

Culpeper County and Schools 2017-2018 Benefit Plan Options

	HEALTHKEEPERS 25/1000	LUMENOS HSA 4
DEDUCTIBLE	\$1000/\$2000	\$1500 individual/\$3000 family
OUTPATIENT OFFICE VISITS <ul style="list-style-type: none"> ▾ PCP ▾ Specialist 	AFTER PLAN YEAR DEDUCTIBLE \$25 \$50	10% after plan year deductible
PREVENTIVE CARE <ul style="list-style-type: none"> · Check ups, GYN exam & pap test · Prostate exam & PSA · Mammography screenings · Screenings/ Immunizations · Colorectal cancer screenings 	100% AC 100% AC 100% AC 100% AC 100% AC	100% AC 100% AC 100% AC 100% AC 100% AC
WELL BABY CARE <ul style="list-style-type: none"> - Check-up visits - Screening tests - Immunizations 	100% AC 100% AC 100% AC	100% AC 100% AC 100% AC
ANNUAL VISION EXAM	\$15 co-pay \$30 OON allowance	\$15 co-pay \$30 OON allowance
DIAGNOSTIC TESTS ¹	AFTER PLAN YEAR DEDUCTIBLE \$25 PCP/\$50 Spec	10% after plan year deductible
ADVANCED DIAGNOSTIC IMAGING	AFTER PLAN YEAR DEDUCTIBLE \$150	10% after plan year deductible
PHYSICAL THERAPY/OCCUPATIONAL THERAPY/SPEECH THERAPY ²	AFTER PLAN YEAR DEDUCTIBLE \$25 co-pay	10% after plan year deductible
OUTPATIENT SURGERY ³	AFTER PLAN YEAR DEDUCTIBLE \$150	10% after plan year deductible
PRE/POST NATAL CARE ⁴	AFTER PLAN YEAR DEDUCTIBLE \$300	10% after plan year deductible
OUTPATIENT MENTAL HEALTH/SUBSTANCE ABUSE VISITS	AFTER PLAN YEAR DEDUCTIBLE \$25	10% after plan year deductible
INPATIENT HOSP. SERVICES	AFTER PLAN YEAR DEDUCTIBLE \$300 day/not to exceed \$1500 per admission	10% after plan year deductible
SKILLED NURSING ⁵	AFTER PLAN YEAR DEDUCTIBLE 20%	10% after plan year deductible
DURABLE MEDICAL EQUIP	AFTER PLAN YEAR DEDUCTIBLE \$0	10% after plan year deductible
AMBULANCE SERVICES	AFTER PLAN YEAR DEDUCTIBLE \$100 per transport	10% after plan year deductible
EMERGENCY ROOM ⁶	AFTER PLAN YEAR DEDUCTIBLE \$250	10% after plan year deductible
OUT-OF-POCKET ⁷	\$4000/\$8000	\$3000/\$5950
PRESCRIPTION DRUG Retail Mail Order	\$10/\$30/\$50 or 20% \$20/\$60/\$100 or 20%	10% after plan year deductible 10% after plan year deductible

¹ If rendered with an office visit the member will only be responsible for an office visit co-payment

² 30 combined PT/OT visits and 30 ST visits (per member per plan year)

³ Free standing ambulatory surgery center or hospital based facility

⁴ All routine outpatient pre- and postnatal care of the mother rendered by the OB/GYN

⁵ 100 days per admission

⁶ Covered only for true emergency services; co-pay waived if admitted

⁷ Individual/Family; Does not include co-payments/coinsurance/deductibles for vision benefits or dental rider benefits

