<table>
<thead>
<tr>
<th>Type of Plan</th>
<th>Monthly Cost</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
<th>Option 5</th>
<th>Option 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEE</td>
<td>BASIC COVERAGE</td>
<td>$52,25.34</td>
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<td>$54,75.34</td>
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<td>$47,00.34</td>
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<tr>
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*Please note, at the time of printing, the July 1, 2020 rates have not yet been finalized. The rates will be published on the website as soon as possible.*

**Benefits in California and Arizona may differ. See City Summary Program Description for complete details.**

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**Mental Health and Substance Abuse**

- **Alcoholism and Drug Abuse (Chemical Dependence)**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay
- **Addiction Treatment**
  - Non-preferred PCP: $15 co-pay per visit.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay
- **Addiction Services**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay

**Obstetrics and Gynecology**

- **Family Planning Services**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay
- **Vaginal exams**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay
- **Prenatal Care**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay
- **Maternity Services**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay

**Ophthalmology**

- **Coverage for Eye Conditions**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay
- **Contact Lens Examination**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay
- **Surgical Procedures**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay

**Pharmacy**

- **Ophthalmics and Contact Lenses**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay
- **Prescription Drugs**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay

**Hearing**

- **Hearing Aids**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay
- **Devices and Supplies**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay

**Dental**

- **Coverage for Dental**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay
- **Dentures**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay
- **Orthodontics**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay

**Hospitals and Emergency Services**

- **General Hospital Services**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay
- **Emergency Services**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay

**Wellness and Prevention**

- **Child Care Services**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay
- **Visiting Nurse Services**
  - Non-preferred PCP: $30 co-pay, up to 12 visits.
  - Preferred provider: No co-pay.
  - Non-preferred PCP $0 co-pay