

Newport-Mesa USD	Kaiser	Cigna Select	Cigna	Cigna	
2023 - 24 Medical Plan Options Retirees Age 55-64	HMO - CA & Select Areas	SELECT (HMO) CA Only	NETWORK (HMO) CA Only	OPEN ACCESS PLUS (OAP) Nationwide except HI	
	Network Only	Network Only	Network Only	In-Network	Out-of-Network
<b>DEDUCTIBLES/MAXIMUMS</b>					
Calendar Year Deductible (Ind / Fam)	None	None	None	\$500 / \$1,500	\$750 / \$2,250
Annual Out of Pocket Max (Ind / Fam)	\$1,500 / \$3,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$4,000 / \$12,000	\$6,000 / \$18,000
<b>PHYSICIAN SERVICES</b>					
PCP Office Visits	\$5 co-pay	\$5 co-pay	\$20 Co-pay	\$55 co-pay	50% after Ded
Specialist Office Visit	\$5 co-pay	\$10 co-pay	\$20 Co-pay	\$65 co-pay	50% after Ded
	<b>kp.org</b>	<b>TeleHealth</b>			
Online Visit	No Co-pay	\$5 co-pay	\$20 Co-pay	\$40 Co-pay	Not Available
<b>PREVENTIVE CARE</b>					
Preventive Care / Immunizations	No Co-pay	No Co-pay	No Co-pay	No Co-pay (Ded. waived)	Birth to Age 16 - 50% Age 17 & up <b>Not Covered</b>
Mammogram / PAP / PSA	No Co-pay	No Co-pay	No Co-pay	No Co-pay (Ded. waived)	Birth to Age 16 - 50% Age 17 & up <b>Not Covered</b>
<b>INPATIENT</b>					
Inpatient Hospital Facility	\$250/admit	\$250/admit then no Co-pay	\$250/admit then no Co-pay	\$250/admit + 20% after Ded	\$500 admit + 50% after Ded
Inpatient Professional Services	\$250/admit	No Co-pay	No Co-pay	20% after Ded	50% after Ded
<b>OUTPATIENT</b>					
Outpatient Facility	\$5 Co-pay	\$25 Co-pay	\$25 Co-pay	20% after Ded	50% after Ded
Emergency Room Co-pay	\$150 Co-pay	\$150 Co-pay (Waived if admitted)	\$150 Co-pay (Waived if admitted)	\$250 co-pay after deductible (co-pay waived if admitted)	
Urgent Care	\$5 Co-pay	\$25 Co-pay (Waived if admitted)	\$25 Co-pay (Waived if admitted)	\$55 co-pay after Ded (Waived if admitted)	
Ambulance Services	\$50 Co-pay	No Co-pay	No Co-pay	20% after Ded	
<b>PRESCRIPTIONS</b>					
Retail Generic/ Day Supply	\$5 Co-pay/ 100 days	\$5 Co-pay/ 30 days	\$5 Co-pay/ 30 days	\$10 co-pay/ 30 days	not covered
Preferred Brand Day Supply	\$35 Co-pay/ 100 days	\$35 Co-pay/ 30 days	\$35 Co-pay/ 30 days	\$35 co-pay/ 30 days	not covered
Non Preferred/Specialty Day Supply	\$60 Co-pay/ 30 days	\$50 Co-pay/ 30 days	\$50 Co-pay/ 30 days	\$50 co-pay/ 30 days	not covered
Home Delivery-Generic/ Day Supply	\$5 Co-pay/ 100 days	\$5 Co-pay/ 90 days	\$5 Co-pay/ 90 days	\$20 co-pay/ 90 days	not covered
Home Delivery-Preferred/ Day Supply	\$35 Co-pay/ 100 days	\$35 Co-pay/ 90 days	\$35 Co-pay/90 days	\$70 co-pay/ 90 days	not covered
Home Delivery-Specialty/ Day Supply	\$60 Co-pay/ 30 days	\$50 Co-pay/ 90 days	\$50 Co-pay/90 days	\$100 co-pay/ 90 days	not covered

<b>Newport-Mesa USD</b>	<b>Kaiser</b>	<b>Cigna Select</b>	<b>Cigna</b>	<b>Cigna</b>	
<b>2023 - 24 Medical Plan Options Retirees Age 55-64</b>	<b>HMO - CA &amp; Select Areas</b>	<b>SELECT (HMO) CA Only</b>	<b>NETWORK (HMO) CA Only</b>	<b>OPEN ACCESS PLUS (OAP) Nationwide except HI</b>	
	<b>Network Only</b>	<b>Network Only</b>	<b>Network Only</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>OTHER BENEFITS</b>					
Chiropractic	\$15 Co-pay	\$15 co-pay (Rider)	\$20 Co-pay (Rider)	\$65 co-pay	50% after Ded
	30 visits/calendar year	unlimited days	24 visits/calendar year	20 visits per calendar year	
Physical Therapy	\$5 Co-pay	\$5 co-pay / \$10 Specialist	\$20 Co-pay	\$65 co-pay	50% after Ded
		unlimited days	unlimited days	20 visits per calendar year	
Allergy Treatment	No Co-pay	\$5 PCP / \$10 Specialist co-pay or actual charge (if less)	\$20 Co-pay or actual charge (if less)	\$65 co-pay or actual charge (if less)	50% after Ded
Acupuncture	Not covered	Not covered	Not covered	\$65 co-pay	50% after Ded
				12 days max per cal year	
Diagnostic X-ray and Lab	No Co-pay	No Co-pay	No Co-pay	Applicable office copay applies	50% after Ded
Advanced Imaging	No Co-pay	No Co-pay	No Co-pay	\$65 Office co-pay 20% Outpt Facility after Ded	50% after Ded
Durable Medical Equipment	No Co-pay	No Co-pay	No Co-pay	20% after Ded	50% after Ded
Hearing Aids	\$5 office co-pay	\$10 office co-pay	\$20 office co-pay	\$65 office co-pay / no deductible applies	\$65 office co-pay + 50% after Ded
	\$3,000 max allowable per 36 months (per ear)	\$5,000 max allowable per calendar year	\$5,000 max allowable per calendar year	\$5,000 max allowable benefit every 3 years (after deductible)	
Organ & Tissue Transplants	\$250 admit	\$250 admit then no Co-pay	\$250 admit then no Co-pay	\$250 admit + 20% after Ded (Non Life Source Facility)	Not covered
Skilled Nursing Care <small>(Utilization review required for skilled nursing facility stay) 100 calendar days</small>	No Co-pay	No Co-pay	No Co-pay	20% after Ded	50% after Ded
Home Health Limited to 100 calendar days	No Co-pay	No Co-pay	No Co-pay	20% after Ded	50% after Ded
<b>Mental Health &amp; Substance Abuse</b>					
Inpatient Care Facility-based care	\$250 per admit	\$250 per admit then no Co-pay	\$250 per admit then no Co-pay	\$250/admit + 20% after Ded	\$500/admit + 50% after Ded
Outpatient Care	\$5 per visit individual / \$2 per visit group	\$5 Office or Facility no co-pay	\$20 Office or Facility no Co-pay	\$65 co-pay	50% after Ded
<p><b>Note: This is a snapshot summary for comparison and general information, it is not intended to replace the Summary of Benefit Coverage. For more plan specifics see Newport-Mesa USD's insurance certificate, Summary of Benefit Coverage at <a href="http://www.nmusd.us/benefits">www.nmusd.us/benefits</a>. Or from the contact information listed in the front of the Benefit Book.</b></p>					