

**SISC-SELF INSURED
SCHOOLS OF CALIFORNIA**

Summary of Benefits Chart for Kaiser Permanente Senior Advantage (HMO) with Part D (10/1/25—9/30/26)

Plan Out-of-Pocket Maximum

For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to the following amount:

For any one Member\$1,000 per calendar year

Plan Deductible None

Professional Services (Plan Provider office visits) You Pay

Most Primary Care Visits and most Non-Physician Specialist Visits \$10 per visit
Most Physician Specialist Visits..... \$10 per visit
Annual Wellness visit and the “Welcome to Medicare” preventive visit No charge
Routine physical exams No charge
Routine eye exams with a Plan Optometrist..... \$10 per visit
Urgent care consultations, evaluations, and treatment..... \$10 per visit
Physical, occupational, and speech therapy \$10 per visit

Outpatient Services You Pay

Outpatient surgery and certain other outpatient procedures..... \$10 per procedure
Most immunizations (including the vaccine) No charge
Most X-rays and laboratory tests No charge
Manual manipulation of the spine..... \$10 per visit

Hospital Inpatient Services You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs..... No charge

Emergency Services You Pay

Emergency department visits \$50 per visit

Ambulance and Transportation Services You Pay

Ambulance Services \$50 per trip
Other transportation Services when provided by our designated transportation provider as described in this *EOC*..... No charge for up to 24 one-way trips (50 miles per trip) per calendar year

Prescription Drug Coverage You Pay

This plan covers Medicare Part D prescription drugs in accord with our Part D formulary.

Initial coverage stage—until you have spent \$2,000 in 2025. (If you spend \$2,000, you move on to the catastrophic coverage stage)..... Generic drugs: \$10 for up to a 100-day supply
Brand-name drugs: \$20 for up to a 100-day supply
Catastrophic coverage stage No charge

Durable Medical Equipment (DME) You Pay

Covered durable medical equipment for home use No charge

Mental Health Services You Pay

Inpatient psychiatric hospitalization No charge

continued

Mental Health Services		You Pay
Individual outpatient mental health evaluation and treatment		\$10 per visit
Group outpatient mental health treatment		\$5 per visit
Substance Use Disorder Treatment		You Pay
Inpatient detoxification		No charge
Individual outpatient substance use disorder evaluation and treatment.....		\$10 per visit
Group outpatient substance use disorder treatment		\$5 per visit
Home Health Services		You Pay
Home health care (part-time, intermittent).....		No charge
Other		You Pay
Eyeglasses or contact lenses every 24 months		Amount in excess of \$150 Allowance
Hearing aid(s) every 36 months		Amount in excess of \$500 Allowance for each ear
Skilled nursing facility care (up to 100 days per benefit period)		No charge
External prosthetic and orthotic devices.....		No charge
Meals delivered to your home immediately following discharge from a network hospital or Skilled Nursing Facility		No charge up to three meals per day in a consecutive four-week period, once per calendar year
Fitness benefit – One Pass™ (includes access to in-network gyms and one home fitness kit per calendar year)		No charge

Chiropractic and Acupuncture Coverage (through ASH Plans)

You Pay

Up to a combined total of 30 Chiropractic and Acupuncture visits per year \$10 copay per visit

Kaiser Permanente contracts with American Specialty Health Plans (ASH) to provide chiropractic and acupuncture care. Members must receive all their benefits from ASH Plans participating providers. ASH Plans contracts with Participating Providers and other licensed providers to provide covered Chiropractic Services (including laboratory tests, X-rays, and chiropractic appliances). ASH Plans contracts with Participating Providers to provide acupuncture care (including adjunctive therapies, such as acupressure, moxibustion, or breathing techniques, when provided during the same course of treatment and in conjunction with acupuncture). You must receive covered Services from a Participating Provider or another licensed provider with which ASH contracts, except for Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, and Urgent Acupuncture Services, and Services that are not available from Participating Providers or other licensed providers with which ASH contracts to provide covered Services that are authorized in advance by ASH Plans. The list of Participating Providers is available on the ASH Plans website at www.ashlink.com/ash/kp or from the ASH Plans Customer Service Department at **1-800-678-9133**. The list of Participating Providers is subject to change at any time without notice.

Summary of Benefits booklet

This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For additional information, please refer to the *Summary of Benefits* booklet enclosed; for a complete explanation, refer to the *EOC*. 4207976.15.2.S00077196