TEAMSTERS I RATES: 2019 – 2020

PSUSD contributes **$16,575** towards the cost of the benefit package. The employee pays any benefits package costs over this amount in 11 or 12 months payroll deductions using pre-tax dollars:

EMPLOYEE DEDUCTIONS - 11 MONTHLY DEDUCTIONS (Rates include employee + dependents)

	Dental Plan Selected	Kaiser HMO Plan	Anthem Blue Cross HMO	Anthem Blue Cross PPO
7+ HRS (100%)	**11 MONTH + DELTA INCENTIVE PPO**	**130.39**	**130.39**	**130.39**
	11 MONTH + DELTA PPO	**115.95**	**115.95**	**115.95**
	11 MONTH + DELTACARE DHMO	**26.35**	**26.35**	**26.35**

EMPLOYEE DEDUCTIONS - 12 MONTHLY DEDUCTIONS (Rates include employee + dependents)

	Dental Plan Selected	Kaiser HMO Plan	Anthem Blue Cross HMO	Anthem Blue Cross PPO
7+ HRS (100%)	**12 MONTH + DELTA INCENTIVE PPO**	**119.52**	**119.52**	**119.52**
	12 MONTH + DELTA PPO	**106.29**	**106.29**	**106.29**
	12 MONTH + DELTACARE DHMO	**24.15**	**24.15**	**24.15**

Medical Plan Features	Kaiser HMO Plan	Anthem Blue Cross HMO	Anthem Blue Cross PPO
Calendar Year Maximum	Unlimited	Unlimited	Unlimited
Deductible (Annual) - Individual/ Family	None	None	$500 / $1,500
Co-Insurance (Plan Pays)	100%	100%	80%
Office Visit Copay - Primary Physician / Specialist	$10 / $10	$10 / $15	Ded, then 20%
Out-of-Pocket Maximum - Individual / Family / Prescription	$1,500 / $3,000	$2,000 / $6,000	Medical: $2,000 / $6,000 Prescription: $1,200
Inpatient Hospitalization	No charge	No charge	Ded, then 20%
Outpatient Diagnostic Tests	No charge	No charge	Ded, then 20%
Emergency Services (Copay waived if admitted)	$100 Copay	$100 Copay	Ded, then 20%
Urgent Care Copay	$10	$50	Ded, then 20%
Preventive Care/Screening	No charge	No charge	No charge
Mental Health/Substance Abuse - Outpatient Services - Inpatient Services	$10 (individual visit)/$5 (group visit) No charge	Provided by HMC $10 Copay No charge	Provided by HMC Ded, then 20% Ded, then 20%
Chiropractic Copay/Visits per Yr.	Not covered	$15 / limits may apply	Ded, then 20% / 40 visits

PRESCRIPTION PLAN FEATURES—ALL ANTHEM BLUE CROSS DRUG PRESCRIPTION PLANS ARE ADMINISTERED BY OPTUMRx

Prescription Drugs Plan	Kaiser HMO Plan	Anthem Blue Cross HMO	Anthem Blue Cross PPO
Retail Pharmacy - Generic/Brand/Non-Formulary - Supply Limit	$10/$15 Up to 100-day supply	$10/$15/$30 Up to 30-day supply	$10/$15/$15 Up to 30-day supply
Mail Order Pharmacy - Generic/Brand/Non-Formulary - Supply Limit	$10/$15 Up to 100-day supply	$10/$20/$35 Up to 90-day supply	$10/$20/$35 Up to 90-day supply

Important - If you are a grandfathered part-time benefit eligible employee, request part-time rate sheet.