



Rates & Benefits

In Effect October 1, 2020 - September 30, 2021



10 Equal Paychecks				
	Plan G-1	Plan G-2	Plan K	Plan M
2020 - 2021 EMPLOYEE DEDUCTIONS (INCLUDES DENTAL AND VISION)				
Employee Contribution: 10 Paychecks	\$150	\$125	\$115	\$100
Child Surcharge (Up to 3): 10 paychecks	\$270			
Spousal Surcharge: 10 paychecks	\$705			
PROFESSIONAL SERVICES - IN NETWORK BENEFIT COMPARISON				
Office Visit co-pay (1 st 3 Primary Care visits \$0 copay)	\$30		\$40	
Urgent Care co-pay	\$30		\$40	
Specialists/Consultants co-pay	\$30		\$40	
Prenatal, postnatal office visit co-pay	\$30		\$40	
Scans: CT, CAT, MRI, PET etc.	20%			
Diagnostic X-ray & Laboratory Procedures	20%			
Infertility (diagnosis/treatment of causes of infertility)	Not covered			
Preventive Care Services (includes physical exams & screenings)	0%, Deductible Waived			
CALENDAR YEAR DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM				
Individual/Family Deductibles	\$500 / \$1,000	\$500 / \$1,000	\$1,000 / \$2,000	\$3,000 / \$6,000
Individual/Family Out-of-Pocket Max (includes deductibles and co-pays)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$4,000 / \$8,000
HOSPITAL & SKILLED NURSING FACILITY SERVICES - IN NETWORK BENEFIT COMPARISON				
Emergency Room visit co-pay (waived if admitted)	20%, \$100 co-pay			
Inpatient Hospital co-pay (preauthorization required)	20%			
Outpatient Hospital co-pay	20%			
Surgery, Outpatient (performed in an Ambulatory Surgery Center)	20%			
Surgery, Outpatient (performed in a Hospital)	20%			
MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT - IN NETWORK BENEFIT COMPARISON				
INPATIENT CARE: Facility based care (preauthorization required)	20%			
OUTPATIENT CARE: Facility based care (preauthorization required)	Deductible waived office visit co-pay applies			
Rx DRUG PLANS – IN NETWORK BENEFIT COMPARISON				
<i>Free Generic Drugs available at Costco for Plan G1 only, Plans G2, K and M have reduced Copays for Generic Prescriptions filled at Costco</i>				
Individual / Family: Brand / Specialty Deductible	\$0 / \$0	\$200 / \$500		
Individual / Family: Out of Pocket Maximum	\$2,500 / \$3,500	\$2,500 / \$3,500		
Retail 30 Day Supply: Generic / Brand	\$9 / \$35	\$15 / \$50		
Mail 90 Day Supply: Generic / Brand	\$0 / \$90	\$15 / \$135		
Costco Retail 30 Day Supply: Generic / Brand	\$0 / \$35	\$5 / \$50		
Costco Retail 90 Day Supply: Generic / Brand	\$0 / \$90	\$15 / \$135		
OTHER SERVICES				
Acupuncture - Limits apply	20%			
Ambulance (Ground or Air)	20%			
Chiropractic - Limits apply	20%			
Durable Medical Equipment (DME)	20%			
Physical and Occupational Therapy - Limits apply	20%			

This is a brief summary of benefits and is not intended to be a complete description of health plans. For detailed information, please refer to The Summary Plan Description (SPD), Evidence of Coverage (EOC), SISC website or contact the carrier.