



ACA - BENEFITS ENROLLMENT WORKSHEET

Name: _____ Employee ID#: _____ Contact #: _____

Address: _____
Number and Street City State Zip Code

Contact Email: _____ From another CSU? Y N Termination Date _____

TYPE OF ACTION

Enroll in Plan

Health
Flex Cash Health

Cancel Plan

Health
Flex Cash Health

Add/Delete Dependent

Health

Change Plan

Health

REASON: _____ DATE OF ACTION: _____

HEALTH ENROLLMENT PLAN OPTION

MEDICAL PLAN SELECTION: _____ (plans listed on back of page)

DEPENDENT INFORMATION

First Name	Last Name	SSN #	Birthdate	Relationship	Health	
					Add	Delete

PLEASE INCLUDE A COPY OR COPIES OF THE REQUIRED DOCUMENT(S) FOR ALL DEPENDENT(S) LISTED ABOVE:

Marriage Certificate
Divorce Decree

Declaration of Domestic Partnership
Dissolution of Domestic Partnership
Affidavit of Parent/Child Relationship

Birth Certificate
Adoption Certificate

FLEX CASH OPTION

*if opting out of coverage or currently covered by NON- CSU employer

Must provide proof of alternative non-CSU employer coverage and copy of marriage certificate if covered through spouse. It is not retroactive.

CURRENT HEALTH PLAN (\$128/month): _____ GROUP # _____

Spouse's SSN# if covered through spouse's employer: _____

Signature: _____ Date: _____

MEDICAL PLANS:

Anthem Select HMO
Anthem Traditional HMO
Blue Shield Access+ HMO
Blue Shield Trio HMO

Health Net Salud Y Mas HMO
Health Net Smartcare HMO
Kaiser CA HMO
UnitedHealthCare HMO

PERS Platinum (formerly Choice/Care) PPO
PERS Gold (formerly Select CA) PPO
PORAC PPO

CALPERS GUIDELINES FOR ENROLLING FAMILY MEMBERS ARE AS FOLLOWS:

Your spouse or domestic partner can be added to your health plan if done within 60 days after the date of marriage or registration of your domestic partnership. **A copy of your marriage certificate or Declaration of Domestic Partnership and your spouse's or domestic partner's Social Security Number are required.** Former spouses and former domestic partners are not eligible.

Children are eligible for health coverage up to age 26. They are eligible even if they are married, do not live with you, or are not students. Eligible children are defined as natural, adopted, step or domestic partner's children under age 26. If your dependent is married you may not enroll their spouse or children (unless the child is an economic dependent of the employee). **A birth certificate or adoption papers and Social Security Number are required.**

A child over age 26, and is incapable of self-support due to a mental or physical condition that existed prior to age 26, may be included when you first enroll. A questionnaire for the **CalPERS Disabled Dependent Benefit Form (HBD-98) and Medical Report of the CalPERS Disabled Dependent Benefit Form (HBD-34)** must be approved by CalPERS prior to enrollment and must be updated upon request.

Another person's child under age 26 may be eligible for coverage if you have been granted custody or joint custody by a court or the child resides with you. **Birth Certificate, Social Security Number and Affidavit of Eligibility of Economically Dependent Children Form (HBD-35)** must be filed prior to enrollment and must be updated upon request.

You can add the following family members either at the time of enrollment or at a later date:

- A spouse or registered domestic partner
- Children age 18 or older not living in your home
- Eligible children who are not in your custody
- Dependents in the military, when they return to civilian life

SPLIT ENROLLMENTS

Members who are married or in a registered domestic partnership who both work, or works, for agencies in the CalPERS Health Program can enroll separately. If you and your spouse or domestic partner enrolls separately, you must enroll all eligible family members, regardless of the relationship, under only one of you. Dependents cannot be split between parents. For example, if a CalPERS member with children marries or registers a domestic partnership with another CalPERS member with children and each member has their own enrollment in the CalPERS Health Program, all children must be enrolled under one parent. The effective date of coverage will be the first of the month following the date of marriage or domestic partnership registration. If split enrollments are discovered, they will be retroactively corrected. You will be responsible for all costs incurred from the date the split enrollment began.

