

Tehama County

Effective:
01/01/24-12/31/24

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 | 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 | |

Tehama County

Effective:
01/01/24-12/31/24

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 |
| 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>01/01/24 Composite Rate</u> | \$1,999.00 | \$2,475.00 | |
| Dental | \$61.70 | \$61.70 | |
| Vision | \$12.30 | \$12.30 | |
| Basic Life & AD&D \$30,000 | \$5.58 | \$5.58 | |
| TPA Fee | \$0.50 | \$0.50 | |
| Total Premium | \$2,079.08 | \$2,555.08 | |
| <u>Less County Contribution</u> | \$1,853.66 | \$1,853.66 | |
| <u>Full-time Employee Contribution ****</u> | \$225.42 | \$701.42 | |

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.