Keenan

RENEWAL 2025

Hacienda La Puente Unified School District

Summary of Kaiser HMO 20 w/Chiro, HMO 30 w/Chiro and DHMO 500 w/Chiro Plan Comparison - Classified, Certificated, Management & Confidential

Effective Date	7/1/2025	7/1/2025	7/1/2025	7/1/2025
Renewal Date	7/1/2026	7/1/2026	7/1/2026	7/1/2026
Carrier	**Kaiser Permanente Insurance Company**	**Kaiser Permanente Insurance Company**	**Kaiser Permanente Insurance Company**	**Kaiser Permanente Insurance Company**
Plan Name	HMO 20 w/Chiro	HMO 30 w/Chiro	HMO MVP w/Chiro	DHMO 500 w/Chiro
Eligible Class	Eligible Employees	Eligible Employees	CSEA 50% Active Only	Eligible Employees
General Plan Information				
Annual Deductible/Individual	$0	$0	$4,500	$500
Annual Deductible/Family	$0	$0	$9,000	$1,000
Coinsurance	100%	100%	60%	80%
Office Visit/Exam	$20 copay	$30 copay	$50 copay; after deductible	$20 copay
Outpatient Specialist Visit	$20 copay	$30 copay	$50 copay; after deductible	$20 copay
Annual Out-of-Pocket Limit/Individual	$1,500	$1,500	$6,000	$3,000
Annual Out-of-Pocket Limit/Family	$3,000	$3,000	$12,000	$6,000
Deductible Included in Out-of-Pocket Limits	N/A	N/A	Yes (except prescription drugs)	Yes
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Physician Election Required	No	No	No	No
Outpatient Services				
Preventive Services				
Well-Child Care	100% through age 23 months	100% through age 23 months	100% deductible waived, through age 23 months	100% deductible waived through age 23 months
Immunizations	100%	100%	100% deductible waived	100% deductible waived
Well Woman Exams	100%	100%	100% deductible waived	100% deductible waived
Mammograms	100%	100%	100% for preventive; deductible waived	100% for preventive, deductible waived
Adult Periodic Exams with Preventive Tests	100%	100%	100% deductible waived	100% deductible waived
Diagnostic X-Ray and Lab Tests	100% $20 copay for MRI/CT/PET	100% $30 copay for MRI/CT/PET	100% preventive, deductible waived; MRI, CT & PET scans 60% up to a maximum of $150 per procedure after deductible	$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%	100%	100%
Inpatient Hospital Services				
Inpatient Hospitalization	100%	100%	60% after deductible	80% after deductible
Pre-Authorization of Services Required	Yes	Yes	Yes	Yes
Semi-Private Room & Board; Including Services and Supplies	100%	100%	60% after deductible	80% after deductible
Surgical Services				
Outpatient Facility Charge	$20 copay per procedure	$30 copay per procedure	60% after deductible	80% after deductible
Emergency Services				
Emergency Room	$100 copay waived if admitted	$100 copay waived if admitted	$250 copay; after deductible	80% after deductible
Ambulance				
Air	100%	100%	60% after deductible	$150 copay per trip; after deductible
Ground	100%	100%	60% after deductible	$150 copay per trip; after deductible
Urgent Care				
Urgent Care Facility	$20 copay	$30 copay	$50 copay; after deductible	$20 copay; deductible waived

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Eligible Class	Eligible Employees	Eligible Employees	CSEA 50% Active Only	Eligible Employees
Mental Health Benefits				
Inpatient Care	100%	100%	60% after deductible	80% after deductible
Outpatient Care	$20 copay	$30 copay	$50 copay; after deductible	$20 copay; deductible waived
Substance Abuse				
Inpatient Care				
Inpatient Hospitalization	100%	100%	60% after deductible	80% after deductible
Inpatient Detoxification Services	100%	100%	60% after deductible	80% after deductible
Outpatient Care				
Outpatient Services	$20 copay	$30 copay	$50 copay; after deductible	$20 copay; deductible waived
Prescription Drug Benefits				
Prescription Drug Deductible				$100 per Member/calendar year
Generic	$10 copay	$15 copay	$15 copay; deductible waived	$10 copay; deductible waived
Brand (Formulary/Preferred)	$20 copay	$35 copay	$35 copay; after prescription deductible	$30 copay; after $100 prescription deductible
Number of Days Supply	30 days	30 days	30 days	30 days
Mail Order				
Generic	$20 copay	$30 copay	$30 copay; deductible waived	$20 copay; deductible waived
Brand (Formulary/Preferred)	$40 copay	$70 copay	$70 copay; after prescription deductible	$60 copay; after $100 prescription deductible
Number of Days Supply for Mail Order	100 days	100 days	100 days	100 days
Other Services and Supplies				
Durable Medical Equipment & Prosthetic Devices	100%	100%	60% deductible waived	80% deductible waived
Home Health Care	100% limited to 100 visits/calendar year	100% limited to 100 visits/calendar year	100% limited to 100 visits/calendar year; deductible waived	100% limited to 100 visits/calendar year; deductible waived
Skilled Nursing or Extended Care Facility	100% limited to 100 visits/calendar year; deductible waived	100% limited to 100 days/benefit period	60% after deductible; limited to 100 days/benefit period	80% after deductible; limited to 100 days/benefit period
Hospice Care	100%	100%	100% deductible waived	100% deductible waived
Chiropractic Services	$10 copay; 30 visits/calendar year; provided through American Specialty Health	$10 copay; 30 visits/calendar year; provided through American Specialty Health	$10 copay; 30 visits/calendar year; provided through American Specialty Health	$10 copay; 30 visits/calendar year; provided through American Specialty Health
Acupuncture	Not Covered	Not covered	Not covered	Not covered

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Eligible Class	Eligible Employees	Eligible Employees	CSEA 50% Active Only	Eligible Employees
Vision				
Copay				
Examination	100%	100%	100%	100%
Benefit Frequency				
Examination	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months
Hearing				
Screening	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months
Aid(s)	Not covered	Not covered	Not covered	Not covered
Infertility				
Diagnosis	See plan certificate	See plan certificate	See plan certificate	See plan certificate
Treatment	See plan certificate	See plan certificate	See plan certificate	See plan certificate
Outpatient Rehabilitative Therapy Services				
Physical	$20 copay	$30 copay	$50 copay; after deductible	$20 copay; after deductible
Occupational	$20 copay	$30 copay	$50 copay; after deductible	$20 copay; after deductible
Speech	$20 copay	$30 copay	$50 copay; after deductible	$20 copay; after deductible