Elk Grove Unified School District

Summary of HMO Plans

January 1, 2018

Effective Date	01/01/2018	01/01/2018	01/01/2018
Carrier Name	**Kaiser Permanente**	**Sutter Health Plus**	**Blue Shield of California**
Plan Name	HMO - $30	HMO - $30	HMO - $30 Trio
Eligible Class	Active & Early Retiree	Active & Early Retiree	Active & Early Retiree
General Plan Information			
Annual Deductible/Individual	$0	$0	$0
Annual Deductible/Family	$0	$0	$0
Coinsurance	100%	100%	100%
Office Visit/Exam	$30 copay	$30 copay	$30 copay
Outpatient Specialist Visit	$30 copay	$30 copay	$30 copay with medical group referral; $45 copay for Trio+ specialist self-refer
Annual Out-of-Pocket Limit/Individual	$1,500	$1,500	$1,500
Annual Out-of-Pocket Limit/Family	$3,000	$3,000	$3,000
Deductible Included in Out-of-Pocket Limits	N/A	N/A	N/A
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited
Primary Care Physician Election Required	Yes	Yes	Yes
Outpatient Services			
Preventive Services			
Well-Child Care	100%	100%	100%
Immunizations	100%	100%	100%
Well Woman Exams	100%	100%	100%
Mammograms	100% if preventive	100%	100%
Adult Periodic Exams with Preventive Tests	100%	100%	100%
Diagnostic X-Ray and Lab Tests	$10 copay per encounter; 100% if preventive; $50 copay per procedure: MRI, CT and PET scans	100%	100%
Maternity Care			
Pregnancy and Maternity Care (Pre-Natal Care)	100%	100%	100%
Inpatient Hospital Services			
Inpatient Hospitalization	100%	100%	100%
Pre-Authorization of Services Required	Yes	Yes	Yes
Semi-Private Room & Board; Including Services and Supplies	100%	100%	100%
Surgical Services			
Outpatient Facility Charge	$30 copay per procedure	$30 copay in an office setting; $100 copay if performed in a surgical center	$30 copay in an office setting; $100 copay if performed in a surgical center
Emergency Services			
Emergency Room	$100 copay (waived if admitted)	$100 copay (waived if admitted)	$100 copay (waived if admitted)
Ambulance			
Air	100%	100%	100%
Ground	100%	100%	100%
Urgent Care			
Urgent Care Facility	$30 copay	$30 copay	$30 copay
Mental Health Benefits			
Inpatient Care	100%	100%	100%
Outpatient Care	$30 copay individual therapy; $15 copay group therapy	$30 copay for individual therapy; $15 copay for group therapy	$30 copay
Substance Abuse			
Inpatient Care			
Inpatient Hospitalization	100%	100%	100%
Inpatient Detoxification Services	100%	100%	100%
Outpatient Care			
Outpatient Services	$30 copay individual therapy; $5 copay group therapy	$30 copay	$30 copay

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Eligible Class	Active & Early Retiree	Active & Early Retiree	Active & Early Retiree
Prescription Drug Benefits			
Prescription Drug Annual Out-of-Pocket Limit/Individual	Will accrue to annual OOP Max	Will accrue to annual OOP Max	Will accrue to annual OOP Max
Prescription Drug Annual Out-of-Pocket Limit/Family	Will accrue to annual OOP Max	Will accrue to annual OOP Max	Will accrue to annual OOP Max
Generic / Tier 1	$15 copay	$15 copay	$15 copay
Brand (Formulary/Preferred) / Tier 2	$35 copay	$25 copay	$35 copay
Brand (Non-Formulary/Non-preferred) / Tier 3	$35 copay	$50 copay	$50 copay
Preferred Specialty / Tier 4	$35 copay	10% coinsurance up to $100 per Rx	20% coinsurance up to $100 per Rx
Number of Days Supply	30 days	30 days	30 days
Mail Order			
Generic / Tier 1	$30 copay	$30 copay	$30 copay
Brand (Formulary/Preferred) / Tier 2	$70 copay	$50 copay	$70 copay
Brand (Non-Formulary/Non-preferred) - Tier 3	$70 copay	$100 copay	$100 copay
Preferred Specialty / Tier 4	$70 copay	10% coinsurance up to $100 per Rx (30 days)	20% coinsurance up to $200 per Rx
Other Services and Supplies			
Durable Medical Equipment & Prosthetic Devices	100%	100%	100%
Home Health Care	100% 100 visits per calendar year	100%; Limited to 100 visits per cal year	100%; Limited to 100 visits per cal year
Skilled Nursing or Extended Care Facility	100% 100 days per benefit period	100%; Limited to 100 days per cal year	100%; Limited to 100 days per cal year
Hospice Care	100%	100%	100%
Chiropractic Services	Not covered	$15 copay; Limited to 20 vists per cal year combined with Acupuncture	$15 copay; Limited to 20 visits per cal year
Acupuncture	Must be referred	$15 copay; Limited to 20 visits per cal year combined with Chiropractic	$15 copay; Limited to 20 visits per cal year
Vision			
Examination	$30 copay: refraction	100% covered for preventive screening	$30 copay
Hearing			
Screening	100%	100% through EPIC Hearing Healthcare ($70 copay out-of-network)	$30 copay
Aid(s)	$1,000 allowance per aid every 36 months	$1,000 allowance every 60 months per aid for adult/ 24 months for children	$1,000 allowance every 36 months per aid
Infertility			
Diagnosis	See Plan Certificate for limitations	See Plan Certificate for limitations	See Plan Certificate for limitations
Treatment	See Plan Certificate for limitations	See Plan Certificate for limitations	See Plan Certificate for limitations
Outpatient Rehabilitative Therapy Services			
Physical	$30 copay	$30 copay	$30 copay
Occupational	$30 copay	$30 copay	$30 copay
Speech	$30 copay	$30 copay	$30 copay