

2023 Traditional HMO Plans

Early Retirees
San Mateo Union High School District

Copay and Coinsurance amounts shown are employee's responsibility.	Kaiser Permanente HMO Plan	Sutter Health Plus HMO ML64
	Kaiser Network	Sutter Health Plus Network
Annual Deductible and Out-of-Pocket Maximum		
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0
Out-of-Pocket Maximum (Individual / Family)	\$1,500 / \$3,000	\$1,500 / \$3,000
Coinsurance (carrier pays)	100%	100%
Physician Office Visit		
Primary Care	\$25 copay	\$20 copay
Specialty Care	\$25 copay	\$20 copay
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	No charge	X-ray: No charge / Lab: \$20 copay
Complex Radiology	No charge	No charge
Hospital & Emergency Services		
Walk In Care / Urgent Care Facility	\$25 copay	\$10 copay / \$20 copay
Emergency Room (copay waived if admitted)	\$100 copay	\$100 copay
Inpatient Hospitalization (pre-authorization required)	\$250 copay/admit	\$250 copay/admit
Outpatient Facility and Surgical Charges	\$25 copay	\$100 copay
Mental Health and Substance Abuse		
Inpatient	\$250 copay/admit	\$250 copay/admit
Outpatient: Individual / Group	\$25 copay / \$12 copay	\$20 copay / \$10 copay
Other Services		
Chiropractic	\$15 copay, 30 visits/year ¹	\$15 copay, 30 visits/year ¹
Acupuncture	\$15 copay, 30 visits/year ¹	\$15 copay, 30 visits/year ¹
Hearing Aids	Not covered	Not covered
Optical Exam ONLY (glasses and contacts not covered)	No charge	No charge (exam for refraction only)
Retail Pharmacy (30 Day Supply)		
Generic (Tier 1)	\$15 copay	\$10 copay
Preferred (Tier 2)	\$35 copay	\$30 copay
Non-Preferred (Tier 3)	\$35 copay	\$60 copay
Preferred Specialty (Tier 4)	30% up to \$150/fill	20% up to \$250/fill
Mail Order Pharmacy (100 Day Supply)		
Generic (Tier 1)	\$30 copay	\$20 copay
Preferred (Tier 2)	\$70 copay	\$60 copay
Non-Preferred (Tier 3)	\$70 copay	\$120 copay

¹ Annual visit limits for Chiropractic and Acupuncture services are combined.

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.

Monthly Plan Premium	Kaiser Permanente HMO Plan	Sutter Health Plus HMO ML29
Employee Only	\$1,040.36	\$946.70
Employee + Spouse	\$2,007.89	\$1,828.00
Employee + Child(ren)	\$1,862.25	\$1,695.20
Employee + Family	\$2,850.60	\$2,594.90

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



Click the image for a short video on HMOs.