Rates & Benefits

In Effect October 1, 2020 – September 30, 2021

11 Equal Paychecks				
	Plan G-1	**Plan G-2**	**Plan K**	**Plan M**
2020 - 2021 EMPLOYEE DEDUCTIONS (INCLUDES DENTAL AND VISION)				
Employee Contribution: 11 Paychecks	$136.36	$113.64	$104.55	$90.91
Child Surcharge (Up to 3): 11 paychecks	$245.45			
Spousal Surcharge: 11 paychecks	$640.91			
PROFESSIONAL SERVICES - IN NETWORK BENEFIT COMPARISON				
Office Visit co-pay *(1st 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	***Free Generic Drugs available at Costco for Plan G1 only, Plans G2, K and M have reduced Copays for Generic Prescriptions filled at Costco***			
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.