

Butte Schools Self-Funded Programs

2008-09 Medical Plan Benefits and Rates - Active Plans

*This is a summary only. Please refer to the plan document for final benefit determination.
Benefit amounts are for Anthem Blue Cross network providers and contracted amounts, only.*

	OPTION I-SILVER \$875	RED \$745	BLUE \$658	OPTION II \$595
MEDICAL - ANTHEM BLUE CROSS				
Deductible				
Per person	\$100	\$200	\$250	\$250
Maximum per family	3 people = \$300	2 people = \$400	2 people = \$500	3 people = \$750
Out-of-pocket co-insurance				
Per person	\$0	10% up to \$300	20% up to \$500	20% up to \$2,000
Maximum per family	n/a	2 people = \$600	2 people = \$1000	No family maximum
Maximum individual out-of-pocket				
Per person	\$100	\$500	\$750	\$2,250
Maximum per family	\$300	2 people = \$1,000	2 people = \$1,500	No family maximum
Bills to reach individual max @contract rate	\$100	\$3,200	\$2,750	\$10,250
Co-Payments				
Emergency Room (waived if admitted)	\$40 Co-payment	\$40 Co-payment	\$50 Co-payment	\$50 Co-payment
Urgent Care	\$10 Co-payment	\$10 Co-payment plus remaining deductible and co-insurance balances	\$15 Co-payment plus remaining deductible and co-insurance balances	\$15 Co-payment plus remaining deductible and co-insurance balances
Doctor Office Visit				
Items below are the same for ALL plans				
Outpatient Lab / X-ray	Subject to deductibles and co-insurance amounts above			
Surgery	Subject to deductibles and co-insurance amounts above. Prior approval for elective surgery is recommended.			
Maternity	Subject to deductibles and co-insurance amounts above, benefits are for employee and spouse, only			
Hospital	Unlimited days: semi-private; subject to deductibles and co-insurance amounts above			
Skilled Nursing Facility	100 days per calendar year			
Hospice	100 days			
Physical Therapy	\$10 Co-payment; maximum 25 visits per year for physical therapy and chiropractic combined			
Chiropractor				
Annual Physical	\$250 for employee and spouse subject to deductibles, co-payments and co-insurance amounts above			
Mental Health				
Inpatient (including substance abuse)	Anthem Blue Cross pays for 80% of the cost for up to 30 days			
Outpatient	Anthem Blue Cross pays 50% of the contract rate up to a maximum of \$50; non-network providers are paid \$25			
Out-of-State Providers	Anthem Blue Cross subscribes to the BC PPO. Network providers are paid at that contract rate. Non-network providers are paid a reduced rate.			
Individual Lifetime Maximum	\$2,000,000 in Anthem Blue Cross payments			
PHARMACY - MEDCO				
Deductible				
Per person	\$100		\$0	
Maximum per family	3 people = \$300		n/a	
Retail Pharmacy				
Days supplied	31 days		31 days	
Co-payment - generic	20% w/ min \$10 max \$20		20% w/ min \$10 max \$20	
Co-payment - formulary brand name	20% w/ min \$20 max \$80		20% w/ min \$17 max \$75	
Co-payment - non-formulary brand name	20% w/ min \$25 max \$100		20% w/ min \$17 max \$95	
Co-payment refill penalty 4th maintenance refill	Greater of \$20 or 20%		Greater of \$20 or 20%	
Mail Order				
Days supplied	90 days		90 days	
Co-payment - generic	\$10		\$10	
Co-payment - formulary brand name	\$40		\$34	
Co-payment - non-formulary brand name	\$60		\$50	
Items below are the same for ALL plans				
Coordination of benefits	Prescription benefits are provided on primary coverage only. No prescription benefits are provided for when BSSP is the secondary coverage.			
Take-home Rx	Prescriptions filled at the hospital for take-home use are not covered.			
DEPENDENTS				
Eligibility criteria	The employee's spouse/registered domestic partner and employee's or spouse's/registered domestic partner's unmarried children under age 19. Children aged 19-25 and over must be an IRS dependent. Children age 25 and over are not eligible unless disabled.			
Eligibility date				
Spouse	First of the month following receipt of enrollment documentation at the JPA office.			
Birth children	Newborn children are covered for 31 days under the mother's coverage. Thereafter, coverage begins on the 1st of the month following receipt of enrollment documentation at the JPA office.			
Adopted, guardian and step-children	Marriage or court-certified adoption/guardianship date if enrollment documentation is received at the JPA office within 31 days. Thereafter, first of the month following receipt of enrollment documentation at the JPA office.			