

<b>Benefits</b>
<b>Calendar Year Deductible</b> Single / Family
<b>Annual Out-of-Pocket Maximum</b> Single / Single in Family / Family
Physician Office Visit
Specialist Copay (referred by PCP)
Preventive Care
Lab and X-Ray
Chiropractic
Acupuncture
<b>Hospitalization</b>
Inpatient Hospitalization
Outpatient Surgery
<b>Mental Health</b>
Inpatient
Outpatient
<b>Substance Abuse</b>
Inpatient
Outpatient
<b>Other Benefits</b>
Ambulance
Emergency Room
Skilled Nursing Facility
Durable Medical Equipment
<b>Prescription Drugs</b>
<b>Pharmacy</b>
\$0 Chronic Drug List
Preferred Generic
Preferred Brand
Non-Preferred Generic and Brand
Specialty Drugs
Supply Limit
<b>Mail Order</b>
\$0 Chronic Drug List
Preferred Generic
Preferred Brand
Non-Preferred Generic and Brand
Specialty Drugs
Supply Limit

<b>Blue Shield HMO</b>
<b>In-Network</b>
None
\$1,000/\$1,000/\$3,000
\$15 per visit
\$15 per visit
No Charge
No Charge
\$10 per visit (30 combined visits with acu)
\$10 per visit (30 combined visits with chiro)
\$100 per admission
\$50 per surgery
\$100 per admission
\$15 per visit
\$100 per admission
\$15 per visit
\$100 per trip
\$100 per visit
No Charge
No Charge
<b>Generic / Brand / Brand Non-formulary</b>
Plan pays 100%
\$15 per prescription
\$25 per prescription
\$40 per prescription
20% up to \$100 max per prescription
30 days
Plan pays 100%
\$30 per prescription
\$50 per prescription
\$80 per prescription
See Above
90 days

<b>Aetna HMO</b>
<b>In-Network</b>
None
\$1,000/\$1,000/\$3,000
\$15 per visit
\$15 per visit
No Charge
No Charge
\$10 per visit (30 visits max, <b>NOT combined</b> )
\$10 per visit (30 visits Max, <b>NOT combined</b> )
\$100 per admission
\$50 per surgery
\$100 per admission
\$15 per visit
\$100 per admission
\$15 per visit
\$100 per trip
\$100 per visit
No Charge
No Charge
<b>Generic / Brand / Brand Non-formulary</b>
Plan pays 100%
\$15 per prescription
\$25 per prescription
\$40 per prescription
20% up to \$200 max. copay/prescription; must use Aetna's Specialty Rx network
30 days
Plan pays 100%
\$30 per prescription
\$50 per prescription
\$80 per prescription
See Above
90 days

**This summary is intended as a quick reference, not a comprehensive description. For more plan information, please go to Benefits Employee's website at <https://www.smcgov.org/hr/health-benefits>**