Keenan®

Moraga School District

2026 UHC HMO Plans/Rates

Carrier	United HealthCare					
	Alliance Network (SHP Access)			Full Network (SHP + John Muir Access)		
Plan Name	SignatureValue 25-50-0%	SignatureValue 30-60-0%	DHMO SignatureValue $2500/$25-50-30%	SignatureValue 25-50-0%	SignatureValue 30-60-0%	DHMO SignatureValue $2500/$25-50-30%
General Plan Information						
Annual Deductible/Individual	$0	$0	$2,500	$0	$0	$2,500
Annual Deductible/Family	$0	$0	$5,000	$0	$0	$5,000
Coinsurance	100%	100%	100%	100%	100%	100%
PCP/Specialist Office Visit/Exam	$25/$50 copay	$30/$60 copay	$25/$50 copay	$25/$50 copay	$30/$60 copay	$25/$50 copay
Annual Out-of-Pocket Limit/Individual	$2,000	$3,000	$5,000	$2,000	$3,000	$5,000
Annual Out-of-Pocket Limit/Family	$3,500	$6,000	$10,000	$3,500	$6,000	$10,000
Primary Care Physician Election Required	Yes	Yes	Yes	Yes	Yes	Yes
Outpatient Services						
Preventive Services						
Well-Child Care	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Immunizations	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Well Woman/Mammogram Exams	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Hearing/Vision Exams	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Adult Periodic Exams with Preventive Tests	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
X-Ray/ Lab Tests - Non-Preventive	$25 copay	$25 copay	$25 copay	$25 copay	$25 copay	$25 copay
Outpatient Rehabilitative Therapy	$25 copay	$30 copay	$25 copay	$25 copay	$30 copay	$25 copay
Maternity Care						
Pregnancy and Maternity Care (Pre-Natal Care)	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Inpatient Hospital Services						
Inpatient Care (Facility & Physician Fees)	$0 copay	$0 copay	30% after deductible	$0 copay	$0 copay	30% after deductible
Surgical Services						
Outpatient Facility Charge	$0 copay	$0 copay	30% after deductible	$25 copay	$100 copay	30% after deductible
Emergency Services						
Emergency Room (Waived if admitted)	$250 copay	$250 copay	30% after deductible	$250 copay	$250 copay	30% after deductible
Ambulance - Ground	$150 copay	$100 copay	$150 copay	$150 copay	$100 copay	$150 copay
Urgent Care						
Urgent Care Facility	$25 copay	$30 copay	$25 copay	$25 copay	$30 copay	$25 copay
Mental Health/Substance Abuse Benefits						
Inpatient Care (Facility & Physician Fees)	$0 copay	$0 copay	30% after deductible	$0 copay	$0 copay	30% after deductible
Outpatient Care	$50 copay	$60 copay	$50 copay	$50 copay	$60 copay	$50 copay

Keenan®

Moraga School District

2026 UHC HMO Plans/Rates

Carrier	United HealthCare					
	Alliance Network (SHP Access)			Full Network (SHP + John Muir Access)		
Plan Name	SignatureValue 25-50-0%	SignatureValue 30-60-0%	DHMO SignatureValue $2500/$25-50-30%	SignatureValue 25-50-0%	SignatureValue 30-60-0%	DHMO SignatureValue $2500/$25-50-30%
Prescription Drug Benefits						
Retail Pharmacies						
Generic	$5 copay	$10 copay	$15 copay	$5 copay	$10 copay	$15 copay
Brand (Formulary/Preferred)	$20 copay	$30 copay	$35 copay	$20 copay	$30 copay	$35 copay
Brand (Non-Formulary/Non-preferred)	$20 copay	$50 copay	$75 copay	$20 copay	$50 copay	$75 copay
Specialty Drugs	30% up to $150/RX	20% up to $200/RX	$250/RX	30% up to $150/RX	20% up to $200/RX	$250/RX
Days Supply	31 days	31 days	31 days	31 days	31 days	31 days
Mail Order						
Generic	$10 copay	$20 copay	$37.50 copay	$10 copay	$20 copay	$37.50 copay
Brand (Formulary/Preferred)	$40 copay	$60 copay	$87.50 copay	$40 copay	$60 copay	$87.50 copay
Brand (Non-Formulary/Non-preferred)	$40 copay	$100 copay	$187.50 copay	$40 copay	$100 copay	$187.50 copay
Days Supply	90 days	90 days	90 days	90 days	90 days	90 days
Other Services and Supplies						
Vision Materials (Eyeglasses or contact lenses)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Durable Medical Equipment & Prosthetic Devices	$70 copay	$70 copay	$70 copay	$70 copay	$70 copay	$70 copay
Home Health Care	$25 copay up to 100 visits/calendar year	$30 copay up to 100 visits/calendar year	$30 copay up to 100 visits/calendar year	$25 copay up to 100 visits/calendar year	$30 copay up to 100 visits/calendar year	$30 copay up to 100 visits/calendar year
Skilled Nursing or Extended Care Facility	$0 copay; up to 100 visits/ calendar year	$0 copay; up to 100 visits/ calendar year	30% AD; up to 100 visits/ calendar year	$0 copay; up to 100 visits/ calendar year	$0 copay; up to 100 visits/ calendar year	30% AD; up to 100 visits/ calendar year
Hospice Care	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Chiropractic Services	$10 copay up to 30 visits/year	$10 copay up to 30 visits/year	$10 copay up to 30 visits/year	$10 copay up to 30 visits/year	$10 copay up to 30 visits/year	$10 copay up to 30 visits/year
Acupuncture Services	$10 copay up to 30 visits/year	$10 copay up to 30 visits/year	$10 copay up to 30 visits/year	$10 copay up to 30 visits/year	$10 copay up to 30 visits/year	$10 copay up to 30 visits/year
Monthly Premiums						
EE Only	$1,081.25	$1,054.94	$857.80	$1,106.87	$1,078.76	$973.15
EE +1 Dep	$2,109.95	$2,065.76	$1,773.56	$2,159.93	$2,112.40	$1,898.99
EE + Family	$3,003.64	$2,938.61	$2,524.78	$3,074.81	$3,004.96	$2,703.34