

Medical Plans

Summary of Medical Plans

	Select Plan	Premier Plan	Kaiser Permanente
Covered Expenses	Plan Provisions and Participant Share of Cost Under Each Plan		
Plan Providers	Providers in the following medical groups <u>only</u> : - SJC Health Care Services - Sutter Gould - Hill Physicians - MedCore	All providers in the Interplan Network including SJC Health Care Services	Kaiser facilities and doctors only
Deductible (applies to <u>all</u> services except doctor's office visits and prescription drugs) per Plan Year	\$250 per person \$500 per family	\$125 per person \$250 per family	None
Reduced Deductible for <u>EXCLUSIVE</u> use of San Joaquin General Hospital providers and facilities for <u>all</u> services (<i>signed Form required</i>)	\$125 per person \$250 per family (Must sign Form for Exclusive Use of SJGH)	Does not apply	Does not apply
Out-of-Pocket Maximum · Once annual maximum is reached, Plan pays 100% of eligible expenses for balance of Plan Year.	\$1,000 per person \$2,500 per family Certain expenses do not count toward out-of-pocket maximum.	\$1,000 per person \$2,500 per family Certain expenses do not count toward out-of-pocket maximum.	\$1,500 per person \$3,000 per family Certain expenses do not count toward out-of-pocket maximum.
Acupuncture/Chiropractor · Up to 20 visits combined per Plan year	Deductible applies Plan pays up to \$25 per visit	Deductible applies Plan pays up to \$25 per visit	Not covered
Ambulance	Deductible applies	Deductible applies	\$0

Medical Plans (Continued)

	Select Plan	Premier Plan	Kaiser Permanente
Covered Expenses	Plan Provisions and Participant Share of Cost Under Each Plan		
Doctor Office Visit • Physical Exam • In-office consultation by specialist • Allergy Testing or treatment	\$10 co-payment per visit \$5 co-payment at Health Care Services	\$5 co-payment per visit	\$10 co-payment per visit
Durable Medical Equipment, Orthotics, Prosthetics	Deductible applies 50% of charges	Deductible applies 50% of charges	20% of charges
Emergency Room • Hospital facility charge – waived if admitted • Emergency Room Physician	Deductible applies \$100 co-payment per visit \$40 co-payment at San Joaquin General Hospital	Deductible applies \$100 co-payment per visit	\$100 co-payment per visit
Home Health Care	Deductible applies	Deductible applies	\$0
Hospice	Deductible applies	Deductible applies	\$0
Hospital Inpatient or ICU • Hospital inpatient services and supplies	Deductible applies \$100 co-payment per admission, waived at San Joaquin General Hospital	Deductible applies \$100 co-payment per admission, waived at San Joaquin General Hospital	\$0
• Surgeon, assistant surgeon, anesthesiologist	Deductible applies	Deductible applies	\$10 co-payment
• Hospital or Skilled Nursing Facility doctor visit	Deductible applies	Deductible applies	\$10 co-payment
Laboratory Services	Deductible applies	Deductible applies	\$0
Mental Health • Outpatient Therapy	\$10 co-payment per visit	\$5 co-payment per visit	\$5 co-payment for group therapy visit \$10 co-payment for individual therapy

Medical Plans (Continued)

	Select Plan	Premier Plan	Kaiser Permanente
Covered Expenses	Plan Provisions and Participant Share of Cost Under Each Plan		
Mental Health (Cont.) • Inpatient/Day Care	Deductible applies \$100 co-payment per admission	Deductible applies \$100 co-payment per admission	\$0
Outpatient Surgery Facility	Deductible applies	Deductible applies	\$10 per procedure
Prescription Drugs • 30 day supply	\$5 generic \$15 brand on formulary Non-formulary not covered	\$5 generic \$10 brand on formulary \$30 Non-formulary	\$10 generic \$20 brand on formulary Non-formulary not covered
• 90 day supply at pharmacy or mail order	\$10 generic \$30 brand on formulary Non-formulary not covered	\$10 generic \$20 brand on formulary \$60 Non-formulary	\$10 generic \$20 brand on formulary Non-formulary not covered
Preventive Care Services Recommended under the Affordable Care Act	No charge	No charge	No charge
Rehabilitation Therapy (physical, speech, occupational therapy)	Deductible applies \$10 co-payment per visit	Deductible applies \$5 co-payment per visit	\$10 co-payment per visit
Urgent Care Center	Deductible applies \$40 co-payment per visit	Deductible applies \$40 co-payment per visit	\$10 co-payment per visit
X-rays	Deductible applies	Deductible applies	\$0

Disclaimer

This chart provides highlights of the benefits available under the plans. Certain conditions, requirements, and limitations not described in this chart apply to some of the benefits listed. Refer to the appropriate benefit booklet for more details. If there is any conflict between this chart and the official plan documents and contracts, the official plan documents and contracts will always govern.

Medical Plans (Continued)

Select Plan

The Select Plan requires that you and each of your enrolled family members choose a primary care physician from one of four medical groups: San Joaquin County Health Care Services, Sutter Gould, Hill Physicians or MedCore. You must coordinate all of your care through your primary care physician and use specialists who are in the same medical group as your primary care physician. Certain services require prior authorization from the Claims Administrator in order to be paid. A directory of network providers is available on the County website, at the Open Enrollment Meetings or at Human Resources.

Lower Your Deductible: Under the Select Plan, you and your enrolled family members can reduce your deductible by 50% by using San Joaquin General Hospital (HCS) providers and facilities **exclusively** for **all** of your medical care. If you select this option, you and all of your enrolled family members will be required to maintain this selection for the entire Plan year. **To participate in this exclusive option, you must sign a form for Reduced Deductible for exclusive use of HCS Providers.** The form is available on the County's website, at the Open Enrollment Meetings or at Human Resources. If you are currently enrolled in this option and wish to use providers outside of HCS, you must complete a form to revoke that option. The form is available on the County's website or at Open Enrollment meetings.

Premier Plan

The Premier Plan requires that you and each of your enrolled family members choose a primary care physician from the Interplan Provider Directory. You must coordinate all of your care through your primary care physician. Certain services require prior authorization from the Claims Administrator in order to be paid.

Kaiser Permanente HMO Plan

Under the Kaiser Permanente HMO, you and your family may choose a primary care physician from the staff of general or family practitioners, internists, pediatricians or OB/GYN physicians. All services are provided at Kaiser Permanente medical offices and hospitals or other contracted facilities. Care received from non-Kaiser Permanente providers is limited to emergency services or urgently needed services as defined by Kaiser.

Non-Grandfathered Health Plan

These Plans are "non-grandfathered health plans" under the Affordable Care Act. A non-grandfathered plan must meet health care reforms legislated by the Act. Specifically, this Plan must provide preventive services and screenings to you without any cost sharing when the services are performed by a Participating Provider; and emergency services performed by Participating and non-participating providers in an emergency department of a hospital are subject to the same coinsurance and copayment.

Questions regarding what protections apply to a non-grandfathered health plan may be directed to the plan administrator at 468-3370. You can also read additional information from the U.S. Department of Health and Human Services at www.healthcare.gov.