

2024 Retiree HMO Plans *

Retirees (Age 65+)
San Mateo Union High School District

Copay and Coinsurance amounts shown are employee's responsibility.	Kaiser Permanente Senior Advantage HMO \$10 Plan	Kaiser Permanente Senior Advantage HMO \$20 Plan	Health Net Seniority Plus HMO Plan
	Kaiser Network	Kaiser Network	Health Net Network
Annual Deductible and Out-of-Pocket Maximum			
Deductible (per person)	\$0	\$0	\$0
Out-of-Pocket Maximum (per person)	\$1,000	\$750	\$1,500
Coinsurance (carrier pays)	100%	100%	100%
Physician Office Visit			
Primary Care / Specialist Care	\$10 copay	\$20 copay	\$20 copay
Preventive Care			
Annual Wellness Visit (welcome to Medicare), Routine physical exams, Preventive Diagnostic Lab and X-ray, Mammograms	No charge	No charge	No charge
Diagnostic Services			
X-ray and Lab Tests	No charge	No charge	No charge
Complex Radiology	No charge	No charge	No charge
Hospital & Emergency Services			
Urgent Care Facility	\$10 copay	\$20 copay	\$20 copay
Emergency Room (copay waived if admitted)	\$50 copay	\$50 copay	\$50 copay
Inpatient Hospitalization (pre-authorization required)	No charge	\$500 copay/admit	No charge
Outpatient Facility and Surgical Charges	\$10 copay	\$50 copay	\$20 copay
Mental Health and Substance Abuse			
Inpatient	No charge	\$500 copay/admit	No charge
Outpatient: Individual / Group	\$10 copay / \$5 copay	\$20 copay / \$10 copay	\$20 copay
Other Services			
Chiropractic	\$10 copay, 20 visits/year	\$20 copay, 30 visits/year	\$15 copay, 30 visits/year ¹
Acupuncture	Not covered	Not covered	Not covered
Hearing Aids (every 36 months)	\$1,000 allowance / aid	\$1,000 allowance / aid	Not covered
Optical Exam Glasses or Contacts	\$10 copay \$175 allowance/24 months	\$20 copay \$150 allowance/24 months	\$20 copay Medicare covered only
Retail Pharmacy (up to 100-day supply)			
Generic (Tier 1)	\$5 copay	\$10 copay	\$10 copay
Preferred (Tier 2)	\$15 copay	\$35 copay	\$20 copay
Non-Preferred (Tier 3)	N/A	N/A	\$40 copay
Injectable Drugs / Specialty (Tier 4, Tier 5)	N/A	N/A	25% of Rx cost
Mail Order Pharmacy (up to 100-day supply)			
Generic (Tier 1)	\$5 copay	\$10 copay	\$20 copay
Preferred (Tier 2)	\$15 copay	\$35 copay	\$40 copay
Non-Preferred (Tier 3)	N/A	N/A	\$80 copay
Injectable Drugs / Specialty (Tier 4, Tier 5)	N/A	N/A	25% of Rx cost

***You must be enrolled in Medicare Part A and Part B to enroll in any of these plans.**

¹ Health Net chiropractic services provided by American Specialty Health Plans

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 Senior Advantage HMO \$10 Plan	Kaiser Permanente Senior Advantage HMO \$20 Plan	Health Net Seniority Plus HMO Plan
Subscriber with Medicare	\$352.95	\$267.14	\$599.54
Subscriber + Spouse with Medicare	\$705.73	\$534.19	\$1,199.08

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. If using **Health Plan** filter, select **Senior Advantage** from dropdown

Health Net

- Go to www.healthnet.com
 - Enter your User ID and Password to search as a member
- To search as a guest, select “Find a Provider”
 - Enter your plan year and location
 - Add filter for **Plan/Network** and select **Medicare Seniority Plus (Employer HMO)** from dropdown

