San Carlos Unified School District
ASBAIT Rates 2013-2014

C30 Base Plan

	2012-2013 Rate	2013-2014 Rate
Employee Only	$383.00	$391.00
Employee/Spouse	+$376.00 = $759.00	+$384.00 = $775.00
Employee/Child(ren)	+$272.00 = $655.00	+$278.00 = $669.00
Family	+$607.00 = $990.00	+$620.00 = $1011.00

A25 Buy Up Plan

	2012-2013 Rate	2013-2014 Rate
Employee Only	$462.00	$471.00
Employee/Spouse	+$453.00 = $915.00	+$462.00 = $933.00
Employee/Child(ren)	+$328.00 = $790.00	+$335.00 = $806.00
Family	+$732.00 = $1194.00	+$747.00 = $1218.00

ASBA Insurance Trust

ARIZONA SCHOOL BOARDS ASSOCIATION INSURANCE TRUST

MEDICAL SCHEDULE OF BENEFITS – C $30 PLAN

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
LIFETIME MAXIMUM BENEFIT	Unlimited	
CALENDAR YEAR MAXIMUM BENEFIT	$2,000,000	
CALENDAR YEAR DEDUCTIBLE		
Single	$500	$2,500
Family	$1,500	$5,000
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (excludes deductible)		
Single	$4,000 per person	N/A
Family	$4,000 per person	N/A
The Plan has a Pre-Existing Condition limitation. Please refer to the Pre-Existing Condition Limitation section for further details regarding coverage limitations and provisions for Creditable Coverage. This provision does not apply to any Covered Person under the age of 19.		
MEDICAL BENEFITS		
Allergy Services		
Injections (If no office visit charge)	100% after $5 Copay	50% after Deductible
Serum	100% after $40 Copay	50% after Deductible
Ambulance Services		
Ground	75% after Deductible per trip	75% after Deductible per trip
Air Ambulance	$200 Copay, then 75% after Deductible per trip	$200 Copay, then 75% after Deductible per trip
Ambulatory Surgical Center	75% after Deductible	50% after Deductible
Anesthesiologist	75% after Deductible	50% after Deductible
Cardiac Rehab (Outpatient)	100% after $30 Copay	50% after Deductible
Chemotherapy (Outpatient)	75% after Deductible	50% after Deductible
Chiropractic Care/Spinal Manipulation	100% after $30 Copay	50% after Deductible
Calendar Year Maximum Benefit	$1,200	
Diagnostic Testing, X-Ray and Lab Services (Outpatient)	75% after Deductible	50% after Deductible
Complex Diagnostic Testing, X-Ray and Lab Services (any single test greater than $500)	75% after Deductible	50% after Deductible
Freestanding laboratory	75% (Deductible waived)	50% after Deductible
Durable Medical Equipment (DME)	75% after Deductible	50% after Deductible

ASBA Insurance Trust

ARIZONA SCHOOL BOARDS ASSOCIATION INSURANCE TRUST

MEDICAL SCHEDULE OF BENEFITS – C $30 PLAN

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
Emergency Services		
Emergency Medical Condition		
Facility Charges	75% after Deductible	75% after Deductible
Professional Fees and Ancillary Charges	75% after Deductible	75% after Deductible
Non-Emergency Medical Condition		
Facility Charges	75% after Deductible	75% after Deductible
Professional Fees and Ancillary Charges	75% after Deductible	50% after Deductible
Foot Orthotics	75% after $50 Copay	$50 Copay, then 50% after Deductible
Maximum Benefit	Age 19 and over - one (1) every 12 months; Under age 19 - one (1) every six (6) months	
Hearing Aids (including Cochlear Implants)	75% after Deductible	50% after Deductible
Maximum Benefit	One (1) every 36-month period including any office visit and related services.	
Hemodialysis (Outpatient)	75% after Deductible	50% after Deductible
Home Health Care	75% after Deductible	50% after Deductible
Calendar Year Maximum Benefit	60 visits	
Hospice Care		
Inpatient	75% after $200 Copay	$300 Copay, then 50% after Deductible
Outpatient	75% after Deductible	50% after Deductible
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)		
Inpatient	75% after $200 Copay	$300 Copay, then 50% after Deductible
Room and Board Allowance	Semi-Private Room rate	Semi-Private Room rate
Outpatient	75% after Deductible	50% after Deductible
*Charges for a private room, that exceed the cost of a semi-private room, are eligible only if prescribed by a Physician and the private room is Medically Necessary.		
Infusion Therapy in Facility or Physician's Office	75% after Deductible	50% after Deductible
Maternity (Prenatal and Postnatal)	75% after Deductible	50% after Deductible

