

ALVORD UNIFIED SCHOOL DISTRICT CLASSIFIED MEDICAL PLAN COMPARISSON								
PLAN	BLUE SHIELD HMO	BLUE SHIELD SAVE NET HMO	KAISER HMO	KAISER DHMO	BLUE SHIELD G20		BLUE SHIELD G30	
	IN NETWORK	IN NARROW NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
ANNUAL DEDUCTIBLE	NONE	NONE	NONE	\$500 PER PERSON, UP TO \$1,000 FOR A FAMILY	\$500 PER PERSON, UP TO \$1,000 FOR A FAMILY	\$500 PER PERSON, UP TO \$1,000 FOR A FAMILY	\$500 PER PERSON, UP TO \$1,000 FOR A FAMILY	\$500 PER PERSON, UP TO \$1,000 FOR A FAMILY
ANNUAL OUT OF POCKET MAXIMUM	\$1,500 PER PERSON, UP TO \$3,000 FOR A FAMILY	\$1,500 PER PERSON, UP TO \$3,000 FOR A FAMILY	\$1,500 PER PERSON, UP TO \$3,000 FOR A FAMILY	\$3,000 PER PERSON, UP TO \$6,000 FOR A FAMILY	\$2,000 PER PERSON, UP TO \$4,000 FOR A FAMILY	\$2,000 PER PERSON, UP TO \$4,000 FOR A FAMILY	\$2,000 PER PERSON, UP TO \$4,000 FOR A FAMILY	\$2,000 PER PERSON, UP TO \$4,000 FOR A FAMILY
PRIMARY CARE OFFICE VISIT	\$20 CO-PAY	\$20 CO-PAY	\$20 CO-PAY	\$20 CO-PAY	\$20 CO-PAY	50% CO-INSURANCE	\$30 CO-PAY	50% CO-INSURANCE
SPECIALIST OFFICE VISIT	\$20 CO-PAY	\$20 CO-PAY	\$20 CO-PAY	\$20 CO-PAY	\$20 CO-PAY	50% CO-INSURANCE	\$30 CO-PAY	50% CO-INSURANCE
URGENT CARE	\$20 CO-PAY	\$20 CO-PAY	\$20 CO-PAY	\$20 CO-PAY	\$20 CO-PAY	50% CO-INSURANCE	\$30 CO-PAY	50% CO-INSURANCE
AMBULANCE	\$100 CO-PAY	\$100 CO-PAY	\$50 CO-PAY	\$150 CO-PAY	\$100 CO-PAY + 20% CO-INSURANCE	\$100 CO-PAY + 20% CO-INSURANCE	\$100 CO-PAY + 20% CO-INSURANCE	\$100 CO-PAY + 20% CO-INSURANCE
EMERGENCY ROOM HOSPITALIZATION	\$100 CO-PAY, WAIVED IF ADMITTED	\$100 CO-PAY, WAIVED IF ADMITTED	\$100 CO-PAY, WAIVED IF ADMITTED	10% CO-INSURANCE, WAIVED IF ADMITTED	\$100 CO-PAY + 20% CO-INSURANCE, WAIVED IF ADMITTED	\$100 CO-PAY + 20% CO-INSURANCE, WAIVED IF ADMITTED	\$100 CO-PAY + 20% CO-INSURANCE, WAIVED IF ADMITTED	\$100 CO-PAY + 20% CO-INSURANCE, WAIVED IF ADMITTED
OUTPATIENT SURGERY	\$100 CO-PAY WHEN AT AN AMBULATORY CENTER	\$100 CO-PAY WHEN AT AN AMBULATORY CENTER	\$20 CO-PAY	10% CO-INSURANCE	20% CO-INSURANCE	ALL CHARGES ABOVE \$350	20% CO-INSURANCE	ALL CHARGES ABOVE \$350
X-RAY/LABORATORY	NO CHARGE	NO CHARGE	NO CHARGE	\$10 CO-PAY	20% CO-INSURANCE	NOT COVERED	20% CO-INSURANCE	NOT COVERED
MENTAL HEALTH SERVICES - OUTPATIENT	\$20 CO-PAY	\$20 CO-PAY	\$20 CO-PAY FOR INDIVIDUAL TREATMENT, \$10 CO-PAY FOR GROUP TREATMENT	\$20 CO-PAY FOR INDIVIDUAL TREATMENT, \$10 CO-PAY FOR GROUP TREATMENT	\$20 CO-PAY	50% CO-INSURANCE	\$30 CO-PAY	50% CO-INSURANCE
MENTAL HEALTH SERVICES - INPATIENT	\$250 CO-PAY	\$250 CO-PAY	NO CHARGE	10% CO-INSURANCE	20% CO-INSURANCE	50% CO-INSURANCE	20% CO-INSURANCE	50% CO-INSURANCE
CHIROPRACTIC	\$10 CO-PAY, UP TO 30 VISITS	\$10 CO-PAY, UP TO 30 VISITS	\$10 CO-PAY, UP TO 30 VISITS	\$10 CO-PAY, UP TO 30 VISITS	20% CO-INSURANCE, UP TO 20 VISITS	NOT COVERED	20% CO-INSURANCE, UP TO 20 VISITS	NOT COVERED
ACUPUNCTURE	\$10 CO-PAY, UP TO 30 VISITS	\$10 CO-PAY, UP TO 30 VISITS	\$10 CO-PAY, UP TO 30 VISITS	\$10 CO-PAY, UP TO 30 VISITS	20% CO-INSURANCE, UP TO 12 VISITS	\$50% CO-INSURANCE, UP TO 12 VISITS	20% CO-INSURANCE, UP TO 12 VISITS	\$50% CO-INSURANCE, UP TO 12 VISITS
PRESCRIPTION DRUG DEDUCTIBLE	\$200 PER PERSON, UP TO \$500 FOR A FAMILY, APPLIES TO BRAND/SPECIALTY ONLY	\$200 PER PERSON, UP TO \$500 FOR A FAMILY, APPLIES TO BRAND/SPECIALTY ONLY	NONE	NONE	NONE	NONE	\$200 PER PERSON, UP TO \$500 FOR A FAMILY, APPLIES TO BRAND/SPECIALTY ONLY	NONE
PRESCRIPTION DRUG CO-PAY	\$10 GENERIC, \$35 BRAND	\$10 GENERIC, \$35 BRAND	\$10 GENERIC, \$20 BRAND	\$10 GENERIC, \$30 BRAND	\$7 GENERIC, \$25 BRAND	NOT COVERED	\$10 GENERIC, \$35 BRAND	NOT COVERED

FOOTNOTES:

1. AMOUNTS LISTED REPRESENT THE MEMBER'S COST AND ASSUME PRIOR AUTHORIZATION, IF NEEDED, HAS BEEN OBTAINED.
2. ANY CHARGES LISTED AS "CO-INSURANCE" ALSO REQUIRE THE MEMBER TO HAVE MET THEIR ANNUAL DEDUCTIBLE.
3. THIS DOCUMENT IS INTENDED TO PROVIDE A HIGH LEVEL COMPARISSON, AND DOES NOT ACCOUNT FOR EVERY POSSIBLE CHARGE. INSURANCE CARRIER MATERIALS GOVERN SHOULD ANY DISPARITY BETWEEN THIS SUMMARY AND THEIR DETAILED MATERIALS EXIST. FOR A COPY OF INSURANCE CARRIER MATERIALS, CONTACT THE BENEFITS DEPARTMENT.