

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

Effective Date  
Carrier Name  
Plan Name  
Eligible Class

Current	Current	Proposed	Proposed
01/01/2017	01/01/2017	01/01/2018	01/01/2018
<b>Kaiser Permanente</b>	<b>Kaiser Permanente</b>	<b>Kaiser Permanente</b>	<b>Kaiser Permanente</b>
HMO - Certificated	HMO - Classified	HDHP #9835 Certificated	HDHP #9835 Classified
Active & Early Retiree	Active & Early Retiree	Active & Early Retiree	Active & Early Retiree

Current	Current	Proposed	Proposed
01/01/2017	01/01/2017	01/01/2018	01/01/2018
<b>Kaiser Permanente</b>	<b>Kaiser Permanente</b>	<b>Kaiser Permanente</b>	<b>Kaiser Permanente</b>
HMO - Certificated	HMO - Classified	HDHP #9835 Certificated	HDHP #9835 Classified
Active & Early Retiree	Active & Early Retiree	Active & Early Retiree	Active & Early Retiree
<b>Emergency Services</b>			
Emergency Room	\$125 copay waived if admitted	\$125 copay waived if admitted	100% after cal year deductible
<b>Ambulance</b>			
Air	\$100 copay per trip	\$100 copay per trip	100% after cal year deductible
Ground	\$100 copay per trip	\$100 copay per trip	100% after cal year deductible
<b>Urgent Care</b>			
Urgent Care Facility	\$20 copay	\$20 copay	100% after cal year deductible
<b>Mental Health Benefits</b>			
Inpatient Care	\$250 copay per admit	\$250 copay per admit	100% after cal year deductible
Outpatient Care	\$20 copay individual therapy; \$10 copay group therapy	\$20 copay individual therapy; \$10 copay group therapy	100% after cal year deductible
<b>Substance Abuse</b>			
<b>Inpatient Care</b>			
Inpatient Hospitalization	\$250 copay per admit	\$250 copay per admit	100% after cal year deductible
Inpatient Detoxification Services	\$250 copay per admit	\$250 copay per admit	100% after cal year deductible
<b>Outpatient Care</b>			
Outpatient Services	\$20 copay individual therapy; \$5 copay group therapy	\$20 copay individual therapy; \$5 copay group therapy	100% after cal year deductible
<b>Prescription Drug Benefits</b>			
Prescription Drug Deductible	N/A	N/A	Subject to plan deductible
Prescription Drug Annual Out-of-Pocket Limit/Individual	Will accrue to annual OOP Maximum	Will accrue to annual OOP Maximum	Will accrue to annual OOP Max
Prescription Drug Annual Out-of-Pocket Limit/Family	Will accrue to annual OOP Maximum	Will accrue to annual OOP Maximum	Will accrue to annual OOP Max
Generic	\$10 copay	\$10 copay	\$10 copay after cal year deductible
Preferred Generic			
Preferred Specialty	\$30 copay	\$30 copay	\$30 copay after cal year deductible
Brand (Formulary/Preferred)	\$30 copay	\$30 copay	\$30 copay after cal year deductible
Brand (Non-Formulary/Non-preferred)	\$30 copay	\$30 copay	\$30 copay after cal year deductible
Number of Days Supply	30 days	30 days	30 days
<b>Mail Order</b>			
Generic	\$20 copay	\$20 copay	\$20 copay after cal year deductible
Brand (Formulary/Preferred)	\$60 copay	\$60 copay	\$60 copay after cal year deductible
Brand (Non-Formulary/Non-preferred)	\$60 copay	\$60 copay	\$60 copay after cal year deductible
Number of Days Supply for Mail Order	100 days	100 days	100 days

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