HMO Kaiser	HMO Kaiser

SISC
Self-Insured Schools of California
Schools Helping Schools

	Kaiser	Kaiser
	Trad HMO $15	**Trad HMO $30**
MEDICAL - CALENDAR YEAR Deductibles & Maximums	**Member Pays**	**Member Pays**
Individual/Family Deductibles	$0	$0
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	$1,500/$3,000	$1,500/$3,000
PROFESSIONAL SERVICES		
Office Visit (OV) co-pay ($0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	$15	$30
Urgent Care co-pay	$15	$30
Specialists/Consultants co-pay	$15	$30
Prenatal, postnatal office visit co-pay	$0	$0
Scans: CT, CAT, MRI, PET etc.	$0	$0
Diagnostic X-ray & Laboratory Procedures	$0	$0
Infertility (Refer to Plan Document)	Co-pay applies	Co-pay applies
Preventive Care (includes physical exams & screenings)	$0	$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES		
Emergency Room visit (copay waived if admitted)	$100	$100
Inpatient Hospital (preauthorization required) - limits may apply	$0	$0
Outpatient Hospital	$15	$30
Surgery, Outpatient (performed in Surgery Center)	$15	$30
Surgery, Outpatient (performed in a Hospital) - limits may apply	$15	$30
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT		
INPATIENT: Facility Based Care (preauth required)	$0	$0
OUTPATIENT: Facility Based Care (preauth required)	$15	$30
OTHER SERVICES		
Ambulance (Ground or Air)	$50	$50
Acupuncture - Limits apply	$10/30 visits (through ASH) combined w/chiro	$10/30 visits (through ASH) combined w/chiro
Chiropractic - Limits apply	$10/30 visits (through ASH) combined w/acu	$10/30 visits (through ASH) combined w/acu
Durable Medical Equipment (DME)	no charge	no charge
Physical and Occupational Therapy - Limits apply	$15	$30
Hearing Aids	amount in excess of $500 allowance every 36 months	amount in excess of $500 allowance every 36 months
PHARMACY BENEFITS		
Plan	**Trad HMO $15**	**Trad HMO $30**
Pharmacy Benefit Manager	Kaiser	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	$15 up to 100 day supply	$10 up to 100 day supply
Brand co-pay/30 days supply	$15 up to 100 day supply	$30 up to 100 day supply
Specialty co-pay/up to 30 days supply	$15 up to 30 day supply	$30 up to 30 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	$15-$15/up to 100 day supply	$10-$30/up to 100 day supply
Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.

*Coverage stages apply, see benefit summary for details