3,000 / \$6,000	\$3,000 / \$3,000 / \$6,000

PROFESSIONAL SERVICES

Primary Care Visit	\$25 after ded	\$30 copay	\$20 (ded waived)	20% after ded
Specialist Care Visit	\$40 after ded	\$40 copay	\$20 (ded waived)	20% after ded
Prenatal & Postnatal Care Visit	\$25 after ded	\$30 copay	\$20 (ded waived)	20% after ded
LiveHealth Online Visit	\$5 after ded	\$5 copay	\$10 (ded waived)	20% after ded
LiveHealth Online Mental/Behavioral Health Visit	\$25 after ded	\$30 copay	\$20 (ded waived)	20% after ded
Preventive Care/Screening/Immunization	No charge	No charge	No charge	No charge
Diagnostic X-ray & Laboratory Procedures (office setting)	\$0 after ded	No charge	20% after ded	20% after ded
Scans: CT, CAT, MRI, PET etc. (office setting)	\$100 after ded	\$100 copay	20% after ded	20% after ded

EMERGENCY - URGENT CARE - HOSPITAL STAY

Emergency Room visit (waived if admitted)	\$150 after ded+25%	\$100 copay	\$150 after ded+20%	20% after ded
Emergency Room Doctor & Other Services	\$0 after ded	No charge	20% after ded	20% after ded
Ambulance (Ground or Air)	\$100 after ded	\$100 copay	20% after ded	20% after ded
Urgent Care (office setting)	\$25 after ded	\$30 copay	\$20 (ded waived)	20% after ded
Inpatient Hospital Stay (including maternity)	25% after ded	\$500 copay	20% after ded	20% after ded
Inpatient Doctor & Other Services	\$0 after ded	No charge	20% after ded	20% after ded

OUTPATIENT SERVICES

Surgery performed in a Hospital	25% after ded	\$250 copay	20% after ded	20% after ded
Surgery performed in Surgery Center	25% after ded	\$250 copay	20% after ded	20% after ded
Mental/Behavioral Health & Substance Abuse Office Visit	\$25 (ded waived)	\$30 copay	\$20 after ded	20% after ded
Rehabilitation in Hospital- Limits apply	25% after ded	\$40 copay	20% after ded	20% after ded

OTHER SERVICES

Acupuncture - Limits apply	\$25 after ded	\$30 copay	\$20 (ded waived)	20% after ded
Chiropractic Services - Limits apply	\$25 after ded	\$30 copay	\$20 (ded waived)	20% after ded
Rehabilitation Office Visit- Limits apply	\$25 after ded	\$30 copay	20% after ded	20% after ded
Durable Medical Equipment (DME)	50% after ded	20%	20% after ded	50% after ded

PHARMACY BENEFITS (retail pharmacy 30 day supply and home delivery 90 day supply)

Individual/Family Rx Deductibles	None	None	None	Combined w/medical
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	Combined w/medical	Combined w/medical	Combined w/medical	Combined w/medical
Tier 1 Generic - retail/home delivery	\$10/\$20 copay	\$10/\$20 copay	\$10/\$20 copay	\$10/\$20 after ded
Tier 2 Preferred Brand - retail/home delivery	\$30/\$60 copay	\$30/\$60 copay	\$30/\$60 copay	\$30/\$60 after ded
Tier 3 Non-Preferred Brand - retail/home delivery	\$50/\$100 copay	\$50/\$100 copay	\$50/\$100 copay	\$50/\$100 after ded
Tier 4 Specialty - retail & home delivery (up to 30 day supply)	20% coinsurance up to \$200	20% coinsurance up to \$200	20% coinsurance up to \$200	20% coinsurance up to \$200 after ded

BI-WEEKLY PER PAY COST

	SELECT HMO	CLASSIC HMO	CLASSIC PPO	HDHP PPO-H.S.A
EE Only	\$157.83	\$256.47	\$350.69	\$236.40
Flex Benefit	\$322.00	\$322.00	\$322.00	\$322.00
Your Out-of-Pocket Cost	-164.17	-65.53	\$28.69	-85.60
EE + 1 Dependent	\$372.48	\$579.62	\$777.49	\$537.47
Flex Benefit	\$322.00	\$322.00	\$322.00	\$322.00
Your Out-of-Pocket Cost	\$50.48	\$257.62	\$455.49	\$215.47
EE + Family	\$548.10	\$844.01	\$1,126.68	\$783.80
Flex Benefit	\$322.00	\$322.00	\$322.00	\$322.00
Your Out-of-Pocket Cost	\$226.10	\$522.01	\$804.68	\$461.80

Return completed Anthem Blue Cross Enrollment form to VCDSA Benefits Administrator, Barbara Dwyer.

981 S. Victoria Ave, Ventura, CA 93003. You may also scan, then email, your application to bdwyer@vcdsa.org.

For benefits information and forms visit www.venturacountydsa.com or contact our **Benefits Advocates** at **(844) 365-4414** or email

VCDSABenefits@alliant.com.