

2022 HSA-Qualified HDHP Plans

COBRA
San Mateo Union High School District

Coplay and Coinsurance amounts shown are employee's responsibility.	Kaiser Permanente HDHP HMO Plan	Sutter Health Plus HMO HDHP Plan HD10
	Kaiser Network	Sutter Health Plus Network
Annual Deductible and Out of Pocket Maximum		
Deductible (Individual / Individual in a Family / Family)	\$1,500 / \$2,800 / \$3,000	\$1,500 / \$2,800 / \$3,000
Out of Pocket Maximum (Individual / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000
Coinsurance (carrier pays)	100%	100%
Physician Office Visit		
Primary Care	10% after deductible	10% after deductible
Specialty Care	10% after deductible	10% after deductible
Preventive Care		
Adult Periodic Exams, Well Woman Exams, Well-Child Care, Mammograms, Preventive Diagnostic Lab and X-ray	No charge	No charge
Prenatal Care	No charge	No charge
Diagnostic Services		
X-ray and Lab Tests	10% after deductible	10% after deductible
Complex Radiology	10% after deductible	10% after deductible
Infertility diagnosis and treatment (artificial insemination)	Not covered ¹	Not covered ¹
Hospital & Emergency Services		
Urgent Care Facility	10% after deductible	10% after deductible
Emergency Room (copay waived if admitted)	10% after deductible	10% after deductible
Inpatient Hospitalization (pre-authorization required)	10% after deductible	10% after deductible
Outpatient Facility and Surgical Charges	10% after deductible	10% after deductible
Mental Health and Substance Abuse		
Inpatient	10% after deductible	10% after deductible
Outpatient: Individual / Group	10% after deductible	10% after deductible
Other Services		
Chiropractic	\$15 after deductible, 20 visits/ year	Not covered
Acupuncture	Not covered	10% after deductible ²
Hearing Aids	Not covered	Not covered
Optical Exam ONLY (glasses and contacts not covered)	10%	No charge (exam for refraction only)
Retail Pharmacy (30 Day Supply)		
Generic (Tier 1)	\$10 copay after deductible	\$10 copay after deductible
Preferred (Tier 2)	\$30 copay after deductible	\$30 copay after deductible
Non-Preferred (Tier 3)	N/A	\$60 copay after deductible
Preferred Specialty (Tier 4)	20% up to \$150/fill after deductible	10% up to \$100/fill after deductible
Mail Order Pharmacy (100 Day Supply)		
Generic (Tier 1)	\$20 copay after deductible	\$20 copay after deductible
Preferred (Tier 2)	\$60 copay after deductible	\$60 copay after deductible
Non-Preferred (Tier 3)	N/A	\$120 copay after deductible

Monthly Plan Premium	Kaiser Permanente HDHP HMO Plan	Sutter Health Plus HMO HDHP Plan HD10
Employee Only	\$572.15	\$582.01
Employee + Spouse	\$1,104.25	\$1,123.33
Employee + Child(ren)	\$1,024.15	\$1,041.83
Employee + Family	\$1,567.69	\$1,594.67






¹ Assisted reproductive technology (ART) services, such as invitro fertilization, are not covered by the plan.

² Limited applications for acupuncture apply. See carrier documents for full details.

This overview is for illustrative purposes only and is not intended to be a legal document. Refer to the benefit summary, SBC, or certificate of coverage for more information. See the Benefits Website for Plan Documents. For any discrepancy, the Plan Documents shall prevail.

If you elect either HDHP plan, you have the option to enroll in a Health Savings Account, or HSA, and set aside Federal pre-tax funds to pay for qualified medical, dental, and vision expenses. You'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP medical plan. Special rules apply to HSAs for Domestic Partners. Please contact our HSA provider, [American Fidelity](#), for more details.

How a Health Savings Account (HSA) Works

	<p>Eligibility You must be enrolled in a High Deductible Health Plan, not participating in a Full Health Care FSA, not covered under any other medical plan, not claimed as someone else's tax dependent, and not enrolled in Medicare (Part A or B), MediCAL, TRICARE, or veteran's benefits.</p>
	<p>Contributions to Your HSA You contribute on a pre-tax basis up to the 2022 IRS annual maximum of \$3,650 if you enroll only yourself or \$7,300 if you enroll dependents. If you are over age 55, you can contribute up to an additional \$1,000 annually.</p>
	<p>Eligible Expenses Medical, dental, vision and prescription drug expenses incurred by you and your eligible family members. This includes deductible, copay, and coinsurance amounts. If you enroll in an HSA, you are eligible to enroll in a Limited Purpose FSA.</p>
	<p>Using Your Account Use the debit card linked to your HSA to cover eligible expenses, submit a claim for reimbursement, or pay for expenses out of your pocket and save your HSA money for future health care expenses. You ONLY have access to funded amounts in your account.</p>
	<p>Remaining Funds Money left in your HSA at the end of the plan year will roll over to the next plan year – you'll never lose your HSA dollars, even if you leave your employment.</p>

Your HDHP HMO plans require you to seek treatment and services within the provider network **ONLY**. You must choose a primary care physician or PCP who will help direct your overall care. A PCP can be your Family Practitioner, Internist, General Medicine, Pediatrician, or an OB/GYN (Obstetrician and Gynecologist). Each member of your family may have a different PCP.

To locate network providers/facilities, follow these guidelines by carrier:

Kaiser Permanente

- Go to www.kp.org
 - Enter your User ID and Password to search as a member
- To search as a guest, select "Doctors & Locations"
 - Select your region
 - Enter your criteria

Sutter Health Plus

- Go to www.sutterhealthplus.org
- Select "Find a Provider"
- Enter your criteria

