

ASCIP Blue Shield of California PPO Plan Offerings



	Plan I		Plan II	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
General Benefits				
Calendar Year Deductible				
<i>Standard Plan:</i>	Individual: \$500; Family \$1,000		Individual: \$750; Family \$1,500	
<i>Optional Plan:</i>	Individual: \$250; Family \$500		Individual: \$500; Family \$1,000	
Calendar Year Medical Out-of-Pocket Maximum ²	Individual: \$1,000; Family: \$2,000	Individual: \$3,000; Family: \$6,000	Individual: \$2,000; Family: \$4,000	Individual: \$4,000; Family: \$8,000
Medical Benefits				
Physician Office Visits	\$20 copay ³	70%	\$20 copay ³	60%
Specialist Office Visits	\$20 copay ³	70%	\$20 copay ³	60%
X-Ray and Lab Tests	90%	70%	80%	60%
Chiropractic Care 20 visits per calendar year	\$20 copay ³	70% after \$20 copay ³	\$20 copay ³	60% after \$20 copay ³
Hospital Benefits				
Room & Board and Surgeon's Fees	90%	70%	80% after separate \$250 copay per admission	60%
Emergency Room	\$50 copay; waived if admitted	\$50 copay; waived if admitted	\$100 copay; waived if admitted	\$100 copay; waived if admitted
Additional charges will apply when accessing emergency care for a non-emergency.				
Mental Health and Substance Abuse Benefits				
Mental Health and Substance Abuse is covered as any other illness, in accordance with the Mental Health Parity and Addiction Equity Act.				
Prescription Drug Benefits – Provided through Navitus Health Solutions⁴				
Retail (30-day supply) <i>Standard Plan</i>	Generic: \$10; Brand formulary: \$20; Non-formulary: \$35	Applicable in-network copay plus difference in cost	Generic: \$15; Brand formulary: \$30; Non-formulary: \$45	Applicable in-network copay plus difference in cost
<i>Optional Plan</i>	Generic: \$5; Brand formulary: \$15; Non-formulary: \$30	Applicable in-network copay plus difference in cost	N/A	N/A
The copays above cover up to a 30-day supply. Mail order is available which can reduce participant out-of-pocket expenses.				

- 1 Reimbursement based on Blue Shield approved charges. Member is responsible for copayment in addition to any charges above allowable amounts.
- 2 In compliance with the Affordable Care Act (ACA), all medical deductibles and copayments for in-network benefits will be included in the medical out-of-pocket plan maximum, effective October 1, 2015.
- 3 Deductible waived.
- 4 In compliance with the Affordable Care Act (ACA), all in-network prescription copayments will be included in the prescription out-of-pocket maximum of \$2,500 individual/\$3,500 family, effective October 1, 2015.

See the back of this page for the Blue Shield HMO Plan Options

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ASCIP Blue Shield HMO Plan Offerings



	\$10 Plan	\$20 Plan	\$25 Plan	\$30 Plan
In-Network Providers Only				
General Benefits				
Calendar Year Deductible	None	None	None	None
Calendar Year Medical Out-of-Pocket Maximum ¹	Individual: \$1,000; Family: \$2,000	Individual: \$1,500; Family: \$3,000	Individual: \$2,000; Family: \$4,000	Individual: \$1,500; Family: \$3,000
Medical Benefits				
Physician Office Visits	\$10 copay	\$20 copay	\$25 copay	\$30 copay
Specialist Office Visits	\$10 copay	\$20 copay	\$25 copay	\$30 copay
X-Ray and Lab Tests	No charge	No charge	No charge	No charge
Chiropractic Care <i>Optional Rider</i> <i>30 visits per calendar year</i>	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Hospital Benefits				
Room & Board and Surgeon's Fees	No charge	\$250 copay per stay	\$500 copay per stay	20%
Emergency Room	\$100 copay; waived if admitted	\$100 copay; waived if admitted	\$100 copay; waived if admitted	\$150 copay; waived if admitted
Additional charges will apply when accessing emergency care for a non-emergency.				
Mental Health and Substance Abuse Benefits				
Mental Health and Substance Abuse is covered as any other illness, in accordance with the Mental Health Parity and Addiction Equity Act.				
Prescription Drug Benefits – Provided through Navitus Health Solutions²				
Retail (30-day supply) ³ <i>Option 1</i>	Generic: \$5; Brand formulary: \$15; Non-formulary: \$30			
<i>Option 2</i>	Generic: \$10; Brand formulary: \$20; Non-formulary: \$35			
<i>Option 3</i>	Generic: \$15; Brand formulary: \$30; Non-formulary: \$45			
The copays above cover up to a 30-day supply. Mail order is available which can reduce participant out-of-pocket expenses.				

