

Your MCSIG Medical Plans At a Glance 2017

Salinas Union High School District - Certificated

Plan Name: Medical Network: Participant's share of (You Pay)	MCSIG PPO \$25 Anthem Blue Cross		MCSIG PPO \$30 Anthem Blue Cross		MCSIG EPO So. Cal. Plan Anthem Blue Cross
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
General Plan Information					
Annual Deductible/Individual	\$650		\$1,000		\$1,000
Annual Deductible/Family	\$1,300		\$2,000		\$2,000
Coinsurance	20%	40%	30%	50%	20%
Primary Care/Urgent Care	\$25 copay; no deductible	40% after deductible	\$30 copay; no deductible	50% after deductible	\$25 copay
Specialist Office Visit	\$35 copay; no deductible	40% after deductible	\$40 copay; no deductible	50% after deductible	\$35 copay
Annual Out-of-Pocket Limit/Individual	\$4,000	\$7,000	\$5,500	\$11,000	\$6,350
Annual Out-of-Pocket Limit/Family	\$8,000	\$14,000	\$11,000	\$22,000	\$12,700
Deductible Inc. in Out-of-Pocket Limits	Yes	Yes	Yes	Yes	Yes
No Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Outpatient Services					
Preventive Services					
Diagnostic X-Ray and Lab Tests	100%	40%	100%	50%	100%
Hospital/Surgical Services					
Inpatient Hospitalization	20%, after deductible	40%, after deductible	30%, after deductible	50%, after deductible	20%, after deductible
Outpatient Facility Charge	20%, after deductible	40%, after deductible	30%, after deductible	50%, after deductible	20%, after deductible
Surgery Benefit Management Program	100% coverage with BridgeHealth	Not covered	100% coverage with BridgeHealth	Not covered	100% coverage through BridgeHealth
Emergency Services					
Emergency Room	20%, after deductible + \$250 copay (copay waived if admitted) ⁽¹⁾		30%, after deductible + \$250 copay (copay waived if admitted) ⁽¹⁾		20%, after ded. + \$250 copay (copay waived if admitted) ⁽¹⁾
Ambulance (Air or Ground)	20%, after deductible		30%, after deductible		20%, after deductible
Mental Health Benefits⁽³⁾					
	Out-Of-Pocket Maximum applies to this Mental/Substance Benefit		Out-Of-Pocket Maximum applies to this Mental/Substance Benefit		Out-Of-Pocket Maximum applies to this Mental/Substance Benefit
Inpatient Care ⁽³⁾	100% coverage, no deductible ⁽³⁾	40%, after deductible	100% coverage, no deductible ⁽³⁾	60%, after deductible	100% coverage, no deductible ⁽³⁾
Outpatient Care ⁽³⁾	\$15 copay ⁽³⁾	40%, after deductible	\$15 copay ⁽³⁾	60%, after deductible	\$15 copay ⁽³⁾
Therapy					
Physical	20% after deductible	40%, after deductible	30%, after deductible	50%, after deductible	20%, after deductible
Prescription Drug Benefits					
Rx Out-of Pocket Maximum	\$500 Individual / \$1,000 Family		\$500 Individual / \$1,000 Family		\$500 Individual / \$1,000 Family
Generic	\$7/\$9.50 copay (Maintenance Drugs)	20%	\$10 copay/\$13 copay (Maintenance Drugs)	20%	\$10 copay/\$13 copay (Maintenance Drugs)
Brand (Formulary/Preferred)	\$20/\$29 copay (Maintenance Drugs)	20%	\$25 copay/\$35 copay (Maintenance Drugs)	20%	\$25 copay/\$35 copay (Maintenance Drugs)
Brand (Non-Formulary/Non-preferred)	\$35/\$44 copay (Maintenance Drugs)	20%	\$40 copay/\$50 copay (Maintenance Drugs)	20%	\$40 copay/\$50 copay (Maintenance Drugs)
Number of Days Supply	30 days	30 days	30 days	30 days	30 days
Mail Order					
Generic	\$0 copay	20%	\$0 copay	20%	\$0 copay
Brand (Formulary/Preferred)	\$40 copay	20%	\$50 copay	20%	\$50 copay
Brand (Non-Formulary/Non-preferred)	\$70 copay	20%	\$80 copay	20%	\$80 copay
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days	90 days
Other Services and Supplies					
Chiropractic Services ⁽²⁾	\$10 copay; no deductible ⁽²⁾	Not covered	\$10 copay; no deductible ⁽²⁾	Not covered	\$10 copay; no deductible ⁽²⁾
Acupuncture (no deductible)	\$2,000 benefit allowance per year		\$2,000 benefit allowance per year		\$2,000 benefit allowance per year
Active and Early Retiree Rates					
	July 1, 2017		July 1, 2017		July 1, 2017
Employee	\$786.45		\$746.55		\$523.95
Employee + One	\$1,568.70		\$1,489.95		\$1,044.75
Employee + Family	\$2,038.05		\$1,936.20		\$1,357.65

⁽¹⁾Waived if admitted or true emergency, determined by Anthem Blue Cross Life and Health Medical Policy.

⁽²⁾Must use the Chiropractic Health Plan of California provider network.

⁽³⁾Must use the MHN provider network.

NOTE: No coverage for Monterey County hospitals.
Exception: Emergency services only

