# San Joaquin County

## 2027 Medical Plan Comparison - Non-Medicare Retiree

| | CMCP Plan (Non-Medicare) | | SHP HMO Plan (Non-Medicare) | Kaiser CA HMO - High Option (Non-Medicare) | Kaiser NW HMO (Non-Medicare) |
|---|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network Benefits Only | In-Network Benefits Only | In-Network Benefits Only |
| **Deductibles** | None | $100 / person; 3 per family max (Medical only) | None | None | None |
| **Out-of-Pocket Maximum** | Medical: $1,000 per person / $2,500 per family<br>Prescription Drugs: None | Medical: $3,000 per person<br>Prescription Drugs: None | $1,500 per person<br>$3,000 per family | $1,500 per person<br>$3,000 per family | $1,000 per person<br>$2,000 per family |
| | | | | | |
| **Acupuncture** & **Chiropractic** (up to 20 total visits per year combined, if plan choice covers the benefit) | Chiropractic only: Plan pays $25 per visit | Chiropractic only: Plan pays $25 per visit *only if no PPO provider available | $15 copay per visit with a maximum of 20 visits annually | $15 visits to 20 unshared visits; $0 appliance /calendar year | $15 visits to 20 unshared visits; $0 appliance /calendar year |
| **Ambulance** | 10% | 20% | No charge | $50 per trip | $75 per transport |
| **Doctor Visits**<br>Specialists<br>Allergy testing or treatment | PCP: $15/visit<br>Specialist: $15/visit | 20% | $10 copay per visit | $20 copay per visit | PCP: $5 for first 3 visits; then $20 for additional visits in the same Year **<br>Specialist: $30/visit; |
| **Durable Medical Equipment** | 50% - least expensive of purchase, rental or repair | 50% - least expensive of purchase, rental or repair | No charge | No charge | 20% |
| **Emergency Room** (hospital facility charge waived if admitted) | $30 SJGH/$40, waived if admitted | $40, waived if admitted | $50 per visit | $50 per visit | $250 (waived if admitted) |
| **Home Health Care** | 10%<br>Physician Home Visit: $15 copay<br>Medical supplies, drugs and lab: 10% | 20% | No charge, up to 100 visits per calendar year | No charge (up to 100 visits per Accumulation Period) | $0 (up to 130 visits per year) |
| **Hospice** | Inpatient/Outpatient: 10%<br>Family Bereavement Counseling: Not Covered | Inpatient/Outpatient: 20% Family Bereavement Counseling: Not Covered | No charge | No charge | $0(5 Days of Respite care per month) |
| **Hospital** Inpatient or **Intensive Care Unit** (ICU) | $100 per admission (waived at SJGH), 10%* | 20% | No charge | $100 per admission | $100 per day up to $500 per admission |
| **Hospital Outpatient Surgery** | 10%* | 15% | $10 copay | $20 per procedure | $50 |
| **Laboratory Services** | 10%* | 20% | No charge | No charge | $20 per department visit |
| **Preventive Care Services** (Affordable Care Act requirement) | $15 per visit | 20% | No charge | No charge | No charge |
| **Rehabilitation Therapy** (physical, speech, and occupational) | $15 per visit - 60 visits max per year for all | 20% *only if no PPO provider available - 60 visits max per year for all | $10 copay per visit | $20 per visit | $30 (up to 20 visits per therapy per Year) |
| **Urgent Care** | $20 | $20 plus 10% of remaining allowable charge | $10 copay per visit | $20 per visit | $40 |
| **X-Rays** | 10%* | 20% | No charge | No charge | $20 per department visit |

# San Joaquin County

## 2027 Medical Plan Comparison - Non-Medicare Retiree

| | CMCP Plan (Non-Medicare) | | SHP HMO Plan (Non-Medicare) | Kaiser CA HMO - High Option (Non-Medicare) | Kaiser NW HMO (Non-Medicare) |
|---|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network Benefits Only | In-Network Benefits Only | In-Network Benefits Only |
| **State Mandated Infertility Benefits** | Not Covered | Not Covered | Covered | Covered | Covered |
| **State Mandated Weight Loss Coverage** | Not Covered | Not Covered | Covered | Covered | Covered |
| **Hearing Aid** | Not Covered | Not Covered | Not Covered | $1,000 allow/device; 1 device/ear 2 device(s) 36 months | $1,000 allow/device; 1 device/ear 2 device(s) 36 months |
| | | | | | |
| **Prescription Drugs** | **Retail: Up to 30 day supply** | | **Retail: Up to 30 day supply** | **Retail and Mail order: Up to 100 day supply** | **Retail: Up to 30 day supply** |
| Generic | $10 | $7 plus 20% of charges in excess of $35 | $10 | $10 | $10 |
| Preferred | $20 | $7 plus 20% of charges in excess of $35 | $20 | $20 | $20 |
| Non-preferred | $35 | $7 plus 20% of charges in excess of $35 | $40 | $20 | $40 |
| Specialty drugs | CVS/Caremark required | Not Covered | $40 | $20 (Up to 30 day supply only) | $40 |
| **Prescription Drugs** | **Mail order: Up to 90 day supply** | | **Mail order: Up to 100 day supply** | **Retail and Mail order: Up to 100 day supply** | **Mail order: Up to 90 day supply** |
| Generic | $20 | Not Covered | $20 | $10 | $20 |
| Preferred | $40 | Not Covered | $40 | $20 | $40 |
| Non-preferred | $70 | Not Covered | $80 | $20 | $80 |
| Specialty drugs | CVS/Caremark required; Applies the same Copays that are shown above. | Not Covered | Not Available | $20 (Up to 30 day supply only) | $40 (Up to 30 day supply only) |