ASBA Insurance Trust

ARIZONA SCHOOL BOARDS ASSOCIATION INSURANCE TRUST

MEDICAL SCHEDULE OF BENEFITS – C $30 PLAN

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
Mental Disorders and Substance Use Disorders		
Inpatient	$200 Copay, then 75% after Deductible	$300 Copay, then 50% after Deductible
Outpatient	75% after Deductible	50% after Deductible
Calendar Year Maximum Benefit	30 days (inpatient); 30 visits (outpatient)	
Lifetime Maximum Benefit	90 days (applies to Inpatient Substance Use Only)	
Nutritional Food Supplements	50% after Deductible	50% after Deductible
Occupational Therapy (Outpatient)	100% after $30 Copay	50% after Deductible
Maximum Benefit	$50 per visit	
Physical Therapy (Outpatient)	100% after $30 Copay	50% after Deductible
Maximum Benefit	$50 per visit	
Physician's Services		
Inpatient/Outpatient Services		
Primary Care Physician	75% after Deductible	50% after Deductible
Specialist	75% after Deductible	50% after Deductible
Office Visits		
Primary Care Physician	100% after $30 Copay*	50% after Deductible
Specialist	100% after $40 Copay*	50% after Deductible
Physician Office Surgery		
Primary Care Physician	Under $1,000 - 100% after $30 Copay*; Over $1,000 - 75% after Deductible	50% after Deductible
Specialist	Under $1,000 - 100% after $40 Copay*; Over $1,000 - 75% after Deductible	50% after Deductible
*Copay applies per visit regardless of what services are rendered.		
Preventive Services and Routine Care		
Preventive Services	100% (Deductible waived)	Not Covered
Office Visits (if billed separately)	100% (Deductible waived)	Not Covered
Any Other Item or Service (if billed separately)	100% (Deductible waived)	Not Covered
Routine Care (includes any routine care item or service not otherwise covered under the preventive services provision above)	100% (Deductible waived) up to $300, then 10% (Deductible waived)	Not Covered

ASBA Insurance Trust

ARIZONA SCHOOL BOARDS ASSOCIATION INSURANCE TRUST

MEDICAL SCHEDULE OF BENEFITS – C $30 PLAN

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
Prosthetics	75% after Deductible	50% after Deductible
Calendar Year Maximum Benefit	Prosthetic bras are limited to two (2) per Calendar Year	
Psychological and Neuropsychological Testing	50% after Deductible	50% after Deductible
Radiation Therapy (Outpatient)	75% after Deductible	50% after Deductible
Skilled Nursing Facility and Rehabilitation Facility	75% after $200 Copay	$300 Copay, then 50% after Deductible
Maximum Benefit	60 days every 12 consecutive months (Skilled Nursing Facility); 60 days per Calendar Year (Rehabilitation Facility)	
Speech Therapy (Outpatient)	100% after $30 Copay	50% after Deductible
Maximum Benefit	$50 per visit	
Surgery (Inpatient)		
Facility	75% after $200 Copay	50% after Deductible
Professional Services	75% after Deductible	50% after Deductible
Surgery (Outpatient) (does not include surgery in the Physician's office)		
Facility	75% after Deductible	50% after Deductible
Professional Services	75% after Deductible	50% after Deductible
Temporomandibular Joint Dysfunction (TMJ)	75% after $50 Copay	$50 Copay, then 50% after Deductible
Lifetime Maximum Benefit	One (1) surgical procedure, including any related office visit and one (1) appliance. Office services are limited to $1,000.	
Urgent Care Facility	75% after $50 Copay	$50 Copay, then 50% after Deductible
Wig (see Eligible Medical Expenses)	75% after $50 Copay	75% after $50 Copay
Maximum Benefit	One (1) every 24 months	
All Other Eligible Medical Expenses	75% after $50 Copay	$50 Copay, then 50% after Deductible

ASBA Insurance Trust

ARIZONA SCHOOL BOARDS ASSOCIATION INSURANCE TRUST

MEDICAL SCHEDULE OF BENEFITS – C $30 PLAN

PRESCRIPTION DRUG SCHEDULE OF BENEFITS

BENEFIT DESCRIPTION	BENEFIT
NOTE: There is no coverage under the Plan for Prescription Drugs obtained from a Non-Participating pharmacy.	
Retail Pharmacy: 30-day supply	
Generic	$15 Copay
Preferred	20% Copay ($20 minimum, $75 maximum)
Non-Preferred	30% Copay ($35 minimum, $100 maximum)
Mail Order or Retail Pharmacy: 90-day supply	
Generic	$30 Copay
Preferred	20% Copay ($40 minimum, $150 maximum)
Non-Preferred	30% Copay ($70 minimum, $200 maximum)

Mandatory Generic Program

The Plan requires that Retail Pharmacies dispense Generic Drugs when available. Should a Covered Person choose a Brand Name Drug rather than the Generic equivalent, the Covered Person will be responsible for the cost difference between the Generic and Brand Name Drug in addition to the Brand Name Drug Copay, even if a DAW (Dispense As Written) is written by the prescribing Physician. The Covered Person's share of the Prescription Drug cost does not apply toward the Plan's Out-of-Pocket Maximum.

