

San Juan Unified School District

2020 Medical Renewal

Active and Early Retiree HMO Plans

	Kaiser HMO			
	Active Employee		Early Retiree	
2020 Cost:	Total Premium (Tenthly)	Employee Cost (Tenthly)	Total Premium (Monthly)	Early Retiree Cost (Monthly)
Employee Only	971.71	\$0.00	\$1,073.46	\$0.00
Employee + 1 Dependent	1943.42	\$242.93	\$2,146.92	\$1,073.46
Employee + Family	2749.95	\$444.56	\$3,037.81	\$1,964.35
Plan Design:	Active Employee		Early Retiree	
Annual Deductible (EE/Family)	None		\$500/\$1,000	
Out-of-Pocket Maximum (EE/Family)	\$1,500/\$3,000		\$3,000/\$6,000	
Office Visit	\$25 copay		\$20 copay	
Specialist Visit	\$25 copay		\$20 copay	
Emergency Room	\$35 copay		10% coinsurance after deductible	
Ambulance	No Charge		\$150 copay	
Inpatient Hospitalization	No Charge		10% coinsurance after deductible	
Outpatient Surgery	\$25 copay		10% coinsurance after deductible	
Lab & X-ray	No Charge		\$10 copay; \$50 copay for specialized X-rays (CT, MRI, PET Scans)	

	Western Health Advantage HMO			
	Active Employee		Early Retiree	
2020 Cost:	Total Premium (Tenthly)	Employee Cost (Tenthly)	Total Premium (Monthly)	Early Retiree Cost (Monthly)
Employee Only	\$777.56	\$0.00	\$1,151.71	\$0.00
Employee + 1 Dependent	\$1,550.16	\$193.15	\$2,303.44	\$1,151.73
Employee + Family	\$2,322.72	\$386.29	\$3,455.16	\$2,303.45
Plan Design:	Active Employee		Early Retiree	
Annual Deductible (EE/Family)	None		None	
Out-of-Pocket Maximum (EE/Family)	\$1,500/\$2,500		\$1,500/\$2,500	
Office Visit	\$20 copay		\$20 copay	
Specialist Visit	\$20 copay		\$20 copay	
Emergency Room	\$100 copay		\$100 copay	
Ambulance	No Charge		No Charge	
Inpatient Hospitalization	No Charge		No Charge	
Outpatient Surgery	\$100 copay (\$20 copay if performed in the office)		\$100 copay (\$20 copay if performed in the office)	
Lab & X-ray	No Charge		No Charge	

Active and Early Retiree HMO Plans

	Kaiser HMO		Western Health Advantage HMO	
	Active Employee	Early Retiree	Active Employee	Early Retiree
Inpatient Mental Health (Non-Severe)/ Chemical Dependency	No Charge	10% coinsurance after deductible	No charge	No charge
Outpatient Mental Health (Non-Severe)/ Chemical Dependency	Mental Health: \$25 copay for individual visits; \$12 copay for group visits CD: \$25 copay per individual visit; \$5 copay for group visits	Mental Health: \$20 copay for individual or \$10 copay for group visits CD: \$20 copay per individual visit; \$5 copay for group visits	Mental Health; \$20 copay CD: \$20 copay	Mental Health; \$20 copay CD: \$20 copay
Home Health Care	No Charge up to 100 visits per year	No Charge up to 100 visits per year	No Charge up to 100 visits per year	No Charge up to 100 visits per year
Skilled Nursing	No Charge up to 100 days per year	10% coinsurance up to 100 days per year	No Charge up to 100 days per year	No Charge up to 100 days per year
Durable Medical Equipment	No Charge	20% coinsurance	20% coinsurance	20% coinsurance
Infertility - Basic Treatment	\$25 copay	50% coinsurance	50% coinsurance	Not Covered
Physical or Speech Therapy (Outpatient)	\$25 copay	\$20 copay	\$20 copay	\$20 copay
Chiropractic/Acupuncture	Not Covered	Not Covered	\$15 copay up to 20 visits per year	\$15 copay up to 20 visits per year
Hearing Aid Rider	\$1,000 benefit every 36 months per ear	Not Covered	\$1,000 benefit every 36 months per ear	Not Covered
Rx - Retail (30 day)	\$10 generic / \$20 brand	\$10 generic / \$30 brand	\$10 generic/\$25 brand/\$35 non-formulary	\$10 generic/\$30 brand/\$50 non-formulary
Rx - Mail Order (90 day)	2x retail for 100 day supply	2x retail for 100 day supply	2x retail	2x retail