

Plans
Provider Network(s): Hospital Professional
Calendar Year Deductible(s)
Annual Out of Pocket Maximum for Medical
Services
Office Visits
Inpatient Hospital - Room, Board & Support Services (prior authorization required)
Hip, Knee, and Spine Inpatient Procedures
Outpatient Hospital (Including Surgery and Ambulatory Surgery Centers)
Emergency Room (non-emergency) Facility Expenses:
Professional Expenses:
Surgeon & Anesthetist
Accident Care (Professional - Initial Care)
Routine Preventive Care (Adults and Children - All Ages)
Diagnostic X-Ray & Lab
Cancer Screenings (including Prostate, Cervical & Breast Cancer Screenings and Supplies)
Inpatient Mental or Nervous Disorders
Outpatient Mental or Nervous Day Care
Outpatient Professional Mental or Nervous Subject to prior authorization after the 12th visit
Physical Therapy - subject to medical review
Chiropractic - subject to medical review
Acupuncture (12 visits per year)
Durable Medical Equipment
Hearing Aids
Hospice
Ambulance
Outpatient Prescription Drugs
Annual Out of Pocket Maximum for Rx
Supply Most Generic Drugs at Costco Pharmacy Generic Drugs Brand Name Drugs

Bakersfield City School District 100-B \$0 Rx 3-15 Effective 10/1/2015	
Prudent Buyer Prudent Buyer	
\$100 per individual up to \$300 per family	
\$1,000 per individual up to \$3,000 per family	
Participating Providers	Non-Participating Providers
Deductible Waived \$0 co-pay	Non-Par Fee
100%	\$600/day
100% Blue Distinction Plus	Not Covered
100%	\$350/day
\$100 co-pay	
100%	50% C&R
100%	Non-Par Fee
\$100 co-pay	
100%	100% C&R
Deductible Waived 100%	Not Covered
100%	Not Covered
Deductible Waived 100%	Not Covered
100%	\$600/day
100%	\$350/day
Deductible Waived 100%	Non-Par Fee
100%	Not Covered
100%	Not Covered
100%	50% of maximum allowed amount
100%	Not Covered
100% up to \$700/24 months	100% up to \$700/24 months
Deductible Waived 100%	100% allowed amount
100%	100%
\$1,500 per individual up to \$2,500 per family	
Retail (excludes Walgreens)	Mail
30 days	90 days
\$0	\$0
\$3	\$0
\$15	\$45

This is a brief summary of benefits that is superseded by the Plan Documents and is not all inclusive.

C&R = Customary and Reasonable