

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	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente
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
Other Services and Supplies				
Durable Medical Equipment & Prosthetic Devices	100%	100%	100% after cal year deductible	100% after cal year deductible
Home Health Care	100% 100 visits per calendar year	100% 100 visits per calendar year	100% after cal year deductible	100% after cal year deductible
Skilled Nursing or Extended Care Facility	100% 100 days per benefit period	100% 100 days per benefit period	100% after cal year deductible	100% after cal year deductible
Hospice Care	100%	100%	100% after cal year deductible	100% after cal year deductible
Chiropractic Services	Not covered	Not covered	Not covered	Not covered
Acupuncture	Must be referred	Must be referred	Not covered	Not covered
Vision				
Examination	100% Routine exam with plan Optometrist; No material allowance	100% Routine exam with plan Optometrist; \$175 Allowance for eyeglasses or contact lenses every 24 months	100% after cal year deductible. No material allowance	100% after cal year deductible. Material allowance can be added
Hearing				
Screening	100%	100%	100% after cal year deductible	100% after cal year deductible
Aid(s)	Not covered	Not covered	Not covered	Not covered
Infertility				
Diagnosis	See Plan Certificate for limitations	See Plan Certificate for limitations	See Plan Certificate for limitations	See Plan Certificate for limitations
Treatment	See Plan Certificate for limitations	See Plan Certificate for limitations	See Plan Certificate for limitations	See Plan Certificate for limitations
Outpatient Rehabilitative Therapy Services				
Physical	\$20 copay	\$20 copay	100% after cal year deductible	100% after cal year deductible
Occupational	\$20 copay	\$20 copay	100% after cal year deductible	100% after cal year deductible
Speech	\$20 copay	\$20 copay	100% after cal year deductible	100% after cal year deductible