

Oak Grove School District - 2022 HMO Plan Compare

Carrier	Sutter Health Plus HMO ML29 - \$20 w/Chiro & Acup	United HealthCare S.V. Advantage HMO-\$20 w/Chiro & Acup
Plan Name	All Employees	All Employees
Benefit Summary	All Employees	All Employees
General Plan Information	Sutter Health Providers Only	No Sutter/No PAMF
Annual Deductible/Individual	\$0	\$0
Annual Deductible/Family	\$0	\$0
Coinsurance	100%	100%
Office Visit/Exam	\$20 copay	\$20 copay
Outpatient Specialist Visit	\$20 copay	\$20 copay
Annual Out-of-Pocket Limit/Individual	\$1,500 (includes Rx)	\$2,500 (includes Rx)
Annual Out-of-Pocket Limit/Family	\$3,000 (includes Rx)	\$5,000 (includes Rx)
Pharmacy Deductible	None	None
Lifetime Plan Maximum	Unlimited	Unlimited
Primary Care Physician Required	Yes	Yes
Outpatient Services		
Preventive Services		
Adult Periodic Exams with Preventive Tests	No Charge	No Charge
Well-Child Care	No Charge	No Charge
Immunizations	No Charge	No Charge
Well Woman/Mammogram Exams	No Charge	No Charge
Vision/Hearing Screening	No Charge	No Charge
Diagnostic X-Ray/Lab Tests (Non-Preventive)	Lab \$20 copay, X-ray No copay	No Charge
Outpatient Facility Charge	\$100 copay	\$20 copay
Outpatient Rehabilitative Therapy	\$20 copay	\$20 copay
Maternity Care		
Pregnancy and Maternity Care (Pre-Natal Care)	100%	100%
Inpatient Hospital Services (Pre-Authorization Required)		
Inpatient Hospitalization	\$250 copay, per admission	\$500 copay, per admission
Emergency Services		
Emergency Room	\$100 copay, waived if admitted	\$100 copay, waived if admitted
Ambulance/Air & Ground	\$50 per trip	\$100 copay
Urgent Care Facility	\$20 copay	\$20 copay
Mental Health/Substance Abuse Benefits		
Inpatient Care	\$250 copay, per admission	\$500 copay, per admission
Outpatient Care	\$20 copay	\$20 copay
Prescription Drug Benefits		
Retail Pharmacies		
Generic	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$30 copay	\$30 copay
Brand (Non-Formulary/Non-preferred)	\$60 copay	\$50 copay
Specialty	20%, up to \$250 per prescription	20%, up to \$200 per prescription
Number of Days Supply	30 days	31 days
Mail Order		
Generic	\$20 copay	\$20 copay
Brand (Formulary/Preferred)	\$60 copay	\$60 copay
Brand (Non-Formulary/Non-preferred)	\$120 copay	\$100 copay
Number of Days Supply for Mail Order	100 days	90 days
Other Services and Supplies		
Durable Medical Equipment & Prosthetic Devices	80%	50%
Home Health Care up to 100 visits per calendar year	100%	\$20 copay, up to 100 visits/year
Skilled Nursing or Extended Care Facility up to 100 days per benefit period	\$200 per admission	\$500 copay, up to 100 days
Hospice Care	No Charge	\$500 copay
Chiropractic Services	\$15 copay, up to 30 visits/combined with acupuncture	\$10 copay, up to 30 visits/year
Acupuncture	\$15 copay, up to 30 visits/combined with acupuncture	\$10 copay, up to 30 visits/year
Hearing Aid (Every 36 months for both ears)	Not Covered	50% copay, up to \$5,000 benefit
Infertility-Diagnosis & Treatment	50% of covered charges	50% limited to 6 procedures, per lifetime, excluding IVF
2022 Premium Rates	Effective January 1, 2022	
Single	\$851.90	\$844.91
Two Party	\$1,704.00	\$1,745.20
Family	\$2,411.40	\$2,482.60