ASBA Insurance Trust

ARIZONA SCHOOL BOARDS ASSOCIATION INSURANCE TRUST

MEDICAL SCHEDULE OF BENEFITS – A $25 PLAN

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
LIFETIME MAXIMUM BENEFIT	Unlimited	
CALENDAR YEAR MAXIMUM BENEFIT	$2,000,000	
CALENDAR YEAR DEDUCTIBLE		
Single	N/A	$450
Family	N/A	$1,350
CALENDAR YEAR OUT-OF-POCKET MAXIMUM		
Single	N/A	N/A
Family	N/A	N/A
The Plan has a Pre-Existing Condition limitation. Please refer to the Pre-Existing Condition Limitation section for further details regarding coverage limitations and provisions for Creditable Coverage. This provision does not apply to any Covered Person under the age of 19.		
MEDICAL BENEFITS		
Allergy Services		
Injections (If no office visit charge)	100% after $5 Copay	50% after Deductible
Serum	100% after $35 Copay	50% after Deductible
Ambulance Services		
Ground	100% after $50 Copay per trip	100% after $50 Copay per trip
Air Ambulance	100% after $200 Copay per trip	100% after $200 Copay per trip
Ambulatory Surgical Center	100% after $75 Copay	50% after Deductible
Anesthesiologist	100% after $50 Copay	50% after Deductible
Cardiac Rehab (Outpatient)	100% after $25 Copay	50% after Deductible
Chemotherapy (Outpatient)	100% after $40 Copay	50% after Deductible
Chiropractic Care/Spinal Manipulation	100% after $25 Copay	50% after Deductible
Calendar Year Maximum Benefit	$1,200	
Diagnostic Testing, X-Ray and Lab Services (Outpatient)	100% after $25 Copay	50% after Deductible
Complex Diagnostic Testing, X-Ray and Lab Services (any single test greater than $500)	100% after $50 Copay	50% after Deductible
Freestanding laboratory	100% after $25 Copay	50% after Deductible

ASBA Insurance Trust

ARIZONA SCHOOL BOARDS ASSOCIATION INSURANCE TRUST

MEDICAL SCHEDULE OF BENEFITS – A $25 PLAN

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
Durable Medical Equipment (DME)	100% after $25 Copay (rental); 100% after $200 Copay (purchase)	50% after Deductible
Emergency Services		
Emergency Medical Condition		
Facility Charges	100% after $100 Copay*	100% after $100 Copay*
Professional Fees and Ancillary Charges	100% after $35 Copay*	100% after $35 Copay*
Non-Emergency Medical Condition		
Facility Charges	100% after $100 Copay*	100% after $100 Copay*
Professional Fees and Ancillary Charges	100% after $35 Copay*	50% after Deductible*
*NOTE: The Copay will be waived if the person is admitted directly as an Inpatient to the same Hospital utilized for Emergency Services.		
Foot Orthotics	100% after $50 Copay	$50 Copay, then 50% after Deductible
Maximum Benefit	Age 19 and over - one (1) every 12 months; Under age 19 - one (1) every six (6) months	
Hearing Aids (including Cochlear Implants)	100% after $50 Copay	$50 Copay, then 50% after Deductible
Maximum Benefit	One (1) every 36-month period including any office visit and any related services.	
Hemodialysis (Outpatient)	100% after $40 Copay	50% after Deductible
Home Health Care	100% after $25 Copay	50% after Deductible
Calendar Year Maximum Benefit	60 visits	
Hospice Care		
Inpatient	100% after $200 Copay	$300 Copay, then 50% after Deductible
Outpatient	100% after $25 Copay	50% after Deductible
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)		
Inpatient	100% after $200 Copay	$300 Copay, then 50% after Deductible
Room and Board Allowance	Semi-Private Room rate*	Semi-Private Room rate*
Outpatient	100% after $75 Copay	50% after Deductible
*Charges for a private room, that exceed the cost of a semi-private room, are eligible only if prescribed by a Physician and the private room is Medically Necessary.		
Infusion Therapy in Facility or Physician's Office	100% after $40 Copay	50% after Deductible

