



SANTA BARBARA CITY COLLEGE

Adjunct Bronze Plan 2018-2019

ANTHEM ANCHOR BRONZE PPO PLAN

ATTENTION!

ALL Adjuncts have an opportunity to enroll in the Anthem Anchor Bronze PPO medical plan that will be effective October 1, 2018. You and your eligible dependent children can enroll on this plan, however, spouses will not be eligible. The district will not be contributing to this plan, therefore, the full tenthly cost will be payroll deducted if you choose to enroll in the plan.

Below is a highlight of the PPO plan design offering. If you choose to enroll, please complete an enrollment form and return back to Sharon Remacle for processing. If you have any questions, please contact Sharon Remacle at ext. 2713.

| HEALTH BENEFITS | Anthem Blue Cross Anchor Bronze PPO Plan | |
|--|--|--|
| | PPO Network | Non-Network ¹ |
| Calendar Year Deductible - Individual - Family | \$5,000 \$10,000 | Combined with In-Network Combined with In-Network |
| Out-of-Pocket Maximum - Individual - Family | \$6,350 \$12,700 | Combined with In-Network Combined with In-Network |
| Office Visits | Deductible, 30% | Deductible, 0% |
| Preventive Care | 100% | Not covered |
| Inpatient Hospitalization² | Deductible, 30% | Deductible, 30% Max \$600/Day Benefit |
| Other Services - Diagnostic Lab and X-Ray - Emergency Services - Urgent Care | Deductible, 30% Deductible, \$100 Copay, 30% Deductible, 30% | Not covered Deductible, \$100 Copay, 0% Deductible, 0% |

PHARMACY BENEFITS

| | Navitus | |
|-----------------------|----------------------------|---------------------------------------|
| | Medical Deductible Applies | Medical Out-of-Pocket Maximum Applies |
| Pharmacy Deductible | | |
| Out-of-Pocket Maximum | | |
| Pharmacy Copay | <u>Retail</u> | <u>Mail Order</u> |
| - Generic Drug | \$9 Copay | \$18 Copay |
| - Brand Name Drug | \$35 Copay | \$90 Copay |
| - Supply Limit | 30 Days | 90 Days |

Premiums

Your cost on a tenthly basis are as follows:

Employee Only Coverage
Cost: **\$511.20**

Employee + Child(ren)
Coverage Cost: **\$1,000.80**

FOOTNOTES:

1. When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.

2. Subject to utilization review or medical necessity.