

**City of Stockton
2016/2017 Medical Benefits
HMO Plan - Actives Only**

This is only a summary of your benefits. For a detailed description of benefits, exclusions, and limitations, please refer to your Evidence of Coverage.

	Modified PPO Plan		Kaiser Permanente Deductible HMO	Kaiser Permanente HMO	Sutter Health Plus HMO
	In-Network	Out-of-Network	In-Network Only	In-Network Only	In-Network Only
Medical Plan Year Deductible					
Individual/Family	\$500 / \$1,500	\$1,500 / \$3,000	\$1,000 / \$2,000	\$0	\$0
Rx Plan Year Deductible	\$0	\$0	\$100 per member for Brand Name Rx only	\$100 per member for Brand Name Rx only	\$0
Out-of-Pocket Maximum					
Individual/Family	\$5,000 / \$10,000	None	\$3,000 / \$6,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Physician Services					
Office Visits (Primary and Specialist)	20%	50%	\$30 per visit (Deductible waived)	\$20 per visit	\$20 per visit
Adult/Child Wellcare	No Charge	50%	No Charge (Deductible waived)	No Charge	No Charge
Outpatient Therapy Benefits	20%	50%	\$30 per visit after Plan Deductible	\$20 per visit	No Charge for Outpatient Rehabilitation and Habilitation
Mental Health	20%	50%	\$30 per visit (Deductible waived)	\$20 per visit	\$20 per visit
Acupuncture	20%	50%	\$30 per visit (Deductible waived) (Referral Required)	\$15 per visit max 30 visits	\$20 per visit
Chiropractic	20% (Require precertification)	50% (Require precertification)	Not Covered		\$20 per visit
Hospital Services					
Inpatient	20% after \$75 per admit	50% after \$200 per admit	30% after Plan Deductible	\$250 per admit	\$250 per day max 3 days
Outpatient	20%	50%	30% after Plan Deductible	\$100 per procedure	\$120 per procedure
Emergency Room	20%	20%	30% after Plan Deductible	\$100 per visit Waived if admitted	\$100 per visit Waived if admitted
Testing and Imaging					
Most Laboratory and X-Ray	20%	50%	\$10 per encounter after Plan Deductible	\$10 per encounter	Lab: \$20 per visit X-rays: No Charge
MRI, most CT and PET scans	20%	50%	\$50 per encounter after Plan Deductible	\$50 per encounter	No Charge
Other					
Durable Medical Equipment (DME)	20%	50%	20% (Deductible waived)	20%	20%
Prescription Drugs Copay					
Retail					
Tier 1 (Generic)	\$10	Not Covered	\$10 (Rx Deductible waived)	\$10 (Rx Deductible waived)	\$10
Tier 2 (Brand Name Formulary)	\$35	Not Covered	\$30 after Rx Deductible	\$30 after Rx Deductible	\$30
Tier 3 (Brand Name Non-formulary)	50%	Not Covered	\$30 after Rx Deductible	\$30 after Rx Deductible	\$60
Supply Limit	30-day supply	N/A	100-day supply	30-day supply	30-day supply
Mail Order					
Tier 1 (Generic)	\$20	Not Covered	\$10 (Rx Deductible waived)	\$20 (Rx Deductible waived)	\$20
Tier 2 (Brand Name Formulary)	\$70	Not Covered	\$30 after Rx Deductible	\$60 after Rx Deductible	\$60
Tier 3 (Brand Name Non-formulary)	50%	Not Covered	\$30 after Rx Deductible	\$60 after Rx Deductible	\$120
Supply Limit	90-day supply	N/A	100-day supply	100-day supply	100-day supply