

Santa Monica College
Comparison of PERSCare and PERS Choice for SMCA-SMCCD Art. 10.2

Non-Medicare Coverage
2017 Plan Year

Deductibles Copayment/Coinsurance	PERSCare Member Pays		PERSChoice Member Pays	
Calendar Year Deductibles	\$500	Member	\$500	Member
	\$1,000	Family	\$1,000	Family
Maximum Calendar Year Copayment/Coinsurance Responsibility	\$2,000	Member	\$3,000	Member
	\$4,000	Family	\$6,000	Family
Hospital Admission Deductible	\$250 Per admission		No Charge	
Emergency Room Deductible	\$50 Per visit		\$50 Per visit	

For 2017, the following categories **ARE eligible for reimbursement** per 10.2.1 of the District-FA Agreement:

Check Box for each type of reimbursement applied	Benefits	PERSCare Member Pays			PERS Choice Member Pays			Eligible for Reimbursement (Based on PPO charges)
		PPO	Non-PPO	Comments	PPO	Non-PPO	Comments	
<input type="checkbox"/>	Home Health Care	10%	40%	Skilled care, NOT custodial care, up to 100 visits per calendar year.	20%	40%	Skilled care, NOT custodial care, up to 45 visits per calendar year.	46-100 visits 90%
<input type="checkbox"/>	Occupational Therapy	10%	10%	No Limit on Visits	20%	20%	Limited to a combined total of 24 visits per calendar year for physical and occupational therapy	25+ visits 90%
<input type="checkbox"/>	Physical Therapy	10%	40%	No Limit on Visits	20%	40%	Limited to a combined total of 24 visits per calendar year for physical and occupational therapy	25+ visits 90%
<input type="checkbox"/>	Skilled Nursing Care and Rehabilitation Care Medically necessary skilled care, NOT custodial care, in a skilled nursing facility.			Up to 180 days per calendar year.			Up to 100 days per calendar year.	Days 101-180 80%
		10%	40%	Days 1-10	20%	40%	Days 1-10	
		20%	40%	Days 11-180	30%	40%	Days 11-100	

Santa Monica College
Comparison of PERSCare and PERS Choice for SMCA-SMCCD Art. 10.2

Non-Medicare Coverage
2017 Plan Year

For 2017, the following categories are **NOT REIMBURSABLE** per 10.2.1 of the District-FA agreement (informational purposes only):

Benefits	PERSCare Member Pays			PERS Choice Member Pays		
	PPO	Non-PPO	Comments	PPO	Non-PPO	Comments
Ambulance	10%	10%	Air and ground ambulance services	20%	20%	Air and ground ambulance services
Ambulatory Surgery Center (Services in connection with outpatient surgery)	10%	40%	Maximum plan payment \$350 applies to facility charges from a non-PPO provider	20%	40%	Maximum plan payment \$350 applies to facility charges from a non-PPO provider
Arthroscopy Services	10%	40%	Maximum plan payment of \$6000 applies to Outpatient Hospital Setting	20%	40%	Maximum plan payment of \$6000 applies to Outpatient Hospital Setting
Bariatric Surgery	10%	10%	For non-California residents an additional \$250 copay applies-see Plan Guide	20%	20%	For non-California residents an additional \$250 copay applies-see Plan Guide
Cardiac Care	10%	40%	Hospital & professional services provided in connection with cardiac care	20%	40%	Hospital & professional services provided in connection with cardiac care
Cataract Surgery	10%	40%	Maximum plan payment of \$2000 applies to Outpatient Hospital Setting	20%	40%	Maximum plan payment of \$2000 applies to Outpatient Hospital Setting
Chiropractic & Acupuncture	\$15	40%	Max 20 visits per calendar year for any combination of chiropractic/acupuncture	\$15	40%	Max 20 visits per calendar year for any combination of chiropractic/acupuncture
Christian Science Treatment	10%	10%	Outpatient treatment for a covered illness or injury when services are provided by Christian Science nurse, Christian Science nursing facility, or Christian practitioner.	20%	20%	Outpatient treatment for a covered illness or injury when services are provided by Christian Science nurse, Christian Science nursing facility, or Christian practitioner.
Cleft Palate	10%	40%	Medically necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate.	20%	40%	Medically necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate.
Clinical Trials	10%	40%	Routine patient costs for an approved clinical trial.	20%	40%	Routine patient costs for an approved clinical trial.
Colonoscopy Services	0% Preventative 10% Diagnostic	40%	Maximum plan payment of \$1500 applies to Outpatient Hospital Setting	0% Preventative 20% Diagnostic	40%	Maximum plan payment of \$1500 applies to Outpatient Hospital Setting
Diagnostic X-Ray/Laboratory	10%	40%	Outpatient diagnostic X-ray & lab services including Pap tests and mamograms for treatment of illness.	20%	40%	Outpatient diagnostic X-ray & lab services including Pap tests and mamograms for treatment of illness.

