

Chino Valley Unified School District

Medical Plan Analysis

July 1, 2015 Renewal

	ASBAIT Classic Gold 2015		ASBAIT Classic Silver 2015		ASBAIT Value Gold 2015	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Provider Network	BCBS of AZ	Subject to UCR	BCBS of AZ	Subject to UCR	BCBS of AZ	Customary Charges
Deductible						
Individual	\$300	\$1,200	\$350	\$1,400	\$500	\$3,000
Family	\$900	\$3,600	\$1,050	\$4,200	\$1,500	\$9,000
Coinsurance	15%	45%	20%	50%	25%	50%
Out-of-Pocket Maximum						
Individual	\$4,000	N/A	\$4,500	N/A	\$5,000	N/A
Family	\$8,000	N/A	\$9,000	N/A	\$10,000	N/A
Ded. applies to OOP Max?	Yes	N/A	Yes	N/A	Yes	N/A
Professional Services						
Primary Care	\$20 Copay	45% after deductible	\$30 Copay	50% after deductible	\$35 Copay	50% after deductible
Specialist	\$30 Copay	45% after deductible	\$40 Copay	50% after deductible	\$45 Copay	50% after deductible
Referral Required	No	N/A	No	N/A	No	N/A
Preventive Care	100%	Not Covered	100%	Not Covered	100%	Not Covered
Laboratory & X-Ray	15% after deductible	45% after deductible	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Complex Diagnostic Testing	15% after deductible	45% after deductible	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Hospital Services						
Inpatient Hospital Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Inpatient Hospital	15% after \$250 Copay	\$300 Copay, then 45% after deductible	20% after \$250 Copay	\$300 Copay, then 50% after deductible	25% after \$250 Copay	\$300 Copay, then 50% after deductible
Outpatient Hospital	15% after deductible	45% after deductible	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Emergency Services						
Urgent Care	15% after \$50 Copay	\$50 Copay, then 45% after deductible	20% after \$50 Copay	\$50 Copay, then 50% after deductible	25% after \$50 Copay	\$50 Copay, then 50% after deductible
Emergency Room	15% after deductible	15% after deductible	20% after deductible	20% after deductible	25% after deductible	25% after deductible
Walk-In Clinic	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drugs						
Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Generic	\$15	Not Covered	\$15	Not Covered	\$15	Not Covered
Preferred Brand	20% Copay	Not Covered	20% Copay	Not Covered	20% Copay	Not Covered
Non-Preferred Brand	30% Copay	Not Covered	30% Copay	Not Covered	30% Copay	Not Covered
Mail-Order	\$30/20%/30%	Not Covered	\$30/20%/30%	Not Covered	\$30/20%/30%	Not Covered
Other Services						
Behavioral Health	Inpatient- \$250 Copay, then 15%, deductible waived; Outpatient- \$30	Inpatient- \$300 Copay, then 45% after deductible; Outpatient- 45% after deductible	Inpatient- \$250 Copay then 20%, deductible waived; Outpatient- \$40	Inpatient- \$300 Copay, then 50% after deductible; Outpatient- 50% after deductible	Inpatient- \$250 Copay then 25%, deductible waived; Outpatient- \$45 copay	Inpatient- \$300 Copay, then 50% after deductible; Outpatient- 50% after deductible
Durable Medical Equipment	15% after deductible	45% after deductible	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Chiropractic	\$20 Copay	45% after deductible	\$30 Copay	50% after deductible	\$35 Copay	50% after deductible
Employee Monthly Cost						
Employee	\$53.00		\$29.00		\$0	
Family	\$705.00		\$654.00		\$589.00	