Keenan

Redlands Unified School District

Kaiser HMO Plan Comparison

	Current	Current
Effective Date	07/01/2025	07/01/2025
Renewal Date	07/01/2026	07/01/2026
Carrier	**Kaiser Permanente Insurance Company**	**Kaiser Permanente Insurance Company**
Plan Name	HMO 30 w/Chiro	DHMO 500 w/Chiro
Benefit Summary	All Employees	Eligible Employees
General Plan Information		
Annual Deductible/Individual	$0	$500
Annual Deductible/Family	$0	$1,000
Coinsurance	100%	80%
Office Visit/Exam	$30 copay	$20 copay
Outpatient Specialist Visit	$30 copay	$20 copay
Annual Out-of-Pocket Limit/Individual	$1,500	$3,000
Annual Out-of-Pocket Limit/Family	$3,000	$6,000
Deductible Included in Out-of-Pocket Limits	N/A	Yes
Lifetime Plan Maximum	Unlimited	Unlimited
Primary Care Physician Election Required	No	No
Outpatient Services		
Preventive Services		
Well-Child Care	100% through age 23 months	100% deductible waived through age 23 months
Immunizations	100%	100% deductible waived
Well Woman Exams	100%	100% deductible waived
Mammograms	100%	100% for preventive, deductible waived
Adult Periodic Exams with Preventive Tests	100%	100% deductible waived
Diagnostic X-Ray and Lab Tests	100% $30 copay for MRI/CT/PET	$10 copay per encounter after deductible; $50 copay per procedure for MRI/CT/PET after deductible
Maternity Care		
Pregnancy and Maternity Care (Pre-Natal Care)	100%	100%

Keenan

Redlands Unified School District

Kaiser HMO Plan Comparison

	Current	Current
Effective Date	07/01/2025	07/01/2025
Renewal Date	07/01/2026	07/01/2026
Carrier	**Kaiser Permanente Insurance Company**	**Kaiser Permanente Insurance Company**
Plan Name	HMO 30 w/Chiro	DHMO 500 w/Chiro
Benefit Summary	All Employees	Eligible Employees
Inpatient Hospital Services		
Inpatient Hospitalization	100%	80% after deductible
Pre-Authorization of Services Required	Yes	Yes
Semi-Private Room & Board; Including Services and Supplies	100%	80% after deductible
Surgical Services		
Outpatient Facility Charge	$30 copay per procedure	80% after deductible
Emergency Services		
Emergency Room	$100 copay waived if admitted	80% after deductible
Ambulance		
Air	100%	$150 copay per trip; after deductible
Ground	100%	$150 copay per trip; after deductible
Urgent Care		
Urgent Care Facility	$30 copay	$20 copay; deductible waived
Mental Health Benefits		
Inpatient Care	100%	80% after deductible
Outpatient Care	$30 copay	$20 copay; deductible waived
Prescription Drug Benefits		
Prescription Drug Deductible		$100 per Member/calendar year
Prescription Drug Annual Out-of-Pocket Limit/Individual		
Prescription Drug Annual Out-of-Pocket Limit/Family		
Generic	$15 copay	$10 copay; deductible waived
Brand (Formulary/Preferred)		
Brand (Non-Formulary/Non-preferred)	$35 copay	$30 copay; after $100 prescription deductible
Number of Days Supply		

Keenan

Redlands Unified School District

Kaiser HMO Plan Comparison

	Current	Current
Effective Date	07/01/2025	07/01/2025
Renewal Date	07/01/2026	07/01/2026
Carrier	**Kaiser Permanente Insurance Company**	**Kaiser Permanente Insurance Company**
Plan Name	HMO 30 w/Chiro	DHMO 500 w/Chiro
Benefit Summary	All Employees	Eligible Employees
Mail Order		
Mail Order Mandatory		
Generic	N/A	
Brand (Formulary/Preferred)	$30 copay	$20 copay; deductible waived
Brand (Non-Formulary/Non-preferred)		
Number of Days Supply for Mail Order	$70 copay	$60 copay; after $100 prescription deductible
Other Services and Supplies		
Durable Medical Equipment & Prosthetic Devices		
Home Health Care		
Skilled Nursing or Extended Care Facility	100%	80% deductible waived
Hospice Care	100% limited to 100 visits/calendar year	100% limited to 100 visits/calendar year; deductible waived
Chiropractic Services	100% limited to 100 days/benefit period	80% after deductible; limited to 100 days/benefit period
Acupuncture	100%	100% deductible waived