

Medical Plan Comparison

Plan Outline	District Indemnity Plan	Health Maintenance Organizations (HMO)	
	DHS	Kaiser	Pacificare
FACILITIES	Any	Kaiser Facilities	Contracted Facilities & Physicians
ANNUAL DEDUCTIBLE	\$200/Person; Max \$350/Family. *	None	None
PHYSICIAN VISITS/IN-HOSPITAL	75% - 90%**/****	100%	100%
IN-PATIENT HOSPITALIZATION	75% - 90% of Semi-Private Room Rate**/****	100% Semi-Private (In or Out of Area)	100% Semi-Private (In or Out of Area)
MATERNITY	75% - 90%** In-Patient: Norm. Delivery/48 Hr Min. Stay; C-Section/96 Hr Min Stay (EE/Spouse only). Covers In-Patient Nursery Charges for newborns; however, well baby charges are not covered.	\$5/Visit Co-Pay - 100% Hospitalization. Nursery & Well Baby charges covered.	\$5/Initial Visit Co-Pay - 100% Hospitalization. Nursery & Well Baby charges covered @ 100%
FAMILY PLANNING	75% - 90%**/**** - Sterilizations/Elective Abortions for EE/Spouse only. Infertility Services Not Covered.	100% for Tubal, Vasectomy, Interruption of pregnancy. Infertility Services (limitations apply - contact member services)	100% with Co-Pays: Tubal \$100.; Vasectomy \$50.; Val Interruption of Pregnancy \$125. Infertility Services Covered at 50% (limitations apply).
OFFICE VISITS	75% - 90%**	\$5/Visit Co-Pay	\$5/Visit Co-Pay
EMERGENCY ROOM SERVICES	75% - 90%**	\$35 Emerg Rm Co-Pay	\$50 Emerg Rm Co-Pay
CHIROPRACTIC/PHYS. THERAPY	75% - 90%** (See Employee Benefits Handbook)	Physical Therapy Only - \$5/Visit Co-Pay	Physical Therapy Only - \$5/Visit Co-Pay
PRESCRIPTIONS/OUT-PATIENT	\$5 Generic or \$12 Brand Name Co-Pays for 30 Day Supply @ Pharmacy. \$3 Generic or \$6 Brand Name Co-Pays for 90 Day Supply via Mail Order.	\$5 Co-Pay - 100 Day Supply/Plan pharmacies. Sexual Dysfunction Rx @ 50% of cost.	\$5 Generic or \$10 Brand Name Co-Pays for 30 Day Supply/Plan Pharmacies (incl insulin). \$50 Co-Pay for injectibles. \$10 Generic or \$20 Brand Name Co-Pays for 90 Day Supply via Mail Order. Sexual Dysfunction Rx's not covered.
LAB & X-RAY/DIAGNOSTIC	75% - 90%** (100% for Pre-Admission Tests Within 7 Days of Hospital Confinement)	100%	100%
SURGERY	75% - 90%**/*****	100%	100%
ACCIDENTAL INJURY	100% up to \$1000/Accident (within 1st 60 Days) - Deductible Waived; Ded. Applies Thereafter.	\$35 Emerg Room Co-Pay (In or Out of Area) \$5/Visit Co-Pay in Doctor's Office	\$50 Emerg Rm Co-Pay (In or Out of Area) \$5/Visit Co-Pay in Doctor's Office
MENTAL HEALTH/IN-PATIENT	75% - 90%**/****	100%	100%
MENTAL HEALTH/OUT-PATIENT	75% - 90%**	\$5/Visit Co-Pay	\$5/Visit Co-Pay
SUBSTANCE ABUSE/IN-PATIENT	75% - 90%**/****	100%-Acute Care/Detox & Recov Servs. No Co-Pay Transitional Residential Recovery Services.	100%
SUBSTANCE ABUSE/OUT-PATIENT	75% - 90%**	\$5/Visit Co-Pay (Individual Visit) \$2/Visit Co-Pay (Group Therapy Visit)	\$5/Visit Co-Pay
PREVENTIVE SERVICES	Not Covered (Except Mammograms/Dr's Referral Only)	Covered	Covered
PRE-EXISTING CONDITIONS	EE - Six Month Wait; Deps - One Year Wait ***** No pre-existing condition for enrollees under 19 years old. (No Pre-existing on Maternity/Newborn/Adaption)	No Wait	No Wait
STOP-LOSS/PLAN MAXIMUMS	75% - 90%** to 1st \$2000 of Elig. Expenses/Cal Yr after Ded; 100% Thereafter (100% of URC for Non-PPO). Lifetime Maximum - Unlimited	\$1500 Total Co-Pays Per Member Per Year \$3000 Total Co-Pays Per Family Per Year Lifetime Maximum - Unlimited	\$2000 Total Co-Pays Per Member Per Year \$6000 Total Co-Pays Per Family Per Year Lifetime Maximum - Unlimited

* \$100 Deductible Per Person When Retired & Medicare is Primary Payor.
 ** 75% of URC for Non-PPO Providers/90% of a contracted rate for PPO Providers.
 **** Addl Deds. of \$400 - For Non-PPO Hospital; \$200 Without Pre-authorization for Hospital Admit. (See Employee Benefits Handbook).
 ***** Benefits Reduced to 70% for In-Patient Elective Surgery without required 2nd Opinion.
 ***** Waiting Period May be Reduced With Proof of Prior Creditable Health Coverage. Waiting Period Waived during Open Enrollment.
 NOTE: All Non-PPO Services are Subject to Usual, Reasonable, and Customary (URC) Guidelines.