



SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY



2012 HEALTH BENEFITS PROGRAM

Medical Benefits Summary Brochure

800.537.7790
www.sdrma.org

Plan Summary - Blue Shield

Deductibles/Co-Insurance	Gold PPO		Platinum PPO	
Calendar Year Deductible(s) (Individual / Family)	\$500 / \$1,000		\$300 / \$600	
Maximum* Co-Insurance (Individual / Family)	\$1,500 / \$3,000		\$1,000 / \$3,000	
*Co-insurance is the member's responsibility to pay when the plan is paying less than 100% (i.e. plan pays 80%, member pays the other 20%)	Once the member's co-insurance totals the maximum, the plan will pay 100% of the allowable amount for the remainder of the calendar year.		Once the member's co-insurance totals the maximum, the plan will pay 100% of the allowable amount for the remainder of the calendar year.	
Services/Coverages	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers
Inpatient Hospital Room, Board & Support Services (prior authorization required)	80%	50% up to \$600 per day	90%	50% up to \$600 per day
Ambulatory Surgery Center	80%	50% up to \$350 per day	90%	50% up to \$350 per day
Emergency Room				
Visit Results in Admission as Inpatient	80% - Deductible Applies		90% - Deductible Applies	
Visit Does Not Result in Admission	80% - Deductible Applies \$100 co-pay		90% - Deductible Applies \$100 co-pay	
Physician Benefits (office visits)	Deductible Waived \$20 co-pay	50%	Deductible Waived \$20 co-pay	50%
Preventative Care	No Charge	Not Covered	No Charge	Not Covered
Rehabilitation Service (in an office location)	80%	50%	90%	50%
Acupuncture (26 visits per calendar year/combined with Chiropractic)	80% up to \$50 per visit	80% up to \$25 per visit	90% up to \$50 per visit	90% up to \$25 per visit
Durable Medical Equipment	80%	50%	90%	50%
Prosthetics and Orthotics	80%	50%	90%	50%
Hospice	80%	Not Covered without prior authorization	90%	Not Covered without prior authorization
Ambulance	80%		90%	
Home Health Care 100 visits/year (prior authorization required)	80%	Not Covered without prior authorization	90%	Not Covered without prior authorization
Chiropractic Services (26 visits per calendar year/combined with Acupuncture)	80% up to \$50 per visit	50% up to \$25 per visit	90% up to \$50 per visit	50% up to \$25 per visit
Prescription Drugs	Medco		Medco	
(At Participating Pharmacies only)	Generic / Brand / Non-Formulary / Specialty		Generic / Brand / Non-Formulary / Specialty	
Retail - 30 day supply	\$5 / \$30 / \$45 / 30% (max co-pay \$150)		\$5 / \$30 / \$45 / 30% (max co-pay \$150)	
Mail Order - 90 day supply	\$10 / \$75 / \$112.50 / 30% (max co-pay \$300)		\$10 / \$75 / \$112.50 / 30% (max co-pay \$300)	
Brand / Non-Formulary / Specialty Deductible (Individual / Family)	None		None	

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Plan Summary - Blue Shield

Silver PPO		EPO	HDHP 10% and (20%)	
\$2,000 / \$4,000		\$300 / \$600	\$1,200 / \$2,400 (\$3,000 / \$6,000)	
\$3,000 / \$6,000		\$1,000 / \$2,000	\$5,000 / \$10,000 (\$5,950 / \$11,900)	
Once the member's co-insurance totals the maximum, the plan will pay 100% of the allowable amount for the remainder of the calendar year.		Once the member's co-insurance totals the maximum, the plan will pay 100% of the allowable amount for the remainder of the calendar year.	Once the member's co-insurance totals the maximum, the plan will pay 100% of the allowable amount for the remainder of the calendar year.	
Participating Providers	Non-Participating Providers	Participating Providers	Participating Providers	Non-Participating Providers
80%	50% up to \$600 per day	No Charge after Deductible	90% (80%)	50% up to \$600 per day
80%	50% up to \$350 per day	No Charge after Deductible	90% (80%)	50% up to \$350 per day
80% - Deductible Applies		No Charge after Deductible	90% (80%) - Deductible Applies	
80% - Deductible Applies \$100 co-pay		Deductible Applies \$100 co-pay	90% (80%) - Deductible Applies \$100 co-pay	
Deductible Waived \$30 co-pay	50%	Deductible Waived - \$30 co-pay	90% (80%)	50%
No Charge	Not Covered	No Charge	No Charge	Not Covered
80%	50%	\$30 co-pay	90% (80%) up to \$25 per visit	50% up to \$25 per visit
80% up to \$50 per visit	80% up to \$25 per visit	\$10 co-pay	90% (80%) up \$30 per visit	
80%	50%	80%	90% (80%)	50%
80%	50%	80%	90% (80%)	50%
80%	Not Covered without prior authorization	No Charge	90% (80%)	Not Covered without prior authorization
80%		\$50	90% (80%)	
80%	Not Covered without prior authorization	\$30 co-pay (100 visits/year)	90% (80%)	Not Covered without prior authorization
80% up to \$50 per visit	50% up to \$25 per visit	\$30 co-pay After Deductible Met Deductible Applies	90% (80%) up \$25 per visit	50% up \$25 per visit
Medco		Medco	Blue Shield	
Generic / Brand / Non-Formulary / Specialty		Generic / Brand / Non-Formulary / Specialty	Generic / Brand	Generic / Brand
\$10 / \$20 / \$45 / 30% (max co-pay \$150)		\$10 / \$20 / \$45 / 30% (max co-pay \$150)	\$7 / \$25	\$7 / \$25
\$20 / \$40 / \$90 / 30% (max co-pay \$300)		\$15 / \$50 / \$112.50 / 30% (max co-pay \$150)	\$14 / \$60	Not Covered
\$200 / \$500		\$200	Subject to Deductible	

