

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT

CLASSIFIED: 2021 HMO PLANS COMPARISON



Benefit Summary Effective Period: January 1, 2021 - December 31, 2021 No plan design changes in 2021	UHC Alliance HMO 20/30 What You Pay	UHC Performance HMO Plan A, Network 1 What You Pay	UHC Performance HMO Plan A, Network 2 What You Pay	Kaiser HMO 10 Rx: \$10 / \$20 30-day What You Pay	Cigna Select HMO 10 What You Pay
Medical Deductible (individual/family)	None	None	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$3,000 / \$6,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$1,500 / \$3,000	\$1,000 / \$3,000
Health Account	None	None	None	None	None
PCP Office Visit	\$20 copay	\$10 copay	\$20 copay	\$10 copay	\$10 copay
Specialist Office Visit	\$30 copay	\$10 copay	\$20 copay	\$10 copay	\$10 copay
Preventive Care	No charge	No charge	No charge	No charge	No charge
Inpatient Hospital Care	\$500 admit copay	No charge	No charge	No charge	No charge
Mental Health Services (outpatient/inpatient)	\$20 copay / \$500 admit copay	\$10 copay / No charge	\$20 copay / No charge	\$10 copay / No charge	\$10 copay / No charge
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge	\$10 copay / No charge	\$10 copay / No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge	No charge	No charge
Complex Radiology (PET, MRI)	\$200 copay	No charge	No charge	No charge	No charge
Outpatient Surgery	\$250 copay	No charge	No charge	\$10 copay	No charge
Outpatient Physical/Rehabilitation Therapy (PCP/Specialist)	\$20 copay	\$10 copay	\$20 copay	\$10 copay	\$10 copay
Chiropractic and Acupuncture Services*	\$20 copay	\$10 copay	\$20 copay	\$10 copay	\$10 copay* 20 days
Urgent Care (your medical group/other medical group)	\$20 copay / \$75 copay	\$10 copay / \$50 copay	\$20 copay / \$50 copay	\$10 copay	\$10 copay
Emergency Room (copay waived if admitted)	\$150 copay	\$100 copay	\$100 copay	\$50 copay	\$100 copay
Rx Deductible	None	None	None	None	None
Rx Out-of-Pocket Maximum (individual/family)	\$1,600 / \$3,200	\$3,000 / \$6,000	\$3,000 / \$6,000	N/A	N/A
Rx Pharmacy Network	EAN**	EAN**	EAN**	Kaiser	Cigna
Short-Term Prescription Drugs*** (up to 30 day supply)	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	G: \$10 copay B: \$20 copay (up to a 30-day supply)	G: \$10 P: \$20 NP/S: \$35
Long-Term Prescription Drugs*** (up to 90 day supply)	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	G: \$20 copay B: \$40 copay (up to a 100-day supply)	G: \$20 P: \$40 NP/S: \$70
Available Medical Groups	Mercy Physicians, Primary Care Associates, Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center, Scripps Physicians Medical, UCSD Medical	Sharp Rees-Stealy, Sharp Community, Primary Care Associates, Arch Health Partners, Children's Physicians	Mercy Physicians, Greater Tri-Cities, Mid-County Physicians, Multi-Cultural, Scripps Physicians Medical, Children's Physicians	Kaiser	Scripps Clinic, Scripps Coastal Medical Center, Mercy Physicians Medical Group, Scripps Physicians Medical Group

Infertility services are excluded/not covered under non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policies for details.
 *Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth for HMO, UMR for PPO, and Kaiser.
 **CIGNA: Chiropractic and Acupuncture service each have an annual 20 visit maximums, must be medically necessary and may be subject to prior authorization from Cigna.
 ***Pay standard copays if you fill your prescription at an Express Advantage Network (EAN) Pharmacy (EAN Pharmacies include Costco, Ralps, Kmart, Vons, Heggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.express-scripts.com for a complete list of EAN pharmacies.
 **Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).
 **You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than Smart90.
 **Copays waived for preferred generic hypertension and hypoglycemic purchased at mail or Smart 90. This does not include normal retail use or brand drugs.
 ***G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPB = Non-preferred Brand, S = Specialty

Disclaimer: Prepared by Gallagher Benefit Services, Inc. on behalf of VEBA.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT

CLASSIFIED: 2021 PPO PLAN COMPARISON



Benefit Summary Effective Period: January 1, 2021 - December 31, 2021 No plan design changes in 2021	UMR CA Select Plus PPO 90/70	
	In Network What You Pay	Out of Network What You Pay
Medical Deductible (<i>individual/family</i>)	\$500 / \$1,000	\$500 / \$1,000
Medical Out-of-Pocket Maximum (<i>individual/family</i>)	\$2,000 / \$4,000	\$4,000 / \$8,000
Health Account	None	
PCP Office Visit	\$20 copay	30% coinsurance (after deductible)
Specialist Office Visit	\$20 copay	30% coinsurance (after deductible)
Preventive Care	No charge	No coverage for non-network services
Inpatient Hospital Care	10% coinsurance (after deductible)	30% coinsurance (after deductible)
Mental Health Services (<i>outpatient/inpatient</i>)	\$20 copay / 10% coinsurance (after deductible)	30% coinsurance (after deductible)
Substance Abuse Services (<i>outpatient/inpatient</i>)	\$20 copay / 10% coinsurance (after deductible)	30% coinsurance (after deductible)
Outpatient Diagnostic Laboratory and Radiology (<i>standard procedures</i>) <i>Freestanding Facility or Physician Office</i> OR <i>Hospital-based Lab or Radiology</i>	No charge	30% coinsurance (after deductible)
	No charge	
Complex Radiology (<i>PET, MRI</i>) <i>Freestanding Facility or Physician Office</i> OR <i>Hospital-based Lab or Radiology</i>	10% coinsurance (after deductible)	30% coinsurance (after deductible)
Outpatient Surgery <i>Ambulatory Surgery Center or Physician Office</i> OR <i>Outpatient Hospital-based Surgical Center</i>	10% coinsurance (after deductible)	30% coinsurance (after deductible)
	10% coinsurance (after deductible)	
Outpatient Physical/Rehabilitation Therapy (PCP/Specialist)	\$20 copay	30% coinsurance (after deductible)
Chiropractic and Acupuncture Services*	\$20 copay	30% coinsurance (after deductible)
Urgent Care (<i>your medical group/other medical group</i>)	\$50 copay	30% coinsurance (after deductible)
Emergency Room (<i>copay waived if admitted</i>)	\$100 copay	\$100 copay
Rx Deductible	None	
Rx Out-of-Pocket Maximum (<i>individual/family</i>)	\$1,600 / \$3,200	
Rx Pharmacy Network	Express Advantage Network**	
Short-Term Prescription Drugs*** (<i>up to 30 day supply</i>)	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	Retail: with submission of a paper claim, member will be reimbursed at the rate the Plan would have paid had the member used an in-network pharmacy less the member's copay.
Long-Term Prescription Drugs*** (<i>up to 90 day supply</i>)	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy
Available Medical Groups	Check umr.com to locate an In Network Physician near you.	All others

Infertility services are excluded/not covered under non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policies for details. PPO Surgeries for orthopedic, spinal and coronary artery bypass graft require pre-certification with Carrum Health or a \$1,000 penalty will apply.

*Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth for HMO, UMR for PPO, and Kaiser.

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