

**Santa Clara County Schools' Insurance Group  
2020 Medical Plans**



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