DUAL COVERAGE

You cannot be enrolled in a CalPERS health plan as a member and dependent or as a dependent on two enrollments. This is called dual coverage and it is against the law. When dual coverage is discovered, the coverage will be retroactively canceled. You must have to pay for all costs incurred from the date the dual coverage began.

To enroll, carefully review the information in this section and check the box:

I ELECT TO ENROLL in (or **MAKE CHANGES TO**) a health benefits plan as indicated above and agree to authorize deductions from my salary to cover my share of the cost of enrollment as it is now or as it may be in the future. **I CERTIFY** that the information provided herein is accurate and listed dependents are eligible family members as defined in the Public Employees' Medical and Hospital Care Act.

I VOLUNTARILY enroll into the selected Health Plan. **I AGREE** to read the associated Evidence of Coverage (EOC) and any subsequent EOC's in the following years to understand the benefits of the plan. The Subscriber and all eligible dependents agree to all of the terms and conditions of the EOC and the Health Plan.

I UNDERSTAND that enrolling in certain health plans requires binding arbitration and that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by California Law and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. The parties to this agreement, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury and instead are accepting the use of arbitration.

To decline, carefully review the information in this section and check the box:

I DECLINE ENROLLMENT into the CalPERS Health Program and/or the CSU Dental program for myself and/or my dependents.

I UNDERSTAND that if I choose to enroll at a later date, I must wait at least 90 days after I request enrollment or until the next Open Enrollment (OE) period before enrolling in the CalPERS Health Program and/or CSU Dental program. Furthermore, if I or my dependents involuntarily lose other health/dental insurance coverage, I may request enrollment into either Program within 60 days from the date of lost coverage. If I do not request enrollment within 60 days, I must wait at least 90 days or until the next OE period before I can enroll. The effective date of coverage will be the first of the following month following the 90 day wait period or the OE effective date.

Employee Signature

Benefits Officer's Signature

Date

Date

Privacy Information

Submission of the requested information is mandatory. The information requested is collected pursuant to the California Government Code (sections 20000 et seq.) and is used for administration of the CalPERS Board's duties under the Public Employees' Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to other governmental agencies (such as your employer), physicians and insurance carriers but only in strict compliance with current statuses regarding confidentiality. Failure to supply the information may result in CalPERS being unable to perform its function regarding your status.

You have the right to review your CalPERS membership files. For questions concerning your rights under the Information Practices Act of 1977, please contact the CalPERS Customer Contact Center at **1-888-CalPERS** (or 1-888-225-7377).

Section 7(b) of the Privacy Act of 1974 (Public law 93-579) requires that any federal, State or local governmental agency requesting an individual to disclose a Social Security account number to inform the individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. Section 111 of Public Law 101-173 requires group health plans to collect and provide member Social Security numbers for the coordination of federal and State benefits. Furthermore, the CalPERS health program requires each enrollee's Social Security number for identification purposes and to verify eligibility for benefits.

The CalPERS health program and CSU Dental plan uses Social Security numbers for the following purposes:

1. Enrollee identification for eligibility processing and eligibility verification
2. Payroll deduction and State contribution for State employees
3. Billing of contracting agencies for employee and employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among health plans
6. Resolution of member complaints, grievances and appeals with health plans

IMPORTANT: It is your responsibility to notify the Benefits Services department when there are any changes in your family situation. Changes include domestic partnership termination, establishment of a parent-child relationship, acquisition of a dependent child, changes of address, marriage, divorce, legal separation and death. Failure to notify the Benefits Services department may result in adverse consequences.

