



Cuesta College - Faculty SISC Blue Cross PPO Plans Comparison Effective January 1, 2006

| PLANS | 40303-A PBC 80-Plan F \$20 | | 40303-B PBC 80-Plan G \$20 | | 40303-C PB BASE | | High Deductible Health Plan A HSA Compatible | |
|---|--|-------------------------------------|--|----------------------------------|---|-------------------------------------|---|-------------------------------------|
| | Participating Providers | Non-Participating Providers | Participating Providers | Non-Participating Providers | Participating Providers | Non-Participating Providers | Participating Providers | Non-Participating Providers |
| Services | Prudent Buyer Prudent Buyer | | Prudent Buyer Prudent Buyer | | Prudent Buyer Prudent Buyer | | Prudent Buyer Prudent Buyer | |
| Provider Network(s): | | | | | | | | |
| Hospital | | | | | | | | |
| Professional | | | | | | | | |
| Calendar Year Deductible(s) | \$400 per individual up to \$800 per family | | \$500 per individual up to \$1,000 per family | | \$2,000 per individual up to \$4,000 per family | | \$1,200 per individual or \$2,400 per family | |
| Maximum Co-Insurance | \$1,000 per individual up to \$3,000 per family | | \$1,000 per individual up to \$3,000 per family | | \$3,000 per individual up to \$6,000 per family | | NOTE: This plan has an Annual Out-of-Pocket Maximum that includes the deductible, co-pays and co-insurance. Out-of-Pocket Max is \$5,000 per individual or \$10,000 per family | |
| Co-insurance is the member's responsibility to pay when the plan is paying less than 100% (i.e. plan pays 80%, member pays the other 20%) | Once the member's 20% co-insurance totals \$1,000, the plan will pay 100% of the allowable amount for the remainder of the calendar year. | | Once the member's 20% co-insurance totals \$1,000, the plan will pay 100% of the allowable amount for the remainder of the calendar year. | | Once the member's 20% co-insurance totals \$3,000, the plan will pay 100% of the allowable amount for the remainder of the calendar year. | | | |
| Lifetime Maximum | \$5,000,000 | | \$5,000,000 | | \$5,000,000 | | \$5,000,000 | |
| Inpatient Hospital Room, Board & Support Services (prior authorization required) | 80% | \$540 - \$580 per day | 80% | \$540 - \$580 per day | 80% | \$540 - \$580 per day | 90% | \$540 - \$580 per day |
| Ambulatory Surgery Center | 80% | \$50 co-pay 50% | 80% | \$50 co-pay 50% | 80% | \$50 co-pay 50% | 90% | \$350 per day |
| Emergency Room (non-emergency) Facility Expenses: | \$50 co-pay | | \$50 co-pay | | \$50 co-pay | | \$100 co-pay | |
| Professional Expenses: | 80% | 50% | 80% | 50% | 80% | 50% | 90% | 50% |
| Surgeon & Anesthetist | 80% | Non-Par Fee | 80% | Non-Par Fee | 80% | Non-Par Fee | 90% | Non-Par Fee |
| Accident Care (Professional) (initial care) | 80% | 80% C&R | 80% | 80% C&R | 80% | 80% C&R | 90% | 90% C&R |
| Preventative Care (age 0 - 25) | Ded Waived 80% | Non-Par Fee | Ded Waived 80% | Non-Par Fee | Ded Waived 80% | Non-Par Fee | Age 0 - 6 Deductible Waived \$25 co-pay per visit | Non-Par Fee |
| Routine Exam Employee & Spouse | Ded Waived 80% | Non-Par Fee | Ded Waived 80% | Non-Par Fee | Ded Waived 80% | Non-Par Fee | Ages 7 and older Deductible Waived \$25 co-pay per visit | Non-Par Fee |
| Prostate Cancer Screening | Up to \$200 per year | | Up to \$200 per year | | Up to \$200 per year | | Ded. Waived 90% | Non-Par Fee |
| Cervical Cancer Screening | Ded Waived 80% | Non-Par Fee | Ded Waived 80% | Non-Par Fee | Ded Waived 80% | Non-Par Fee | Ded. Waived 90% | Non-Par Fee |
| Breast Cancer Screening & Supplies | Ded Waived 80% | Non-Par Fee | Ded Waived 80% | Non-Par Fee | Ded Waived 80% | Non-Par Fee | Ded. Waived 90% | Non-Par Fee |
