

HMO High

Health Net to Blue Shield Proposed for November 1, 2009 - September 30, 2010

What will I pay if I choose the Proposed HMO High?*	HMO High Cost (monthly)	Projected Stipend (based upon proposed HMO Low)	Monthly Cost to Employee
Single	\$645.00	\$538.00	\$107.00
Two Party	\$1,287.00	\$1,072.00	\$215.00
Family	\$1,779.00	\$1,484.00	\$295.00

*Assuming a 100%, 12 mo. Employee (amount does not include dental, life insurance or disability insurance)

MEDICAL PLAN BENEFIT	SISC Health Net HIGH PLAN CURRENT O1A-ZM (non standard)	SISC Blue Shield HIGH PLAN Proposed Option Access+ HMO 10-0 w/ MH & IPSA
Calendar Year Deductible Individual / Family	NONE	NONE
Annual Out-of-Pocket Maximum Individual / Family	\$1,500 / \$4,500	\$1,000 / \$2,000 Includes payments for DME
MAJOR MEDICAL		
Physician Office Visit	\$10	\$10
Specialist Visit	\$10	\$10/\$30* ¹
Preventive Care	\$10	\$0
Lab and X-Ray	No Charge	No Charge
Outpatient Surgery	No Charge	No Charge
Hospitalization Inpatient	No Charge	No Charge
Ambulance	No Charge	\$100
Emergency Room	\$35 (waived if admitted)	\$100 (waived if admitted)
Durable Medical Equipment	No Charge	20% (up to \$2,000 max/cal year**) ¹
Urgent Care	\$35	\$10
Chiropractic Service	\$10 (up to 30 visits per cal year)	\$10 (up to 30 visits per cal year) ¹
Skilled Nursing (Up to 100 days/cal year)	No Charge	No Charge
Home Health Care	No Charge for first 30 days; \$10 after 30 days	\$10 (up to 100 visits per cal year)
Mental Health Inpatient (Non-Severe)	No Charge	No Charge
Outpatient	\$10 - unlimited visits	\$10 (unlimited)
Substance Abuse Detox	No Charge	No Charge
Inpatient	No Charge (Up to 30 days)	No Charge
Outpatient	Individual Therapy \$20	10 (unlimited)
PRESCRIPTION DRUGS		
(At Participating Pharmacies only)	Generic / Brand / Non-Formulary	Generic / Brand / Non-Formulary ¹
Retail - 30 day supply	\$5 / \$10 / \$35	\$5 / \$10 / \$25
Mail Order - 90 day supply	\$10 / \$30 / \$70	\$10 / \$20 / \$50
RATES		
	Current	Proposed
Single	\$561.00	\$645.00
Two Party	\$1,114.00	\$1,287.00
Family	\$1,538.00	\$1,779.00
% Difference from Current		15.0%
		15.5%
		15.7%

* Access + Specialist (self-referred office visits within your medical group are available for higher copay)

** Durable Medical Equipment (DME) coinsurance does not apply to the member calendar year copayment maximum

¹ co- pays do not apply to the member calendar year copayment maximum

¹ Blue Shield copayments for Substance Abuse do **not** accrue to member calendar year copayment maximum

Health Net copayments for Substance Abuse accrue to the member calendar year copayment maximum

Data from Alliant powerpoint "Cabrillo Benefits Renewal Strategy for Plan Year 2009-10 July 31, 2009"