

Butte Schools Self-Funded Programs

2008-09 Medical Plan Benefits and Rates - Retiree 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	RED	BLUE
MEDICAL - ANTHEM BLUE CROSS			
Deductible			
Per person	\$100	\$200	\$250
Maximum per family	3 people = \$300	2 people = \$400	2 people = \$500
Out-of-pocket co-insurance			
Per person	\$0	10% up to \$300	20% up to \$500
Maximum per family	n/a	2 people = \$600	2 people = \$1000
Maximum individual out-of-pocket			
Per person	\$100	\$500	\$750
Maximum per family	\$300	2 people = \$1,000	2 people = \$1,500
Bills to reach individual max (@contract rate)	\$100	\$3,200	\$2,750
Co-Payments			
Emergency Room (waived if admitted)	\$40 Co-payment	\$40 Co-payment	\$50 Co-payment
Urgent Care	\$10 Co-payment	\$10 Co-payment plus remaining deductible and co-insurance	\$15 Co-payment plus remaining deductible and co-insurance
Doctor Office Visit		balances	balances
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 Chiropractor	\$10 Co-payment; maximum 25 visits per year for physical therapy and chiropractic combined		
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	\$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			
	OPTION I-SILVER	RED	BLUE
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.		