Santa Clara County Schools' Insurance Group
2020 UnitedHealthcare Medical Plans
Comparison

	Anthem HMO High	UHC HMO High	ABC HMO Mid	UHC HMO Mid	ABC HMO Low	UHC HMO Low	ABC PPO HSA		UHC PPO HSA	
	Traditional HMO HIGH PLAN	**Traditional HMO** HIGH PLAN	**Deductible HMO** MID PLAN	**Deductible HMO** MID PLAN	**Deductible HMO** LOW PLAN	**Deductible HMO** LOW PLAN	**High Deductible PPO HSA** PPO HSA PLAN		**High Deductible PPO HSA** PPO HSA PLAN	
Plan Details									*PPO*	*Non-PPO*
Annual Deductible (Ind/Fam)	None	None	$250/$500	$250/$500	$500/$1,000	$500/$1,000	$2,700/$5,400	$3,000/$6,000	$2,800/$5,600	$3,000/$6,000
Out of Pocket Max (Ind/Fam)	$1,500/$3,000	$1,500/$3,000	$2,500/$5,000	$2,500/$5,000	$5,000/$10,000	$5,000/$10,000	$2,700/$5,400	$7,000/$14,000	$2,800/$5,600	$7,000/$14,000
Benefit Details										
Preventive Care	$0	$0	$0 *(ded waived)*	$0 *(ded waived)*	$0 *(ded waived)*	$0 *(ded waived)*	$0 *(ded waived)*	30% *(after ded)*	$0 *(ded waived)*	Not Covered
Office Visit	$30 Copay	$30 Copay	$30 Copay *(ded waived)*	$30 Copay *(ded waived)*	$40 Copay *(ded waived)*	$40 Copay *(ded waived)*	$0 *(after ded)*	30% *(after ded)*	$0 *(after ded)*	30% *(after ded)*
Diagnostic Lab & Xray	$0	$0	10% hospital *(after ded)* [2]	$0	30% hospital (after ded) [2]	$0	$0 *(after ded)*	30% *(after ded)*	$0 *(after ded)*	30% *(after ded)*
Inpatient Hospital	$750/admit	$750/admit	10% *(after ded)*	10% *(after ded)*	30% *(after ded)*	30% *(after ded)*	$0 *(after ded)*	30% *(after ded)* [3]	$0 *(after ded)*	30% *(after ded)*
Outpatient Surgery	$0	$0	10% *(after ded)*	10% *(after ded)*	30% *(after ded)*	30% *(after ded)*	$0 *(after ded)*	30% *(after ded)*	$0 *(after ded)*	30% *(after ded)*
Outpatient Rehab Therapy	$30 Copay [6]	$30 Copay	$30 Copay *(ded waived)* [6]	$30 Copay *(ded waived)*	$40 Copay *(ded waived)* [6]	$40 Copay *(ded waived)*	*$0 (after ded)* [4]	30% *(after ded)* [4]	*$0 (after ded)* [11]	30% *(after ded)* [11]
Durable Medical Equipment	$0	$0	10% *(after ded)*	10% *(after ded)*	30% *(after ded)*	30% *(after ded)*	$0 *(after ded)*	50% *(after ded)*	$0 *(after ded)* [12]	30% *(after ded)* [12,13]
Home Health Care	$30 Copay [7]	$30 Copay [8]	$30 Copay *(ded waived)* [7]	$30 Copay (ded waived) [9]	$40 Copay *(ded waived)* [7]	$40 Copay (ded waived) [9]	*$0 (after ded)* [4]	30% *(after ded)* [4]	*$0 (after ded)* [14]	30% *(after ded)* [14]
Emergency Room	$150 Copay [1]	$150 Copay [1]	$150 Copay + 10% [1]	$150 Copay *(ded waived)* [1]	$250 Copay + 30% [1]	$250 Copay *(ded waived)* [1]	$0 *(after ded)*		$0 *(after ded)*	
Ambulance	$0	$0	10% *(after ded)*	10% *(after ded)*	30% *(after ded)*	20% *(after ded)*	$0 *(after ded)*		$0 *(after ded)*	30% *(after ded)* [15]
Mental Health Outpatient	$30 Copay	$30 Copay	$30 Copay *(ded waived)*	$30 Copay *(ded waived)*	$40 copay *(ded waived)*	$40 Copay *(ded waived)*	$0 *(after ded)*	30% *(after ded)*	$0 *(after ded)*	30% *(after ded)*
Mental Health Inpatient	$750/admit	$600/admit	10% *(after ded)*	10% *(after ded)*	30% *(after ded)*	30% *(after ded)*	$0 *(after ded)*	30% *(after ded)* [3]	$0 *(after ded)*	30% *(after ded)*
Acupuncture	$15 copay (20 visit per year combined with chiro)	$15 Copay[10]	$15 copay (20 visit per year combined w/chiro)	$15 Copay[10]	$15 copay (20 visit per year combined w/chiro)	$15 Copay[10]	$0 *(after ded) (12 visits)*	30% *(after ded) (12 visits)*	$0 *(after ded)* [16]	30% *(after ded)* [16]
Chiropractic	$15 copay (20 visit per year combined with Acu)	$15Copay[10]	$15 copay (20 visit per year combined with Acu)	$15Copay[10]	$15 copay (20 visit per year combined with Acu)	$15Copay[10]	$0 *(after ded) (24 visits)*	30% *(after ded) (24 visits)*	$0 *(after ded)* [17]	30% *(after ded)* [17]
Prescription Drugs - Retail							Must satisfy Deductible before Rx copays apply		Must satisfy Deductible before Rx copays apply	
Generic	$10	$10	$10	$10	$10	$10	$10 *(after ded)*	30% *(after ded)*	$10 *(after ded)*	$10 (after ded)
Formulary Brand	$25	$25	$30	$30	$30	$30	$30 *(after ded)*	30% *(after ded)*	$30 *(after ded)*	$30 (after ded)
Non-Formulary Brand	$40	$40	$50	$50	$50	$50	$50 *(after ded)*	30% *(after ded)*	$50 *(after ded)*	$50 (after ded)
Retail Supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply
Prescription Drugs - Mail Order										
Generic	$10	$10	$10	$10	$10	$10	$10 *(after ded)*	Not Covered	$20 *(after ded)*	Not Covered
Formulary Brand	$50	$50	$60	$60	$60	$60	$60 *(after ded)*	Not Covered	$60 *(after ded)*	Not Covered
Non-Formulary Brand	$80	$80	$100	$100	$100	$100	$100 *(after ded)*	Not Covered	$100 *(after ded)*	Not Covered
Mail Order Supply	90-day supply	90-day supply	90-day supply	90-day supply	90-day supply	90-day supply	90-day supply	Not Covered	90-day supply	Not Covered

