



# Insurance and Benefits Trust

of PORAC

## 2019 Health Plan Rates - PORAC Anthem Blue Cross PPO Plan

### Basic Plan

### Rates

Employee Only	\$ 774.00
Employee and One Dependent	\$ 1,623.00
Employee and Two or more dependent (s)	\$ 2,076.00

### Supplemental to Medicare Plan

### Rates

Employee Only	\$ 513.00
Employee and One Dependent	\$ 1,022.00
Employee and Two or More Dependent (s)	\$ 1,635.00

Deductible for PPO Providers is \$300/Per Person and \$900/Family

Deductible for Non-PPO Providers is \$600/Per Person and \$1,800/Family

\* This deductible does not apply to preventive care, office visit co-payments and prescription drugs

\* **\$100 deductible applies to the Senior Rx Plus, with a Maximum Out Of Pocket Expense of \$4,850, annually.**

### Highlights

- Maximum Out-of-Pocket expense for medical services is \$3,000/Per Individual and \$6,000/Family
- Body Scans will be subject to a maximum \$1,000 coverage limit every 36 months.

### Prescription Drugs

	<u>Rates</u>
<b><u>Retail Co-payments (30-day supply):</u></b>	
Generic Co-Pay	\$ 10.00
Brand Formulary Co-Pay	\$ 25.00
Brand Non-Formulary Co-Pay	\$ 45.00

	<u>Rates</u>
<b><u>Mail Order Co-payments (90-day supply):</u></b>	
Generic Co-Pay	\$ 20.00
Brand Formulary Co-Pay	\$ 40.00
Brand Non-Formulary Co-Pay	\$ 75.00

The Maximum Out-of-Pocket expense for the prescription drug benefit is \$3,000/individual and \$6,000/family

If you have any questions, please contact the Insurance Services Representative at 916-437-7901