

Vista Unified School District
 Medical Plan Options for Certificated and Management Employees
 Effective October 1, 2018

SISC (Self-Insured Schools of California)					
Anthem Blue Cross HMOs		Anthem Blue Cross PPOs		KAISER	
Anthem Premier High Select Plus HMO	Anthem Value Copay Low Select Plus HMO	Anthem High PPO	Anthem Low PPO	Kaiser High	Kaiser Low

Benefits	Member Responsibility:		(In-Network)	(In-Network)		
Office Visit	\$10 copay	\$30 copay	\$20 copay	\$40 copay	\$10 copay	\$30 copay
Specialist Visit	\$10 copay	\$40 copay	\$20 copay	\$40 copay	\$10 copay	\$30 copay
Preventive Care	100% covered	100% covered	100% covered in-network	100% covered in-network	100% covered	100% covered
Inpatient Hospitalization	100% covered	\$500 a day copay, up to 3 day copay maximum	20% coinsurance	20% coinsurance	100% covered	100% covered
Outpatient Surgery	100% covered	\$250 copay	20% coinsurance	20% coinsurance	\$10 copay	\$30 copay
X-Ray & Laboratory	100%, \$100 complex radiology	100%, \$100 complex radiology	20% coinsurance	20% coinsurance	100% covered	100% covered
Urgent Care	\$10 copay (from your primary care group)	\$30 copay (from your primary care group)	\$20 copay	\$40 copay	\$10 copay	\$30 copay
Emergency Room	\$100 copay (waived if admitted)	\$150 copay (waived if admitted)	\$100 copay, then 20%	\$100 copay, then 20%	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Chiropractic Services (All HMO plans will combine chiropractic & acupuncture thru ASH)	\$10 copay, up to 30 visits per calendar year	\$10 copay, up to 30 visits per calendar year	20% coinsurance	20% coinsurance	\$10 copay, up to 30 visits per calendar year	\$10 copay, up to 30 visits per calendar year
Prescriptions					Kaiser Pharmacy Only	
Retail-Network (Other than Costco)	\$9 generic \$35 brand 30 day supply	\$9 generic \$35 brand 30 day supply	\$9 generic \$35 brand 30 day supply	\$10 generic \$35 brand after deductible of Single \$200/Family \$500, 30 day supply	\$10 generic \$10 brand 100 day supply	\$10 generic \$30 brand 100 day supply
Costco Walk-In	\$0 generic, up to a 90 day supply \$35 brand, 30 day supply; \$90 brand for 90 day supply	\$0 generic, up to a 90 day supply \$35 brand, 30 day supply; \$90 brand for 90 day supply	\$0 generic, up to a 90 day supply \$35 brand, 30 day supply; \$90 brand for 90 day supply	\$0 generic, up to a 90 day supply \$35 brand after deductible of Single \$200/Family \$500, 30 day supply; \$90 brand for 90 day supply		
Costco Mail Order	\$0 generic/\$90 brand, 90 day supply	\$0 generic/\$90 brand, 90 day supply	\$0 generic/\$90 brand, 90 day supply	\$0 generic/\$90 brand, 90 day supply		
Annual Deductible	n/a	n/a	\$500 indiv/\$1,000 family	\$3,000 indiv/\$6,000 family	n/a	n/a
Medical Out-of-Pocket Maximum	\$1,000 indiv/\$2,000 family	\$2,500 indiv/\$5,000 family	\$2,000 indiv/\$4,000 family	\$4,000 indiv/\$8,000 family	\$1,500 indiv/\$3,000 family	\$1,500 indiv/\$3,000 family
Rx Out-of-Pocket Maximum	\$2,500 indiv/\$3,500 family	\$2,500 indiv/\$3,500 family	\$2,500 indiv/\$3,500 family	\$2,500 indiv/\$3,500 family	Included in medical Out-of-Pocket Maximum	Included in medical Out-of-Pocket Maximum

* This is a brief description of each plan. Any variances from the master policy; the master policy will prevail.