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Plan Summary - Blue Shield (continued)

Deductibles/Co-Insurance		Access+ HMO 15	Access+ HMO 20
Calendar Year Deductible(s) (Individual / Family)		None	None
Maximum* Co-Insurance (Individual / Family)		\$1,500 / \$3,000	\$1,500 / \$3,000
*Co-insurance is the member's responsibility to pay when the plan is paying less than 100% (i.e. plan pays 80%, member pays the other 20%)		Once the member's co-insurance totals the maximum, the plan will pay 100% of the allowable amount for the remainder of the calendar year.	Once the member's co-insurance totals the maximum, the plan will pay 100% of the allowable amount for the remainder of the calendar year.
Services/Coverages		Participating Providers	Participating Providers
Inpatient Hospital Room, Board & Support Services (prior authorization required)		No Charge	\$250 / Admit
Non Emergency Outpatient Services: Ambulatory Surgery Center Hospital Facility Outpatient Treatment		No Charge	\$100 / Surgery \$150 / Surgery No Charge
Emergency Room			
Visit Results in Admission as Inpatient		No Charge	No Charge
Visit Does Not Result in Admission		\$50 co-pay	\$100 co-pay
Preventative Care		No Charge	No Charge
Office Visits	Note: A woman may self-refer to an OB/GYN or family practice physician in her personal physician's medical group or IPA for OB/GYN services.	\$15 co-pay	\$20 co-pay
Rehabilitation Service (in a office location)		\$15 co-pay	\$20 co-pay
Durable Medical Equipment		80%	80%
Prosthetics and Orthotics		No Charge	No Charge
Hospice		No Charge	Routine Home Care and Inpatient Respite Care - No Charge 24 Hour Continuous Home Care and General Inpatient Care - \$150 / day
Ambulance		\$50 co-pay	\$100 co-pay
Home Health Care (prior authorization required)		\$15 co-pay (100 per year)	\$20 co-pay (100 per year)
Chiropractic Services (combined with Acupuncture)		\$10 co-pay (30 visits per year)	\$10 co-pay (30 visits per year)
Acupuncture (combined with Chiropractic)		\$10 co-pay (30 visits per year)	\$10 co-pay (30 visits per year)
Prescription Drugs		Medco	Medco
(At Participating Pharmacies only)		Generic / Brand / Non-Formulary	Generic / Brand / Non-Formulary
Retail - 30 day supply		\$5 / \$10 / \$25	\$10 / \$25 / Closed Formulary
Mail Order - 90 day supply		\$10 / \$20 / \$50	\$20 / \$50 / Closed Formulary
Brand Deductible (Individual / Family)		None	None

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Medical Benefits Eligibility Requirements

1. Entity must be a public agency formed under California law.
2. Entity must have a minimum of two full-time active employees to join. An active employee is an employee who is eligible for enrollment in employee sponsored benefits paid for by the Entity. Part-time employees may be covered only if they are currently part of the benefit-eligible population and work a minimum of twenty hours weekly.
3. Active Employees: Entity must contribute a minimum of 75% of the cost for active employees.
4. Dependents: If the Entity offers coverage to dependents, it is recommended the Entity contribute a minimum of 50% of the cost for dependents.
5. Retirees: Entity may offer coverage to retirees.
6. Public Officials: Entity's public officials (board members, etc) may participate in the program only if they are currently being covered and Entity's enabling act, plans and policies allow it. Entity is required to cover 100% of the cost for public officials when covering their medical benefits. Participation for public officials is limited to their term of office.
7. Entity must have at least 75% of eligible employees (and public officials if they are covered) enrolled in order to participate. Public Officials, retirees and dependents may not be covered unless active employees are covered.
8. Medical benefit premiums are based on a full month. Medical benefits will begin the first day of the month following notification of enrollment. There are no partial months or prorated premiums. Each Entity can establish the waiting period for medical benefits to become effective.
9. The maximum dependent child age is 26. Disabled dependent children are not subject to the dependent age restrictions; however, a verification form will be required certifying the disability.
10. Each prospective new Entity must complete and submit the SDRMA Interest Form, Entity Enrollment Form and Large Claimant Disclosure Form detailing any knowledge of and information pertaining to large and/or ongoing claims. Each Entity is subject to underwriting review and may or may not be accepted for coverage. The underwriting process may take up to two weeks for completion.
11. Entity's governing body must approve a resolution authorizing participation in SDRMA's health benefits program and execute the Memorandum of Understanding (MOU).
12. Once an Entity is approved by the underwriter and has submitted all required documentation to join the program including the MOU and resolution, the participants should receive their medical identification cards and plan booklets within three weeks.
13. Entities selecting one of the HDHP High Deductible Plans (HSA Compatible) are responsible for adhering to IRS rules and regulations and maintenance of the HSA account. SDRMA does not provide this service but can provide contact information for a financial institution that is currently providing this type of service.
14. Not all Plans will be offered and available to Entities joining the medical benefits program.
15. The Access+ HMO 15 and 20 Plans are not available in all areas. Please check with SDRMA at the time you are submitting your request for underwriting approval to see if the HMO plans are available in your area.

Member versus Non-Member Rates

1. SDRMA members (Entities participating in the SDRMA Property/Liability or Workers' Compensation Programs) receive a discount off the non-member rates.

Value-Added Program Features

1. Easy Switch From Prior Plans
2. Simple Enrollment Process
3. Fixed Rates – Not Based on Age
4. COBRA Administration Assistance
5. Consolidated Billing
6. Pooled Renewal Rating to Ensure More Predictable Rates