

Effective Date	07/01/2022	07/01/2022
Renewal Date	07/01/2023	07/01/2023
Carrier	Anthem Blue Cross	Kaiser Permanente Insurance Company
Plan Name	HMO 20 w/Chiro - \$15/40/80 Rx	HMO 20 w/Chiro
Benefit Summary	Eligible Employees	Eligible Employees
General Plan Information		
Annual Deductible/Individual	\$0	\$0
Annual Deductible/Family	\$0	\$0
Coinsurance	100%	100%
Office Visit/Exam	\$20 copay	\$20 copay
Outpatient Specialist Visit	\$20 copay	\$20 copay
Annual Out-of-Pocket Limit/Individual	\$500 Rx not included	\$1,500
Annual Out-of-Pocket Limit/Family	\$1,500 Rx not included	\$3,000
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospital Services		
Inpatient Hospitalization	100%	100%
Semi-Private Room & Board; Including Services and Supplies	100%	100%
Emergency Services		
Emergency Room	\$100 copay waived if admitted	\$100 copay waived if admitted
Mental Health Benefits		
Inpatient Care	100% (subject to utilization review; waived for emergency admissions)	100%
Outpatient Care	100% (Behavioral Health treatment for autism or pervasive development disorders require pre-service review.)	\$20 copay
Generic	\$30 copay provided by Express Scripts	\$20 copay
Brand (Formulary/Preferred)	\$80 copay provided by Express Scripts	\$40 copay
Brand (Non-Formulary/Non-preferred)	\$160 copay provided by Express Scripts	
Number of Days Supply for Mail Order	90 days	100 days
Other Services and Supplies		
Chiropractic Services	\$10 copay 30 visits/calendar year; provided through American Specialty Health	\$10 copay; 30 visits/calendar year; provided through American Specialty Health