**ACKNOWLEDGEMENT &
Missed Premium Accounts Receivable Agreement**

The CSU Benefits Summary is intended to provide an overview of the benefits generally available to CSU employees. This is a summary of benefits and should not be construed as a substitute for the master contracts or official plan documents. More detailed information about each of our benefit plans can be found in the individual plan summaries and official plan documents. If you need copies of these materials, please visit individual health plan's website.

Carrier premium and coverage information may change during your employment at CSUDH as a result of collective bargaining, changes in legislation, or CalPERS vendor contract negotiations. You will receive advance written notification from the carrier, CSU, and/or Benefits office of any such changes affecting your benefits.

If you have recently moved, please make sure your most recent address is updated in **MyCSUDH Portal** to ensure you receive important benefits and tax information in a timely manner.

Please note the following effective dates:

Medical/Dental: Coverage begins on the first day of the month following receipt of the enrollment forms and required documents to Benefits office in WH 340, within 60-days from date of eligibility or hire to avoid a 90 day waiting period.*

Flexcash: The effective date is the first day of the second month following receipt of the enrollment forms and supporting documents to Benefits in WH 340, within 60-days from date of eligibility or hire.

Vision: The CSU provides two vision plans for all eligible employees and their dependents. Employees who are eligible for benefits will be automatically enrolled in the basic plan effective the 1st of the month after their hire date for staff, and beginning of eligible semester for Faculty. Employees have 60 days from eligibility or hire date to enroll in the optional premier plan for a fee.

** Note for Faculty: For Fall semester enrollees, medical, dental, and vision coverage is effective Oct. 1st for enrollment forms submitted by Sept. 30th. Forms submitted in October (within the 60-day limit) will be effective Nov. 1st for medical, dental, and vision. For Spring semester enrollees, medical, dental, and vision coverage is effective March 1st for enrollment forms submitted by Feb. 28th. Forms submitted in March (within the 60-day limit) will be effective April 1st for medical, dental, and vision.*

I, _____ understand that due to the different timelines for processing my benefit enrollment elections, my health premium(s), Health Care Reimbursement, Dependent Care Reimbursement deduction(s) or cancellation of Flex Cash, it may not be processed in a timely manner by the State Controller Office to reflect on my first pay warrant. I understand I am responsible for paying the retroactive deduction(s) for the health, Health Care Reimbursement or Dependent Care Reimbursement enrollment and/or cancellation of Flex Cash. Notification will be sent by Benefits upon establishment of an account receivable and will provide mutually agreed repayment option plans.

My signature below indicates I am aware of the possible retroactive health premium(s), Health Care Reimbursement, Dependent Care Reimbursement or cancellation of Flex Cash account receivable and agree to repayment in a timely manner based upon a mutually agreed payment option.

Employee Name (Printed)