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Provider Network						
Network Access	Select Plus HMO network: Select network of cost-effective providers. Excludes certain provider groups such as Scripps Coastal and Scripps Clinic.		PPO network: see any provider you choose. Save money by staying within the Blue Cross PPO (Prudent Buyer Large Group) provider network. Your costs will be significantly higher Out-of-Network.		Kaiser network of providers, includes Palomar hospital. Emergencies covered everywhere.	
What Type of Person Am I When Considering My Health Plan Options?						
Provider Selection	My provider is in the Select Plus Network and I retain choice of many medical groups.	My provider is in the Select Plus Network and I retain choice of many medical groups.	I want freedom to go to the medical provider I choose.		I am comfortable receiving all care from Kaiser physicians.	I am comfortable receiving all care from Kaiser physicians.
Family Status	I have a family.	I am single or my family has few medical needs.	I am in the middle of a serious medical condition and the provider is not in the Select Plus HMO Network.	I have other insurance through my spouse or the military that will coordinate with this insurance.	I have a family and children.	I am single or my family has minimal medical needs.
Utilization	My family utilizes medical services often.	I am a low utilizer of medical services and/or I understand that I save more in my paycheck by enrolling in this plan versus the High Select Plus HMO. I prefer to pay more at time of service and less through my paycheck compared to High HMO.	I want to see a doctor in any Medical Group I choose, including Scripps.	I rarely see the doctor. I understand that I should set aside some money that I save through payroll deductions for any medical services I may need.	My family utilizes medical services often.	I am a low utilizer of medical services and/or I understand that I save more in my paycheck by enrolling in this plan versus the High Kaiser. I prefer to pay more at time of service and less through my paycheck. Compared to High Kaiser.
Risk Tolerance	I do not like risk. I prefer to pay minimal at time I need services and pay more in my paycheck.	I am okay with some risk understanding the trade-offs of paying less in my paycheck but more at time of service.	My preference for freedom of choice outweighs any risk tolerance I have.	I have other insurance, so there is no risk. Or, I am a risk taker fully understanding at time of service I will have high out-of-pocket costs.	I do not like risk. I prefer to pay minimal at time I need services and pay more in my paycheck.	I am okay with paying less in my paycheck but more at time of service.

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Do the math between the plans!												
	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family
With <u>Delta Dental PPO</u> , Vision & Life	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Monthly Difference between High & Low	Single	\$0.00	Family	\$0.00					Single	\$0.00	Family	\$0.00
Annual Cost to remain on the High Plan		\$0.00		\$0.00					Single	\$0.00	Family	\$0.00
EXAMPLE - High Utilizer				EXAMPLE - High Utilizer								
10 Office Visits	10 x \$30 = \$300						10 x \$30 = \$300					
Hospital - 2 nights	\$1,000 copay						\$0 Copay					
8 Generic prescriptions	8 x \$9 = \$72						8 x \$10 = \$80					
6 Brand prescriptions	6 x \$35 = \$210						6 x \$30 = \$180					
Total	\$1,582						\$560					
Difference minus low plan benefits	Single	No Savings	Family	-\$1,582.00					Single	No Savings	Family	-\$560.00
Reminder - \$0 Generic at Costco												
EXAMPLE - Low Utilizer				EXAMPLE - Low Utilizer								
5 Office Visits	5 x \$30 = \$150						5 x \$30 = \$150					
4 Generic prescriptions	4 x \$9 = \$36						8 x \$10 = \$80					
2 Brand prescriptions	2 x \$35 = \$70						2 x \$30 = \$60					
Total	\$406						\$290					
Difference minus low plan benefits	Single	-\$406.00	Family	-\$406.00					Single	-\$290.00	Family	-\$290.00
SAVINGS				SAVINGS								

Note: Since premiums are automatically pre-taxed, any savings analysis should be reduced by approximately 25%, depending on your tax bracket.