

Fresno Unified School District | Comparison Of Medical Benefits



	AETNA 2026 Commercial PPO Plan A ⁽¹⁾ Member Pays		AETNA 2026 Commercial PPO Plan B ⁽¹⁾ Member Pays		AETNA 2026 Medicare Advantage PPO Plan Member Pays		Kaiser Permanente 2026 Senior Advantage HMO Plan Member Pays
	In-Network	Out-of-Network ⁽²⁾	In-Network	Out-of-Network ⁽²⁾	In-Network	Out-of-Network	In-Network Only
Medical Benefit Highlights							
	Medical Only	Medical + MHSA	Medical Only	Medical + MHSA			
Annual Deductible	\$250/individual ⁽⁵⁾ \$500/family	\$750/individual \$1,500/family	\$1,000/individual ⁽⁵⁾ \$2,000/family	\$3,000/individual \$6,000/family	\$0		\$0
	Medical + MHSA	Medical + MHSA	Medical + MHSA	Medical + MHSA			
Annual Out-of-Pocket Maximum	\$2,100/individual \$4,200/family	\$10,000/individual \$20,000/family	\$5,700/individual \$11,400/family	\$12,000/individual \$24,000/family	\$0		\$1,000 per member per calendar year
Outpatient Services							
Office Visit - PCP/Specialist	\$15 Copay	40%	\$25 Copay + 20%	50%	\$0		\$15 Copay per visit
Covered Preventive Health Care	No Charge Deductible waived	Not Covered	No Charge Deductible waived	Not Covered	\$0		\$0
Outpatient Surgery	No Charge ⁽¹⁾	Not Covered	20% ⁽¹⁾	Not Covered	\$0*		\$50 Copay per procedure
Emergency Room	\$100 Copay Copay waived if admitted		\$100 Copay + 20% Copay waived if admitted		\$0		\$50 Copay per visit
Ambulance	Covered 100% (Air Ambulance) ⁽¹⁾ \$100 Copay (Ground Ambulance) Deductible waived		Covered 100% (Air Ambulance) ⁽¹⁾ \$100 Copay + 20% (Ground Ambulance) Deductible waived		\$0**		\$100 Copay per trip
Urgent Care	\$35 Copay	\$35 Copay + 40%	\$35 Copay + 20%	\$35 Copay + 50%	\$0		\$15 Copay per visit
Rehabilitation Services <i>Speech, physical & occupational therapy</i>	No Charge ⁽¹⁾	40% ⁽¹⁾	20% ⁽¹⁾	50% ⁽¹⁾	\$0*		\$15 Copay per visit
Diagnostic Procedures							
Diagnostic Radiology <i>MRI/CT scans</i>	No Charge	40%	20%	50%	\$0*		\$0
Diagnostic testing (X-ray, blood work)	No Charge	40%	20%	50%	\$0*		\$0
Inpatient Services							
Inpatient Hospital Care	No Charge ⁽¹⁾	40% ⁽¹⁾	20% ⁽¹⁾	50% ⁽¹⁾	\$0 per stay*		\$500 Copay per admission
Skilled Nursing Facility	No Charge ⁽¹⁾	40% ⁽¹⁾	20% ⁽¹⁾	50% ⁽¹⁾	\$0 copay per day*; days 1-100		\$0 copay per day; days 1-100
	Maximum of 120 days per year		Maximum of 120 days per year		Limited to 100 days per Medicare Benefit Period		Limited to 100 days per benefit period
Home Health Care	No Charge	40%	20%	50%	\$0*		\$0
Hospice Care	No Charge		No Charge		Covered by Original Medicare at a Medicare certified hospice		\$0 Covered by Original Medicare (Part A)

