

# Santa Clara County Schools' Insurance Group 2024 Medical Plans



Plan Details	KAISER PERMANENTE PLANS			UHC PLANS				
	Traditional HMO	Deductible HMO	Deductible HMO	Traditional HMO	Deductible HMO	Deductible HMO	High Deductible PPO HSA	
	HIGH PLAN	MID PLAN	LOW PLAN	HIGH PLAN	MID PLAN	LOW PLAN	PPO HSA PLAN	
<b>Plan Details</b>	Kaiser HMO Plan Providers			UHC SignatureValue (Full Network) and UHC SignatureValue Harmony (Limited Network) HMO Providers			PPO Network	Non-PPO Network
Annual Deductible (Ind/Fam)	None	\$500/\$1,000	\$3,000/\$6,000	None	\$250/\$500	\$500/\$1,000	\$2,800/\$5,600	\$3,000/\$6,000
Out of Pocket Max (Ind/Fam)	\$1,500/\$3,000	\$3,000/\$6,000	\$6,000/\$12,000	\$1,500/\$3,000	\$2,500/\$5,000	\$5,000/\$10,000	\$2,800/\$5,600	\$7,000/\$14,000
<b>Benefit Details</b>								
Preventive Care	\$0	\$0 (ded waived)	\$0 (ded waived)	\$0	\$0 (ded waived)	\$0 (ded waived)	\$0 (ded waived)	Not Covered
Office Visit	\$20 Copay	\$20 Copay (ded waived)	\$40 Copay (ded waived)	\$30 Copay	\$30 Copay (ded waived)\$0	\$40 Copay (ded waived)\$0	\$0 (after ded)	30% (after ded)
Diagnostic Lab & Xray	\$0	\$10 Copay (ded waived)	\$10 Copay (ded waived)	\$0	10% (after ded)	30% (after ded)	\$0 (after ded)	30% (after ded)
Inpatient Hospital	\$500/admit	10% (after ded)	30% (after ded)	\$750/admit	10% (after ded)	30% (after ded)	\$0 (after ded)	30% (after ded)
Outpatient Surgery	\$20 Copay	10% (after ded)	30% (after ded)	\$30 Copay (ded waived)	10% (after ded)	\$40 Copay (ded waived)	\$0 (after ded)	30% (after ded)
Outpatient Rehab Therapy	\$20 Copay	\$20 Copay (ded waived)	\$40 Copay (ded waived)	\$30 Copay	30 Copay (ded waived) <sup>9</sup>	\$40 Copay (ded waived) <sup>9</sup>	\$0 (after ded) <sup>11</sup>	30% (after ded) <sup>11</sup>
Durable Medical Equipment	20%	20% (ded waived)	20% (ded waived)	\$0	\$150 Copay (ded waived) <sup>1</sup>	\$250 Copay (ded waived) <sup>1</sup>	\$0 (after ded) <sup>12</sup>	30% (after ded) <sup>12,13</sup>
Home Health Care	\$0 <sup>5</sup>	\$0 (ded waived) <sup>5</sup>	\$0 (ded waived) <sup>5</sup>	\$30 Copay <sup>8</sup>	10% (after ded)	20% (after ded)	\$0 (after ded) <sup>14</sup>	30% (after ded) <sup>14</sup>
Emergency Room Ambulance	\$125 Copay <sup>1</sup>	10% (after ded)	30% (after ded)	\$150 Copay <sup>1</sup>	\$30 Copay (ded waived)	\$40 Copay (ded waived)	\$0 (after ded)	
Mental Health Outpatient	\$75	\$150 (ded waived)	\$150 (ded waived)	\$0	10% (after ded)	30% (after ded)	\$0 (after ded)	30% (after ded) <sup>15</sup>
Mental Health Inpatient	\$20 Copay	\$20 Copay (ded waived)	\$40 Copay (ded waived)	\$30 Copay	\$15 Copay <sup>10</sup>	\$15 Copay <sup>10</sup>	\$0 (after ded)	30% (after ded)
Acupuncture	\$500/admit	10% (after ded)	30% (after ded)	\$600/admit	\$15 Copay <sup>10</sup>	\$15 Copay <sup>10</sup>	\$0 (after ded)	30% (after ded)
Chiropractic	Not Covered	Not Covered	Not Covered	\$15 Copay <sup>10</sup>			\$0 (after ded) <sup>16</sup>	30% (after ded) <sup>16</sup>
	\$10 Copay <sup>2</sup>	\$10 Copay (ded waived) <sup>2</sup>	\$10 Copay (ded waived) <sup>2</sup>	\$15 Copay <sup>10</sup>			\$0 (after ded) <sup>17</sup>	30% (after ded) <sup>17</sup>
<b>Prescription Drugs - Retail</b>							Must satisfy Deductible before Rx copays apply	
Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10 (after ded)	\$10 (after ded)
Formulary Brand	\$25	\$30	\$30	\$25	\$30	\$30	\$30 (after ded)	\$30 (after ded)
Non-Formulary Brand	In accord with Kaiser	In accord with Kaiser	In accord with Kaiser	\$40	\$50	\$50	\$50 (after ded)	\$50 (after ded)
Retail Supply	100-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply
<b>Prescription Drugs - Mail Order</b>								
Generic	\$10	\$20	\$20	\$10	\$10	\$10	\$20 (after ded)	Not Covered
Formulary Brand	\$25	\$60	\$60	\$50	\$60	\$60	\$60 (after ded)	Not Covered
Non-Formulary Brand	In accord with Kaiser	In accord with Kaiser	In accord with Kaiser	\$80	\$100	\$100	\$100 (after ded)	Not Covered
Mail Order Supply	100-day supply	100-day supply	100-day supply	90-day supply	90-day supply	90-day supply	90-day supply	Not Covered

