CPWEA
Health Benefits Summary 2017 Plan Year

	Kaiser HMO $15 / $0 Kaiser Hospitals	Anthem Blue Cross HMO $15 / $0 Community Hospitals	Anthem Blue Cross PPO 80/60% $500 Deductible St. Agnes & Community	Anthem Blue Cross HDHP 100/50% $3000 / 6000 Deductible St. Agnes & Community
			Rates shown are for preferred providers	
			NOTE: The Annual Medical Deductible must be paid except where noted as "waived", before medical insurance benefits are received from the health plan.	
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 50% of UCR, plus balance over UCR allowance for implant services			
Dental Plan Maximum Benefit	$2,000 per person, per Calendar Year for covered services in network, $1,500 out of network. Out of network deductible $25 Individual/$75 Family			
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.			

CPWEA 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	**$30.72**	**$81.72**	**$116.72**	**$0.00**
Employee Plus Child(ren)	**$78.73**	**$184.73**	**$249.73**	**$0.00**
Employee & Spouse	**$96.37**	**$222.37**	**$296.37**	**$0.00**
Employee, Spouse & Child(ren) - Family	**$150.32**	**$339.32**	**$444.32**	**$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**
		CPWEA rates include the deferred compensation monthly discount of:		**$31.51**
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.			

This is not a contract; for complete coverage details please see the Evidence of Coverage/Disclosure Form or SBC

10/24/2016