ASBA Insurance Trust

ARIZONA SCHOOL BOARDS ASSOCIATION INSURANCE TRUST

MEDICAL SCHEDULE OF BENEFITS – A $25 PLAN

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
Maternity (Prenatal and Postnatal)	100% after $250 Copay	50% after Deductible
Mental Disorders and Substance Use Disorders		
Inpatient	80% after $200 Copay	$300 Copay, then 50% after Deductible
Outpatient	100% after $25 Copay	50% after Deductible
Calendar Year Maximum Benefit	30 days (inpatient); 30 visits (outpatient)	
Lifetime Maximum Benefit	90 days (applies to Inpatient Substance Use Only)	
Nutritional Food Supplements	50%	50% after Deductible
Occupational Therapy (Outpatient)	100% after $25 Copay	50% after Deductible
Maximum Benefit	$50 per visit	
Physical Therapy (Outpatient)	100% after $25 Copay	50% after Deductible
Maximum Benefit	$50 per visit	
Physician's Services		
Inpatient/Outpatient Services		
Primary Care Physician	100% after $25 Copay*	50% after Deductible
Specialist	100% after $35 Copay*	50% after Deductible
Office Visits		
Primary Care Physician	100% after $25 Copay*	50% after Deductible
Specialist	100% after $35 Copay*	50% after Deductible
Physician Office Surgery		
Primary Care Physician	Under $1,000 - 100% after $25 Copay*; Over $1,000 - 100% after $50 Copay*	50% after Deductible
Specialist	Under $1,000 - 100% after $35 Copay*; Over $1,000 - 100% after $50 Copay*	50% after Deductible
*Copay applies per visit regardless of what services are rendered.		
Preventive Services and Routine Care		
Preventive Services	100%	Not Covered
Office Visits (if billed separately)	100%	Not Covered
Any Other Item or Service (if billed separately)	100%	Not Covered
Routine Care (includes any routine care item or service not otherwise covered under the preventive services provision above)	100% up to $300, then 10%	Not Covered

ASBA Insurance Trust

ARIZONA SCHOOL BOARDS ASSOCIATION INSURANCE TRUST

MEDICAL SCHEDULE OF BENEFITS – A $25 PLAN

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
Prosthetics (other than bras)	100% after $200 Copay	100% after $200 Copay
Prosthetic Bras	100% after $50 Copay	100% after $50 Copay
Calendar Year Maximum Benefit	Two (2) per Calendar Year	
Psychological and Neuropsychological Testing	50%	50% after Deductible
Radiation Therapy (Outpatient)	100% after $40 Copay	50% after Deductible
Skilled Nursing Facility and Rehabilitation Facility	100% after $200 Copay	$300 Copay, then 50% after Deductible
Maximum Benefit	60 days every 12 consecutive months (Skilled Nursing Facility); 60 days per Calendar Year (Rehabilitation Facility)	
Speech Therapy (Outpatient)	100% after $25 Copay	50% after Deductible
Maximum Benefit	$50 per visit	
Surgery (Inpatient)		
Facility	100% after $200 Copay	50% after Deductible
Professional Services	100% after $75 Copay*	50% after Deductible
Surgery (Outpatient) (does not include surgery in the Physician's office)		
Facility	100% after $75 Copay	50% after Deductible
Professional Services	100% after $75 Copay*	50% after Deductible
*Copay applies per surgical session.		
Temporomandibular Joint Dysfunction (TMJ)	100% after $50 Copay	$50 Copay, then 50% after Deductible
Lifetime Maximum Benefit	One (1) surgical procedure, including any related office visit and one (1) appliance. Office services are limited to $1,000.	
Urgent Care Facility	100% after $50 Copay	$50 Copay, then 50% after Deductible
Wig (see Eligible Medical Expenses)	100% after $50 Copay	100% after $50 Copay
Maximum Benefit	One (1) every 24 months	
All Other Eligible Medical Expenses	100% after $50 Copay	$50 Copay, then 50% after Deductible

ASBA Insurance Trust

ARIZONA SCHOOL BOARDS ASSOCIATION INSURANCE TRUST

MEDICAL SCHEDULE OF BENEFITS – A $25 PLAN

PRESCRIPTION DRUG SCHEDULE OF BENEFITS

BENEFIT DESCRIPTION	BENEFIT
NOTE: There is no coverage under the Plan for Prescription Drugs obtained from a Non-Participating pharmacy.	
Retail Pharmacy: 30-day supply	
Generic	$15 Copay
Preferred	20% Copay ($20 minimum, $75 maximum)
Non-Preferred	30% Copay ($35 minimum, $100 maximum)
Mail Order or Retail Pharmacy: 90-day supply	
Generic	$30 Copay
Preferred	20% Copay ($40 minimum, $150 maximum)
Non-Preferred	30% Copay ($70 minimum, $200 maximum)

Mandatory Generic Program

The Plan requires that Retail Pharmacies dispense Generic Drugs when available. Should a Covered Person choose a Brand Name Drug rather than the Generic equivalent, the Covered Person will be responsible for the cost difference between the Generic and Brand Name Drug in addition to the Brand Name Drug Copay, even if a DAW (Dispense As Written) is written by the prescribing Physician. The Covered Person's share of the Prescription Drug cost does not apply toward the Plan's Out-of-Pocket Maximum.