

**ELK GROVE UNIFIED SCHOOL DISTRICT
HEALTH PLAN BENEFITS COMPARISON 2009-10
FOR ALL ACTIVE EMPLOYEES AND RETIREES UNDER AGE 65**

This is only a brief description of proposed plans and should not be construed as a legal document. For a more complete listing of all benefits and copayments, please refer to plan documents or call the carrier's customer service.

BENEFIT CATEGORY	HEALTH NET 1-800-522-0088 www.healthnet.com	KAISER 1-800-464-4000 www.kp.org
PROFESSIONAL SERVICES		
Office Visits	\$20 per visit	\$20 per visit
Physical Exam/Well Baby Care	\$20 per visit	\$20 per visit/\$5 up to age 2
Prenatal and postnatal office visits	\$20 per visit	\$5 per visit/first postpartum visit only
Eye & Hearing Exams	\$20 per visit	\$20 per visit
Hearing aids	No charge. One hearing aid each ear every 36 months	\$1,000 per hearing aid, each ear every 36 months
Allergy Shots	No charge	\$3 per visit
Diagnostic, X-Rays & Lab	No charge	No charge
PRESCRIPTION DRUGS (Provided by American Health Care for Health Net members)		
Retail Pharmacy	\$10 Generic/\$20 Brand Name (AHC) \$50 Non-Preferred Brand Name per 30 day supply	\$10 Generic/\$20 Brand Name per 30 day supply
Mail Order	\$20 Generic/\$40 Brand (AHC) \$100 Non-Preferred Brand Name per 90 day supply	\$20 Generic/\$40 Brand Name per 100 day supply
HOSPITAL SERVICES		
Inpatient Care and Services	No charge	No charge
Outpatient Surgery	No charge	\$20 per visit
Emergency Room Visit	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)
MENTAL HEALTH		
Inpatient	No charge Limited to 30 days/cal year combined with inpatient Substance Abuse for non-severe combined with Outpatient Substance Abuse; No day limit for severe	No charge/45 days per year*
Outpatient	\$20 per visit Limited to 20 visits/ cal year for non-severe combined with Outpatient Substance Abuse; No limit for Severe	\$20 per visit/20 visits per calendar year*
SUBSTANCE ABUSE		
Inpatient	No charge Limited to 30 days per calendar year combined with Inpatient Mental Health	No charge; detox only \$20 per visit; \$5 per group therapy visit
Outpatient	\$10 per visit group therapy \$20 per visit individual therapy Limited to 20 visits per year combined with Outpatient Mental Health	No charge; detox only \$20 per visit; \$5 per group therapy visit
EXTENDED CARE		
Skilled Nursing Facility	No charge up to 100 days per calendar year	No charge up to 100 consecutive days per year
Home Health Care	No Charge	No charge
Urgent Care	\$50 within own medical group	\$20 per visit at Kaiser
Out of Area Student Plan	HMO Plan - Out-of-local service area. Change Health Net PCP or keep local PCP and have emergency services only (must come home for routine HMO benefits) For students out of CA HMO service area and out-of-state please contact the district's benefits office for details	Yes - Can use any Kaiser facility
Physical, Speech and Occupational Therapy	No charge	\$20 per visit; short term only up to 60 days
Durable Medical Equipment	No Charge	No Charge
Self-Referral to what Specialist?	OB/GYN within own medical group	OB/GYN and optometry

*No day or visit limitation for Mental Health Parity Act benefits. Call carrier for details or visit their website.