

# City of San Luis Recommended Plan Changes for plan year 2020-2021

<b>Recommended</b>		
<b>Changes require Trust approval for Medical, Dental and Healthiest You Plan Changes</b>	<b>Current Plan</b>	<b>Renewal Plan</b>
	<b>2019-2020</b>	<b>2020-2021</b>
<b>US Medical Plan Recommended Changes - from Win-Win to Esurgeries</b>		
	<b>Win-Win Present Plan</b>	<b>Esurgeries</b>
<b>Change - Replace Win-Win with Esurgeries</b>		
<b>X-ray's and Lab's</b>		
At Primary Care Provider	\$15 Copay	\$0 Copay
At Secondary Care Provider	\$25 Copay	\$0 Copay
At Stand-alone Provider	\$15 Copay	\$0 Copay
At Hospital - X-ray and Lab's	20% + deductible	20% + deductible
<b>Complex Imaging - MRI, CT Pet Scan etc.</b>		
At Contracted Provider i.e. Sonora Quest and Lab Corp	\$25 Copay	\$0 Copay
At a hospital - Complex, MRI, CT and Pet Scan	20% + deductible	20% + deductible
<b>Hospital and Out-patient Surgery With Esurgeries</b>		
Hospitalization	20% + deductible	\$0 deductible Waived
		\$0 Coinsurance
Out-Patient Surgery	20% + deductible	\$0 deductible Waived
		\$0 Coinsurance
<b>Precertification</b>		
CT Scans, PetScans & MRI's	None	Required
Special Services such as acupuncture, podiatry & TMJ	Required	Required
Out-patient surgeries	Required	Required
<b>Reimbursements for travel for Lodging</b>		
In-Patient - Lodging Reimbursement	Up to \$125 per night up to 4 nights	None
Out-Patient - Lodging Reimbursement	Up to \$125 per night up to 4 nights	None
Maximum Out-of-Pocket (In Network)	\$5,500 plus lodging reimbursement	None
Hospital and Outpatient Surgery	0% + deductible	None
<b>US Medical Plan Recommended Changes</b>		
<b>Out of Network Out of Pocket</b>		
Out-pocket for Out of Network Only (Individual/Family)	\$5,500/\$11,000	\$4,500/\$9,000
Out-pocket for Out of Network Only	40%	50% Coinsurance
The change is to mirror the Mexico Plan which is 50%		
<b>Specialty Medications</b>		
Allow for Out of Country Specialty Medications	N/A	Allow
<b>US Dental</b>		
<b>Dental Carry-over - In-Network Only</b>		
Calendar Year Benefits	\$2,000 per calendar year	\$2,000 +\$250 per calendar year
Does not apply to Ortho Max of \$2,000		
The carry over is allowed if the member does not exceed 75% of the benefit in the calendar year		
Does not apply to Ortho Max of \$2,000		
<b>Mexico Medical Plan</b>		

<b>Mexico In Network Out of Pocket</b>		
Out of Pocket In Network Only (Individual/Family)	\$6,250/\$12,500	\$4,500/\$9,000
<b>Mexico Out of Network</b>		
Out of Network - Emergency Services	Covered	Change to Emergency Services Only
Out of Network - Allow other services	\$150 Copay	\$150 Copay
Pharmacy - RX copay's	50%	None
	\$3/\$6	\$2/\$5
<b>Mexico Dental</b>		
<b>Mexico Dental Plan</b>		
Calendar Year Benefits	\$1,000 per calendar year	\$1,000 + \$125 per calendar year
Preventative Copay	\$10 Copay	\$0 Copay
Basic Services Copay	\$20 Copay	\$5 Copay
Major Services Copay	\$20 Copay	\$10 Copay
The carry over is allowed if the member does not exceed 75% of the benefit in the calendar year		
Does not apply to Ortho Max of \$1000		
<b>Siarmed Agreemnt renewal for 7/1/2020 to 7/1/2023</b>		
	N/A	No Change
<b>Wellness and Biometrics</b>		
Wellness and Biometrics add to Budget	N/A	No Change
Wellness \$10,000 and Biometrics	N/A	\$18,000
<b>VSP Visio Plan - Does not require Trust Approval</b>		
Vision Plan - Frame Only	\$130 Allowance	\$150 Allowance