



Ocean View School District - Classified

Effective Period: January 1, 2022 - December 31, 2022 No plan design changes for 2022

United Healthcare Plan Summaries

Kaiser Permanente Plan Summary

Benefit Summary	UHC Signature Value Full HMO \$10 What You Pay		UMR CA Select Plus PPO 80/50, \$500 In Network Out of Network What You Pay		Benefit Summary	Kaiser HMO \$15, Rx: \$10 / \$20 30-day What You Pay
Medical Deductible (individual/family)	None	\$500 / \$1,000	\$500 / \$1,000		Medical Deductible (individual/family)	None
Medical Out-of-Pocket Maximum (individual/family)	\$1,000 / \$3,000	\$2,000 / \$4,000	\$4,000 / \$8,000		Medical Out-of-Pocket Maximum (individual/family)	\$1,500 / \$3,000
Health Account	None	None			Health Account	None
PCP Office Visit	\$10 copay	\$20 copay	50% coinsurance (after deductible)		PCP Office Visit	\$15 copay
Specialist Office Visit	\$10 copay	\$20 copay	50% coinsurance (after deductible)		Specialist Office Visit	\$15 copay
Preventive Care	No charge	No charge	No coverage for non-network services		Preventive Care	No charge
Inpatient Hospital Care	No charge	20% coinsurance (after deductible)	50% coinsurance (after deductible)		Inpatient Hospital Care	No charge
Mental Health Services (outpatient/inpatient)	\$10 copay / No charge	\$20 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)		Mental Health Services (outpatient/inpatient)	\$15 copay / No charge
Substance Abuse Services (outpatient/inpatient)	No charge	\$20 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)		Substance Abuse Services (outpatient/inpatient)	\$15 copay / No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures) Freestanding Facility or Physician Office OR	No charge	No charge	50% coinsurance (after deductible)		Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge
Hospital-based Lab or Radiology	No charge	No charge				
Complex Radiology (PET & MRI) Freestanding Facility or Physician Office	No charge	20% coinsurance (after deductible)	50% coinsurance (after deductible)		Complex Radiology (PET & MRI)	No charge
Hospital-based Complex Radiology	No charge	20% coinsurance (after deductible)				
Outpatient Surgery Ambulatory Surgery Center or Physician's Office	No charge	20% coinsurance (after deductible)	50% coinsurance (after deductible)		Outpatient Surgery	\$15 copay
Outpatient Hospital-based Surgical Center	No charge	20% coinsurance (after deductible)				
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$10 copay	\$20 copay	50% coinsurance (after deductible)		Outpatient Physical/Rehabilitation Therapy (PCP/Specialist)	\$15 copay
Chiropractic and Acupuncture Services*	\$10 copay	\$20 copay	50% coinsurance (after deductible)		Chiropractic Services*	\$20 copay
Urgent Care (office visit only)	\$10 copay / \$50 copay	\$50 copay	50% coinsurance (after deductible)		Urgent Care (your medical group/other medical group)	\$15 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay		Emergency Room (Copay waived if admitted)	\$50 copay
Rx Deductible (individual/family)	None	None			Rx Deductible (individual/family)	None
Rx Out-of-Pocket Maximum (individual/family)	\$3,000 / \$6,000	\$3,000 / \$6,000			Rx Out-of-Pocket Maximum (individual/family)	N/A
Rx Formulary List	Standard	Standard			Rx Formulary List	Kaiser
Rx Pharmacy Network	Express Advantage Network**	Express Advantage Network**			Rx Pharmacy Network	Kaiser
Short-Term Prescription Drugs*** (up to 30-day supply)	\$15G / \$30PB / \$45NPB	\$15G / \$30PB / \$45NPB	Retail: with submission of a paper claim, member will be reimbursed at the rate the Plan would have paid had the member used an in-network pharmacy less the member's copay.		Short-Term Prescription Drugs*** (up to 30-day supply)	G: \$10 copay B: \$20 copay (up to a 30-day supply)
Long-Term Prescription Drugs*** (up to 90-day supply)	\$30G / \$60PB / \$90NPB	\$30G / \$60PB / \$90NPB	No coverage for non-network pharmacy		Long-Term Prescription Drugs*** (up to 90-day supply)	G: \$20 copay B: \$40 copay (up to a 100-day supply)

Infertility services are excluded/not covered under PPO and non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policy for details.

*Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth for HMO, UMR for PPO, and Kaiser.

**Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Ralphs, Kmart, Vons, Heggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.Express-scripts.com for a complete list of EAN pharmacies.

**Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

**You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than

**Copays waived for preferred generic hypertension and hypoglycemic purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

***G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPB = Non-preferred Brand, S = Specialty Disclaimer: Prepared by Gallagher Benefit Services, Inc. on behalf of VEBA.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.