Hillsboro School District
Summary of **Kaiser** Medical and Pharmacy
2022-23 Plan Year

Please Note: Employees enrolling in Kaiser 3 may enroll in an HSA (Health Savings Account). Licensed & Classified employees may enroll in either an HRA or HSA.

No lifetime maximum on any medical plans.	**Medical Plan 1** Kaiser Permanente Network		**Medical Plan 2B w/HRA** Kaiser Permanente Network			**Medical Plan 3 w/HRA** Kaiser Permanente Network		
	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays		Out-of-Network Member Pays	In-Network Member Pays		Out-of-Network Member Pays
			Base Plan	**w/HRA**		**Base Plan**	**w/HRA**	
Deductible per person	None	N/A	~~$1,200~~	$0	N/A	~~$1,600~~ [2]	$500 [2]	N/A
Maximum deductible per family	None	N/A	~~$3,600~~	$0	N/A	~~$3,200~~ [2]	$1,000 [2]	N/A
Out-of-pocket (OOP) maximum per person	$1,500	N/A	~~$4,500~~	$2,000	N/A	~~$6,550~~ [2]	$2,500 [2]	N/A
Out-of-pocket (OOP) maximum per family	$3,000	N/A	~~$13,500~~	$6,000	N/A	~~$13,100~~ [2]	$5,000 [2]	N/A
Preventive Care Services								
Routine adult, well-child and women's exams; annual obesity screening & immunizations.	$0	Not Covered	$0 [1]		Not Covered	$0 [1]		Not Covered
Office Visits and Virtual Care								
Primary care office visits	$20	Not Covered	$30 [1]		Not Covered	20% after deductible		Not Covered
Primary care office visits with a provider other than your chosen PCP 360 (Moda Plans only)	N/A	N/A	N/A		N/A	N/A		N/A
Incentive care office visits (Moda Plans only)	N/A	N/A	N/A		N/A	N/A		N/A
Virtual Care (Kaiser Plans) / CirrusMD telehealth (Moda Plans)	$0	Not Covered	$0 [1]		Not Covered	$0 after deductible		Not Covered
Specialist office visits	$30	Not Covered	$40 [1]		Not Covered	20% after deductible		Not Covered
Urgent care	$35	See Plan Handbook	$45 [1]		See Plan Handbook	20% after deductible		See Plan Handbook
Mental Health and Chemical Dependency Services								
Mental health office visits	$20	Not Covered	$30 [1]		Not Covered	20% after deductible		Not Covered
Mental health inpatient and residential services	$100 per day, up to $500 per admission max	Not Covered	20% after deductible		Not Covered	20% after deductible		Not Covered
Chemical dependency services (inpatient, outpatient or residential)	$0	Not Covered	$0 [1]		Not Covered	20% after deductible		Not Covered
Chemical dependency services (inpatient)	$0	Not Covered	$0 [1]		Not Covered	20% after deductible		Not Covered
Outpatient Services								
Outpatient surgery/facility care	$75	Not Covered	20% after deductible		Not Covered	20% after deductible		Not Covered
Outpatient rehabilitation (physical, occupational & speech therapy)	$30 per visit	Not Covered	$40 [1] per visit		Not Covered	20% after deductible		Not Covered
Diagnostic Testing								
Labs, x-ray, and imaging	$20 per visit	Not Covered	$30 [1] per service		Not Covered	20% after deductible		Not Covered
CT, MRI, PET scans	$20 per visit	Not Covered	$30 [1] per visit		Not Covered	20% after deductible		Not Covered
Alternative Care Services								
Acupuncture and Chiropractic[7]	$20 per service	Not Covered	$30 [1] per service		Not Covered	20% after deductible		Not Covered
Naturopathic Office Visits	$20 per service	Not Covered	$30 [1] per service		Not Covered	20% after deductible		Not Covered
Maternity Care								
Routine maternity care	$0	Not Covered	$0 [1]		Not Covered	$0 [1]		Not Covered
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	$100 per day, up to $500 per admission max	Not Covered	20% after deductible		Not Covered	20% after deductible		Not Covered
Hospital Services								
Inpatient care/surgery	$100 per day, up to $500 per admission max	See Plan Handbook	20% after deductible		See Plan Handbook	20% after deductible		See Plan Handbook
Skilled nursing facility care	$0	N/A	20% after deductible		N/A	20% after deductible		N/A