Note: Green font = benefit enhancement; Red font = benefit reduction

[1] *Emergency copay waived if admitted to the hospital.*

[2] *Diagnostic Lab & Xray performed in a non-hospital setting are covered at no cost to the member.*

[3] *Outpatient hospital benefit limited to $350/admit when accessing care from a non-participating provider.*

[4] *Physical therapy, physical medicine & occupational therapy, including chiropractic services limited to 24 visits per calendar year.*

[6] *Rehabilitation therapy (Physical, Occupational or Speech Therapy) when performed in a non-hospital based facility limited to a 60-day period of care.*

[7] *Home Health Care limited to 100 visits/calendar year; one visit by a home health aide equals four hours or less.*

[8] *Home Health Care limited to 100 visits/calendar year; for infusion therapy, a separate $40 per medication copay applies per 30 days*

[9] *Home Health Care limited to 100 visits/calendar year; for infusion therapy, a separate $50 per medication copay applies per 30 days*

[10] *Limited to 40 visits combined for chiropractic and acupuncture*

[11] *Physical therapy, speech therapy & occupational therapy, including chiropractic services limited to 20 visits per calendar year.*

[12] *Limited to a single purchase of a type of durable medical equipment every three years*

[13] *Prior Authorization required for Durable Medical Equipment that costs more than $1,000*

[14] *Home Health Care limited to 100 visits/calendar year*

[15] *Coinsurance is only payable for non-emergency ambulance services*

[16] *Acupuncture limited to 12 visits*

[17] *Chiropractic limited to 24 visits*