



## Elk Grove Unified School District

### Summary of HMO Plans

January 1, 2023 HMO Plans

Carrier Plan Name Benefit Summary	Current		New
	Kaiser Permanente	Sutter Health Plus	WHA
	HMO - \$30 Active & Early Retiree	HMO - \$30 Active & Early Retiree	HMO - \$30 Active & Early Retiree
<b>General Plan Information</b>			
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
Annual Out-of-Pocket Limit/Individual	\$1,500	\$1,500	\$1,500
Annual Out-of-Pocket Limit/Family	\$3,000	\$3,000	\$2,500
<b>Outpatient Services</b>			
<b>Preventive Services</b>			
Well-Child Care	100%	100%	100%
Immunizations	100%	100%	100%
Well Woman Exams	100%	100%	100%
Mammograms	100% if preventive	100%	100% if preventive
Adult Periodic Exams with Preventive	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%
<b>Maternity Care</b>			
Pregnancy /Maternity (Pre-Natal Care)	100%	100%	100%
<b>Inpatient Hospital Services</b>			
Inpatient Hospitalization	100%	100%	100%
<b>Surgical Services</b>			
Outpatient Facility Charge	\$30 copay per procedure	\$30 copay in an office setting; \$100 copay if performed in a surgical center	\$100 copay per visit
<b>Emergency Services</b>			
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
<b>Ambulance</b>			
Air	100%	100%	100%
Ground	100%	100%	100%
<b>Urgent Care</b>			
Urgent Care Facility	\$30 copay	\$30 copay	\$30 copay
<b>Mental Health Benefits</b>			
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
<b>Substance Abuse</b>			
<b>Inpatient Care</b>			
Inpatient Hospitalization	100%	100%	100%
Inpatient Detoxification Services	100%	100%	100%
<b>Outpatient Care</b>			
Outpatient Services	\$30 copay individual therapy; \$5 copay group therapy	\$30 copay	\$30 copay



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	Active & Early Retiree	Active & Early Retiree	Active & Early Retiree
<b>Prescription Drug Benefits</b>			
Generic	\$15 copay (Tier 1)	\$15 copay (Tier 1)	\$10 copay (Tier 1)
Brand (Formulary/Preferred)	\$35 copay (Tier 2)	\$25 copay (Tier 2)	\$30 copay (Tier 2)
Brand (Non-Formulary/Non-preferred)	\$35 copay (Tier 3)	\$50 copay (Tier 3)	\$50 copay (Tier 3)
Specialty	\$35 copay (Tier 4)	10% coinsurance up to \$100 per Rx	\$35 copay; home self-injectables
Number of Days Supply	30 days	30 days	30 days
<b>Mail Order</b>			
Generic	\$30 copay (Tier 1)	\$30 copay (Tier 1)	\$20 copay (Tier 1)
Brand (Formulary/Preferred)	\$70 copay (Tier 2)	\$50 copay (Tier 2)	\$60 copay (Tier 2)
Brand (Non-Formulary/Non-preferred)	\$70 copay (Tier 3)	\$100 copay (Tier 3)	\$100 copay (Tier 3)
Number of Days Supply for Mail Order	100 days	100 days	90 days
<b>Other Services and Supplies</b>			
Durable Medical Equipment & Prosthetic Devices	100%	100%	100%
Home Health Care	100% 100 visits per cal year	100%; Limited to 100 visits per cal year	100% 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% 100 days per benefit period
Hospice Care	100%	100%	100%
Chiropractic Services	Not covered	\$15 copay; Limited to 20 visits per cal year combined with Acupuncture	\$15 copay; 20 visits per cal year
Acupuncture	Must be referred	\$15 copay; Limited to 20 visits per cal year combined with Chiropractic	\$15 copay; 20 visits per cal year
<b>Vision</b>			
Examination	\$30 copay: refraction	100% covered for preventive screening	100%
<b>Hearing</b>			
Screening	100%	100% through EPIC Hearing Healthcare (\$70 copay out-of-network)	100% from PCP; No cost hearing exam from TruHearing
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 max amount plan will pay per member every 36 months for both ears
<b>Outpatient Rehabilitative Therapy Services</b>			
Physical	\$30 copay	\$30 copay	\$30 copay
Occupational	\$30 copay	\$30 copay	\$30 copay
Speech	\$30 copay	\$30 copay	\$30 copay