

San Juan Unified School District HMO Medical Plan Comparisons

Summary of benefits only. The deductibles, copays, and coinsurance percentages below indicate the amounts for which you are responsible. [Evidence of Coverage](#) and [plan premiums](#) are available on the District's Benefits webpage.

Benefits	Kaiser*(see note below)	Western Health Advantage
Annual Deductible	None	None
Maximum Out-of-Pocket (does not include pharmacy)	\$1,500 individual/\$3,000 family	\$1,500 individual/\$2,500 family
Maximum Lifetime Benefit	None	None
Hospital Inpatient	No charge	No charge
Office Visit	\$25 per visit	\$20 per visit
Routine Physical Exams	No charge	No charge
Well-child preventive care (23 months or younger)	No charge	No charge
Scheduled prenatal care and 1 st postpartum visit	No charge	No charge
Outpatient surgery	\$25 per procedure	\$100 per procedure if performed in a facility \$20 per procedure if performed in an office
Allergy Injections	\$5 per visit	\$5 per visit
Pediatric and Adult Immunizations	No charge	No charge
X-rays and lab tests	No charge	No charge
Ambulance services (medically necessary)	No charge	No charge
Emergency Room	\$35 per visit (waived if admitted)	\$100 per visit (waived if admitted)
Urgent Care Visits	\$25 per visit	\$35 per visit
Outpatient Prescription Drugs (pharmacy and mail order)	Retail: \$10 generic/\$20 brand Mail order: \$20 generic/\$40 brand	Retail: \$10 generic/\$25 preferred brand/\$35 non-preferred drugs Mail order: \$20 generic/\$50 preferred \$70 non-preferred drugs
Days Supply	Retail: 30 days/Mail: 100 days	Retail: 30 days/Mail: 90 days
Mental Health Services		
Inpatient psychiatric care	No charge	No charge
Outpatient therapy visits	\$25 per individual visit \$12 per group visit	\$20 per visit
Chemical Dependency Services		
Inpatient detoxification	No charge	No charge
Outpatient therapy visits	\$25 per individual visit \$ 5 per group visit	\$20 per visit
Infertility Services		
Covered services related to the diagnosis and treatment of infertility	\$25 per visit	50% copayment
Additional Benefits		
Durable Medical Equipment	No charge	20% copayment
Prosthetics and Orthotics	No charge	\$20 per service
Skilled Nursing Facility	No charge, up to 100 days per year	No charge, up to 100 days per year
Home Care	No charge, up to 100 days per year	No charge, up to 100 days per year
Hospice Care	No charge	No charge
Hearing Aids	Amount exceeding \$1,000 per aid every 36 months	Amount exceeding \$1000 per aid every 36 months
Chiropractic/Acupuncture	Not covered	\$15 per visit, up to 20 visits per year

Please note: This Plan Comparison provides an overview of the benefits available. If there is any conflict between this comparison and the official plan documents, the official plan documents govern.

Dental Plans

San Juan offers two dental plans administered by Delta Dental. No insurance cards are issued. Provide your name and date of birth to your dentist who can confirm coverage through Delta Dental database system.

Dental Dental PPO	Delta Care HMO
Freedom to choose any dentist	Must see a dentist within Delta Care Network
In-network provider coverage is \$1600 per calendar year/Out-of-Network is \$1500 per calendar year.	Set copay schedule (Refer to summary of benefits booklet for fee schedule)
Incentive program starting at 70% and increases by 10% each year the plan is used.	
No orthodontic coverage	Limited orthodontic coverage
Dependent age limit = 24	Dependent age limit = 26
Employee premium cost for dependents	No employee premium cost for dependents

Vision Plans

San Juan offers two vision plans administered by Vision Service Plan (VSP). No insurance cards are issued. You need to use a network eye care provider who can confirm coverage through VSP database system.

Basic Vision Plan – Employee Only Coverage	Enhanced Plan with Dependent Coverage Option
\$120 allowance for lenses or contacts every calendar year	\$150 allowance for lenses or contacts every calendar year
\$120 allowance for frames every other calendar year	\$150 allowance for frames every calendar year.
No premium cost for employee for fulltime employee; pro-rated for part-time.	Employee pays a portion of the premium cost for the employee and dependents covered.

Please refer to the [Benefit guidebook](#) for a summary of coverages and the district benefit website for [evidence of coverage booklets](#).