

**San Juan Unified School District  
HMO Premier Plan Comparison**

	HMO Premier Plan Designs	
	Kaiser	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
<b>Services</b>		
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 1st 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 setting
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	No charge	No charge
Emergency Room/Urgent Care	\$35 per ER visit (waived if admitted)/ \$25 per Urgent Care visit	\$100 per ER visit (waived if admitted)/ \$35 per Urgent Care 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 brand/\$70 non-preferred drugs
Days supply	Retail: 30 days / Mail: 100 days	Retail: 30 days / Mail: 90 days
<b>Mental Health Services</b>		
Inpatient psychiatric care	No charge	No charge
Outpatient therapy visits	\$25 per individual visit/ \$12 per group visit	\$20 per visit
<b>Chemical Dependency Services</b>		
Inpatient detoxification	No charge	No charge
Outpatient therapy visits	\$25 per individual visit/ \$5 per group visit	\$20 per visit
<b>Infertility Services</b>		
Covered services related to the diagnosis and treatment of infertility	\$25 per visit	50% copayment
<b>Additional Benefits</b>		
Durable Medical Equipment	No charge	20% copayment
Prosthetics and Orthotics	No charge	\$20 per visit
Skilled Nursing Facility (SNF)	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	Not covered	Not Covered
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 will govern. Rev. 5/2015*