Employee ID number

Signature

Date

2022 CaIPERS HEALTH BENEFITS PROGRAM BASIC PLAN RATES

Monthly Employee Cost

HEALTH PLAN	Enrolled Employee & Eligible Dependents	2022 Total Monthly Premium	All Employee Groups (except Unit 6)			Unit 6		
			2022 Amount Paid by CSU	2022 Amount Paid by Employee	2021 Amount Paid by Employee	2022 Amount Paid by CSU	2022 Amount Paid by Employee	2021 Amount Paid by Employee
ANTHEM BLUE CROSS SELECT HMO CALIFORNIA	Employee Only	\$848.08	\$816.00	\$32.08	\$2.55	\$821.00	\$27.08	\$0.00
	Employee + 1	\$1,696.16	\$1,548.00	\$148.16	\$82.10	\$1,558.00	\$138.16	\$72.10
	Employee + 2 or more	\$2,205.01	\$1,983.00	\$222.01	\$144.43	\$2,003.00	\$202.01	\$124.43
ANTHEM BLUE CROSS TRADITIONAL HMO CALIFORNIA	Employee Only	\$1,198.07	\$816.00	\$382.07	\$422.32	\$821.00	\$377.07	\$417.32
	Employee + 1	\$2,396.14	\$1,548.00	\$848.14	\$921.64	\$1,558.00	\$838.14	\$911.64
	Employee + 2 or more	\$3,114.98	\$1,983.00	\$1,131.98	\$1,235.83	\$2,003.00	\$1,111.98	\$1,215.83
ANTHEM BLUE CROSS EPO CALIFORNIA (Restricted to Del Norte County)	Employee Only	\$946.78	\$816.00	\$130.78	\$51.23	\$821.00	\$125.78	\$46.23
	Employee + 1	\$1,893.56	\$1,548.00	\$345.56	\$179.46	\$1,558.00	\$335.56	\$169.46
	Employee + 2 or more	\$2,461.63	\$1,983.00	\$478.63	\$271.00	\$2,003.00	\$458.63	\$251.00
BLUE SHIELD ACCESS+ CALIFORNIA	Employee Only	\$900.22	\$816.00	\$84.22	\$140.96	\$821.00	\$79.22	\$135.96
	Employee + 1	\$1,800.44	\$1,548.00	\$252.44	\$358.92	\$1,558.00	\$242.44	\$348.92
	Employee + 2 or more	\$2,340.57	\$1,983.00	\$357.57	\$504.30	\$2,003.00	\$337.57	\$484.30
BLUE SHIELD ACCESS+ EPO CALIFORNIA (Restricted to Colusa, Mendocino & Sierra Counties)	Employee Only	\$900.22	\$816.00	\$84.22	\$140.96	\$821.00	\$79.22	\$135.96
	Employee + 1	\$1,800.44	\$1,548.00	\$252.44	\$358.92	\$1,558.00	\$242.44	\$348.92
	Employee + 2 or more	\$2,340.57	\$1,983.00	\$357.57	\$504.30	\$2,003.00	\$337.57	\$484.30
BLUE SHIELD TRIO	Employee Only	\$742.70	\$742.70	\$0.00	\$0.00	\$742.70	\$0.00	\$0.00
	Employee + 1	\$1,485.40	\$1,485.40	\$0.00	\$0.00	\$1,485.40	\$0.00	\$0.00
	Employee + 2 or more	\$1,931.02	\$1,931.02	\$0.00	\$0.00	\$1,931.02	\$0.00	\$0.00
HEALTH NET SALUD Y MAS CALIFORNIA	Employee Only	\$486.51	\$486.51	\$0.00	\$0.00	\$486.51	\$0.00	\$0.00
	Employee + 1	\$973.02	\$973.02	\$0.00	\$0.00	\$973.02	\$0.00	\$0.00
	Employee + 2 or more	\$1,264.93	\$1,264.93	\$0.00	\$0.00	\$1,264.93	\$0.00	\$0.00
HEALTH NET SMARTCARE CALIFORNIA	Employee Only	\$1,007.13	\$816.00	\$191.13	\$126.36	\$821.00	\$186.13	\$121.36
	Employee + 1	\$2,014.26	\$1,548.00	\$466.26	\$329.72	\$1,558.00	\$456.26	\$319.72
	Employee + 2 or more	\$2,618.54	\$1,983.00	\$635.54	\$466.34	\$2,003.00	\$615.54	\$446.34

*This plan is restricted to employees in Unit 8, State University Police Association (SUPA) and requires membership.

