


Plan Type (PPO or HMO)	HMO	HMO	HMO	PPO	PPO	PPO
Carrier (Anthem Blue Cross, Blue Shield, or Kaiser)	Kaiser	Kaiser	Kaiser	Blue Shield	Blue Shield	Blue Shield
 SISC Self-Insured Schools of California Schools Helping Schools						
District Name Bargaining Unit						

2024-2025	Kaiser	Kaiser	Kaiser	Blue Shield	Blue Shield	Blue Shield
	Trad HMO \$20	Ded HMO \$1,000	HSA-\$1700 Family	100-A \$20	80-K \$30	HSA \$1700 - Family
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0	\$1,000/	\$3,200/ \$3,200*	\$0/\$0	\$1,000/\$2,000	\$3,400/\$3,400*
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,500/\$3,000	\$3,000/\$6,000	\$3,400/\$6,800*	\$1,000/\$3,000	\$3,000/\$6,000	\$3,400/\$6,800*

*Includes Rx

PROFESSIONAL SERVICES						
Office Visit (OV) co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	\$20	\$20	Deductible, then 10%	\$20	\$30	Deductible, then 10%
Urgent Care co-pay	\$20	\$20	10%	\$20	\$30	10%
Specialists/Consultants co-pay	\$20	\$20	10%	\$20	\$30	10%
Prenatal, postnatal office visit co-pay	\$0	\$0	\$0	\$20	\$30	10%
Scans: CT, CAT, MRI, PET etc.	\$0	20% Copay	10%	0%	20%	10%
Diagnostic X-ray & Laboratory Procedures	\$0	\$10	10%	0%	20%	10%
Infertility (Refer to Plan Document)	Co-pay applies	Co-pay applies	Co-pay applies	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	\$0	0%	0%	0%	0%	0%
		Ded Waived	Ded Waived	Ded Waived	Ded Waived	Ded Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES						
Emergency Room visit (copay waived if admitted)	\$100	20%	10%	0% \$100 co-pay	20% \$100 co-pay	10% \$100 co-pay
Inpatient Hospital (preauthorization required) - limits may apply	\$0	20%	10%	0%	20%	10%
Outpatient Hospital	\$20	20%	10%	0%	20%	10%
Surgery, Outpatient (performed in Surgery Center)	\$20	20%	10%	0%	20%	10%
Surgery, Outpatient (performed in a Hospital) - limits may apply	\$20	20%	10%	0%	20%	10%

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT						
INPATIENT: Facility Based Care (preauth required)	\$0	20%	10%	0%	20%	10%
OUTPATIENT: Facility Based Care (preauth required)	\$20	20%	10%	0%	20%	10%

OTHER SERVICES						
Ambulance (Ground or Air)	\$50	\$150	10%	0%	20%	10%
Acupuncture - Limits apply	\$10/30 visits	\$10/30 visits	Requires Prior	0%	20%	10%
Chiropractic - Limits apply	\$10/30 visits	\$10/30 visits	no coverage	0%	20%	10%
Durable Medical Equipment (DME)	no charge	20%	10%	0%	20%	10%
Physical and Occupational Therapy - Limits apply	\$20	\$20	10%	0%	20%	10%
Hearing Aids	amount in excess	amount in excess	no coverage	Amount in excess	20% and	10% and

PHARMACY BENEFITS						
Plan	Trad HMO \$20	Ded HMO \$1,000	HSA A	5-20	9-35	HSA Rx
Pharmacy Benefit Manager	Kaiser	Kaiser	Kaiser	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	none	Included w/ Medical ded	none	none	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max	\$1,500/\$2,500	\$2,500/\$3,500	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$10 up to 100 day	\$10.00	deductible, then	\$0 at Costco	\$0 at Costco	Deductible, then \$0
Brand co-pay/30 days supply	\$20 up to 100 day	\$30.00	deductible, then	\$20.00	\$35.00	Deductible, then
Specialty co-pay/up to 30 days supply	\$20 up to 30 day	\$30.00	deductible, then	\$20 Must Use	\$35 Must Use	Deductible, then
Mail Order (Generic-Brand co-pay/90 days supply)	\$10-\$20/up to 100 day supply	\$20-\$60/up to 100 day supply	\$20-\$60/up to 100 day supply	\$0-\$50	\$0-\$90	Deductible, then \$18-\$90
Mail Order Pharmacy	Kaiser Mail Order	Kaiser Mail Order	Kaiser Mail Order	Costco Mail Order	Costco Mail Order	Costco Mail Order

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