

**Washington Unified School District**  
**Summary of HMO Plans**  
**Kaiser HMO - January 1, 2018**

	Current	Current	Proposed	Proposed
Effective Date	01/01/2017	01/01/2017	01/01/2018	01/01/2018
Carrier Name	<b>Kaiser Permanente</b>	<b>Kaiser Permanente</b>	<b>Kaiser Permanente</b>	<b>Kaiser Permanente</b>
Plan Name	HMO - Certificated	HMO - Classified	HDHP #9835 Certificated	HDHP #9835 Classified
Eligible Class	Active & Early Retiree	Active & Early Retiree	Active & Early Retiree	Active & Early Retiree
<b>General Plan Information</b>				
Annual Deductible/Individual	\$0	\$0	\$1,800 per calendar year	\$1,800 per calendar year
Annual Deductible/Family	\$0	\$0	\$2,700 (Each member in a family of two or more members) \$3,600 (Entire family of two or more members) per cal year	\$2,700 (Each member in a family of two or more members) \$3,600 (Entire family of two or more members) per cal year
Coinsurance	100%	100%	100% after cal year deductible	100% after cal year deductible
Office Visit/Exam	\$20 copay	\$20 copay	100% after cal year deductible	100% after cal year deductible
Outpatient Specialist Visit	\$20 copay	\$20 copay	100% after cal year deductible	100% after cal year deductible
Annual Out-of-Pocket Limit/Individual	\$1,500	\$1,500	\$3,600 per cal year	\$3,600
Annual Out-of-Pocket Limit/Family	\$3,000	\$3,000	\$3,600 (Each member in a family of two or more members) \$7,000 (Entire family of two or more members) per cal year	\$3,600 (Each member in a family of two or more members) \$7,000 (Entire family of two or more members) per cal year
Deductible Included in Out-of-Pocket Limits	N/A	N/A	Yes	Yes
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Physician Election Required	Yes	Yes	Yes	Yes
<b>Outpatient Services</b>				
<b>Preventive Services</b>				
Well-Child Care	100%	100%	100% (deductible does not apply)	100% (deductible does not apply)
Immunizations	100%	100%	100% (deductible does not apply)	100% (deductible does not apply)
Well Woman Exams	100%	100%	100% (deductible does not apply)	100% (deductible does not apply)
Mammograms	100%	100%	100% (deductible does not apply)	100% (deductible does not apply)
Adult Periodic Exams with Preventive Tests	100%	100%	100% (deductible does not apply)	100% (deductible does not apply)
<b>Diagnostic X-Ray and Lab Tests</b>	100%	100%	100% after cal year deductible	100% after cal year deductible
<b>Maternity Care</b>				
Pregnancy and Maternity Care (Pre-Natal Care)	100%	100%	100% (deductible does not apply)	100% (deductible does not apply)
<b>Inpatient Hospital Services</b>				
Inpatient Hospitalization	\$250 copay per admit	\$250 copay per admit	100% after cal year deductible	100% after cal year deductible
Pre-Authorization of Services Required	Yes	Yes	Yes	Yes
Semi-Private Room & Board; Including Services and Supplies	\$250 copay per admit	\$250 copay per admit	100% after cal year deductible	100% after cal year deductible
<b>Surgical Services</b>				
Outpatient Facility Charge	\$100 copay per procedure	\$100 copay per procedure	100% after cal year deductible	100% after cal year deductible

CONFIDENTIAL: The information in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not intended for any other purpose. The information described on this page is only intended to be a summary of your benefits. It does not include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the SPD, the contract provisions of the appropriate policy or plan document (available through your employer) will prevail.