

San Mateo County Schools Insurance Group
Non-Kaiser Medical Plans Comparison effective January 1, 2021

Effective Date	1/1/2021	1/1/2021	1/1/2021	
Carrier Name	Sutter Health	UnitedHealthcare	United Healthcare	
Plan Type	HMO		PPO	
Plan Name	HMO \$20 copay Summit ML29 w/Acup and Chiro and Infertility	SignatureValue Advantage HMO 20/500A	PPO Modified Select Plus - 80/60	
General Plan Information	Sutter Health Network Only	No Sutter/No PAMF	PPO Providers	Non-Network Providers
Annual Deductible - Individual/Family	\$0	\$0	\$650/\$1,300	
Coinsurance	100%	100%	80%	60%
Office Visit/Exam	\$20 copay	\$20 copay	\$25 /\$35 copay	40% after deductible
Annual OOP - Individual/Family	\$1,500/\$3,000	\$2,500/\$5,000	\$4,000/\$8,000	\$7,000/\$14,000
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Outpatient Services				
Well-Child Care	No charge	No charge	No charge	40% after deductible
Adult Periodic Exam with Preventive Tests	No charge	No charge	No charge	40% after deductible
Pregnancy & Maternity Care (Pre-Natal Care)	No charge	No charge	No charge	40% after deductible
Diagnostic X-ray and Lab	Lab \$20 copay; X-Ray No Charge	No charge	No charge	Lab- Not Covered, X-Ray- 40% after deductible
Outpatient Rehab Therapy Services	\$20 copay	\$20 copay	\$25 copay	Not Covered for physical therapy, occupational therapy, and manipulative treatments. 40% after deductible for all other therapies
Outpatient Surgery	\$100 copay	\$100 copay	20% after deductible	40% after deductible, OON-Limits apply
Inpatient Hospital Services				
Semi-Private Room & Board; including services & supplies	\$250 copay per admission	\$500 copay per admission	20% after deductible	40% after deductible
Emergency Services				
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$250 copay per visit	\$250 copay per visit
Urgent Care	\$20 copay	\$20 copay	\$25 copay	40% after deductible
Mental Health & Substance Abuse Benefits				
Inpatient Care	\$250 copay per admission	\$500 copay per admission	20% after deductible	40% after deductible
Outpatient Care	\$20 copay	\$20 copay	\$25 copay	40% after deductible

Carrier Name	Sutter Health	UnitedHealthcare	United HealthCare	
Plan Type	HMO		PPO	
Plan Name	HMO \$20 copay Summit ML29 w/Acup and Chiro and Infertility	SignatureValue Advantage HMO 20/500A	PPO Modified Select Plus - 80/60	
Prescription Drug Benefits				
Prescription Drug Deductible	n/a	n/a	n/a	n/a
Generic	\$10 copay	\$10 copay	\$7 copay	\$7 copay
Brand (Formulary/Preferred)	\$30 copay	\$30 copay	\$20 copay	\$20 copay
Brand (Non-Formulary/Non-Preferred)	\$60 copay	\$50 copay	\$35 copay	\$35 copay
Specialty	20% coinsurance up to \$250	20% up to \$200 per Medication	Matches Retail In-Network	In-Network Only
Number of Days Supply	30 days	31 days	31 days	31 days
Mail Order				
Generic	\$20 copay	\$20 copay	\$0 copay	\$0 copay
Brand (Formulary/Preferred)	\$60 copay	\$60 copay	\$40 copay	\$40 copay
Brand (Non-Formulary/Non-Preferred)	\$120 copay	\$100 copay	\$70 copay	\$70 copay
Number of Days Supply for Mail Order	100 days	90 days	90 days	90 days
Other Services and Supplies				
Durable Medical Equipment	20% coinsurance	50% coinsurance	20% after deductible	Not available
Home Health Care	100% up to 100 visits/calendar year	\$20 copay up to 100 visits/calendar year	20% after deductible	40%, up to \$150 per visit after deductible
Chiropractic	\$15 copay up to 30 combined visits chiro/acup	\$10 copay up to 30 visits/year	\$25 copay up to 24 visits	Not Covered
Acupuncture Services	\$15 copay up to 30 combined visits chiro/acup	\$10 copay up to 30 visits/year	\$25 copay, benefit is 12 visits combined in and out of network	\$25 copay, benefit is 12 visits combined in and out of network
Infertility	50%	6 procedures per lifetime covered at 50%, excluding IVF	6 procedures per lifetime	6 procedures per lifetime
Total Medical Premium Rates	Effective January 1, 2021	Effective January 1, 2021	Effective January 1, 2021	
Employee	\$814	\$781	\$955	
Employee + 1	\$1,625	\$1,610	\$1,906	
Employee + Family	\$2,299	\$2,290	\$2,477	