

CFFA
Health Benefits Summary 2017
Plan Year

| | Kaiser HMO \$15 / \$0 Kaiser Hospitals | Anthem Blue Cross HMO \$15 / \$0 Community Hospitals | Blue Cross PPO 80/60% \$500 Deductible St. Agnes & Community | Blue Cross HDHP 100/50% \$3000 / 6000 Deductible St. Agnes & Community |
|--|---|--|---|---|
| Rates shown are for preferred providers | | | | |
| <i>NOTE: The Annual Medical Deductible must be paid except where noted as "waived", before medical insurance benefits are received from the health plan.</i> | | | | |
| Annual Deductible (Individual) | None | None | \$500/\$1000 | \$3000/\$6000 |
| Maximum out of Pocket (OOP) (annually, per individual/family) | \$1500/\$3000 | \$1000/\$2000 | \$3,000/\$6,000-PPO \$10,000/20,000-NonPPO | \$3,000/\$6,000 -PPO \$5,000/\$10,000 - NonPPO |
| Provider Network | Permanente | Sante | Anthem Blue Cross PPO | Anthem Blue Cross PPO |
| Maximum Lifetime Benefits (per individual) | unlimited | unlimited | unlimited | unlimited |
| Hospitalization - inpatient | No Charge | No Charge | \$250 + 20% | No Charge |
| Hospital - outpatient | \$15 | No Charge | \$125 + 20% | No Charge |
| Office Visits - Primary Care Physician | \$15 | \$15 | \$35 (deductible waived) | No Charge |
| Office Visits-Specialist | \$15 (referral required) | \$15 | \$35 (deductible waived) | No Charge |
| Preventative | | | | |
| Laboratory & X-ray | No Charge | No Charge | No charge, x-ray excluded | No Charge |
| Allergy Testing/Treatment | \$15 Testing/\$5 Treatment (serum included) | \$15 copay serum & injections | 20% | No Charge |
| Hearing Exam/Screening | No Charge | No Charge | No Charge, Deductible Waived | No Charge, Deductible Waived |
| Immunization/Inoculation | No Charge | No Charge | No Charge, Deductible Waived | No Charge, Deductible Waived |
| Well Woman Exam | No Charge | No Charge | No Charge, Deductible Waived | No Charge, Deductible Waived |
| Annual Physical Exam | No Charge | No Charge | No Charge, Deductible Waived | No Charge, Deductible Waived |
| Well Baby Care | No Charge | No Charge | No Charge, Deductible Waived | No Charge, Deductible Waived |
| Inpatient Hospital Doctor Visits | No Charge | No Charge | \$250 + 20% | No Charge |
| Outpatient Surgery/Anesthesia | No Charge | No Charge | 20% | No Charge |
| Vision Exam (Refraction-Adult & Child) | No Charge | Not Covered | Not Covered | Not Covered |
| Diagnostic X-ray & Labs (DXL) | \$10 | No Charge | No Charge except MRI other scans | No Charge |
| Durable Medical Equipment (DME) | 20% includes diabetic testing supplies | No Charge | 20% | No Charge |
| Covered Prescription Drugs (up to 1 mo supply) | \$10 for generic \$30 for brand | \$10 generic \$20 formulary brand-name \$35 non-formulary | \$10 generic \$20 formulary brand-name \$35 non-formulary | No Charge |
| Covered Prescription Drugs Mail Order (up to 3 mos. supply) | \$20 for generic \$60 for brand name up to 100 day supply | \$20 generic \$40 formulary brand-name \$60 non-formulary | \$20 generic \$40 formulary brand-name \$60 non-formulary | No Charge |
| Ambulance | \$100 | No Charge | 20% | No Charge |
| Emergency Room | \$100 | \$100 | \$100 + 20% | No Charge |
| Mental Health - inpatient | No Charge | No Charge | \$250 per admission plus 20% | No Charge |
| Mental Health - outpatient | \$15 | \$15 | \$35 | No Charge |
| Substance Abuse - inpatient | No Charge | No Charge | \$250 per admission plus 20% | No Charge |
