Fresno Unified School District | Comparison Of Medical Benefits

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	AETNA 2027 Commercial PPO Plan A[1] *Member Pays*		AETNA 2027 Commercial PPO Plan B[1] *Member Pays*		AETNA 2027 Medicare Advantage PPO Plan *Member Pays*		Kaiser Permanente 2027 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	$150 Copay Copay waived if admitted		$150 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 *Speech, physical & occupational therapy*	No Charge[1]	40%[1]	20%[1]	50%[1]	$0*		$15 Copay per visit
Diagnostic Procedures							
Diagnostic Radiology *MRI/CT scans*	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)

	AETNA 2027 Commercial PPO Plan A[1] *Member Pays*		AETNA 2027 Commercial PPO Plan B[1] *Member Pays*		AETNA 2027 Medicare Advantage PPO Plan *Member Pays*		Kaiser Permanente 2027 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							
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

Fresno Unified School District | Comparison of Rx Benefits

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	AETNA 2027 Commercial PPO Plan A[1] *Member Pays*	AETNA 2027 Commercial PPO Plan B[1] *Member Pays*	AETNA 2027 Medicare Advantage PPO Plan *Member Pays*	Kaiser Permanente 2027 Senior Advantage HMO Plan *Member Pays*
In-Network*				
Prescription Drug Benefit Highlights	**Aetna Medicare Rx offered by SilverScript**			**Kaiser Permanente**
Annual Deductible - Rx	$0			$0
Annual Out-of-Pocket Maximum - Rx	$400			N/A
Initial Coverage Stage - Retail Rx	**30-Day Supply Standard Retail**			**Up to 100-Day Supply**
Tier 1	Preferred Generic: $0 Copay			Generic Drugs: $10 Copay
Tier 2	Generic: $10 Copay Aetna Preferred Retail pharmacies have $9 Copay for Tier 2 Generic drugs			
Tier 3	Preferred Brand: $35 Copay			Brand-Name/Specialty Drugs: $35 Copay
Tier 4	Non-Preferred Brand: $50 Copay			
Tier 5	Specialty: $50 Copay			
Catastrophic Coverage Stage	**See the out-of-pocket maximum information above for Aetna's supplemental benefit coverage.**			**You will pay $0 once your total drug costs reach $2,400 (for 2027)**

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

**You must use network pharmacies to receive plan benefits, except in limited, non-routine circumstances, as defined in the EOC. In these situations, you are limited to a 30-day supply.*

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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 Non-emergency medical transportation following hospitalization/facility discharge: $0, requires provider referral
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 Routine foot care is not covered	40%	20% Routine foot care is not covered	50%	$0 for Medicare-covered benefits only		$15 Copay per day
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

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[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.

If you are a retiree eligible for Medicare, then Medicare will serve as your primary option for coverage. Commercial PPO Plans A and B will be available to then act as secondary coverage, helping cover additional eligible healthcare costs after Medicare pays its portion.

In the case of the Medicare Advantage and Kaiser Senior Advantage plans, the plan functions as both your primary and secondary coverage.

[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 sublaxation (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.

Fresno Unified School District | Medicare-covered Preventive Services

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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
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