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In-Network		Out-of-Network ⁽²⁾		In-Network		Out-of-Network ⁽²⁾		In-Network	Out-of-Network	In-Network Only		
Medical Benefit Highlights												
Mental Health/Substance Abuse Services	SimpleBehavioral ⁽¹⁾				SimpleBehavioral ⁽¹⁾							
	In-Network		Out-of-Network ⁽²⁾		In-Network		Out-of-Network ⁽²⁾					
Inpatient Mental Health Services	Covered 100% as certified medically necessary Deductible waived		40%		Covered 100% as certified medically necessary Deductible waived		50%		\$0 per stay*		\$500 Copay per inpatient psychiatric hospital admission	
	Inpatient, partial & day treatment Unlimited visits/calendar year/member				Inpatient, partial & day treatment Unlimited visits/calendar year/member							
Outpatient Mental Health Services	\$10 Copay per visit Deductible waived		40%		\$10 Copay per visit Deductible waived		50%		\$0*		\$15 Copay per individual visit; \$7 Copay per group visit	
	Unlimited visits/calendar year/member				Unlimited visits/calendar year/member							
Inpatient Substance Abuse Services	All levels of substance abuse covered 100% Deductible waived		40%		All levels of substance abuse covered 100% Deductible waived		50%		\$0 per stay*		\$500 Copay per inpatient detoxification admission	
Outpatient Substance Abuse Services									\$0*		\$15 Copay per individual visit; \$5 Copay per group visit	
Chiropractic Services	SimpleMSK				SimpleMSK							
	In-Network		Out-of-Network ⁽²⁾		In-Network		Out-of-Network ⁽²⁾					
Chiropractic Services	\$5 Copay then 100% of SimpleMSK contract rate; Deductible waived		40% After \$100 Chiro Deductible Outside 100 miles of Fresno only; Referral must be given by a Physician & pre-certified by SimpleMSK		\$5 Copay then 100% of SimpleMSK contract rate; Deductible waived		50% After \$100 Chiro Deductible Outside 100 miles of Fresno only; Referral must be given by a Physician & pre-certified by SimpleMSK		\$0* Medicare covered benefits only ⁽³⁾ \$0 Enhanced Chiropractic Services not covered by original Medicare		\$15 Copay per visit Only for manipulation of the spine to correct subluxation in accordance with Medicare guidelines	
Chiropractic Diagnostic X-ray Benefit	100% UCR after deductible Limited to \$100 per Benefit Calendar Year				100% UCR after deductible Limited to \$100 per Benefit Calendar Year				\$0		\$0	
Chiropractic Visits	Up to 28 visits per calendar year For treatment exceeding 12 visits per calendar year, chiropractor must submit a "twelve visit review" and SimpleMSK must pre-certify additional visits for the remainder of the calendar year				Up to 28 visits per calendar year For treatment exceeding 12 visits per calendar year, chiropractor must submit a "twelve visit review" and SimpleMSK must pre-certify additional visits for the remainder of the calendar year				Up to 28 visits per year		Unlimited for manipulation of the spine to correct subluxation in accordance with Medicare guidelines	
Acupuncture Services	SimpleMSK				SimpleMSK							
	In-Network		Out-of-Network ⁽²⁾		In-Network		Out-of-Network ⁽²⁾					
Acupuncture Services	\$20 Copay Deductible waived		Up to \$20 reimbursement Deductible waived		\$20 Copay Deductible waived		Up to \$20 reimbursement Deductible waived		\$0 In lieu of anesthesia and for treatment of chronic back pain \$0 Medicare-covered Acupuncture		\$15 Copay per visit Only for treatment of chronic low back pain in accordance with Medicare guidelines or treatment of nausea or as part of comprehensive pain management program for the treatment of chronic pain	
Acupuncture Visits	Up to 20 visits per calendar year				Up to 20 visits per calendar year				Up to 20 visits ⁽⁴⁾		12 visits for chronic back pain with an additional 8 visits for patients demonstrating improvement; No more than 20 annually	

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	In-Network	Out-of- Network ⁽²⁾	In-Network	Out-of- Network ⁽²⁾	In-Network	Out-of- Network	In-Network Only
Medical Benefit Highlights							
Hearing Services							
Routine Hearing Exam	Not Covered		Not Covered		\$0 Routine Hearing Screening One exam covered every 12 months \$0 Medicare-covered Hearing Examination		\$15 Copay per visit
Hearing Aids	Not Covered		Not Covered		\$1,000 Hearing Aid Reimbursement Once every 36 months		Not Covered
Dental Services							
Medicare Covered Dental Non-routine care covered by Medicare	Not Covered		Not Covered		\$0*		\$15 Copay per visit Limited to dental services required as part of other Medicare-covered medical treatments
Vision Services							
Routine Eye Exams	Not Covered		Not Covered		\$0 Routine Eye Exams One annual exam every 12 months \$0 Medicare-covered Eye Exam		\$0
Eyewear	Not Covered		Not Covered		\$100 Vision Eyewear Reimbursement Once every 12 months		Amount in excess of \$150 Allowance for Eyeglasses or Contact Lenses Once every 24 months
Medicare Covered Glasses/ Contact following Cataract Surgery	Not Covered		Not Covered		\$0		\$0
Diabetic Eye Exams	\$15 Copay	40%	\$25 Copay +20%	50%	\$0		\$0