DEFINITIONS

Allowable charge (AC)	is the amount Anthem will pay for a service
Coinsurance	is the percentage of the allowable charge that you pay for some covered services.
Co-payment	is the fixed dollar amount you pay for most covered services, such as a doctor's visit.
Deductible	is a fixed dollar amount of covered services you pay in a calendar year before your health plan will pay for any remaining covered services during that calendar year.
Diagnostic Tests	<ul style="list-style-type: none">• radiology (including mammograms), ultrasound or nuclear medicine;• laboratory and pathology services or tests;• diagnostic EKGs, EEGs; and• advanced diagnostic imaging services (MRI/CT scan).
Emergency	is the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity; this includes severe pain that, without immediate medical attention could reasonably be expected by a prudent lay person who possesses an average knowledge of health and medicine to result in: <ul style="list-style-type: none">• serious jeopardy to the mental or physical health of the individual;• danger of serious impairment of the individual's body functions;• serious dysfunction of any of the individual's bodily organs; or• in the case of a pregnant woman, serious jeopardy to the health of the fetus.
Inpatient	refers to a person receiving care while you are a bed patient in a hospital or skilled nursing facility.
In-network doctor	is a network of providers and facilities that have agreed to accept Anthem's allowable charge as payment in full for their services. When you receive care from an in network doctor and facilities you won't be charged for any outstanding balances beyond your co-payment and coinsurance amount for covered services.
Outpatient	refers to a person receiving care in a hospital outpatient department, emergency room, professional provider's office, or your home
Out of pocket	the maximum of amount that you will pay each year. Once the limit on your health plan is reached, almost all other covered expenses are paid in full for the rest of the calendar year. Does not include cost of prescription drugs, or vision benefits
Pre and Post Natal care	pre and post natal care for pregnancy
Primary care physician (PCP) under the HMO Plan	is the HMO physician you must select to provide primary health care and to coordinate services you may require. PCPs specialize in the areas of general practice, family practice, internal medicine, and pediatrics.
<u>What is a HMO?</u> <i>HealthKeepers 25/1000</i>	Requires the selection of a Primary Care Physician (PCP) who will coordinate all of the member's care. There is no referral requirement under the HealthKeepers 25/1000.
<u>What is a HSA Lumenos Plan?</u> <i>(Health Savings Account)</i>	Utilizes the PPO network and there are no referrals required. May open a Health Savings Account where the funds may be used at anytime for medical expenses.

HEALTH INSURANCE PREMIUMS

October 2017 - September 2018

Medical Insurance			
Anthem Blue Cross & Blue Shield			
	<u>Healthkeepers 25/1000*</u>	<u>Lumenos HSA**</u>	
		<u>Deposit \$2,000 Opt. 1</u>	<u>Deposit \$500 Opt. 2</u>
Employee Only	\$35.53	\$151.87	\$26.87
Emp + 1 Child	\$170.33	\$278.18	\$153.18
Emp + Children	\$213.47	\$319.17	\$194.17
Emp + Spouse	\$411.57	\$507.37	\$382.37
Family	\$545.02	\$634.16	\$509.16

*Employees who enroll in a Flexible Spending Account (FSA) and make an annual election of \$250.00 or more will receive an additional \$20.84 in their paycheck each month. Amount will be prorated for individuals who enroll after October 2017.

**Employees who enroll in a Health Savings Account (HSA) will have \$2,000.00 deposited into their account. Amount will be prorated for individuals who enroll after October 2017.

Dental Insurance and Supplemental Eye Care				
Ameritas Dental:				
	<u>LOW</u>	<u>HIGH</u>	<u>PPO</u>	<u>EYE MED</u>
Employee Only	\$15.28	\$32.40	\$28.55	\$ 6.08
Emp + Child	\$32.10	\$68.04	\$59.95	See Emp/Children
Emp + Children	\$32.10	\$68.04	\$59.95	\$10.72
Emp + Spouse	\$29.05	\$61.57	\$54.25	\$12.08
Family	\$48.92	\$103.68	\$91.36	\$16.72

Premium Reduction Program		
A reduction is available for married employees who are employed with the County and/or Schools.		
	<u>Healthkeepers 25/1000*</u>	<u>Lumenos HSA**</u>
Emp + Spouse	\$71.06	\$151.87
Family	\$71.06	\$278.18

Both spouses must enroll and be eligible for medical insurance in order to participate in the program.

*Spouses who enroll in a FSA and make an annual election of \$500.00 or more will receive an additional \$41.67 in one employee's paycheck. Amount will be prorated for individuals who enroll after October 2017.

**Spouses who enroll in a Health Savings Account (HSA) will have \$4,000.00 deposited into their account. Amount will be prorated for individuals who enroll after October 2017.