**City of Stockton**
**Medical Benefit**
**Plans -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 | $0 | $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** | | | | | |
| Generic | $10 | Not Covered | $10 (Rx Deductible waived) | $10 | $10 |
| Brand Name Formulary | $35 | Not Covered | $30 after Rx Deductible | $30 | $30 |
| Brand Name Non-formulary | 50% | Not Covered | $30 after Rx Deductible | $30 | $60 |
| Specialty | Appropriate copays as listed above | Not Covered | $30 after Rx Deductible (30-day supply) | 20% up to a $150 max | 20% up to a $100 max |
| Supply Limit | 30-day supply | N/A | 100-day supply | 30-day supply | 30-day supply |
| **Mail Order** | | | | | |
| Generic | $20 | Not Covered | $10 (Rx Deductible waived) | $20 | $20 |
| Brand Name Formulary | $70 | Not Covered | $30 after Rx Deductible | $60 | $60 |
| Brand Name Non-formulary | 50% | Not Covered | $30 after Rx Deductible | $60 | $120 |
| Supply Limit | 90-day supply | N/A | 100-day supply | 100-day supply | 100-day supply |