



2016 BENEFITS-AT-A-GLANCE

MEDICAL BENEFITS									
	Blue Shield (Gold) PPO			Blue Shield Access+ HMO 15			Blue Shield EPO		
Bi-Weekly Rates	Employee Share	Employer Share	Total Rate	Employee Share	Employer Share	Total Rate	Employee Share	Employer Share	Total Rate
Employee Only	\$0.00	\$314.47	\$314.47	\$0.00	\$394.98	\$394.98	\$0.00	\$368.14	\$368.14
Employee + 1	\$37.79	\$591.63	\$629.42	\$47.57	\$743.79	\$791.36	\$44.18	\$692.10	\$736.28
Employee + 2 or more	\$60.45	\$757.75	\$818.20	\$75.93	\$951.76	\$1,027.69	\$70.73	\$886.81	\$957.54
	In-Network		Out-of-Network	In-Network Only (Not available to Out-Of-State or Medicare Participants)			In-Network Only (Not available to Medicare Participants)		
**Annual Deductible				None					
Individual			\$500				\$300		
Family			\$1,000				\$600		
Out-of-Pocket Maximum									
Individual			\$2,000				\$1,300		
Family			\$4,000				\$2,600		
Physician Visit	\$20 copay		50%	\$15 copay			\$30 copay		
Prescription Drugs - Express Scripts	Deductible \$0			Deductible \$0			Deductible \$200 <small>(for brand, non-formulary, & specialty)</small>		
Out-of-Pocket Maximum	\$4,600 / \$9,200			\$5,100 / \$10,200			\$5,300 / \$10,600		
Retail (up to a 30 day supply)									
Generic	\$5 copay			\$5 copay			\$10 copay		
Brand Name*	\$30 copay*			\$10 copay*			\$20 copay*		
Non-Formulary	\$45 copay			\$25 copay			\$45 copay		
Specialty Drugs	30% of drug cost with max copay \$150			20% of drug cost with a \$100 copay maximum			30% of drug cost with max copay \$150		
Mail Order (90 day supply)									
Generic	\$10 copay			\$10 copay			\$15 copay		
Brand Name*	\$75 copay*			\$20 copay*			\$50 copay*		
Non-Formulary	\$112.50 copay			\$50 copay			\$112.50 copay		
Specialty Drugs	30% of drug cost with max copay \$300			20% with a \$100 copay maximum			30% of drug cost with max copay \$150		

**Annual deductible amounts count toward the out-of-pocket maximum.

*If generic is available, you will pay appropriate copay plus the difference in cost between the brand name and generic.

Retail Refill Allowance for Gold and EPO Plans: Prescriptions filled at the retail pharmacy can be filled 3 times at the retail store, after the 3rd fill prescriptions will need to be filled via mail order. If a member goes to the retail store pharmacy on the 4th fill the co-payment for the prescription will be the same co-pay as the mail order but will only be a 30-day supply. Receiving the prescriptions via Mail order provides a 90 day supply.

DENTAL BENEFITS			
<p>Otay Water's dental provider is Delta Dental PPO. Delta Dental offers access to some of the largest dentist networks in the U.S. by offering a PPO Dental Network as well as Premier Network. By choosing a dentist in either network, you will be saving money as compared to going to a non-Delta Dental dentist. Delta Dental dentists may be found on their website: www.deltadentalins.com</p>			
Bi-Weekly Rates	Employee Share	Employer Share	Total Rate
Employee Only	\$0.00	\$25.54	\$25.54
Employee + 1	\$1.83	\$38.96	\$40.79
Employee + 2 or more	\$4.18	\$56.21	\$60.39
	In-Network		Out-of-Network
Annual Deductible			
Individual* (calendar year)			\$50
Family* (calendar year)			\$150
Annual Plan Maximum (calendar year)	\$2,000 per person		
Preventive and diagnostic care such as routine exams, cleanings, X-rays, and sealants	100%	100%	
Basic treatment such as simple fillings and simple tooth extractions	90%	80%	
Major treatment such as crown, inlays, onlays, cast restorations, bridges, and dentures	60%	50%	
Orthodontia Services (no age limit)	50% up to a \$500 lifetime max benefit	50% up to a \$500 lifetime max benefit	

*Deductible is waived for Diagnostic & Preventive Services