HEALTH PLAN	Enrolled Employee & Eligible Dependents	2022 Total Monthly Premium	All Employee Groups (except Unit 6)			Unit 6		
			2022 Amount Paid by CSU	2022 Amount Paid by Employee	2021 Amount Paid by Employee	2022 Amount Paid by CSU	2022 Amount Paid by Employee	2021 Amount Paid by Employee
KAISER PERMANENTE CALIFORNIA	Employee Only	\$804.67	\$804.67	\$0.00	\$0.00	\$804.67	\$0.00	\$0.00
	Employee + 1	\$1,609.34	\$1,548.00	\$61.34	\$4.24	\$1,558.00	\$51.34	\$0.00
	Employee + 2 or more	\$2,092.14	\$1,983.00	\$109.14	\$43.21	\$2,003.00	\$89.14	\$23.21
KAISER PERMANENTE - OUT OF STATE	Employee Only	\$1,138.95	\$816.00	\$322.95	\$242.15	\$821.00	\$317.95	\$237.15
	Employee + 1	\$2,277.90	\$1,548.00	\$729.90	\$561.30	\$1,558.00	\$719.90	\$551.30
	Employee + 2 or more	\$2,961.27	\$1,983.00	\$978.27	\$767.39	\$2,003.00	\$958.27	\$747.39
PERS PLATINUM (formerly PERS Care and PERS Choice)	Employee Only	\$946.78	\$816.00	\$130.78	N/A	\$821.00	\$125.78	N/A
	Employee + 1	\$1,893.56	\$1,548.00	\$345.56	N/A	\$1,558.00	\$335.56	N/A
	Employee + 2 or more	\$2,461.63	\$1,983.00	\$478.63	N/A	\$2,003.00	\$458.63	N/A
PERS GOLD (formerly PERS Select)	Employee Only	\$650.38	\$650.38	\$0.00	\$0.00	\$650.38	\$0.00	\$0.00
	Employee + 1	\$1,300.76	\$1,300.76	\$0.00	\$0.00	\$1,300.76	\$0.00	\$0.00
	Employee + 2 or more	\$1,690.99	\$1,690.99	\$0.00	\$0.00	\$1,690.99	\$0.00	\$0.00
PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA (PORAC)*	Employee Only	\$750.00	\$750.00	\$0.00	\$0.00	N/A	N/A	N/A
	Employee + 1	\$1,449.00	\$1,449.00	\$0.00	\$0.00	N/A	N/A	N/A
	Employee + 2 or more	\$1,927.00	\$1,927.00	\$0.00	\$0.00	N/A	N/A	N/A
SHARP PERFORMANCE PLUS CALIFORNIA (Restricted to San Diego County)	Employee Only	\$699.21	\$699.21	\$0.00	\$0.00	\$699.21	\$0.00	\$0.00
	Employee + 1	\$1,398.42	\$1,398.42	\$0.00	\$0.00	\$1,398.42	\$0.00	\$0.00
	Employee + 2 or more	\$1,817.95	\$1,817.95	\$0.00	\$0.00	\$1,817.95	\$0.00	\$0.00
UNITEDHEALTHCARE ALLIANCE HMO CALIFORNIA	Employee Only	\$818.03	\$816.00	\$2.03	\$0.00	\$818.03	\$0.00	\$0.00
	Employee + 1	\$1,636.06	\$1,548.00	\$88.06	\$0.00	\$1,558.00	\$78.06	\$0.00
	Employee + 2 or more	\$2,126.88	\$1,983.00	\$143.88	\$27.59	\$2,003.00	\$123.88	\$7.59
UNITEDHEALTHCARE HARMONY HMO CALIFORNIA	Employee Only	\$737.35	\$737.35	\$0.00	N/A	\$737.35	\$0.00	N/A
	Employee + 1	\$1,474.70	\$1,474.70	\$0.00	N/A	\$1,474.70	\$0.00	N/A
	Employee + 2 or more	\$1,917.11	\$1,917.11	\$0.00	N/A	\$1,917.11	\$0.00	N/A
WESTERN HEALTH ADVANTAGE (Restricted to Bay Area, Sacramento, Humboldt, and other Northern regions)	Employee Only	\$741.26	\$741.26	\$0.00	\$0.00	\$741.26	\$0.00	\$0.00
	Employee + 1	\$1,482.52	\$1,482.52	\$0.00	\$0.00	\$1,482.52	\$0.00	\$0.00
	Employee + 2 or more	\$1,927.28	\$1,927.28	\$0.00	\$31.25	\$1,927.28	\$0.00	\$11.25

*This plan is restricted to employees in Unit 8, State University Police Association (SUPA) and requires membership.

