

## Coachella Valley Unified - Certificated Kaiser Plan Comparison & Summary

2021-2022	Kaiser	Kaiser
	Trad HMO \$0	Trad HMO \$10
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	Member Pays	Member Pays
Individual/Family Deductibles	\$0	\$0
Individual/Family Out-of-Pocket (OOP) Max <i>(includes medical deductibles, co-insurance and co-pays)</i>	\$1,500/\$3,000	\$1,500/\$3,000

### PROFESSIONAL SERVICES

Office Visit (OV); Urgent Care; Specialists co-pay	\$0	\$10
Prenatal, postnatal office visit co-pay	\$0	\$0
Scans: CT, CAT, MRI, PET etc.	\$0	\$0
Diagnostic X-ray & Laboratory Procedures	\$0	\$0
Infertility (refer to plan document)	Co-pay applies	Co-pay applies
Preventive Care (includes physical exams & screenings)	\$0	\$0

### HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (co-pay waived if admitted)	\$100	\$100
Inpatient Hospital (preauthorization required) - limits may apply	\$0	\$0
Outpatient Hospital	\$0	\$10
Surgery, Outpatient (performed in Surgery Center)	\$0	\$10
Surgery, Outpatient (performed in a Hospital) - limits may apply	\$0	\$10

### MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

<b>INPATIENT:</b> Facility Based Care (preauth required)	\$0	\$0
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	\$0	\$10

### OTHER SERVICES

Ambulance (Ground or Air)	\$50	\$50
Acupuncture - Limits apply	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro
Chiropractic - Limits apply	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu
Durable Medical Equipment (DME)	no charge	no charge
Physical and Occupational Therapy - Limits apply	\$0	\$10
Hearing Aids <b>\$500 ALLOWANCE/36 MONTHS</b>	amount in excess of allowance	amount in excess of allowance

### PHARMACY BENEFITS

	Trad HMO \$5	Trad HMO \$10
Pharmacy Benefit Manager	Kaiser	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(includes Rx deductibles and co-pays)</i>	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$5 up to 100 day supply	\$10 up to 100 day supply
Brand co-pay/30 days supply	\$5 up to 100 day supply	\$10 up to 100 day supply
Specialty co-pay/up to 30 days supply	\$5 up to 30 day supply	\$10 up to 30 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	\$5-\$5/up to 100 day supply	\$10-\$10/up to 100 day supply
Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.