Santa Monica College
Comparison of PERSCare and PERS Choice for SMCFAs-SMCCD Art. 10.2

Non-Medicare Coverage
2017 Plan Year

For 2017, the following categories are **NOT REIMBURSABLE** per 10.2.1 of the District-FA agreement (informational purposes only):

Benefits	PERSCare Member Pays			PERS Choice Member Pays		
	PPO	Non-PPO	Comments	PPO	Non-PPO	Comments
Durable Medical Equipment	10%	40%	Rental or purchase of durable medical equipment, including one pair of custom molded and cast shoe inserts per calendar year, and outpatient prosthetic appliances, including one scalp hair prosthetic up to \$350 per calendar year.	20%	40%	Rental or purchase of durable medical equipment, including one pair of custom molded and cast shoe inserts per calendar year, and outpatient prosthetic appliances, including one scalp hair prosthetic up to \$350 per calendar year.
Emergency Care Services	10%	10%	\$50 emergency room deductible applies unless admitted to hospital; if admitted to hospital, the \$50 ER ded. is waived and the \$250 hospital admission deductible applies	20%	20%	\$50 emergency room deductible applies unless admitted to hospital; if admitted to hospital, the \$50 ER deductible is waived
Family Planning	10%	40%	Voluntary sterilization and medically necessary abortions	20%	40%	Voluntary sterilization and medically necessary abortions
Gender Reassignment Surgery	10%	40%	Inpatient or outpatient facility-based care	20%	40%	Inpatient or outpatient facility-based care
	0%	40%	Physician Office Visits; \$20 Copayment for PPO providers.	0%	40%	Physician Office Visits; \$20 Copayment for PPO providers.
Hearing Aid Services	10%	40%	Up to one hearing aid every 36 months	20%	40%	Up to one hearing aid every 36 months
Hip and Knee Joint Replacement Surgery	10%	40%	Limited to \$30,000 per procedure	20%	40%	Limited to \$30,000 per procedure
Home infusion Therapy	10%	40%	Skilled nursing visits	20%	40%	Skilled nursing visits
Hospice Care	10%	10%	Palliative Treatment of pain and other symptoms associated with terminal disease.	20%	20%	Palliative Treatment of pain and other symptoms associated with terminal disease.

Santa Monica College
Comparison of PERSCare and PERS Choice for SMCA-SMCCD Art. 10.2

Non-Medicare Coverage

2017 Plan Year

For 2017, the following categories are **NOT REIMBURSABLE** per 10.2.1 of the District-FA agreement (informational purposes only):

