### BUTTE SCHOOLS SELF-FUNDED PROGRAMS

**2010-11 Medical Plan Benefits and Rates - CLASSIFIED RETIREE**

This is a summary only. Please refer to the summary plan description for final benefit determination.

<table>
<thead>
<tr>
<th>Composite</th>
<th>OPTION I-SILVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual w/o Medicare</td>
<td>$1,195</td>
</tr>
<tr>
<td>Individual w/ Medicare</td>
<td>837</td>
</tr>
<tr>
<td></td>
<td>598</td>
</tr>
</tbody>
</table>

### MEDICAL - ANTHEM BLUE CROSS

Benefit amounts are for Anthem Blue Cross network providers and contracted amounts, only. Benefits are secondary to Medicare for Medicare-eligible retirees.

#### Co-Payments

<table>
<thead>
<tr>
<th>Item</th>
<th>Per person</th>
<th>Per family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care, Doctor and Mental Health (parity*, only) and Substance Abuse / Alcoholism Visit</td>
<td>$25</td>
<td>$150</td>
</tr>
<tr>
<td>Physical Therapy / Chiropractic</td>
<td>$25</td>
<td>$450</td>
</tr>
<tr>
<td>Emergency Room (waived if admitted)</td>
<td>$100</td>
<td>$250</td>
</tr>
<tr>
<td>In-Patient, Per Admission</td>
<td>$250</td>
<td></td>
</tr>
</tbody>
</table>

#### Deductible

- **Per person**: $150
- **Maximum per family**: $3 people = $450

#### Out-of-pocket co-insurance

- **Per person**: $0
- **Maximum per family**: n/a

#### Maximum out-of-pocket (including co-pays, deductible and co-insurance)

- **Per person**: $500
- **Per family**: $1,500

#### Billings necessary to reach individual maximum out-of-pocket (at network rate)

- **Per person**: $500
- **Per family**: $3,000

### Items below are the same for ALL plans

- **Employee Assistance Plan**: 4 in-person counseling visits per employee or household member per issue; 30-minute legal/financial telephone consultations.
- **Outpatient Lab / X-ray**: Subject to deductibles and co-insurance amounts above. Prior approval for elective surgery is recommended.
- **Surgery**: Subject to co-pay, deductibles and co-insurance amounts above. Prior approval for elective surgery is recommended.
- **Maternity**: Subject to co-pay, deductibles and co-insurance amounts above; benefits are for employee and spouse, only.
- **Hospital**: Unlimited days: semi-private; subject to $250 per-admission co-pay, deductibles and co-insurance amounts above.
- **Skilled Nursing Facility**: 100 days per plan year.
- **Hospice**: 100 days per lifetime.
- **Prevention**: $250 annual allowance for employee and spouse; deductible is waived; co-payment and co-insurance apply.
- **Mental Health (non-parity*)**: Inpatient (including substance abuse) Subject to co-pay, deductibles and co-insurance amounts above; limited to 30 days per year.
- **Outpatient**: Subject to co-pay, deductibles and co-insurance amounts above; limited to 20 visits per year.
- **Out-of-State Providers**: Anthem Blue Cross subscribes to the BC PPO. Network providers are paid at that contract rate.

#### Individual Lifetime Maximum

- **Mental Health Parity**: $2,000,000 in Anthem Blue Cross and Medco payments

#### Mental Health Parity*

- Parity diagnoses include serious emotional disturbance in children and adolescents as well as schizophrenia, schizoaffective disorder, bipolar disorder, major depression, obsessive-compulsive disorder, panic disorder, anorexia nervosa and bulimia nervosa. All other diagnoses are considered non-parity.

### PHARMACY - MEDCO

Pharmacy benefits are the same for all plans except HDHP. A benefits apply only after the medical deductible is met.

#### Deductible

- **(in addition to any medical deductible, above)**
  - **Per person**: $100 (waived for generic drugs)
  - **Maximum per family**: 3 people = $300

#### Retail Pharmacy

- **Days supplied**: 31 days
- **Co-payment - generic**: 20% w/ min $10 max $20
- **Co-payment - formulary brand**: 20% w/ min $20 max $80
- **Co-payment - non-formulary brand**: 20% w/ min $25 max $100
- **Co-payment refill penalty 4th maintenance refill**: Greater of $20 or 20%

#### Mail Order

- **Days supplied**: 90 days
- **Co-payment - generic**: $10
- **Co-payment - formulary brand**: $40
- **Co-payment - non-formulary brand**: $60

#### Coordination of benefits

Prescription benefits are provided on primary coverage only. No prescription benefits are provided when BSSP is the secondary coverage.

#### Take-home Rx

Prescriptions filled at the hospital for take-home use are not covered.

### DEPENDENTS

#### Eligibility criteria

The employee's spouse/registered domestic partner and employee's or spouse's/registered domestic partner's unmarried children under age 19. Children aged 19-24 are an IRS dependent. Children age 25 and over are not eligible unless disabled.

#### Eligibility date

- **Spouse/Registered Domestic Partner**: First of the month following the latter of date of hire or marriage/partnership if application is received within 31 days.
- **Birth children**: Newborn children are covered for birth and nursery care for 31 days under the mother's coverage. For all wellness and other benefits, coverage begins on the 1st of the month following receipt of enrollment documentation by the employer.
- **Adopted, guardian and step-children**: Marriage or court-certified adoption/guardianship date if enrollment documentation is received at the JPA office within 31 days. Thereafter, first of the month following receipt of enrollment documentation at the JPA office.

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**Generic Choice Program**: Where a brand drug is dispensed and a generic alternative exists, the member is responsible for 100% of the brand cost

**Preferred Drug Step Therapy**: Certain brand drugs require generic and/or formulary alternatives as first-line therapy. Select non-formulary drugs require utilization review. This program is currently focused on the following drug classes: PPI, SSRI, intranasal steroids, hypnotics and those to treat osteoporosis.