CalPERS HMO Health Plan Benefits Summary

Category Description	Anthem Blue Cross		Blue Shield		Health Net		United HealthCare		Sharp	Kaiser Permanente
	Select	Traditional	Access+	Trio	Salud y Mas	SmartCare	Alliance	Harmony		
Calendar Year Deductible	N/A		N/A		N/A		N/A		N/A	N/A
Maximum Calendar Year Co-Pay										
Individual	\$1,500 (see EOC for other items not covered toward co-pay max limit. Co-pay excludes pharmacy)									
Family	\$3,000 (see EOC for other items not covered toward co-pay max limit. Co-pay excludes pharmacy)									
Lifetime Maximum Benefit	N/A		N/A		N/A		N/A		N/A	N/A
Hospital Admission Deductible										
Per Admission	N/A		N/A		N/A		N/A		N/A	N/A
Hospital										
Inpatient (medical & behavioral)	No Charge		No Charge		No Charge		No Charge		No Charge	No Charge
Outpatient Services (medical & behavioral)	No Charge		No Charge		No Charge		No Charge		No Charge	\$15
Outpatient Surgery	No Charge		No Charge		No Charge		No Charge		No Charge	\$15
Emergency Services	\$50 (waived if admitted as inpatient or observation as an outpatient)									
Ambulance Services	No Charge		No Charge		No Charge		No Charge		No Charge	No Charge
Physicians Services										
Office Visits	\$15		\$15		\$15		\$15		\$15	\$15
Urgent Care Visits	\$15		\$15		\$15		\$15		\$15	\$15
Inpatient Visits	No Charge		No Charge		No Charge		No Charge		No Charge	No Charge
Outpatient Visits	\$15		\$15		\$15		\$15		\$15	\$15
Periodic Health Exams/Preventive Care	No Charge		No Charge		No Charge		No Charge		No Charge	No Charge
Annual Gynecological Exam	No Charge		No Charge		No Charge		No Charge		No Charge	No Charge
Immunization/Inoculation	No Charge		No Charge		No Charge		No Charge		No Charge	No Charge
Allergy Testing	No Charge		No Charge		No Charge		No Charge		No Charge	\$15
Allergy Treatment	No Charge		No Charge		No Charge		No Charge		No Charge	No Charge
Baby Well Care	No Charge		No Charge		No Charge		No Charge		No Charge	No Charge
Pregnancy & Maternity Care	No Charge		No Charge		No Charge		No Charge		No Charge	No Charge
Vision Exam/Screening	No Charge (varies by plan for age 18 and over and may be limited)									
Diabetes Prevention	No Charge		No Charge		No Charge		No Charge		No Charge	No Charge
Diagnostic X-Ray/Lab	No Charge		No Charge		No Charge		No Charge		No Charge	May require co-pay
Prescription Drugs										
Retail Pharmacy (less than 30 days)	Generic: \$5 Preferred: \$20 Non-Preferred: \$50									Generic \$5 Preferred \$20
Retain Pharmacy Maintenance Medication filled after 2nd fill (i.e. medication 60+ days)	Generic: \$10 Preferred: \$40 Non-Preferred: \$100 (not to exceed 30-day supply)									N/A
Mail Order Pharmacy Program	Generic: \$10 Preferred: \$40 Non-Preferred: \$100 (not to exceed 90-day supply for maintenance medication)									Generic \$10 Preferred \$40 (31-100 day supply)
Maximum co-pay per person per year	\$1,000 (excludes non-preferred brands)									N/A
Occupational / Physical / Speech Therapy										
Inpatient (hospital or skilled nursing facility)	No Charge		No Charge		No Charge		No Charge		No Charge	No Charge
Outpatient (office and home visits)	\$15		\$15		\$15		\$15		\$15	\$15
Durable Medical Equipment	No Charge		No Charge		No Charge		No Charge		No Charge	No Charge
Acupuncture	\$15 per visit (acupuncture/chiropractic; combined 20 visits per calendar year)									
Chiropractic										

