

PSUSD contributes **\$15,596** 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
11 MONTH + DELTA INCENTIVE PPO	135.39	135.39	135.39
7+ HRS (100%) 11 MONTH + DELTA PPO	120.95	120.95	120.95
11 MONTH + DELTACARE DHMO	31.35	31.35	31.35

EMPLOYEE DEDUCTIONS - 12 MONTHLY DEDUCTIONS (Rates include employee + dependents)			
Dental Plan Selected	Kaiser HMO Plan	Anthem Blue Cross HMO	Anthem Blue Cross PPO
12 MONTH + DELTA INCENTIVE PPO	124.10	124.10	124.10
7+ HRS (100%) 12 MONTH + DELTA PPO	110.87	110.87	110.87
12 MONTH + DELTACARE DHMO	28.73	28.73	28.73

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.