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In-Network		Out-of- Network ⁽²⁾	In-Network	Out-of- Network ⁽²⁾	In-Network	Out-of- Network	In-Network Only
Medical Benefit Highlights							
Additional Services							
Telemedicine Services	\$0 with Teladoc Provider Deductible waived		\$0 with Teladoc Provider Deductible waived		\$0 Teladoc Provider/Telehealth State mandates may apply		\$0
Routine Transportation	Covered 100% after \$100 deductible Only covered if authorized by Aetna as medically necessary		Covered 80% after \$100 deductible Only covered if authorized by Aetna as medically necessary		\$0 Non-Emergency Transportation 24 one-way trips with 60 miles allowed per trip		\$0 Other Transportation Services 24 one-way trips with 50 miles allowed per trip
Cardiac Rehabilitation Services	No Charge ⁽¹⁾	40% ⁽¹⁾	20% ⁽¹⁾	50% ⁽¹⁾	\$0		\$15 Copay per day
Pulmonary Rehabilitation Services	No Charge ⁽¹⁾	40% ⁽¹⁾	20% ⁽¹⁾	50% ⁽¹⁾	\$0		\$15 Copay per day
Durable Medical Equipment	No Charge ⁽¹⁾	40% ⁽¹⁾	20% ⁽¹⁾	50% ⁽¹⁾	\$0*		20% Coinsurance
Prosthetic Devices	No Charge	40%	20%	50%	\$0*		20% Coinsurance
Podiatry Services	No Charge	40%	20%	50%	\$0 for Medicare-covered benefits only		\$15 Copay per day
	Routine foot care is not covered		Routine foot care is not covered				
Diabetic Supplies	Payable under services rendered for diagnosed diabetes		Payable under services rendered for diagnosed diabetes		\$0* Includes supplies to monitor your blood glucose from LifeScan		20% Coinsurance
Outpatient Dialysis Treatments	No Charge	40%	20%	50%	\$0*		\$0
Radiation Therapy	No Charge	40%	20%	50%	\$0*		\$0
Allergy Shots	No Charge	40%	20%	50%	\$0		\$3 Copay per visit
Allergy Testing	No Charge	40%	20%	50%	\$0		\$15 Copay per visit

This exhibit is for illustrative purposes only. Any discrepancies, the Plan Document will govern over this exhibit.

⁽¹⁾The Aetna PPO Plans require pre-authorization for certain services, including outpatient rehabilitation therapy, inpatient services, outpatient surgery, and transportation by fixed-winged aircraft. Mental health and substance abuse services through Simple Behavioral also require pre-authorization.

⁽²⁾Member pays copay and/or coinsurance and is subject to Usual, Customary & Reasonable rate where applicable.

⁽³⁾Chiropractic Services (Medicare covered benefits only) may require a prior authorization. Federal Medicare covers manual manipulation of the spine by a chiropractor or other qualified provider to correct a vertebral subluxation (when the spinal joints fail to move properly, but the contact between the joints remains intact).

⁽⁴⁾Federal Medicare covers up to 12 acupuncture visits in 90 days for chronic low back pain. Medicare will cover an additional 8 visits if improvement is shown. Maximum is 20 treatments in 12 months.

⁽⁵⁾Deductible does not apply for dual covered members.

*Benefit that may require prior authorization

**Prior authorization rules may apply for non-emergency transportation services received in-network. Your network provider is responsible for requesting prior authorization. Our plan recommends pre-authorization of non-emergency transportation services when provided by an out-of-network provider.

Benefit Highlights Preventive Services	AETNA Medicare Advantage PPO Plan		KAISER Senior Advantage HMO Plan
	In-Network	Out-of-Network	In-Network Only
Medicare-covered Preventive Services			
Abdominal aortic aneurysm screenings	\$0		\$0
Alcohol misuse screenings and counseling	\$0		\$0
Annual Well Visit - One exam every 12 months	\$0		\$0
Bone Mass Measurements	\$0		\$0
Breast exams	\$0		\$0
Breast cancer screening - per schedule	\$0		\$0
Cardiovascular behavior therapy	\$0		\$0
Cardiovascular disease screenings	\$0		\$0
Cervical and vaginal cancer screenings - per schedule	\$0		\$0
Colorectal cancer screenings	\$0		\$0
Depression screenings	\$0		\$0
Diabetes screenings	\$0		\$0
HBV infection screening	\$0		\$0
Hepatitis C screening tests	\$0		\$0
HIV screenings	\$0		\$0
Lung cancer screenings and counseling	\$0		\$0
Medicare Diabetes Prevention Program 12 months of core session for program eligible members with an indication of pre-diabetes	\$0		\$0
Nutrition therapy services	\$0		\$0
Obesity behavior therapy	\$0		\$0
Pelvic exams & pap test (screening) - per schedule	\$0		\$0
Prolonged preventive services	\$0		\$0
Prostate cancer screenings (PSA) - per schedule	\$0		\$0

**Benefit Highlights
Preventive Services**

**AETNA
Medicare Advantage PPO Plan**

**KAISER
Senior Advantage HMO Plan**

In-Network

Out-of-Network

In-Network Only

Medicare-covered Preventive Services

STD screenings and counseling	\$0	\$0
Tobacco use cessation counseling	\$0	\$0
Welcome to Medicare preventive visit	\$0	\$0

Immunizations

Flu/Hepatitis B/Pneumococcal	\$0	\$0
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Additional Medicare Preventive Services

Diabetes self-management training	\$0	\$0
Digital rectal exam	\$0	\$0
EKG following welcome exam	\$0	\$0
Glaucoma screening	\$0	\$0