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MEDICAL MARKETING 2017

Salinas Union HSD

PPO Plan Compare

	Current		Proposed		Proposed	
Effective Date	4/1/2017		7/1/2017		7/1/2017	
Renewal Date	3/31/2018		12/31/2017		12/31/2017	
Carrier Name	Pacific Health Care Alliance		Anthem Blue Cross		Anthem Blue Cross	
Plan Name	Medical Choice		MCSIG PPO $25		MCSIG PPO $30	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
General Plan Information						
Annual Deductible/Individual	$750		$650		$1,000	
Annual Deductible/Family	$2,250		$1,300		$2,000	
Coinsurance	70%	50%	80%	60%	80%	60%
Office Visit/Exam	$20 copay	50%	$25 copay; no deductible	60%, after deductible	$30 copay; no deductible	50% after deductible
Outpatient Specialist Visit	$20 copay	50%	$35 copay; no deductible	60%, after deductible	$40 copay; no deductible	50% after deductible
Annual Out-of-Pocket Limit/Individual	$3,750	No Limit	$4,000	$7,000	$5,500	$11,000
Annual Out-of-Pocket Limit/Family	$11,250	No Limit	$8,000	$14,000	$11,000	$22,000
Deductible Included in Out-of-Pocket Limits	Yes	Not applicable	Yes	Yes	Yes	Yes
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Outpatient Services						
Preventive Services						
Well-Child Care	100%	Not Covered	100% (to age 16) no deductible	60%	100% (to age 16) no deductible	50%
Immunizations	100%	Not Covered	100%	60%	100%	50%
Adult Periodic Exams with Preventive Tests	100%	Not Covered	100% no deductible	60%	100% no deductible	50%
Diagnostic X-Ray and Lab Tests	70%	50%	80%	60%	70%, after deductible	50%
Maternity Care						
Pregnancy and Maternity Care	70%	50%	80%, after deductible	60%, after deductible	70%, after deductible	50%, after deductible
Inpatient Hospital Services						
Inpatient Hospitalization	80% or 90%	50%	80%, after deductible	60%, after deductible	70%, after deductible	50%, after deductible
Surgical Services						
Outpatient Facility Charge	90%	60% (benefit limited to $350/visit)	80%, after deductible	60%, after deductible	70%, after deductible	50%, after deductible
Surgery Benefit Management Program	Through Premier Providers	Not Covered	100% through BridgeHealth	Not covered	100% through BridgeHealth	Not covered
Emergency Services						
Emergency Room	70% or 90%, after $200 copay	70% or 90%, after $200 copay	80% after $250 copay (waived if admitted)(1)		70%, after $250 copay (waived if admitted)(1)	
Ambulance (Air or Ground)	**80%**	**80%**	80%, after deductible		70%, after deductible	50%, after deductible
Urgent Care						
Urgent Care Facility	$20 copay/physician services; 90% for other services rendered	60%	$25 copay; no deductible	60%, after deductible	$30 copay; no deductible	50%, after deductible
Mental Health Benefits			Out-Of-Pocket Maximum applies to this Mental/Substance Benefit		Out-Of-Pocket Maximum applies to this Mental/Substance Benefit	
Inpatient Care	100%	Not Covered	100% no deductible	60%, after deductible	100% no deductible	60%, after deductible
Outpatient Care	1st 5 visits no charge, $25 visit after 5 visits	Not Covered	$15 copay	60%, after deductible	$15 copay	60%, after deductible
Sustance Abuse Benefits			Out-Of-Pocket Maximum applies to this Mental/Substance Benefit		Out-Of-Pocket Maximum applies to this Mental/Substance Benefit	
Detoxification	100%	Not Covered	100% no deductible	60%, after deductible	100% no deductible	60%, after deductible
Outpatient Care	No Information	Not Covered	$15 copay	60%, after deductible	$15 copay	60%, after deductible
Therapy						
Physical	80%	60%	80% after deductible	60%, after deductible	70%, after deductible	50%, after deductible