1 In compliance with the Affordable Care Act (ACA), all medical deductibles and copayments for in-network benefits will be included in the medical out-of-pocket plan maximum, effective October 1, 2015.

2 In compliance with the Affordable Care Act (ACA), all in-network prescription copayments will be included in the prescription out-of-pocket maximum of \$2,500 individual/\$3,500 family, effective October 1, 2015.

3 Non-network pharmacies: Applicable in-network copay plus difference in cost.

See the front of this page for the Blue Shield PPO Plan Options

The chart above only provides highlights of the benefits offered by ASCIP and are subject to change to be in conformance with benefit provisions required under health care reform legislation (ACA). If there are inconsistencies between this chart and the official plan documents, the plan documents will govern. ASCIP may modify, amend or terminate any of the benefit plans at any time, with or without notice. This chart does not serve as a contract.

ASCIP Anthem Blue Cross PPO Plan Offerings



	Plan I		Plan II	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
General Benefits				
Calendar Year Deductible				
<i>Standard Plan:</i>	Individual: \$500; Family \$1,000		Individual: \$750; Family \$1,500	
<i>Optional Plan:</i>	Individual: \$250; Family \$500		Individual: \$500; Family \$1,000	
Calendar Year Medical Out-of-Pocket Maximum ²	Individual: \$1,000; Family: \$2,000	Individual: \$3,000; Family: \$6,000	Individual: \$2,000; Family: \$4,000	Individual: \$4,000; Family: \$8,000
Medical Benefits				
Physician Office Visits	\$20 copay ³	70%	\$20 copay ³	60%
Specialist Office Visits	\$20 copay ³	70%	\$20 copay ³	60%
X-Ray and Lab Tests	90%	70%	80%	60%
Chiropractic Care ⁴	90%	70%	80%	60%
Hospital Benefits				
Room & Board and Surgeon's Fees	90% (no separate copay)	70% after separate \$250 copay per admission	80% after separate \$250 copay per admission	60% after separate \$250 copay per admission
Emergency Room	\$50 copay; waived if admitted	\$50 copay; waived if admitted	\$100 copay; waived if admitted	\$100 copay; waived if admitted
Additional charges will apply when accessing emergency care for a non-emergency.				
Mental Health and Substance Abuse Benefits				
Mental Health and Substance Abuse is covered as any other illness, in accordance with the Mental Health Parity and Addiction Equity Act.				
Prescription Drug Benefits – <i>Provided through Navitus Health Solutions</i>⁵				
Retail (30-day supply)				
<i>Standard Plan</i>	Generic: \$10; Brand formulary: \$20; Non-formulary: \$35	Applicable in-network copay plus difference in cost	Generic: \$15; Brand formulary: \$30; Non-formulary: \$45	Applicable in-network copay plus difference in cost
<i>Optional Plan</i>	Generic: \$5; Brand formulary: \$15; Non-formulary: \$30	Applicable in-network copay plus difference in cost	N/A	N/A
The copays above cover up to a 30-day supply. Mail order is available which can reduce participant out-of-pocket expenses.				

- ¹ Reimbursement based on Anthem Blue Cross approved charges. Member is responsible for copayment in addition to any charges above allowable amounts.
- ² In compliance with the Affordable Care Act (ACA), all medical deductibles and copayments for in-network benefits will be included in the medical out-of-pocket plan maximum, effective October 1, 2015.
- ³ Deductible waived.
- ⁴ Chiropractic Care is covered under Physical Medicine, which is subject to utilization review and includes Chiropractic Care, and Physical and Occupational Therapy.
- ⁵ In compliance with the Affordable Care Act (ACA), all in-network prescription copayments will be included in the prescription out-of-pocket maximum of \$2,500 individual/\$3,500 family, effective October 1, 2015.

