Keenan

Perris Union High School District

RENEWAL 2024

Summary of Kaiser HMO 20 and DHMO 500 Plans - Certificated Employees

Carrier	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company
Plan Name	HMO 20	DHMO 500
General Plan Information		
Annual Deductible/Individual	$0	$500
Annual Deductible/Family	$0	$1,000
Coinsurance	100%	80%
Office Visit/Exam	$20 copay	$20 copay
Outpatient Specialist Visit	$20 copay	$20 copay
Annual Out-of-Pocket Limit/Individual	$1,500	$3,000
Annual Out-of-Pocket Limit/Family	$3,000	$6,000
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospital Services		
Inpatient Hospitalization	100%	80% after deductible
Semi-Private Room & Board; Including Services and Supplies	100%	80% after deductible
Emergency Services		
Emergency Room	$100 copay waived if admitted	80% after deductible
Mental Health Benefits		
Inpatient Care	100%	80% after deductible
Outpatient Care	$20 copay	$20 copay; deductible waived
Substance Abuse		
Inpatient Care		
Inpatient Hospitalization	100%	80% after deductible
Inpatient Detoxification Services	100%	80% after deductible
Outpatient Care		
Outpatient Services	$20 copay	$20 copay; deductible waived
Prescription Drug Benefits		
Prescription Drug Deductible		$100 per member/calendar year
Generic	$10 copay	$10 copay; deductible waived
Brand (Formulary/Preferred)	$20 copay	$30 copay; after $100 prescription deductible
Number of Days Supply	30 days	30 days
Mail Order		
Generic	$20 copay	$20 copay; deductible waived
Brand (Formulary/Preferred)	$40 copay	$60 copay; after $100 prescription deductible
Number of Days Supply for Mail Order	100 days	100 days
Other Services and Supplies		
Chiropractic Services	Not covered	Not covered

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