



## 2017 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	\$326.31	\$326.31	\$0.00	\$359.08	\$359.08	\$0.00	\$381.69	\$381.69
Employee + 1	\$39.16	\$613.46	\$652.62	\$43.31	\$676.69	\$720.00	\$45.80	\$717.58	\$763.38
Employee + 2 or more	\$62.64	\$785.67	\$848.31	\$69.12	\$865.96	\$935.08	\$73.33	\$919.44	\$992.77
	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)		
<b>**Annual Deductible</b>				None			\$300		
Individual			\$500				\$600		
Family			\$1,000						
<b>Out-of-Pocket Maximum</b>				\$1,500			\$1,300		
Individual			\$2,000				\$2,600		
Family			\$4,000						
<b>Physician Visit</b>	\$20 copay		50%	\$15 copay			\$30 copay		
<b>Prescription Drugs - Express Scripts</b>	Deductible \$0			Deductible \$0			Deductible \$200 <small>(for brand, non-formulary, &amp; specialty)</small>		
<b>Out-of-Pocket Maximum</b>	\$4,600 / \$9,200			\$5,100 / \$10,200			\$5,300 / \$10,600		
<b>Retail (up to a 30 day supply)</b>				\$5 copay			\$10 copay		
Generic			\$5 copay				\$20 copay*		
Brand Name*			\$30 copay*				\$45 copay		
Non-Formulary			\$45 copay				30% of drug cost with max copay \$150		
Specialty Drugs			30% of drug cost with max copay \$150	20% of drug cost with a \$100 copay maximum					
<b>Mail Order (90 day supply)</b>				\$10 copay			\$15 copay		
Generic			\$10 copay				\$50 copay*		
Brand Name*			\$75 copay*				\$112.50 copay		
Non-Formulary			\$112.50 copay				30% of drug cost with max copay \$150		
Specialty Drugs			30% of drug cost with max copay \$300	20% with a \$100 copay maximum					

\*\*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: <a href="http://www.deltadentalins.com">www.deltadentalins.com</a></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
<b>Annual Deductible</b>			
Individual* (calendar year)			\$50
Family* (calendar year)			\$150
Annual Plan Maximum (calendar year)			\$2,000 per person
<b>Preventive and diagnostic care</b> such as routine exams, cleanings, X-rays, and sealants	100%		100%
<b>Basic treatment</b> such as simple fillings and simple tooth extractions	90%		80%
<b>Major treatment</b> such as crown, inlays, onlays, cast restorations, bridges, and dentures	60%		50%
<b>Orthodontia Services</b> (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