

Murrieta Valley Unified School
Kaiser Plan Comparison - All
Employees

RENEWAL **2026**

Effective Date	7/1/2026	7/1/2026	7/1/2026	7/1/2026	7/1/2026
Carrier	Kaiser Permanente Insurance Company				
Plan Name	HMO 25 w/Chiro	DHMO 500 w/Chiro	DHMO HSA w/Chiro	DHMO 2500 Virtual Complete	HMO MVP
Benefit Summary	All Employees				
General Plan Information					
Annual Deductible/Individual	\$0	\$500	\$1,700 medical/prescription combined	\$2500	\$4,500
Annual Deductible/Family	\$0	\$1,000	\$3,300 (two or more members) medical/prescription combined	\$2,500 for each member in a family of two or more members. \$5,000 for an entire family of two or more members.	\$9,000
Coinsurance	100%	80%	90%	80%	60%
Office Visit/Exam	\$25 copay	\$20 copay	90% after deductible	\$40 copay after Plan Deductible (Plan Deductible doesn't apply to the first three visits combined for primary care, urgent care, mental health and substance use disorder treatment services).	\$50 copay; after deductible
Outpatient Specialist Visit	\$25 copay	\$20 copay	90% after deductible	\$40 copay	\$50 copay; after deductible
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000	\$3,000	\$5,500	\$6,000
Annual Out-of-Pocket Limit/Family	\$3,000	\$6,000	\$6,000	\$5,500 for each member in a family of two or more members. \$11,000 for an entire family of two or more members.	\$12,000
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Inpatient Hospital Services					
Inpatient Hospitalization	100%	80% after deductible	90% after deductible	80% after deductible	60% after deductible
Emergency Services					
Emergency Room	\$100 copay waived if admitted	80% after deductible	90% after deductible	80% after deductible	\$250 copay; after deductible
Mental Health Benefits					
Inpatient Care	100%	80% after deductible	90% after deductible	80% after deductible	60% after deductible
Outpatient Care	\$25 copay	\$20 copay; deductible waived	90% after deductible	\$40 per visit for individual and \$20 per visit for group treatment	\$50 copay; after deductible
Alcohol Abuse					
Inpatient Care					
Inpatient Hospitalization	100%	80% after deductible	90% after deductible	80% after deductible	60% after deductible
Inpatient Detoxification Services	100%	80% after deductible	90% after deductible	80% after deductible	60% after deductible
Outpatient Care					
Outpatient Services	\$25 copay	\$20 copay; deductible waived	90% after deductible	\$40 copay per visit for individual and \$5 per visit for group treatment	\$50 copay; deductible waived
Outpatient Detoxification Services	\$25 copay	\$20 copay; deductible waived	90% after deductible	\$40 copay per visit for individual and \$5 per visit for group treatment	\$50 copay; after deductible
Substance Abuse					
Inpatient Care					
Inpatient Hospitalization	100%	80% after deductible	90% after deductible	80% after deductible	60% after deductible
Inpatient Detoxification Services	100%	80% after deductible	90% after deductible	80% after deductible	60% after deductible
Outpatient Care					
Outpatient Services	\$25 copay	\$20 copay; deductible waived	90% after deductible	\$40 copay per visit for individual and \$5 per visit for group treatment	\$50 copay; after deductible
Outpatient Detoxification Services	\$25 copay	\$20 copay; deductible waived	90% after deductible	\$80 copay after deductible	\$50 copay; after deductible

CONFIDENTIAL: The information in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not intended for any other purpose. The information described on this page is only intended to be a summary of your benefits. It does not include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the SPD, the contract provisions of the appropriate policy or plan document (available through your employer) will prevail.

Murrieta Valley Unified School District

Kaiser Plan Comparison - All Employees

RENEWAL **2026**

Effective Date	7/1/2026	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	Kaiser Permanente Insurance Company
Plan Name	HMO 25 w/Chiro	DHMO 500 w/Chiro	DHMO HSA w/Chiro	DHMO 2500 Virtual Complete	HMO MVP
Benefit Summary	All Employees	Eligible Employees	Eligible Employees	Eligible Employees	Eligible Employees
Prescription Drug Benefits					
Prescription Drug Deductible	N/A	\$100 per Member/calendar year	\$1,700 ind/\$3,300 fam;		\$250 per Member/calendar year
Generic	\$15 copay	\$10 copay; deductible waived	medical/prescription combined \$10 copay; after deductible	\$15 copay, deductible waived	\$15 copay; deductible waived
Brand (Formulary/Preferred)	\$35 copay	\$30 copay; after \$100 prescription deductible	\$30 copay; after deductible	\$40 copay after deductible	\$35 copay; after prescription deductible
Number of Days Supply	30 days	30 days	30 days		30 days
Mail Order				30 days	
Generic	\$30 copay	\$20 copay; deductible waived	\$20 copay; after deductible	\$30 copay; deductible waived	\$30 copay; deductible waived
Brand (Formulary/Preferred)	\$70 copay	\$60 copay; after \$100 prescription deductible	\$60 copay; after deductible	\$80 copay after deductible	\$70 copay; after prescription deductible
Number of Days Supply for Mail Order	100 days	100 days	100 days	100 days	100 days
Other Services and Supplies			30 days		
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 after deductible; 20 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

For Premium Costs, use the Murrieta Valley USD Premium Calculator



CONFIDENTIAL: The information in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not intended for any other purpose. The information described on this page is only intended to be a summary of your benefits. It does not include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the SPD, the contract provisions of the appropriate policy or plan document (available through your employer) will prevail.