No lifetime maximum on any medical plans.	Medical Plan 1 Kaiser Permanente Network		Medical Plan 2B w/HRA Kaiser Permanente Network		Medical Plan 3 w/HRA Kaiser Permanente Network	
	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays
Additional Cost Tier						
Moda Plans Only: $100 Additional Cost Tier (ACT): specified imaging (MRI, CT, PET), spinal injections, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea, viscosupplementation, upper endoscopies, sleep studies, lumbar discographies	N/A	N/A	N/A	N/A	N/A	N/A
Moda Plans Only: $500 Additional Cost Tier (ACT): Spine surgery, knee & hip replacement[3], knee & shoulder arthroscopy, uncomplicated hernia repair	N/A	N/A	N/A	N/A	N/A	N/A
Emergency Services						
Emergency room (copay waived if admitted)	$100 per visit (waived if admitted)		20% after deductible		20% after deductible	
Ambulance	$75		$100 [1]		20% after deductible	
Other Covered Services						
Hearing aids: $4,000 maximum benefit every 48 months for adults, see handbook for State mandated benefit for children	10%	Not Covered	10% [1]	Not Covered	20% after deductible	Not Covered
Durable medical equipment (DME)	20%	Not Covered	20% [1]	Not Covered	20% after deductible	Not Covered
Pharmacy Services						
Out-of-pocket (OOP) maximum	$1,100 - Rx max also applies to Medical OOP		$1,100 - Rx max also applies to Medical OOP		Rx applies toward plan OOP max	
Retail						
Value	N/A	N/A	N/A	N/A	$0 [7]	N/A
Generic (Kaiser Plans) / Select generic (Moda Plans)	$5 per 30-day supply	See Plan Handbook	$5 per 30-day supply	See Plan Handbook	20% after deductible	See Plan Handbook
Preferred brand	$25 per 30-day supply	See Plan Handbook	$25 per 30-day supply	See Plan Handbook	20% after deductible	See Plan Handbook
Non-preferred brand[4]	$45 per 30-day supply if criteria met	See Plan Handbook	$45 per 30-day supply if criteria met	See Plan Handbook	20% after deductible	See Plan Handbook
Mail						
Value	N/A	N/A	N/A	N/A		
Generic (Kaiser plans) / Select generic (Moda Plans)	$10 per 90-day supply	See Plan Handbook	$10 per 90-day supply	See Plan Handbook	20% after deductible	See Plan Handbook
Preferred Brand	$50 per 90-day supply	See Plan Handbook	$50 per 90-day supply	See Plan Handbook	20% after deductible	See Plan Handbook
Non-preferred brand[4]	$90 per 90-day supply if criteria met	See Plan Handbook	$90 per 90-day supply if criteria met	See Plan Handbook	20% after deductible	See Plan Handbook
Specialty						
Generic (Moda Plans only)	N/A	N/A	N/A	N/A	N/A	N/A
Select generic (Kaiser plans) / Preferred brand (Moda Plans)	25% up to $100 per 30-day supply	See Plan Handbook	25% up to $100 per 30-day supply	See Plan Handbook	20% after deductible	See Plan Handbook
Non-preferred brand[4]	25% up to $100 per 30-day supply	See Plan Handbook	25% up to $100 per 30-day supply	See Plan Handbook	20% after deductible	See Plan Handbook

N/A – Not applicable
After ded – After deductible
1 Deductible waived.
2 Individual deductible and individual out of pocket maximum apply to single coverage only. Family deductible and family out of pocket maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member out-of- pocket max, which is set at the individual OOP amount. Under this plan, deductible must be met before benefits will be paid (except where [1] indicates deductible waived).
3 For Moda plans, OOP maximum includes medical deductible, medical copayments, coinsurance, ACT copayments and pharmacy expenses.
4 A formulary exception must be approved for non-preferred brand prescription medication.
5 To receive in-network coordinated care benefits, you must choose and use a PCP 360.
6 To receive in-network non-coordinated benefits, you must use Connexus providers.
7 For Kaiser plans, acupuncture care is limited to 12 visits per year and chiropractic is limited to 20 visits per year. For Moda plans, acupuncture care and spinal manipulation is limited to 12 combined visits per year. Office visits for acupuncture and chiropractors are subject to the specialist copay and coinsurances and not limited to the 12 combined visits per plan year.

This document is for comparison purposes only and is not intended to fully describe the benefits of each plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.
Please see Plan Handbook for details.