



## Redlands Unified School District

### Summary of Virtual Plan Compare

	<b>NEW PLAN</b>
	<b>Current</b>
Effective Date	07/01/2022
Carrier Name	<b>Kaiser Permanente Insurance Company</b>
Plan Name	DHMO 2500 Virtual Complete w/Chiro
Eligible Class	Eligible Employees
	<b>In-Network Benefits</b>
<b>General Plan Information</b>	
Annual Deductible/Individual	\$2,500
Annual Deductible/Family	\$2,500 for each member in a family of two or more members. \$5,000 for an entire family of two or more members.
Coinsurance	80%
Office Visit/Exam	\$40 copay after Plan Deductible
Outpatient Specialist Visit	\$40 copay after Plan Deductible
Annual Out-of-Pocket Limit/Individual	\$5,500
Annual Out-of-Pocket Limit/Family	\$5,500 for each member in a family of two or more members. \$11,000 for an entire family of two or more members.
Lifetime Plan Maximum	Unlimited
<b>Inpatient Hospital Services</b>	
Inpatient Hospitalization	80% after deductible
Semi-Private Room & Board; Including Services and Supplies	80% after deductible
<b>Emergency Services</b>	
Emergency Room	80% after deductible
<b>Mental Health Benefits</b>	
Inpatient Care	80% after deductible
Outpatient Care	\$40 per visit for individual and \$20 per visit for group treatment
<b>Alcohol Abuse</b>	
Inpatient Hospitalization	80% after deductible
Inpatient Detoxification Services	80% after deductible
Outpatient Services	\$20 copay; deductible waived
<b>Substance Abuse</b>	
Inpatient Hospitalization	80% after deductible
Inpatient Detoxification Services	80% after deductible
Outpatient Services	\$40 copay per visit for individual and \$5 per visit for group treatment
<b>Prescription Drug Benefits</b>	
Generic	\$15 copay, deductible waived
Brand (Formulary/Preferred)	\$40 copay after deductible
Specialty Items	Most specialty items 20% coinsurance not to exceed \$250 after a plan deductible
Number of Days Supply	30 days
<b>Mail Order</b>	
Generic	\$30 copay; deductible waived
Brand (Formulary/Preferred)	\$80 copay after deductible
Number of Days Supply for Mail Order	100 days
<b>Other Services and Supplies</b>	
Chiropractic Services	\$10 copay; 30 visits/calendar year; provided through American Specialty Health

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