

2020 HEALTH BENEFITS COMPARISON - CONDENSED
(prepared for TUSD purposes only and not all benefits listed)

BENEFITS	HMO				PPO			
	Anthem Blue Cross		Blue Shield	Kaiser	United HealthCare	PERS		
	Select	Traditional	Access+			Select	Choice	Care
Deductible								
Individual					\$1,000	\$500	\$500	
Family					\$2,000	\$1,000	\$1,000	
Maximum Calendar CoPay								
Individual	\$1,500		\$1,500	\$1,500	\$1,500	\$3,000		\$2,000
Family	\$3,000		\$3,000	\$3,000	\$3,000	\$6,000		\$4,000
Hospital								
Deductible (per admission)	N/A		N/A	N/A	N/A	N/A		\$250
Inpatient	No Charge		No Charge	No Charge	No Charge	20-30%	20%	10%
Outpatient Facility / Surgery Services	No Charge		No Charge	\$15	No Charge	20-30%	20%	10%
Physician Services								
Office Visits	\$15		\$15	\$15	\$15	\$10-\$35		\$20
Inpatient Visits	No Charge		No Charge	No Charge	No Charge	20%		10%
Outpatient Visits	\$15		\$15	\$15	\$15			\$20
Urgent Care Visits	\$15		\$15	\$15	\$15			\$35
Preventative Services	No Charge		No Charge	No Charge	No Charge			No Charge
Surgery/Anesthesia	No Charge		No Charge	No Charge	No Charge	20%		10%
X-ray or Lab	No Charge		No Charge	No Charge	No Charge	20%		10%
Emergency Services								
ER Deductible	N/A		N/A	N/A	N/A			\$50
Emergency	\$50		\$50	\$50	\$50	20%		10%
Non-Emergency	\$50		\$50	\$50	\$50	20%		10%
Prescription Drugs								
Retail Pharmacy (not to exceed 30-day supply)	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50		Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50	Generic: \$5 Brand: \$20	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50			Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50
Mail Order Pharmacy Program (not to exceed 90-day supply)	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100	Generic: \$10 Brand: \$40 (31- 100 day supply)	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100			Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100

Monthly Premiums	Anthem Blue Cross		Blue Shield	Kaiser	United HealthCare	PERS		
	Select	Traditional	Access+			Select	Choice	Care
Employee Only	\$871.33	\$1,188.04	\$1,130.81	\$770.56	\$902.37	\$521.69	\$863.51	\$1,136.20
Employee +1	\$1,742.65	\$2,376.08	\$2,261.63	\$1,541.13	\$1,804.74	\$1,043.39	\$1,727.01	\$2,272.40
Employee +Family	\$2,265.45	\$3,088.90	\$2,940.12	\$2,003.46	\$2,346.16	\$1,356.40	\$2,245.12	\$2,954.11