

# 2023 - 2024 Offer of Coverage

## 2023 ANTHEM HSA \$5,000 PPO PLAN

#### Welcome to Allan Hancock College!

As a newly hired Part-Time Employee, you have the opportunity to enroll in the Anthem Blue Cross HSA \$5,000 PPO Medical Plan. You and your eligible dependent children can enroll in this plan; however, spouses are not eligible. The district will not be contributing towards the cost of the plan; therefore, the full monthly cost will be billed to you on a monthly basis if you choose to enroll in the plan.

Below is a highlight of the PPO plan design offering. If you choose to enroll, please complete an enrollment form and return back to Pam Blanchard for processing. If you have any questions, please contact Pam Blanchard at (805) 922-6966, extension 3297.

### HEALTH BENEFITS

### Calendar Year Deductible

- Individual

- Family

#### **Out-of-Pocket Maximum**

- Individual
- Family

#### Office Visits

Inpatient Hospitalization<sup>2</sup>

#### **Other Services**

**Preventive Care** 

- Diagnostic Lab and X-Ray
- Emergency Services

DI DI 1211

- Urgent Care

## Anthem Blue Cross HSA \$5,000 PPO Plan (2-Tier)

#### **PPO Network**

Non-Network<sup>1</sup>

No Limit

No Limit

Deductible, 100%

Not covered

Deductible, 100%

Max \$600/Day Benefit

\$5,000	
\$10,000	

\$6,350
\$12,700

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Deductible, 30%

0%

Deductible, 30%

Deductible, 30%

Deductible, 30%
Deductible, \$100 Copay, 30%

Not covered
Deductible, \$100 Copay, 30%
Deductible, 100%

#### **PHARMACY BENEFITS**

Pharmacy Deductible
Out-of-Pocket Maximum
Pharmacy Copay
- Generic Drug
- Brand Name Drug
- Supply Limit

Medical Deductible Applies		
Medical Out-of-Pocket Maximum Applies		
<u>Retail</u>	Costco Mail Order	
\$9 Copay	\$0 Copay	
\$35 Copay	\$90 Copay	
30 Days	90 Days	

## **Premiums**

Effective October 1, 2023, your cost on a monthly basis are as follows:

Employee Only Coverage Cost: \$491/Month

Employee + Child(ren)
Coverage Cost:
\$933/Month

#### **FOOTNOTES:**

- 1. When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.
- 2. Subject to utilization review or medical necessity.