

# Tehama County

Effective:  
01/01/22-12/31/22

## Active Employees and Retirees under 65 Benefit and Cost Comparison

Benefits & Services	EPO Plan E6	PPO Plan 80/60%	
	Preferred Provider	<b>FROZEN EFFECTIVE 01/01/19</b>	
		Preferred Provider	Non-Preferred Provider
Calendar Year Deductible:	\$500 / \$1,500	\$250 / \$750	
Out-of-Pocket Maximum:	\$3,000 / \$9,000	\$1,000	\$2,000
Lifetime Maximum Benefit:	N/A	N/A	
<b>PHYSICIAN SERVICES:</b>			
Office Visit	\$15*	\$15*	40%
Specialists	\$15*	\$15*	40%
Physician Surgery & Hospital Visits	10%	20%**	40%**
Well Baby & Child Care (under age 7)	\$25*	\$25*	40% - up to \$20
Physical Exams (age 7+)	\$25*	\$25*	Not Covered
Annual Pap & Pelvis Examination	\$15* & 10% for lab	\$15* & 20% for lab	40%
Pediatric Immunizations (to age 7)	No Charge	No Charge	40% - up to \$12
Allergy Testing	10%	20%	40%
Allergy Treatment Visits/Serum	10%	20%	40%
Prenatal & Postnatal Care Visits	\$15*	\$15*	40%
<b>HOSPITAL SERVICES:</b>			
Inpatient Services	10%	20%**	40%**
Outpatient Services	10%	20%	40%
Emergency Room	\$100 (waived if admitted) 10% thereafter	\$100 (waived if admitted) 20% thereafter	\$100 (waived if admitted) 40% thereafter
Urgent Care	\$15* & 10% for lab	\$15* & 20% for lab	40%
Newborn Delivery	10%	20%**	40%**
Inpatient Acute Mental Health	10%	20% **	40%**
Inpatient Substance Abuse	10%	20% **	40%**
<b>OTHER BENEFITS:</b>			
Live Health Online Health / Psych	No Charge	No Charge	
Laboratory Tests	10%	20%	40%
Diagnostic X-ray Services	10%	20%	40%
Mammography Services	10%	20%	40%
Outpatient Physical Therapy (including Chiro)	10% - combined 24 visits/yr	20% - combined 24 visits/yr	40% - up to \$25/combined 24 visits/yr
Outpatient Speech Therapy	10%	20%	
Outpatient Occupational Therapy	10% - combined 24 visits/yr	20% - combined 24 visits/yr	40% - up to \$25/combined 24 visits/yr
Eye Refractions	Not Covered	Not Covered	
Hearing Test	Not Covered	Not Covered	
Skilled Nursing Facility Care	10% - 100 days/yr	20%** - 100 days/yr	40%** - 100 days/yr
Home Health Care	10% - 100 visits/yr	20% - 100 visits/yr	40% - 100 visits/yr
Hospice Care	10%	20%	
Ambulance Transportation	10%	20%	
Prosthetics	10%	20%	40%
Durable Medical Equipment	10%	20%	40%
Testing for Infertility prior to diagnosis	10%	20%	40%
Outpatient Mental Health	\$15	\$15	
Outpatient Substance Abuse	\$15	\$15	

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<b>PRESCRIPTION DRUG BENEFITS: Medco</b>			
Retail: Outpatient Prescription Drugs	*\$10 Generic/\$20 Brand/ \$30 Brand Non-Preferred 30-day supply	*\$10 Generic/\$20 Brand Name/\$30 Brand Non Preferred	
Retail: 4th fill of Maintenance Medication	*\$20 Generic/\$40 Brand/ \$60 Brand Non-Preferred 30-day supply	*\$20 Generic/\$40 Brand Name/\$60 Brand Non Preferred	
Mail Order: Outpatient Prescription Drugs***	*\$20 Generic/\$30 Brand/ \$45 Brand Non-Preferred 90-day supply	*\$20 Generic/\$30 Brand Name/\$45 Brand Non Preferred	
<u>01/01/21 Composite Rate</u>	\$1,636.50	\$2,026.50	
Dental	\$70.30	\$70.30	
Vision	\$12.38	\$12.38	
Basic Life & AD&D \$30,000	\$5.58	\$5.58	
<b>Total Premium</b>	<b>\$1,724.76</b>	<b>\$2,114.76</b>	
<u>Less County Contribution</u>	\$1,535.81	\$1,535.81	
<u>Full-time Employee Contribution ****</u>	<b>\$188.95</b>	<b>\$578.95</b>	

**This is a brief summary for comparison purposes only. Please refer to the plan document for complete information on limitations and exclusions.**

Benefits asterisked under EPO and PPO Plans:

\* Copayments for items with an "\*" do not contribute to the annual Out-of-Pocket maximum.

\*\* (PPO plan only) Prior Authorization is mandatory for scheduled hospital admission / surgeries. If not obtained, an additional deductible of \$500 will apply. Also, additional \$500/admission for non-PPO hospital.

\*\*\* \$1,000 Out of Pocket Maximum on Mail Order Drugs

\*\*\*\* Part-time employees will pay a greater share of the premium which will be pro-rated based on the percentage of full-time hours they work.

**PLEASE NOTE: Court employees have a different insurance contribution. Please contact your Personnel Office for more information.**

After satisfaction of the applicable deductible, all PPO provider payments are based on the Negotiated Rates the Participating Provider has agreed to accept for providing a Covered Service, and all Non-PPO provider payments are based on Usual and Customary charges, as determined by the company.