



District Name West Kern Community College District

2018-2019	Anthem	Anthem	Anthem	Anthem
100-A \$20 is Plan C and employees have the option to "buy-up" to this plan for \$116/month.	100-A \$20	100-D \$20	100-G \$20	Select Medical Plan
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0/\$0	\$300/ \$600	\$500/ \$1,000	
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/ \$3,000	\$1,000/ \$3,000	\$1,000/ \$3,000	

PROFESSIONAL SERVICES

Office Visit (OV) co-pay	\$20	\$20	\$20	
Urgent Care co-pay	\$20	\$20	\$20	
Specialists/Consultants co-pay	\$20	\$20	\$20	
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20	
Scans: CT, CAT, MRI, PET etc.	0%	0%	0%	
Diagnostic X-ray & Laboratory Procedures	0%	0%	0%	
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Not covered	Not covered	Not covered	
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (waived if admitted)	0% \$100 co-pay	0% \$100 co-pay	0% \$100 co-pay	
Inpatient Hospital (preauthorization required)	0%	0%	0%	
Outpatient Hospital	0%	0%	0%	
Surgery, Outpatient (performed in Surgery Center)	0%	0%	0%	
Surgery, Outpatient (performed in a Hospital)	0%	0%	0%	

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	0%	0%	0%	
OUTPATIENT: Facility Based Care (preauth required)	0%	0%	0%	

OTHER SERVICES

Acupuncture - Limits apply	0%	0%	0%	
Ambulance (Ground or Air)	0% \$100 co-pay	0% \$100 co-pay	0% \$100 co-pay	
Chiropractic - Limits apply	0%	0%	0%	
Durable Medical Equipment (DME)	0%	0%	0%	
Physical and Occupational Therapy - Limits apply	0%	0%	0%	

PHARMACY BENEFITS

Plan	5-20	9-35	5-20	Select Rx Plan
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$1,500/ \$2,500	\$2,500/ \$3,500	\$1,500/ \$2,500	
Generic co-pay/30 days supply	\$0 at Costco \$5 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$5 at Other Network	
Brand co-pay/30 days supply	\$20	\$35	\$20	
Specialty co-pay/up to 30 days supply	\$20 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$20 Must Use Navitus Mail	
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$50	\$0-\$90	\$0-\$50	