

# 2024 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 ML81
	Kaiser Network	Sutter Health Plus Network
<b>Annual Deductible and Out-of-Pocket Maximum</b>		
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%
<b>Physician Office Visit</b>		
Primary Care	\$25 copay	\$20 copay
Specialty Care	\$25 copay	\$20 copay
<b>Preventive Care</b>		
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
<b>Diagnostic Services</b>		
X-ray and Lab Tests	No charge	X-ray: No charge / Lab: \$20 copay
Complex Radiology	No charge	No charge
<b>Hospital &amp; Emergency Services</b>		
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
<b>Mental Health and Substance Abuse</b>		
Inpatient	\$250 copay/admit	\$250 copay/admit
Outpatient: Individual / Group	\$25 copay / \$12 copay	\$20 copay / \$10 copay
<b>Other Services</b>		
Chiropractic	\$15 copay, 30 visits/year <sup>1</sup>	\$15 copay, 30 visits/year <sup>1</sup>
Acupuncture	\$15 copay, 30 visits/year <sup>1</sup>	\$15 copay, 30 visits/year <sup>1</sup>
Hearing Aids	Not covered	Not covered
Optical Exam ONLY (glasses and contacts not covered)	No charge	No charge (exam for refraction only)
<b>Retail Pharmacy (30 Day Supply)</b>		
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
<b>Mail Order Pharmacy (100 Day Supply)</b>		
Generic (Tier 1)	\$30 copay	\$20 copay
Preferred (Tier 2)	\$70 copay	\$60 copay
Non-Preferred (Tier 3)	\$70 copay	\$120 copay

<sup>1</sup> 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 ML81
Employee Only	\$1,200.57	\$1,059.50
Employee + Spouse	\$2,317.11	\$2,045.70
Employee + Child(ren)	\$2,149.03	\$1,897.10
Employee + Family	\$3,289.58	\$2,903.90

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.

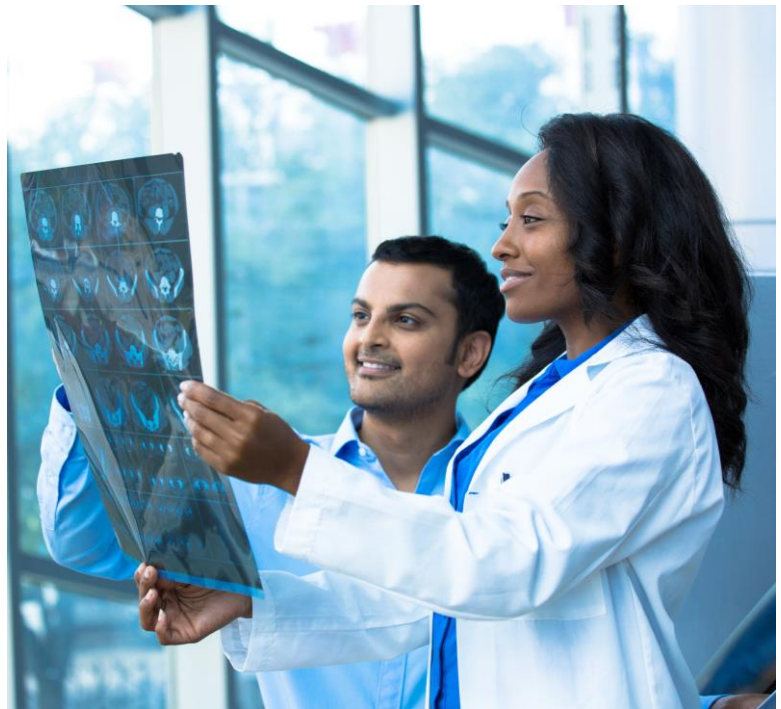
To locate network providers/facilities, follow these guidelines by carrier:

#### Kaiser Permanente

- Go to [www.kp.org](http://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](http://www.sutterhealthplus.org)
- Select “Find a Provider”
- Enter your criteria



*Click the image for a short video on HMOs.*