

Meniffee Union Elementary - *Admin/Mgmt/Conf*

2025-2026 Plan Comparison & Summary

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

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 (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) combined w/chiro	Requires Prior Authorization
Chiropractic - Limits apply	\$10/30 visits (through ASH) 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 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 (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.