Benefits	PERSCare Member Pays			PERS Choice Member Pays		
	PPO	Non-PPO	Comments	PPO	Non-PPO	Comments
Hospital (Inpatient)	10%	40%	Room & Board, general nursing care, operating and special care room fees; diagnostic X-ray and laboratory services	20%	40%	Room & Board, general nursing care, operating and special care room fees; diagnostic X-ray and laboratory services
Hospital (Outpatient)	10%	40%	Diagnostic, therapeutic and surgical services including radiation therapy, chemo, and kidney dialysis Colonoscopy - Limited to \$1,500 per procedure Cataract Surgery - Limited to \$2,000 per procedure Arthroscopy - Limited to \$6,000 per procedure	20%	40%	Diagnostic, therapeutic and surgical services including radiation therapy, chemo, and kidney dialysis Colonoscopy - Limited to \$1,500 per procedure Cataract Surgery - Limited to \$2,000 per procedure Arthroscopy - Limited to \$6,000 per procedure
Maternity Care	10%	40%	Prenatal/postnatal; deliveries, hospitalization and newborn nursery care; \$250 ded applies for each admission	20%	40%	Prenatal/postnatal; deliveries, hospitalization and newborn nursery care
Mental Health (Inpatient)	10%	40%	Hospital/physician services to stabilize an acute psychiatric condition	20%	40%	Hospital/physician services to stabilize an acute psychiatric condition
Mental Health (Outpatient)	10%	40%	Hospital/physician services to stabilize an acute psychiatric condition Facility-based care	20%	40%	Hospital/physician services to stabilize an acute psychiatric condition Facility-based care
		40%	Physician Office Visits; \$20 Copayment for PPO providers.		40%	Physician Office Visits; \$20 Copayment for PPO providers.
Natural Childbirth Classes	50%	50%	Plan pays 50% of registration fee up to \$50, whichever is less	50%	50%	Plan pays 50% of registration fee up to \$50, whichever is less
Outpatient Cardiac Rehabilitation	10%	40%	Up to 40 visits per calendar year	20%	40%	Up to 40 visits per calendar year
Outpatient Pulmonary Rehabilitation	10%	40%	Up to 30 visits per calendar year	20%	40%	Up to 30 visits per calendar year
Pervasive Developmental Disorder or Autism	0%	40%	Outpatient Care; \$20 Copayment for PPO providers.	0%	40%	Outpatient Care; \$20 Copayment for PPO providers.
Physician Services	0%	40%	Office visits, outpatient hospital visits and outpatient urgent care visits; \$20 Copayment for PPO providers	0%	40%	Office visits, outpatient hospital visits and outpatient urgent care visits; \$20 Copayment for PPO providers
	10%	40%	Other services, including affiliated facility charges	20%	40%	Other services, including affiliated facility charges
Preventive Care	0%	40%	No copayment for PPO Provider	0%	40%	No copayment for PPO Provider

Santa Monica College
Comparison of PERSCare and PERS Choice for SMCA-SMCCD Art. 10.2

Non-Medicare Coverage
2017 Plan Year

For 2017, the following categories are **NOT REIMBURSABLE** per 10.2.1 of the District-FA agreement (informational purposes only):

Benefits	PERSCare Member Pays			PERS Choice Member Pays		
	PPO	Non-PPO	Comments	PPO	Non-PPO	Comments
Reconstructive Surgery	10%	40%	Hospital/physician services in connection with reconstructive surgery	20%	40%	Hospital/physician services in connection with reconstructive surgery
Retail Health Clinic	0%	40%	Basic medical services and supplies provided by physician assistants and/or nurse practitioners during an office visit in a retail health clinic.; \$20 Copayment for PPO providers.	0%	40%	Basic medical services and supplies provided by physician assistants and/or nurse practitioners during an office visit in a retail health clinic; \$20 Copayment for PPO providers.
	10%	40%	Other services, including affiliated facility charges	20%	40%	Other services, including affiliated facility charges
Smoking Cessation Program	0%	0%	Plan pays 100% of program fee up to \$100 per calendar year	0%	0%	Plan pays 100% of program fee up to \$100 per calendar year
Speech Therapy	10%	40%	Up to 24 visits per calendar year	20%	40%	Up to 24 visits per calendar year
Substance Abuse	10%	40%	Inpatient - Hospital/physician services for short-term medical management of detoxification or withdrawal symptoms; \$250 hospital admission deductible applies for each admission.	20%	40%	Inpatient - Hospital/physician services for short-term medical management of detoxification or withdrawal symptoms
	10%	40%	Outpatient - Facility-based care for medically necessary treatment to stabilize an acute substance abuse condition	20%	40%	Outpatient - Facility-based care for medically necessary treatment to stabilize an acute substance abuse condition
	0%	40%	Physician Office Visits; \$20 Copayment for PPO providers.	0%	40%	Physician Office Visits; \$20 Copayment for PPO providers.
Telemedicine Program	\$20 + 10%	\$20 + 10%	Services provided by a Telemedicine Network Presentation Site or Specialty Center	\$20 + 20%	\$20 + 20%	Services provided by a Telemedicine Network Presentation Site or Specialty Center
Transplant Benefits	10%	40%	Cornea and Skin	20%	40%	Cornea and Skin
	10%	10%	Special Transplants only at Centers of Medical Excellence	20%	20%	Special Transplants only at Centers of Medical Excellence
Unreplaced Blood	20%	20%	Unreplaced blood	20%	20%	Unreplaced blood
Urgent Care	0%	40%	Office visit; \$20 Copayment for PPO providers.	0%	40%	Office visit; \$20 Copayment for PPO providers.
	10%	40%	Other physician services, such as lab work or sutures	20%	40%	Other physician services, such as lab work or sutures