See the back of this page for the Anthem Blue Cross HMO Plan Options

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ASCIP Anthem Blue Cross HMO Plan Offerings



	\$10 Plan	Classic \$20 Plan	Premier \$20 Plan	\$30 Plan
In-Network Providers Only				
General Benefits				
Calendar Year Deductible	None	None	None	None
Calendar Year Medical Out-of-Pocket Maximum ¹	Individual: \$1,000; Family: \$2,000	Individual: \$2,000; Family: \$4,000	Individual: \$1,500; Family: \$3,000	Individual: \$2,500; Family: \$5,000
Medical Benefits				
Physician Office Visits	\$10 copay	\$20 copay	\$20 copay	\$30 copay
Specialist Office Visits	\$10 copay	\$40 copay	\$20 copay	\$40 copay
X-Ray and Lab Tests	\$100 per test for CT, CAT, MRI or PET Scan; No charge for all other X-Ray and Lab Tests	\$100 per test for CT, CAT, MRI or PET Scan; No charge for all other X-Ray and Lab Tests	\$100 per test for CT, CAT, MRI or PET Scan; No charge for all other X-Ray and Lab Tests	\$100 per test for CT, CAT, MRI or PET Scan; No charge for all other X-Ray and Lab Tests
Chiropractic Care <i>Optional Rider</i> 30 visits per calendar year ²	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Hospital Benefits				
Room & Board and Surgeon's Fees	No charge	\$250 copay per stay	\$200 copay per stay	\$500 copay per day, up to 3 days
Emergency Room	\$100 copay; waived if admitted	\$100 copay; waived if admitted	\$100 copay; waived if admitted	\$150 copay; waived if admitted
Mental Health and Substance Abuse Benefits				
Mental Health and Substance Abuse is covered as any other illness, in accordance with the Mental Health Parity and Addiction Equity Act.				
Prescription Drug Benefits – Provided through Navitus Health Solutions³				
Retail (30-day supply) ⁴ <i>Option 1</i>	Generic: \$5; Brand formulary: \$15; Non-formulary: \$30			
<i>Option 2</i>	Generic: \$10; Brand formulary: \$20; Non-formulary: \$35			
<i>Option 3</i>	Generic: \$15; Brand formulary: \$30; Non-formulary: \$45			
The copays above cover up to a 30-day supply. Mail order is available which can reduce participant out-of-pocket expenses.				

- In compliance with the Affordable Care Act (ACA), all medical deductibles and copayments for in-network benefits will be included in the medical out-of-pocket plan maximum, effective October 1, 2015.*
- Chiropractic Care is covered under Physical Medicine, which includes short term Physical, Occupational or Speech Therapy. Services must be ordered by Primary Care Physician.*
- In compliance with the Affordable Care Act (ACA), all in-network prescription copayments will be included in the prescription out-of-pocket maximum of \$2,500 individual/\$3,500 family, effective October 1, 2015.*
- Non-network pharmacies: Applicable in-network copay plus difference in cost.*

See the front of this page for the Anthem Blue Cross PPO Plan Options

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ASCIP UnitedHealthcare PPO Plan Offerings

	Plan I		Plan II	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
General Benefits				
Calendar Year Deductible	Individual: \$500; Family \$1,000		Individual: \$500; Family \$1,000	
Calendar Year Out-of-Pocket Maximum ²	Individual: \$2,500; Family: \$5,000		Individual: \$3,500; Family: \$7,000	Individual: \$9,500; Family: \$19,000
Medical Benefits				
Physician Office Visits	\$20 copay ³	60%	\$20 copay ³	60%
Specialist Office Visits	\$20 copay ³	60%	\$20 copay ³	60%
X-Ray and Lab Tests	90%	60%	80%	60%
Chiropractic Care <i>24 visits per calendar year</i>	\$20 copay ³	60%	\$20 copay ³	60%
Hospital Benefits				
Room & Board and Surgeon's Fees	90%	60%	80%	60%
Emergency Room	\$50 copay; waived if admitted	\$50 copay; waived if admitted	\$50 copay; waived if admitted	\$50 copay; waived if admitted
Additional charges will apply when accessing emergency care for a non-emergency.				
Mental Health and Substance Abuse Benefits				
Mental Health and Substance Abuse is covered as any other illness, in accordance with the Mental Health Parity and Addiction Equity Act.				
Prescription Drug Benefits – <i>Provided through UnitedHealthcare</i>				
	Tier 1	Tier 2	Tier 3	
Option 1	\$10	\$20	\$35	
Option 2	\$5	\$15	\$30	
The copays above cover up to a 30-day supply. Mail order is available which can reduce participant out-of-pocket expenses.				

