

Oak Grove School District



2024 HMO Plan Comparison

Carrier	Sutter Health Plus	United HealthCare
Plan Name	HMO ML81 - \$20	S.V. Advantage HMO-\$20
Benefit Summary	All Employees	All Employees
General Plan Information		
Annual Deductible / Individual	\$0	\$0
Annual Deductible / Family	\$0	\$0
Coinsurance	100%	100%
Office Visit / Exam	\$20 copay	\$20 copay
Out Patient Specialist Visit	\$20 copay	\$20 copay
Annual Out-of-Pocket Maximum / Individual	\$1,500 (includes Rx)	\$2,500 (includes Rx)
Annual Out-of-Pocket Maximum / Family	\$3,000 (includes Rx)	\$5,000 (includes Rx)
Lifetime Plan Maximum	Unlimited	Unlimited
Primary Care Physician Required	Yes	Yes
Outpatient Services		
Preventive Services		
Adult Periodic Exams with Preventive Tests	100%	100%
Well-Child Care	100%	100%
Immunizations	100%	100%
Well Woman/Mammogram Exams	100%	100%
Diagnostic X-Ray / Lab Tests (Non-Preventive)	Lab \$20 copay / X-Ray 100%	100%
Vision / Hearing Screening	Vision exam is covered for children; hearing exam is not covered.	\$20 copay
Outpatient Surgical Facility	\$100 copay	\$100 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 per trip
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		
Retain Pharmacy		
Generic	\$10 copay	\$10 copay
Brand (Formulary / Preferred)	\$30 copay	\$30 copay
Brand (Non-Formulary / Non-Preferred)	\$60 copay	\$50 copay
Specialty	80%, up to \$250 per prescription	80%, 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	100%	\$20 copay, up to 100 visits/year
Skilled Nursing or Extended Care Facility	\$200 per admission	\$500 copay, up to 100 days
Hospice Care	No Charge	\$500 copay
Chiropractic	\$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 chiropractic	\$10 copay, up to 30 visits / year
Hearing Aids (Every 36 months for both ears)	Not Covered	50%, up to \$5,000 benefit
Infertility - Diagnosis & Treatment	50% of covered charges	50%