Carmel Unified School District 2027 Medical Plan Comparison Matrix

	Employee Monthly (11 Months) Cost	PPO 25	CYD	PPO 40	CYD	PPO 60	CYD	Select***	CYD	TRIO HMO	CYD	Kaiser	CYD
	Employee	**$431.00**		**No Cost**		**No Cost**		**No Cost**		**No Cost**		**No Cost**	
	Employe + 1	**$1918.18**		**$936.36**		**$444.36**		**$70.18**		**$773.82**		**$476.00**	
	Family	**$2741.18**		**$1464.82**		**$831.00**		**$342.27**		**$1067.73**		**$1169.18**	
A	**Calendar Year Deductible (CYD)* Individual**	$1000		$1,650		$6,000		$1,300		$1,500		$1,500	
B	**Calendar Year Out-of-Pocket Max (OOP) Individual**	$6,000		$6,500		$7,500		$7,500		$3,000		$3,000	
1	Acupuncture services **	$0		$0		$0		$0		**Not covered**		Not Covered	
2	Ambulance services	25%	*	30%	*	30%	*	25%	*	$100		$50	
3	Ambulatory Surgery Center	10-20%	*	15%	*	15%	*	10-20%	*	15%	*	$20	
4	Surgery Care surgery program via Transcarent	$0		$0		$0		$0		N/C		Not Covered	
5	Chiropractic	$10/visit		$10/visit		$10/visit		$10/visit		**Not covered**		Not Covered	
6	Diabetes care services devices, equipment, and supplies	25%	*	30%	*	30%	*	25%	*	20%			
7	Diabetes Self-management training (up to $250 per member)	$0		$0		$0		$0		$20/visit			
8	Dialysis services	25%	*	30%	*	30%	*	25%	*	$0		$0	
9	Durable Medical Equipment	25%	*	30%	*	30%	*	25%	*	50%		20%	
10	Emergency Room Physician Services	25%	*	30%	*	30%	*	25%	*	$0		$0	
11	Emergency Room Services (See note for PPO Select Plan) Hospital ER Co-Pay (waived if admitted)	25% $500	*	30% $500	*	30% $500	*	25% $500	*	$150/visit $100		$50/visit	
12	Home health care services (up to 120 days/calendar Yr)	25%	*	30%	*	30%	*	25%	*	$20/visit [4]		$0 [4]	
13	Hospital Stay (In-Patient Services)	25%	*	30%	*	30%	*	25%	*	25%	*	$0	
14	Hospital: Outpatient Department of a Hospital	25%	*	30%	*	30%	*	25%	*	$0		$0	
15	In Patient Facility: Physician or surgeon services	25%	*	30%	*	30%	*	25%	*	$0		$0	
16	Office visit: Primary Care	$25/visit		$40/visit		$60/visit	*	$25/visit		$20/visit		$20/visit	
17	Office visit: Other practitioner - Includes nurse practitioners, physician assistants and therapists	$25/visit		$40/visit		$60/visit	*	$25/visit		$20/visit		$20/visit	
18	Office visit: Specialist care	$40/visit		$60/visit		$70/visit	*	$40/visit		$20/visit		$20/visit	
19	Office visit for allergy serum injection	25%		30%		30%	*	25%					
20	PKU product formulas and special food products	25%	*	30%	*	30%	*	25%	*	$0		$0	
21	Podiatric Services	$40/visit		$60/visit		$70/visit	*	$35/visit		$20/visit		$20/visit	
22	Pregnancy and maternity care office visits	25%	*	30%	*	30%	*	25%	*	$0		$0	
23	Radiological and nuclear imaging services - office location	$0		$0		$0		25%	*	$0		$0	
24	Testing to diagnose illness or injury -office location	25%		30%		30%	*	25%		$0		$0	
25	Virtual Care via Transcarent	$0		$0		$0		$0		0$		Not Covered	
26	Urgent Care Services	$25/visit		$40/visit		$60/visit	*	$25/visit		$20/visit		$20/visit	
28	Laboratory services -laboratory center [5]	25%		30%		30%		25%		$0		$0	
29	X-ray, imaging, and pathology, (non-hospital) radiology center [6]	$0		$0		$0		25%		$0		$0	
30													
31	**Prescription Drugs**												
32	Out-of-pocket Co-Ins Max - Single in Network	$1,800		$1,800		$1,800		$1,800		OOP Max above			
33	Out-of-pocket Co-Ins Max - Family in Network	$3,600		$3,600		$3,600		$3,600		OOP Max above			
Notes:	Mail-Generic/Preferred/Brand (NonFormulary) 90 Day Supply	$0/$50/$90		$0/$50/$90		$75		$0/$50/$90		$20/$60/$100		$10	

* Any member that met part or all of the calendar year deductible in the 4th quarter is rolled over to the next calendar year.

**Acupuncture Services: Up to a $2,000 maximum per Member per calendar year

*** Select Plan: No Coverage at CHOMP or SVMH **except in the event of an emergency** (e.g., taken by ambulance, severe and sudden pain, broken bones, referral by a provider, etc).

[4] TRIO HMO Plan and Kaiser - Home Health Care Services (up to 100 days, per calendar year) [5] includes diagnostic Papanicolaou (Pap) test [6] includes diagnostic mammography.

[5] & [6] details Services that are diagnostic, non-preventive Health Services, and diagnostic radiological procedures, such as CT scans, MRIs, MRAs, and PET scans.

For a complete Summary of Benefits, go to https://myoptions.blueshieldca.com/mcsig. The official blue shield matrix should be used if there is a difference between the documents.