- 1 Reimbursement based on UHC approved charges. Member is responsible for copayment in addition to any charges above allowable amounts.*
- 2 In compliance with the Affordable Care Act (ACA), all deductibles and medical and prescription copayments for in-network benefits will be included in the out-of-pocket plan maximum, effective October 1, 2015.*
- 3 Deductible waived.*

See the back of this page for the UnitedHealthcare of California HMO Plan Options

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ASCIP UnitedHealthcare of California HMO Plan Offerings



	\$10 Plan	\$20 Plan	\$30 Plan
	In-Network Providers Only		
General Benefits			
Calendar Year Deductible	None	None	None
Calendar Year Out-of-Pocket Maximum ¹	Individual: \$2,000; Family: \$6,000	Individual: \$2,000; Family: \$6,000	Individual: \$2,000; Family: \$6,000
Medical Benefits			
Physician Office Visits	\$10 copay	\$20 copay	\$30 copay
Specialist Office Visits	\$10 copay	\$20 copay	\$30 copay
X-Ray and Lab Tests	No charge	No charge	\$50 per test for CT, CAT, MRI or PET Scan; No charge for all other X-Ray and Lab Tests
Chiropractic Care	Not covered	Not covered	Not covered
<i>Optional Rider 1</i> <i>30 visits per calendar year</i>	\$5 copay	\$5 copay	\$5 copay
<i>Optional Rider 2</i> <i>30 visits per calendar year</i>	\$10 copay	\$10 copay	\$10 copay
Hospital Benefits			
Room & Board and Surgeon's Fees	No charge	\$250 copay per stay	\$500 copay per stay
Emergency Room	\$100 copay; waived if admitted	\$100 copay; waived if admitted	\$100 copay; not waived if admitted
	Additional charges will apply when accessing emergency care for a non-emergency.		
Mental Health and Substance Abuse Benefits			
Mental Health and Substance Abuse is covered as any other illness, in accordance with the Mental Health Parity and Addiction Equity Act.			
Prescription Drug Benefits – Provided through UnitedHealthcare of California			
	Generic	Brand Formulary	Non-formulary
<i>Option 1</i>	\$10	\$20	Not covered
<i>Option 2</i>	\$10	\$20	\$35
<i>Option 3</i>	\$5	\$15	\$30
The copays above cover up to a 30-day supply. Mail order is available which can reduce participant out-of-pocket expenses.			

¹ In compliance with the Affordable Care Act (ACA), all deductibles and medical and prescription copayments for in-network benefits will be included in the out-of-pocket plan maximum, effective October 1, 2015.

See the front of this page for the UnitedHealthcare PPO Plan Options

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ASCIP Kaiser HMO Plan Offerings



	\$10 Plan	\$20 Plan	\$30 Plan	
All services must be obtained from Kaiser health care providers and facilities only				
General Benefits				
Calendar Year Deductible	None	None	None	
Calendar Year Out-of-Pocket Maximum ¹	Individual: \$1,500; Family: \$3,000	Individual: \$1,500; Family: \$3,000	Individual: \$1,500; Family: \$3,000	
Medical Benefits				
Physician Office Visits	\$10 copay	\$20 copay	\$30 copay	
Specialist Office Visits	\$10 copay	\$20 copay	\$30 copay	
X-Ray and Lab Tests	No charge	No charge	No charge	
Chiropractic Care	Not covered	Not covered	Not covered	
<i>Optional Rider 20 visits per calendar year</i>	\$5 copay	\$5 copay	\$5 copay	
Hospital Benefits				
Room & Board and Surgeon's Fees	No charge	No charge	\$250 copay per admission	
Emergency Room	\$35 copay; waived if admitted	\$50 copay; waived if admitted	\$100 copay; waived if admitted	
Mental Health and Chemical Dependency Benefits				
Mental Health and Substance Abuse is covered as any other illness, in accordance with the Mental Health Parity and Addiction Equity Act.				
Prescription Drug Benefits				
Generic	\$5	\$10	\$15	\$30
Brand Formulary	\$10	\$20	\$30	\$60
Day Supply	100 Day	100 Day	30 Day	100 Day
Mail order is available which can reduce participant out-of-pocket expenses.				

¹ In compliance with the Affordable Care Act (ACA), all deductibles and medical and prescription copayments for in-network benefits will be included in the out-of-pocket plan maximum, effective October 1, 2015.

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