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Renewal Date	3/31/2018		12/31/2017		12/31/2017	
Carrier Name	Pacific Health Care Alliance		Anthem Blue Cross		Anthem Blue Cross	
Plan Name	Medical Choice		MCSIG PPO $25		MCSIG PPO $30	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Prescription Drug Benefits						
Rx Out-of Pocket Maximum	No Information on Individual and $1,950 Family		$500 Individual / $1,000 Family		$500 Individual / $1,000 Family	
Generic	$10 copay	Not Covered	$7 copay/$9.50 copay (Maintenance Drugs)	80%	$10 copay/$13 copay (Maintenance Drugs)	80%
Brand (Formulary/Preferred)	$30 copay	Not Covered	$20 copay/$29 copay (Maintenance Drugs)	80%	$25 copay/$35 copay (Maintenance Drugs)	80%
Brand (Non-Formulary/Non-preferred)	$50 copay	Not Covered	$35 copay/$44 copay (Maintenance Drugs)	80%	$40 copay/$50 copay (Maintenance Drugs)	80%
Number of Days Supply	30 days	N/A	30 days	30 days	30 days	30 days
Mail Order						
Generic	$20 copay	Not Covered	$0 copay	80%	$0 copay	80%
Brand (Formulary/Preferred)	$60 copay	Not Covered	$40 copay	80%	$50 copay	80%
Brand (Non-Formulary/Non-preferred)	$100 copay	Not Covered	$70 copay	80%	$80 copay	80%
Number of Days Supply for Mail Order	90 days	N/A	90 days	90 days	90 days	90 days
Other Services and Supplies						
Durable Medical Equipment & Prosthetics	70%	50%	80%, after deductible	60%, after deductible	70% after deductible	50% after deductible
Home Health Care	70%	50%	80% after deductible (120 days per illness)		70% after deductible	50% after deductible
Skilled Nursing or Extended Care Facility	70% for days 1-10, and 60% for days 11-90.		80% after deductible (365 days max lifetime/person)		70% after deductible	50% after deductible
Hospice Care	70%, up to $7,500 life maximum		100% after deductible	100% after deductible	100% after deductible	100% after deductible
Chiropractic Services	$10 copay per visit, maximum of 45 visits per calendar year	Not Covered	$10 copay; no deductible[2]	Not covered	$10 copay; no deductible[2]	Not covered
Acupuncture	70% of covered charges, up to $50 per visit. 15 visits per year max.		$2,000 benefit allowance per year (30 visits annually. No deductible)		$2,000 benefit allowance per year (30 visits annually. No deductible)	
Enrollment	January 1, 2017		January 1, 2017		January 1, 2017	
Employee	141		141		141	
Employee + One	95		95		95	
Employee + Family	150		150		150	
Active and Early Retiree Rates	April 1, 2017		July 1, 2017		July 1, 2017	
Employee	$1,008.34		$786.45		$746.55	
Employee + One	$1,473.40		$1,568.70		$1,489.95	
Employee + Family	$2,106.96		$2,038.05		$1,936.20	
Totals						
Monthly Premium	$598,193		$565,623		$537,239	
Annual Premium	$7,178,315		$6,787,481		$6,446,866	
Dollar Change	n/a		($390,833.88)		($731,449.68)	
Percentage Change	n/a		-5.44%		-10.19%	

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

[2]Must use the Chiropractic HealthPlan of California provider network.

