

HMO Low

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

What will I pay if I choose the Proposed High HMO?*	\$0. The District shall provide a stipend equal to the rates of the least expensive HMO (CCEU Contract 11.1.2)
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*Assuming a 100%, 12 mo. Employee

MEDICAL PLAN BENEFIT	SISC Health Net LOW PLAN CURRENT 158-Y1	SISC Blue Shield LOW PLAN Proposed Option Access + HMO 25-500 w/ MH & IPSA
Calendar Year Deductible Individual / Family	NONE	NONE
Annual Out-of-Pocket Maximum Individual / Family	\$1,500 / \$4,500	\$2,000 / \$4,000 Includes payments for DME
MAJOR MEDICAL		
Physician Office Visit	\$20	\$25
Specialist Visit	\$20	\$25/\$30*1
Preventive Care	\$20	\$0
Lab and X-Ray	No Charge	No Charge
Outpatient Surgery	\$250 per admission	\$150@ASC/\$300@hospital
Hospitalization Inpatient	\$250 / Admit	\$500 / Admit
Ambulance	no charge	\$100
Emergency Room	\$75 (waived if admitted)	\$100 (waived if admitted)
Durable Medical Equipment	No Charge	20% (up to \$2,000 max/cal year**) ¹
Urgent Care	\$75	\$25
Chiropractic Service	\$10 (up to 30 visits per cal year)	\$10 (up to 30 visits per cal year)
Skilled Nursing (Up to 100 days/cal year)	\$250 / Admit	\$100 per day
Home Health Care	No Charge for first 30 days; \$20 after 30 days	\$25 (up to 100 visits per cal year)
Mental Health Inpatient (Non-Severe)	No Charge	\$500 / Admit
Outpatient	\$20 - 20 visits (combined with sub abuse outpatient)	\$25 - unlimited visits
Substance Abuse Detox	No Charge	\$500 / Admit ¹
Inpatient	No charge - limited to 30 days (combined with inpatient MH days)	\$500 / Admit ¹
Outpatient	Individual Therapy \$20 Group Therapy \$10 20 visit max (combined with outpatient nonsevere)	\$25 - unlimited visits
PRESCRIPTION DRUGS		
(At Participating Pharmacies only)	Generic / Brand / Non-Formulary	Generic / Brand / Non-Formulary ¹
Retail - 30 day supply	\$5 / \$10 / \$35	\$10 / \$20 / \$35
Mail Order - 90 day supply	\$10 / \$30 / \$70	\$20 / \$40 / \$70
RATES		
	Current	Proposed
Single	\$519.00	\$538.00
Two Party	\$1,029.00	\$1,072.00
Family	\$1,422.00	\$1,484.00
<i>% Difference from Current</i>		3.7%
		4.2%
		4.4%

* 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

ACS - Ambulatory Surgery Center

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