CalPERS PPO Health Plan Benefits Summary

Category Description	PERS Gold (Formerly PERS Select)		PERS Platinum (Formerly PERS Care/Choice)		
	PPO	Non-PPO	PPO	Non-PPO	
Calendar Year Deductible^o	Individual \$1,000 / Family \$2,000 (not transferable between plans)		Individual \$500 / Family \$1,000 (not transferable between plans)		
Maximum Calendar Year Co-Pay	Individual \$3,000/Family \$6,000	N/A	Individual \$2,000/Family \$4,000	N/A	
Lifetime Maximum Benefit	N/A				
Hospital Admission Deductible	N/A				
Per Admission	N/A		\$250		
Hospital	N/A				
Inpatient (medical & behavioral)	20% *		40%	10%	40%
Outpatient Services (medical & behavioral)	20% *		40%	10%	40%
Outpatient Surgery	20% *		40%	10%	40%
Emergency Room Deductible	\$50 (applies to hospital emergency room charges only)				
Emergency Services	20% (applies to other services rendered)		10% (applies to other services rendered)		
Non-Emergency Services (waived if admitted as inpatient or for observation as an outpatient)	20% (payment for physician charges only; not emergency room)	40% (payment for physician charges only; not emergency room)	10% (payment for physician charges only; not emergency room)	40% (payment for physician charges only; not emergency room)	
Ambulance Services	20%	40%	10%	40%	
Physicians Services	N/A				
Office Visits	\$35 (\$10 for primary physician)	40%	\$20 (\$35 for specialist)	40%	
Urgent Care Visits	\$35	40%	\$35	40%	
Outpatient Visits	\$20	40%	\$20	40%	
Inpatient Visits	\$0	40%	10%	40%	
Periodic Health Exams/Preventive Care	No Charge	40%	No Charge	40%	
Annual Gynecological Exam	No Charge	40%	No Charge	40%	
Immunization/Inoculation	No Charge	40%	No Charge	40%	
Allergy Testing	20%	40%	10%	40%	
Allergy Treatment	20%	40%	10%	40%	
Baby Well Care	No Charge	40%	No Charge	40%	
Pregnancy & Maternity Care	20%	40%	10%	40%	
Diabetes Prevention	No Charge	40%	No Charge	40%	
Infertility Testing/Treatment	Not Covered				
Diagnostic X-Ray/Lab	20%	40%	10%	40%	
Prescription Drugs	N/A				
Retail Pharmacy (less than 30 days)	Generic: \$5 Preferred: \$20 Non-Preferred: \$50				
Retail Pharmacy Maintenance Medication filled after 2nd fill (i.e. medication 60+ days)	Generic: \$10 Preferred: \$40 Non-Preferred: \$100 (not to exceed 30-day supply)				
Mail Order Pharmacy Program	Generic: \$10 Preferred: \$40 Non-Preferred: \$100 (not to exceed 90-day supply for maintenance medication)				
Maximum co-pay per person per year	\$1,000				
Occupational / Physical / Speech Therapy	N/A				
Inpatient (hospital or skilled nursing facility)	No Charge				
Outpatient (office and home visits)	20%	20% - 40%	10%	10%-40%	
Durable Medical Equipment	20%	40%	10%	40%	
Acupuncture	N/A				
Chiropractic	\$15 per visit (acupuncture/chiropractic: combined 20 visits per calendar year)				

^o Incentives available to reduce individual deductible (max. \$500) or family deductible (max. \$1,000) include: getting a biometric screening (\$100 credit); receiving a flu shot (\$100 credit); getting a non-smoking certification (\$100 credit); getting a virtual second opinion (\$100 credit); and getting a condition care certification (\$100 credit).

* Coinsurance waived for deliveries if enrolled in Future Moms Program