<sup>1</sup> Emergency copay waived if admitted to the hospital.

<sup>2</sup> Only applicable if districts have elected Chiropractic/Acupuncture Benefit Rider. Chiro limited to 20 visits/calendar year.

<sup>3</sup> Outpatient hospital benefit limited to \$350/admit when accessing care from a non-participating provider.

<sup>4</sup> Physical therapy, physical medicine & occupational therapy, including chiropractic services limited to 24 visits per calendar year.

<sup>5</sup> Up to 100 home health care visits per accumulation period

<sup>8</sup> Home Health Care limited to 100 visits/calendar year; for infusion therapy, a separate \$40 per medication copay applies per 30 days <sup>9</sup>

Home Health Care limited to 100 visits/calendar year; for infusion therapy, a separate \$50 per medication copay applies per 30 days <sup>10</sup>

Limited to 40 visits combined for chiropractic and acupuncture

<sup>11</sup> Physical therapy, speech therapy & occupational therapy, including chiropractic services limited to 24 visits per calendar year.

<sup>12</sup> Limited to a single purchase of a type of durable medical equipment every three years

<sup>13</sup> Prior Authorization required for Durable Medical Equipment that costs more than \$1,000

<sup>14</sup> Home Health Care limited to 100 visits/calendar year

<sup>15</sup> Coinsurance is only payable for non-emergency ambulance services

<sup>16</sup> Acupuncture limited to 12 visits

<sup>17</sup> Chiropractic limited to 24 visits

## Management - 100% FTE - 2024

	District pays	Employee pays	Total Cost
<b>Kaiser with Vision</b>			
Employee only	933.11	0	933.11
Emp + 1 dep	1586.29	279.93	1866.22
Emp + 2 or more dep	2128.42	512.28	2640.70

### United Healthcare- HIGH **Full Network** with Sutter Health and Palo Alto Medical Foundation

Employee only	1374.18	0	1374.18
Emp + 1 dep	2336.09	412.26	2748.35
Emp + 2 or more dep	3134.49	754.43	3888.92

### United Healthcare- HIGH **Harmony/Limited Network** without Sutter Health and Palo Alto Medical Foundati

Employee only	957.54	0	957.54
Emp + 1 dep	1627.81	287.26	1915.07
Emp + 2 or more dep	2184.13	525.68	2709.81

### United Healthcare- Modified **PPO Hsa**

Employee only	1648.00	0	1648.00
Emp + 1 dep	2916.96	543.85	3460.81
Emp + 2 or more dep	3978.26	998.69	4976.95

### **Delta Dental**

#### **HIGH PLAN**

Employee only	61.13	0	61.13
Emp + 1 dep	122.22	0	122.22
Emp + 2 or more dep	206.66	0	206.66

#### **PREMIUM PLAN**

Employee only	61.13	6.50	67.63
Emp + 1 dep	122.22	13.04	135.26
Emp + 2 or more dep	206.66	22.00	228.66

#### **INDEMNITY Dental**

Employee only	61.13	9.88	71.01
Emp + 1 dep	122.22	19.80	142.02
Emp + 2 or more dep	206.66	33.43	240.09

### **VSP Vision**

#### **HIGH PLAN**

Employee only	8.45	0	8.45
Emp + 1 dep	16.89	0	16.89
Emp + 2 or more dep	31.89	0	31.89

#### **PREMIUM PLAN**

Employee only	12.79	0	12.79
Emp + 1 dep	25.58	0	25.58
Emp + 2 or more dep	48.33	0	48.33

### trustmark life insurance (\$100,000)

Employee only	21.00	0	21.00
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