| Substance Abuse - outpatient | \$5 group visit, \$15 individual visit | \$15 | \$35 | No Charge |
| Home Health Services | No Charge, 100 visits | \$15, 100 Visits | 20% up to 100 per year | No Charge |
| Physical, Occupational, & Speech Therapy | \$15 | \$15/visit - 60 day limit. | \$35 | No Charge |
| Skilled Nursing Facility (SNF) | No Charge up to 100 days | No Charge up to 100 day max | 20% up to 100 days | No Charge |
| Hospice | No Charge | No Charge | No Charge | No Charge |
| Acupuncture | \$15/visit, up to 30 per year, referral req | \$10/visit 40 per year combined | 20%, up to 20 per year | No charge up to 12 per year |
| Chiropractic | \$15/visit, up to 30 per year | \$10/visit 40 per year combined | \$25/visit, up to 12 per year | No Charge up to 24 per year |
| Employee Assistance Plan | 3, individual or family visits, per 6 months. Psychological & Emotional, Marital Relationship, Parental Guidance, Substance Abuse, Work Performance, Legal & Financial referral. No co-pay. | | | |
| Dental Plan Co-payment | 20% of UCR, plus balance over UCR allowance for all covered services in network (40% out of network for major services) except implants. 100% some preventative services if in Network | | | |
| Dental Plan Maximum Benefit | 50% of UCR, plus balance over UCR allowance for implant services | | | |
| Vision Plan Co-payment | \$25 for exam and/or for eyewear + balance over materials allowance | | | |
| Allowable Frequency of use | 12 months each, for exam, lenses and frames or contacts in lieu of lenses and frames | | | |
| Frame Allowance | \$100 or \$120 for Featured Name Brands | | | |
| Contact lens Allowance | \$150 toward total cost per year or \$250 per year if medically necessary | | | |
| Life Insurance | \$25,000 per employee, \$10,000 legal spouse (except if employed by City of Clovis) \$10,000 each child age 6-months to 19-years, then to age 25 if full-time student | | | |
| Voluntary Life Insurance Paid 100% by employee. | \$10,000 to \$500,000 for employee or spouse (50% of EE), subject to Evidence of Insurability. \$2,000 for each child, available only if parent insured. Paid by employee through payroll deduction. | | | |
| CFFA Employee Cost Per Month - 2017 Plan Year | | | | |
| Coverage Type | Kaiser HMO \$15 / \$0 | Anthem Blue Cross HMO \$15 / \$0 | Anthem Blue Cross PPO 80% / \$500 | Anthem Blue Cross HDHP 3000/6000 |
| Total Health Coverage | | | | |
| Employee Only | \$62.24 | \$113.24 | \$148.24 | \$0.00 |
| Employee Plus Child(ren) | \$110.24 | \$216.24 | \$281.24 | \$0.00 |
| Employee & Spouse | \$127.89 | \$253.89 | \$327.89 | \$0.00 |
| Employee, Spouse & Child(ren) - Family | \$181.84 | \$370.84 | \$475.84 | \$0.00 |
| | | | | Health Savings Account Inc. |
| Employee Only | | For the 2017 Plan Year, current employees will be eligible for the incentive at the benefit level at which they were enrolled in the 2016 plan year (EE, ES, EC, EF), regardless of plan. New employees will receive the appropriate level for which they are enrolling. | | \$30.00 |
| Employee Plus Child(ren) | | | | \$60.00 |
| Employee & Spouse | | | | \$70.00 |
| Employee, Spouse & Child(ren) - Family | | | | \$100.00 |
| WAIVER | Employees not electing any health coverage for themselves or their families will receive a monthly health rebate of \$420. Life and EAP will continue at no cost. | | | |