

Medical

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. Santa Barbara County Superior Court gives you a choice between two medical plans through Blue Shield of California.

	Blue Shield Medical EPO Plan		Blue Shield – High Deductible Health Plan (HDHP)	
	In-Network Only		In-Network	Out-of-Network
Annual Deductible Individual Family	\$0 \$0	\$1,600 \$3,200	\$1,600 (combined w/ in-network) \$3,200 (combined w/in-network)	
Annual Out-of-Pocket Maximum Individual Family	\$1,500 \$3,000	\$4,500 \$9,000	\$4,500 (combined w/in-network) \$9,000 (combined w/in-network)	
HSA Employer Contribution	None	\$900 over 26 pay periods		
Office Visit Primary Care Specialist	\$20 copay \$20 copay	Plan pays 80% after deductible Plan pays 80% after deductible	Plan pays 60% after deductible Plan pays 60% after deductible	
Online Visit (Teladoc)	\$20 copay	\$40 copay after deductible	Not Covered	
Preventive Services	Plan pays 100%	Plans pays 100%	Plans pays 100%	
Chiropractic	\$20 copay (combined outpatient rehab up to 30 visit/year)	Plan pays 80% after deductible (up to 20 visits per year)	Plan pays 60% after deductible (combined with in-network limit of 20 visits/year)	
Lab and X-ray	Plan pays 100%	Plan pays 100% after deductible	Plan pays 100% after deductible	
Urgent Care	\$20 copay	Plan pays 80% after deductible	Plan pays 60% after deductible	
Emergency Room	\$100 copay then plan pays 100% (copay waived if admitted)	Plan pays 80% after deductible	Plan pays 80% after deductible	
Inpatient Hospitalization	\$250/admission then plan pays 80%	Plan pays 80% after deductible	Plan pays 60% after deductible (up to \$600 per day)	
Outpatient Surgery	Plan pays 100%	Plan pays 80% after deductible	Plan pays 60% after deductible (up to \$350 per day)	
PRESCRIPTION DRUGS	Administered by Express Scripts		Administered by Blue Shield	
Prescription Drug Deductible Individual Family	\$25 (preferred and non-preferred brand) \$75 (preferred and non-preferred brand)	Combined with medical	Combined with medical	
Out-of-Pocket Maximum	\$5,100 individual; \$10,200 family	Combined with medical	Combined with medical	
Retail- 30 Day Supply Tier 1 (generic) Tier 2 (preferred brands) Tier 3 (non-preferred brands) Tier 4 (Specialty)	\$10 copay \$35 copay after Rx deductible \$50 copay after Rx deductible Plan pays 80% with \$100 copay max	Plan pays 80% after deductible Plan pays 80% after deductible Plan pays 80% after deductible Plan pays 80% after deductible with \$100 copay max	Plan pays 80% deductible Plan pays 80% after deductible Plan pays 80% after deductible Plan pays 80% after deductible with \$100 copay max	
Mail Order- 90 Day Supply Tier 1 (generic) Tier 2 (preferred brands) Tier 3 (non-preferred brands) Tier 4 (Specialty)	\$20 copay \$70 copay after Rx deductible \$100 copay after Rx deductible Plan pays 80% w/ \$100 copay max	Plan pays 80% after deductible Plan pays 80% after deductible Plan pays 80% after deductible Plan pays 80% after deductible with \$100 copay max	Not covered Not Covered Not Covered Not Covered	