



**BUTTE SCHOOLS SELF-FUNDED PROGRAMS**

**2009-10 Retiree Medical Plan Benefits and Rates**

*This is a summary only. Please refer to the plan document for final benefit determination.*

	<b>OPTION I-SILVER</b>	<b>RED</b>	<b>BLUE</b>
<b>Composite</b>	<b>\$1,091</b>	<b>\$1,027</b>	<b>\$897</b>
<b>Individual w/o Medicare</b>	<b>\$764</b>	<b>\$719</b>	<b>\$628</b>
<b>Individual w/ Medicare</b>	<b>\$546</b>	<b>\$514</b>	<b>\$449</b>

**MEDICAL - ANTHEM BLUE CROSS**

*Benefit amounts are for Anthem Blue Cross network providers and contracted amounts, only.*

<b>Deductible</b> (waived for prevention)			
Per person	\$100	\$200	\$250
Maximum per family	3 people = \$300	2 people = \$400	2 people = \$500
<b>Out-of-pocket co-insurance</b>			
Per person	\$0	10% up to \$300	20% up to \$500
Maximum per family	n/a	2 people = \$600	2 people = \$1000
<b>Maximum individual out-of-pocket</b>			
Per person	\$100	\$500	\$750
Maximum per family	\$300	2 people = \$1,000	2 people = \$1,500
<b>Billings necessary to reach individual maximum out-of-pocket</b> (@ network rate)	\$100	\$3,200	\$2,750
<b>Co-Payments</b>	Co-payments are in addition to any remaining deductible or co-insurance balance.		
Emergency Room (waived if admitted)		\$40	\$50
Urgent Care	Doctor		
Office Visit		\$10	\$15
Physical Therapy / Chiropractic 25 maximum visits per year, combined		\$10	\$15
<b>Items below are the same for ALL plans</b>			
Outpatient Lab / X-ray	Subject to deductibles and co-insurance amounts above. Prior approval for elective surgery is recommended.		
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.		
Prevention	\$250 annual allowance for employee and spouse; deductible is waived; co-payment and co-insurance apply.		
Mental Health			
Inpatient (including substance abuse)	Member pays 20% of the cost for up to 30 days; 100% of the network rate after 30 days.		
Outpatient	Member pays 50% of the first \$100 network rate; 100% of network rate thereafter.		
Out-of-State Providers	Anthem Blue Cross subscribes to the BC PPO. Network providers are paid at that contract rate.		
Individual Lifetime Maximum	\$2,000,000 in Anthem Blue Cross and Medco payments		

**PHARMACY - MEDCO**

*Pharmacy benefits are the same for all plans except HDHP A benefits apply only after the medical deductible is met.*

<b>Deductible</b> (in addition to any medical deductible, above)		**
Per person	\$100 (waived for generic drugs)	<p><b>Generic Choice Program</b> : Where a brand drug is dispensed and a generic alternative exists, the member is responsible for 100% of the brand cost</p> <p><b>Preferred Drug Step Therapy</b> : Certain brand drugs require generic and/or formulary alternatives as first-line therapy. Select non-formulary drugs require utilization review. This program is currently focused on the following drug classes: PPI, SSRI, intranasal steroids, hypnotics and those to treat osteoporosis.</p>
Maximum per family	3 people = \$300	
<b>Retail Pharmacy</b>		
Days supplied	31 days	
Co-payment - generic	20% w/ min \$10 max \$20	
Co-payment - formulary brand **	20% w/ min \$20 max \$80	
Co-payment - non-formulary brand **	20% w/ min \$25 max \$100	
Co-payment refill penalty 4th maintenance refill	Greater of \$20 or 20%	
<b>Mail Order</b>		
Days supplied	90 days	
Co-payment - generic	\$10	
Co-payment - formulary brand **	\$40	
Co-payment - non-formulary brand **	\$60	
<b>Coordination of benefits</b>	Prescription benefits are provided on primary coverage only. No prescription benefits are provided when BSSP is the secondary coverage.	
<b>Take-home Rx</b>	Prescriptions filled at the hospital for take-home use are not covered.	

**DEPENDENTS**

<b>Eligibility criteria</b>	The employee's spouse/registered domestic partner and employee's or spouse's/registered domestic partner's unmarried children under age 19. Children aged 19-24 must be an IRS dependent. Children age 25 and over are not eligible unless disabled.
<b>Eligibility date</b>	
Spouse/Registered Domestic Partner	First of the month following the latter of date of hire or marriage/partnership if application is received within 31 days.
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.