

Tehama County

Effective:
01/01/23-12/31/23

Active Employees and Retirees under 65 Benefit and Cost Comparison

Benefits & Services	EPO Plan E6	PPO Plan 80/60%	
	Preferred Provider	FROZEN EFFECTIVE 01/01/19	
		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	
PHYSICIAN SERVICES:			
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%
HOSPITAL SERVICES:			
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%**
OTHER BENEFITS:			
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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PRESCRIPTION DRUG BENEFITS: Medco			
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>01/01/23 Composite Rate</u>	\$1,783.50	\$2,208.50	
Dental	\$63.60	\$63.60	
Vision	\$11.97	\$11.97	
Basic Life & AD&D \$30,000	\$5.58	\$5.58	
Total Premium	\$1,864.65	\$2,289.65	
<u>Less County Contribution</u>	\$1,661.72	\$1,661.72	
<u>Full-time Employee Contribution ****</u>	\$202.93	\$627.93	

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.