

SISC HSA Medical Plan Options

Effective 10/01/2020 - 09/30/2021

Benefit	Blue Shield HSA-A \$1,500	Kaiser Permanente \$1,500 HSA
Calendar Year Deductibles and Maximums		
	In-Network	
Calendar Year Deductible Single / Family	\$1,500 / \$2,800 / \$3,000	\$1,500 // \$2,800 / \$3,000
Annual Out-of-Pocket Maximum Single / Family	\$3,000 / \$6,000	\$3,000 / \$6,000
Professional Services		
Physician Office Visit	10% per visit after ded	10% per visit after ded
Preventive Care	No Charge	No Charge
Lab and X-Ray	10% after ded	10% after ded
Chiropractic	10% after ded Up to 20 visits/calendar year	Not Covered
Acupuncture	10% per visit after ded up to 12 visits/calendar year	10% per visit after ded referral required
Infertility Services		
Office Visits	Not Covered	10% after ded
Most outpatient surgery & procedures	Not Covered	10% after ded
Covered Reproductive Technology	Not Covered	Artificial Insemination Only
Hospitalization		
Inpatient Hospitalization	10% after ded	10% per admit after ded
Outpatient Surgery	10% after ded	10% per visit after ded
Other Benefits		
Ambulance	\$100 copay + 10% after ded	10% after ded
Emergency Room (waived if admitted)	\$100 per visit + 10% after ded	10% after ded
Mental Health & Substance Abuse Treatment		
Inpatient / Outpatient Facility Based Care (preauthorization required)	10% after ded	10% after ded
Prescription Drugs		
Rx Specific Out-of-Pocket Maximum	Included w/ Med OOP Max	Included w/ Med OOP Max
Retail	\$9 / \$35 / \$35 (30 day supply) after ded	\$10 / \$30 (30 day supply) after ded
Mail Order	\$0 / \$90 / \$35 (90/90/30 day supply) after ded	\$20 / \$60 (100 day supply) after ded