

# Menifee Union Elementary - *Certificated*

## 2025-2026 Plan Comparison & Summary

|   | 8                       | 9                                      |
|---|-------------------------|--|
|   | Kaiser<br>Trad HMO \$30 | Kaiser<br>HSA \$1700 - Single / Family |
| MEDICAL - CALENDAR YEAR Deductibles & Maximums  | Member Pays             | Member Pays                            |
| Individual/Family Deductibles   | \$0                     | \$1,700/ \$3,200*                      |
| Individual/Family Out-of-Pocket (OOP) Max<br>(includes medical deductibles, co-insurance and co-pays) | \$1,500/\$3,000         | \$3,400/\$6,800*                       |

### PROFESSIONAL SERVICES

|  |                |                      |
|--|----------------|----------------------|
| Office Visit (OV) co-pay                               | \$30           | Deductible, then 10% |
| Urgent Care co-pay                                     | \$30           | 10%                  |
| Specialists/Consultants co-pay                         | \$30           | 10%                  |
| Prenatal, postnatal office visit co-pay                | \$0            | \$0                  |
| Scans: CT, CAT, MRI, PET etc.                          | \$0            | \$0                  |
| Diagnostic X-ray & Laboratory Procedures               | \$0            | 10%                  |
| Infertility (Refer to Plan Document)                   | Co-pay applies | Co-pay applies       |
| Preventive Care (includes physical exams & screenings) | \$0            | 0% Ded Waived        |

### HOSPITAL & SKILLED NURSING FACILITY SERVICES

|   |       |     |
|---|-------|-----|
| Emergency Room visit<br>(copay waived if admitted)                | \$100 | 10% |
| Inpatient Hospital (preauthorization required) - limits may apply | \$0   | 10% |
| Outpatient Hospital   | \$30  | 10% |
| Surgery, Outpatient (performed in Surgery Center)                 | \$30  | 10% |
| Surgery, Outpatient (performed in a Hospital) - limits may apply  | \$30  | 10% |

### MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

|  |      |     |
|--|------|-----|
| INPATIENT: Facility Based Care (preauth required)  | \$0  | 10% |
| OUTPATIENT: Facility Based Care (preauth required) | \$30 | 10% |

### OTHER SERVICES

|  |  |                              |
|--|--|------------------------------|
| Ambulance (Ground or Air)                        | \$50   | 10%                          |
| Acupuncture - Limits apply                       | \$10/30 visits (through ASH)<br>combined w/chiro       | Requires Prior Authorization |
| Chiropractic - Limits apply                      | \$10/30 visits (through ASH)<br>combined w/acu         | No coverage                  |
| Durable Medical Equipment (DME)                  | No charge  | 10%                          |
| Physical and Occupational Therapy - Limits apply | \$30   | 10%                          |
| Hearing Aids                                     | Amount in excess of \$500 allowance<br>every 36 months | No coverage                  |

### PHARMACY BENEFITS

|   |                                |                                |
|---|--------------------------------|--------------------------------|
| Plan  | Trad HMO \$30                  | HSA A                          |
| Pharmacy Benefit Manager  | Kaiser                         | Kaiser                         |
| Individual/Family Brand & Specialty Rx Deductibles                                    | None                           | Included w/ Medical Ded.       |
| Individual/Family Rx Out-of-Pocket (OOP) Max<br>(includes Rx deductibles and co-pays) | Included w/ Med OOP Max        | Included w/ Med OOP Max        |
| Generic co-pay/30 days supply   | \$10 up to 100 day supply      | Deductible, then \$10          |
| Brand co-pay/30 days supply   | \$30 up to 100 day supply      | Deductible, then \$30          |
| Specialty co-pay/up to 30 days supply   | \$30 up to 30 day supply       | Deductible, then \$30          |
| Mail Order (Generic-Brand co-pay/90 days supply)                                      | \$10-\$30/up to 100 day supply | \$20-\$60/up to 100 day supply |
| Mail Order Pharmacy   | Kaiser Mail Order Pharmacy     | Kaiser Mail Order Pharmacy     |

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.