| Diagnostic X-Ray & Lab | 80% | Non-Par Fee | 80% | Non-Par Fee | 80% | Non-Par Fee | 90% | Non-Par Fee |
| Psychiatric & Substance Abuse Inpatient (30 days/yr) Outpatient | Carved from medical and replaced with BHP (see summary) | | Carved from medical and replaced with BHP (see summary) | | Covered in major medical 80% \$250 - \$270 per day 50% up to \$20 50% Non-Par to \$20 | | Covered in major medical 80% \$250 - \$270 per day 50% up to \$20 50% Non-Par to \$20 | |
| Office Visits | Ded Waived \$20 co-pay | Non-Par Fee | Ded Waived \$20 co-pay | Non-Par Fee | Ded Waived \$30 co-pay | Non-Par Fee | 90%, after deductible has been satisfied | Non-Par Fee |
| Physical Therapy (medically necessary) | 80% | Non-Par Fee | 80% | Non-Par Fee | Physical Therapy/Chiro Combined 12 visits per year | | Physical Therapy/Chiro Combined 12 visits per year | |
| Acupuncture | 80% | Non-Par Fee | 80% | Non-Par Fee | 80% up to \$25 per visit | Non-Par Fee up to \$25 per visit | 90% up to \$25 per visit | Non-Par Fee up to \$25 per visit |
| Durable Medical Equipment | 80% | 80% C&R | 80% | 80% C&R | 12 visits per year | | 12 visits per year | |
| Hospice (\$10,000 maximum per member) | 80% | 80% | 80% | 80% | 80% up to \$30 per visit | Non-Par Fee up to \$30 per visit | 90% up to \$30 per visit | Non-Par Fee up to \$30 per visit |
| Ambulance | 80% | 80% | 80% | 80% | 80% | 80% C&R | 90% | 90% C&R |
| Home Health Care 100 visits/yr (prior authorization required) | 80% | Non-Par Fee | 80% | Non-Par Fee | 80% | 80% | 90% | 90% |
| Home Infusion | 80% | 100%/\$600 max | 80% | 100%/\$600 max | 80% | 80% | 90% | 90% |
| Chiropractic Services (26 visits per yr) | 80% up to \$50 per visit | Non-Par Fee up to \$25 per visit | 80% up to \$50 per visit | Non-Par Fee up to \$25 per visit | 80% | Non-Par Fee | 90% | Non-Par Fee |
| Outpatient Prescription Drugs | Medco Rx Plan \$7-25 | | Medco Consumer Share Rx Plan * | | Medco Rx Base Plan | | Wellpoint Rx Plan | |
| Supply | Retail 30 days | Mail 90 days | Retail 30 days | Mail 90 days | Retail 30 days | Mail 90 days | 90%, after deductible has been satisfied Rx benefits are covered under major medical. When ID card is shown, Wellpoint will give a small discount and costs will be applied towards the members deductible. Members must pay for the medication, then after the deductible is satisfied, the plan will pay 90%. | |
| Brand Name Calendar Year Deductible | Not applicable | | Not applicable | | \$200 per individual up to \$500 per family | | | |
| Generic Drugs | \$7 | \$14 | Tier 1 - \$5 | Tier 1 - \$10 | \$10 | \$25 | | |
| Brand Name Drugs | \$25 | \$60 | Tier 2 - \$15 | Tier 2 - \$35 | \$35 | \$90 | | |
| Brand Name Drugs | \$25 | \$60 | Tier 3 - \$35 | Tier 3 - \$80 | \$35 | \$90 | | |
| | This plan carves behavioral health and Rx from medical. Co-pays, Deductibles and Co-insurance do not apply towards each other and are separate types of member payments. | | This plan carves behavioral health and Rx from medical. Co-pays, Deductibles and Co-insurance do not apply towards each other and are separate types of member payments. | | This plan does not carve out behavioral health. Medical Co-pays, Deductibles and Co-insurance do not apply towards each other and are separate types of member payments. The Rx deductible is a separate deductible from the medical. | | This is a unique plan design with BH and Rx included with medical. Member or Family must satisfy the deductible before the plan pays anything. This plan has no last quarter roll over. | |

This sheet is only a brief summary of benefits. Please refer to the Plan Description provided by Blue Cross to your district for detailed information or contact the customer service number on your ID card.