

**2014 CSAC Blue Shield Medical PPO
Consumer-Driven Health Plan (CDHP)
MEO**

Effective 1/1/14

Plan	Tier	Monthly Premium	ER Monthly Contrib	EE Monthly Contrib	EE Bi-Weekly Contrib
Blue Shield PPO	Single	462.00	401.17	60.83	28.08
	Two-Party	978.00	757.80	220.20	101.63
	Family	1,211.00	923.36	287.64	132.76

*Above premium costs do not reflect start-up nor monthly charge to be borne by employee.

<u>Benefits Summary</u>	<u>Network</u>	<u>Non-Network</u>
Calendar Year Deductible Individual/Family	\$2,000/\$6,000	\$4,000/\$12,000
Annual Out-of-Pocket Maximum Individual/Family	\$6,350/\$12,700	\$12,700/\$38,100
Lifetime Plan Maximum	Unlimited	
MAJOR MEDICAL		
Physician Office Visit	30%	50%
Specialist Co-pay	30%	50%
Preventive Care	No Charge	Not Covered
Lab and X-Ray	30%	50%
Hospitalization		
Inpatient	30%	50% (Max \$600/day)
Outpatient	30%	50% (Max \$350/day)
Emergency Room	30%	
Urgent Care	30%	50%
Chiropractic	30%	50% (Max 26 Combined Visits/Yr. Combined w/Chiro; Max \$25/Visit)
Acupuncture	30%	30% (Max 26 Combined Visits/Yr. Combined w/Chiro; Max \$30/Visit)
PRESCRIPTION DRUGS	Generic/Brand/Non-Formulary	
Rx Deductible	See Medical Deductible	
Retail - 30 day supply	30%	
Mail Order - 90 day supply	30%	