Note: The information contained in this summary is intended as an overview of benefits. In the event of any discrepancy between this summary and the Evidence of Coverage (EOC) or other plan documents, the official plan documents will govern.

* The 10% coinsurance is waived when services are received at SJC Health Care Services facilities.

** First 3 visits (or days) are any combination of in-person or telemedicine Services for primary care non-specialty medical Services, behavioral health outpatient Services, naturopathic medicine, or Substance Use Disorder outpatient Services.

*This document has been prepared for the exclusive use and benefit of the San Joaquin County, based upon information provided by you and your other service providers or otherwise made available to Segal at the time this document was created. Segal makes no representation or warranty as to the accuracy of any forward-looking statements and does not guarantee any particular outcome or result. Except as required by law or required for the Client's proper administration, this document should not be copied, reproduced, or shared with other parties without Segal's consent and, in such instances, should only be shared in its entirety. This document does not constitute legal, tax or investment advice or create or imply a fiduciary relationship. You are encouraged to discuss any issues raised with your legal, tax and other advisors before taking, or refraining from taking, any action.*

# San Joaquin County

## 2027 Medical Plan Comparison - Medicare Retiree

| | CMCP Plan (Medicare) | | Anthem PPO (Medicare) | | Kaiser CA Senior Advantage - High Option (Medicare) | Kaiser CA Senior Advantage - Low Option (Medicare) | Kaiser NW Senior Advantage (Medicare) |
|---|---|---|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network Benefits Only | In-Network Benefits Only | In-Network Benefits Only |
| **Deductibles** | $0 | $100 / person; 3 per family max (Medical only) | None | None | None | None | None |
| **Out-of-Pocket Maximum** | Medical: $1,000 per person / $2,500 per family Prescription Drugs: None | Medical: $3,000 per person Prescription Drugs: None | None | None | $1,000 per person (Medical only) | $1,000 per person (Medical only) | $1,000 per person |
| | | | | | | | |
| **Acupuncture** & **Chiropractic** (up to 20 total visits per year combined, if plan choice covers the benefit) | Chiropractic only: Plan pays $25 per visit | Chiropractic only: Plan pays $25 per visit *only if no PPO provider available | No charge | No charge | $15 visits to 20 unshared visits; $0 appliance /calendar year | $15 visits to 20 unshared visits; $0 appliance /calendar year | Not covered |
| **Ambulance** | 10% | 20% | No charge per one-way trip for ambulance services | No charge per one-way trip for ambulance services | $100 per trip | $150 per trip | $75 per transport |
| **Doctor Visits** Specialists Allergy testing or treatment | PCP: $15/visit Specialist: $15/visit | 20% | No charge | No charge | $20 copay per visit | $25 copay per visit | PCP: $15 Specialist: $20/visit; |
| **Durable Medical Equipment** | 50% - least expensive of purchase, rental or repair | 50% - least expensive of purchase, rental or repair | No charge | No charge | No charge | 20% | 20% |
| **Emergency Room** (hospital facility charge waived if admitted) | $30 SJGH/$40, waived if admitted | $40, waived if admitted | No charge | No charge | $50 per visit | $50 per visit | $50 |
| **Home Health Care** | 10% Physician Home Visit: $15 copay Medical supplies, drugs and lab: 10% | 20% | No charge | No charge | No charge | No charge | No charge |
| **Hospice** | Inpatient/Outpatient: 10% Family Bereavement Counseling: Not Covered | Inpatient/Outpatient: 20% Family Bereavement Counseling: Not Covered | No charge for the one time only consultation1 visit per lifetime | No charge for the one time only consultation1 visit per lifetime | No charge | No charge | No charge |
| **Hospital** Inpatient or **Intensive Care Unit** (ICU) | $100 per admission (waived at SJGH), 10%* | 20% | No charge | No charge | $100 per admission | $100 per day | $200 per admission |
| **Hospital Outpatient Surgery** | 10%* | 15% | No charge | No charge | $20 per procedure | $150 per procedure | $100 |
| **Laboratory Services** | 10%* | 20% | No charge | No charge | No charge | No charge | No charge |