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	Current EPO Plan	Proposed EPO Plan
Effective Date	4/1/2017	7/1/2017
Renewal Date	3/31/2018	12/31/2017
Carrier Name	Pacific Health Care Alliance	Anthem Blue Cross
Plan Name	EPO Plan	MCSIG EPO - So. Cal. Plan
	In-Network Only Benefits	In-Network Only Benefits
General Plan Information		
Annual Deductible/Individual	$400	$1,000
Annual Deductible/Family	$1,200	$2,000
Coinsurance	80%	80%
Office Visit/Exam	$20 copay	$25 copay
Outpatient Specialist Visit	$20 copay	$35 copay
Annual Out-of-Pocket Limit/Individual	$1,400	$6,350
Annual Out-of-Pocket Limit/Family	$4,200	$12,700
Deductible Included in Out-of-Pocket Limits	Yes	Yes
Lifetime Plan Maximum	Unlimited	Unlimited
Outpatient Services		
Preventive Services		
Well-Child Care	100%	100% (to age 16) no deductible
Immunizations	100%	100%
Adult Periodic Exams with Preventive Tests	100%	100% no deductible
Diagnostic X-Ray and Lab Tests	80%	80%, after deductible
Maternity Care		
Pregnancy and Maternity Care	80%	80%, after deductible
Inpatient Hospital Services		
Inpatient Hospitalization	80% or 90%	80%, after deductible
Surgical Services		
Outpatient Facility Charge	80%	80%, after deductible
Surgery Benefit Management Program	Through Premier Providers	100% through BridgeHealth
Emergency Services		
Emergency Room	80%, after $200 copay	80%, after $250 copay (waived if admitted)(1)
Ambulance (Air or Ground)	**80%**	80%, after deductible
Urgent Care		
Urgent Care Facility	$20 copay	$25 copay
Mental Health Benefits		**Out-Of-Pocket Maximum applies to this Mental/Substance Benefit**
Inpatient Care	100%	100% no deductible
Outpatient Care	1st 5 visits no charge, $25 visit after 5 visits	$15 copay
Sustance Abuse Benefits		
Detoxification	100%	100% no deductible
Outpatient Care	No Information	$15 copay
Therapy		
Physical	80%	80%, after deductible

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	Current EPO Plan	Proposed EPO Plan
Effective Date	4/1/2017	7/1/2017
Renewal Date	3/31/2018	12/31/2017
Carrier Name	Pacific Health Care Alliance	Anthem Blue Cross
Plan Name	EPO Plan	MCSIG EPO - So. Cal. Plan
	In-Network Only Benefits	In-Network Only Benefits
Prescription Drug Benefits		
Rx Out-of Pocket Maximum	$5,200 individual / $9,000 family	$500 Individual / $1,000 Family
Generic	$10 copay	$10 copay/$13 copay (Maintenance Drugs)
Brand (Formulary/Preferred)	$30 copay	$25 copay/$35 copay (Maintenance Drugs)
Brand (Non-Formulary/Non-preferred)	$50 copay	$40 copay/$50 copay (Maintenance Drugs)
Number of Days Supply	30 days	30 days
Mail Order		
Generic	$20 copay	$0 copay
Brand (Formulary/Preferred)	$60 copay	$50 copay
Brand (Non-Formulary/Non-preferred)	$100 copay	$80 copay
Number of Days Supply for Mail Order	90 days	90 days
Other Services and Supplies		
Durable Medical Equipment & Prosthetics	80%	80%, after deductible
Home Health Care	80%	80%, after deductible
Skilled Nursing or Extended Care Facility	80% after deductible	80%, after deductible
Hospice Care	80% after deductible, up to $7,500 per lifetime	100%, after deductible
Chiropractic Services	$10 copay per visit, maximum of 45 visits per calendar year	$10 copay; no deductible[(2)]
Acupuncture	Not Covered	$2,000 benefit allowance per year (30 visits annually. No deductible)
Enrollment	January 1, 2017	January 1, 2017
Employee	238	238
Employee + One	75	75
Employee + Family	95	95
Active and Early Retiree Rates	April 1, 2017	July 1, 2017
Employee	$898.57	$523.95
Employee + One	$1,328.67	$1,044.75
Employee + Family	$1,913.05	$1,357.65
Totals		
Monthly Premium	$495,250	$332,033
Annual Premium	$5,942,996	$3,984,397
Dollar Change		($1,958,599)
Percentage Change		-27.28%

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

[(2)]Must use the Chiropractic HealthPlan of California provider network.