Butte Schools Self-Funded Programs Plan Cost Estimator For benefits elections effective October 1, 2018

Input your information into the boxes below and have this worksheet available during your appointment.

Scenario description:							
1 Select the district (and unit if listed) through which your medical benefits are provided.							
2 Are you covered as an employee or retiree?							
3 How much will your district contribute monthly (on a 12-month basis) towards your medical plan election? If you are part-time, be sure to enter the pro-rated monthly contribution made by your district on a 12-month basis.							
4 If your district's monthly cap is greater than your elected contribution, may you choose 'cash-in-lieu' for the difference?							
	[Employee	Spouse/ RDP	Child 1	Child 2	Child 3	Child 4
5 Are the following covered under your plan? If you are on a tiered rate plan, your rate will reflect the tier to cover those listed here.		Yes					
6 Estimate the number of medical claims each member of your family will have during the plan year. Include only services of a network provider; services by a non-network provider to not accumulate towards your out of pocket limits.	This tool estimates the following network cost of service:						
a Preventive (wellness, physical, routine, etc.) examsb Office visits to the Health and Wellness Center due to illness, injury	\$150						
or disease management; not available on Kaiser plans	\$25						
 c Telemedicine medical visits (MD Live) d Office visits (MD, urgent care, mental health provider) due to illness, injury or disease management 	\$40 \$100						
e Physical, occupational, speech, chiropractic or acupuncture therapy visits	\$75						
f Inpatient hospital admissions (separate admissions, not days hospitalized)	\$30,000						
g Emergency room visits (without in-patient admission)	\$3,000						
h Other services not listed above; estimate total network charges via Estimate Your Cost at www.anthem.com/ca/sisc or by review of prior years' Explanations of Benefits	n/a						
i Surgeries contracted with Carrum Health (hip/knee replacement or spinal fusion at Carrum facility, only); not available on Kaiser plans	11/a						
	\$30,000						
7 Estimate the number of prescriptions below (list prescriptions, not refills). HWC dispensary items are not included as they do not apply to							
a Generic filled at Costco (up to 30 day supply for an acute/episodic illness)	445						
b Generic filled at a retail pharmacy other than Walgreen's (up to 30	\$15						
day supply for an acute/episodic illness) c Brand filled at a retail pharmacy other than Walgreen's (up to 30-day	\$20						
supply for an acute/episodic illness)	\$250						
d Generic maintenance filled at Costco (mail order or retail)e Generic maintenance filled at a retail pharmacy other than	\$60						
Walgreen's	\$90						
f Brand maintenance filled via Costco (mail order or retail)	\$1,000						
g Brand maintenance filled at a retail pharmacy other than Walgreen's	\$1,500						