# San Joaquin County

## 2027 Medical Plan Comparison - Medicare Retiree

| | CMCP Plan (Medicare) | | Anthem PPO (Medicare) | | Kaiser CA Senior Advantage - High Option (Medicare) | Kaiser CA Senior Advantage - Low Option (Medicare) | Kaiser NW Senior Advantage (Medicare) |
|---|---|---|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network Benefits Only | In-Network Benefits Only | In-Network Benefits Only |
| **Preventive Care Services** (Affordable Care Act requirement) | $15 per visit | 20% | No charge | No charge | No charge | No charge | No charge |
| **Rehabilitation Therapy** (physical, speech, and occupational) | $15 per visit - 60 visits max per year for all | 20% *only if no PPO provider available - 60 visits max per year for all | No charge | No charge | $20 per visit | $25 copay per visit | $20 |
| **Urgent Care** | $20 | $20 plus 10% of remaining allowable charge | No charge | No charge | $20 per visit | $25 copay per visit | $20 |
| **X-Rays** | 10%* | 20% | No charge | No charge | No charge | No charge | No charge |
| **State Mandated Infertility Benefits** | Not Covered | Not Covered | Covered | Covered | Covered | Covered | Covered |
| **State Mandated Weight Loss Coverage** | Not Covered | Not Covered | Covered | Covered | Covered | Covered | Covered |
| **Hearing Aid** | Not Covered | Not Covered | $0 copay for hearing aids; $500 benefit per ear with a $1,000 maximum benefit every three calendar years | $0 copay for hearing aids through TruHearing; $500 benefit per ear with a $1,000 maximum benefit every three calendar years | $1,000 per ear every 3 years | $1,000 per ear every 3 years | Not covered |

# San Joaquin County

## 2027 Medical Plan Comparison - Medicare Retiree

| | CMCP Plan (Medicare) | | Anthem PPO (Medicare) | | Kaiser CA Senior Advantage - High Option (Medicare) | Kaiser CA Senior Advantage - Low Option (Medicare) | Kaiser NW Senior Advantage (Medicare) |
|---|---|---|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network Benefits Only | In-Network Benefits Only | In-Network Benefits Only |
| **Prescription Drugs** | **After you have paid $2,400 out-of-pocket for Part D covered drugs in a calendar year, you pay nothing for the remainder of the year.** | | **After you have paid $2,400 out-of-pocket for Part D covered drugs in a calendar year, you pay nothing for the remainder of the year.** | | **This plan covers Medicare Part D prescription drugs in accord with our Part D formulary. Initial coverage stage- until you have spent $2,400 in 2027. (if you spend $2,400, you move to the catastrophic coverage stage)** | | **After you have paid $2,400 out-of-pocket for Part D covered drugs in a calendar year, you pay nothing for the remainder of the year.** |
| **Retail: Up to 30 day supply** | **In-Network** | **Out of Network** | **Retail: (Up to 30 day supply) & Mail order: (Up to 90 day supply)** | | **Retail and Mail order: Up to 100 day supply:** | **Retail or Mail order up to 30 day supply:** | **Retail up to 30 day supply (Mail order up to a 31-60 day supply):** |
| Generic | $5 | $5 | $10 generic ($0 Select Generics) | | $10 | $10 | $10 |
| Preferred | $20** | $20** | $20 | | $20 | $25 | $20 |
| Non-preferred | $35 | $35 | $20 | | $20 | $25 | $20 |
| Specialty drugs | $35 | $35 | $20 | | $20 (Up to 30 day supply only) | $25 | $20 (Up to 30 day supply only) |
| **Mail order: Up to 100 day supply** | **In-Network** | **Out of Network** | **Retail: Up to 90 day supply** | | **Retail and Mail order: Up to 100 day supply:** | **Retail up to 31- 60 (up to 100 for Mail order) day supply:** | **Retail up to 30 day supply (Mail order up to a 31-60 day supply):** |
| Generic | $10 | Not available | $30 generic ($0 Select Generics) | | $10 | $20 | $10 |
| Preferred | $40 | Not available | $60 | | $20 | $50 | $20 |
| Non-preferred | $70 | Not available | $60 | | $20 | $50 | $20 |
| Specialty drugs | $35 (30-day supply only) | Not available | $60 | | $20 (Up to 30 day supply only) | $50 | $20 (Up to 30 day supply only) |

Note: The information contained in this summary is intended as an overview of benefits. In the event of any discrepancy between this summary and the Evidence of Coverage (EOC) or other plan documents, the official plan documents will govern.

* The 10% coinsurance is waived when services are received at SJC Health Care Services facilities.

** Covered Insulins ONLY - Member won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if member hasn't paid their deductible.

*This document has been prepared for the exclusive use and benefit of the San Joaquin County, based upon information provided by you and your other service providers or otherwise made available to Segal at the time this document was created. Segal makes no representation or warranty as to the accuracy of any forward-looking statements and does not guarantee any particular outcome or result. Except as required by law or required for the Client's proper administration, this document should not be copied, reproduced, or shared with other parties without Segal's consent and, in such instances, should only be shared in its entirety. This document does not constitute legal, tax or investment advice or create or imply a fiduciary relationship. You are encouraged to discuss any issues raised with your legal, tax and other advisors before taking, or refraining from taking, any action.*