

**2008
Self-Funded PPO & Kaiser HMO Plan Highlights**

The District offers a choice between two (2) comprehensive medical insurance plans for active, benefits eligible employees. The comparison below may help you understand the coverage and how to better use your benefits.

Benefits	Self-funded PPO Plan, Administered by CoreSource		Kaiser HMO
	In Network Attributes	Out-of-Network Attributes	
Annual Deductible	\$100 per individual \$300 maximum for family		None
Out-of-Pocket Maximum	\$300 per individual \$900 maximum for family	\$1,000 per individual \$3,000 maximum for family	\$1,000 per individual, \$3,000 maximum for family
Lifetime benefit maximum	\$5,000,000 combined for In-Network and Out-of-Network		Unlimited
Primary Care/Gatekeeper	None required	None required	Optional
Network	Blue Cross (Active employees and retired employees residing in the state of California; PHCS for retired employees residing outside the state of California)	Not applicable	Not applicable
Doctor's Office Visits	\$10 co-pay, deductible waived	Plan pays 80% of usual & customary fees after deductible	\$10 co-pay
Surgery, Anesthesia, Laboratory, X-rays, other diagnostic testing, therapies	Plan pays 100% after deductible	Plan pays 80% of usual & customary fees after deductible	No charge
Maternity Care	\$10 co-pay after deductible	Plan pays 80% of usual & customary fees after deductible	\$5 co-pay per visit
Routine and preventative services, all ages, includes immunizations	\$10 co-pay for office calls, all else is at 100%, deductible is waived (\$250 maximum benefit per year)	Plan pays 80% of usual & customary fees after deductible (\$250 maximum benefit per year)	\$10 co-pay per visit
Inpatient hospitalization	Plan pays 100% after deductible	Plan pays 80% of usual & customary fees after deductible	No charge
Pre-certification of Inpatient hospitalization	Required. Penalty is a 25% reduction in benefits. Does not apply to maternities and true emergencies	Required. Penalty is a 25% reduction in benefits. Does not apply to maternities and true emergencies	Required. Penalty is 100% for failure to pre-certify.
Outpatient hospital, urgent care	Plan pays 100% after deductible	Plan pays 80% of usual & customary fees after deductible	\$10 co-pay
Emergency Room visits	\$35 co-pay, waived if admitted		\$35 co-pay, waived if admitted
Mental Health treatment	Inpatient: pays at 100% up to 30 days per year (combined with Substance Abuse treatment) Outpatient: \$10 co-pay per visit after deductible, up to 50 visits per year (combined with Substance Abuse benefits)	Inpatient: pays at 80% up to 30 days per year (combined with Substance Abuse treatment) Outpatient: pays at 80% of usual & customary fees, up to 50 visits per year (combined with Substance Abuse benefits)	Inpatient: 100% up to 45 days per year Outpatient: \$10 co-pay up to 20 visits per year
Substance Abuse Treatment	Inpatient: pays at 100% up to 30 days per year (combined with Mental Health treatment) Outpatient: \$10 co-pay per visit up to 50 visits per year (combined with Substance Abuse treatment)	Inpatient: pays at 80% up to 30 days per year (combined with Mental Health treatment) Outpatient: pays at 80% of usual & customary fees, up to 50 visits per year (combined with Substance Abuse treatment)	Inpatient: 100% for detoxification services only Outpatient: pays in full Transitional residential recovery: 100% after a \$100 co-pay, up to 60 days per year, with a 5-year period maximum of 120 days
"Out-of-Area" benefits	If no providers within 30 miles, providers are considered in-network. Call CoreSource regarding water/mountain barriers.		Limited to life threatening emergency treatment only
Vision Plan - Spectera	See Spectera brochure for schedule of In-network & Out-of-Network vision benefits		Vision benefit available through Kaiser at \$175 plan allowance within a 24 month period
Prescription Drug Coverage – Medco through 10/31/07 Caremark after 11/1/07*	Retail: up to 30-day supply \$10 Generic co-pay \$15 Brand co-pay Mail order: up to 90 day supply \$5 co-pay generic or brand If no generic equivalent for a brand drug, generic co-pay applies	Must use contracting pharmacies	Retail: up to 100-day supply \$10 Generic co-pay \$15 Brand co-pay Mail order: up to 100 day supply \$10 co-pay generic \$15 co-pay brand
Benefits-eligible employee contribution	No Cost to employee for the cost of employee coverage, spouse/domestic partner coverage or for dependent children to age 25		

*Caremark will replace Medco as the prescription service provider effective November 1, 2007. New Cards will be issued to CoreSource/Caremark/Spectera members in October 2007. This change does not affect Kaiser enrollees.