Elk Grove Unified School District

Summary of HMO Plans

January 1, 2020

Effective Date	01/01/2020	01/01/2020
Carrier Name	**Kaiser Permanente**	**Sutter Health Plus**
Plan Name	HMO - $30	HMO - $30
Eligible Class	Active & Early Retiree	Active & Early Retiree
General Plan Information		
Annual Deductible/Individual	$0	$0
Annual Deductible/Family	$0	$0
Coinsurance	100%	100%
Office Visit/Exam	$30 copay	$30 copay
Outpatient Specialist Visit	$30 copay	$30 copay
Annual Out-of-Pocket Limit/Individual	$1,500	$1,500
Annual Out-of-Pocket Limit/Family	$3,000	$3,000
Deductible Included in Out-of-Pocket Limits	N/A	N/A
Lifetime Plan Maximum	Unlimited	Unlimited
Primary Care Physician Election Required	Yes	Yes
Outpatient Services		
Preventive Services		
Well-Child Care	100%	100%
Immunizations	100%	100%
Well Woman Exams	100%	100%
Mammograms	100% if preventive	100%
Adult Periodic Exams with Preventive Tests	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%
Maternity Care		
Pregnancy and Maternity Care (Pre-Natal Care)	100%	100%
Inpatient Hospital Services		
Inpatient Hospitalization	100%	100%
Pre-Authorization of Services Required	Yes	Yes
Semi-Private Room & Board; Including Services and Supplies	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
Emergency Services		
Emergency Room	$100 copay (waived if admitted)	$100 copay (waived if admitted)
Ambulance		
Air	100%	100%
Ground	100%	100%
Urgent Care		
Urgent Care Facility	$30 copay	$30 copay
Mental Health Benefits		
Inpatient Care	100%	100%
Outpatient Care	$30 copay individual therapy; $15 copay group therapy	$30 copay for individual therapy; $15 copay for group therapy
Substance Abuse		
Inpatient Care		
Inpatient Hospitalization	100%	100%
Inpatient Detoxification Services	100%	100%
Outpatient Care		
Outpatient Services	$30 copay individual therapy; $5 copay group therapy	$30 copay

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