

Plan Type (PPO or HMO) Carrier (Anthem Blue Cross, Blue Shield, or Kaiser) District Name Mt. SAC
 SISC Self-Insured Schools of California Schools Helping Schools
 Bargaining Unit Classified and Auxiliary
OVERVIEW/SAMPLING OF KAISER and BLUE SHIELD & Rx PLANS

2019-2020	Kaiser	Kaiser	Blue Shield				
	Trad HMO \$15	Trad HMO \$0	10-0	10-0	100-A \$10	90-G \$20	Anchor Bronze (HSA Compatible)
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays						
Individual/Family Deductibles	\$0	\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$500/\$1,000	\$5,000/\$10,000*
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,500/\$3,000	\$1,500/\$3,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$3,000	\$1,000/\$3,000	\$6,350/\$12,700*

*Includes Rx

PROFESSIONAL SERVICES

Office Visit (OV) co-pay	\$15	\$0	\$10	\$10	\$10	\$20	Deductible, then 30%
Urgent Care co-pay	\$15	\$0	\$10	\$10	\$10	\$20	30%
Specialists/Consultants co-pay	\$15	\$0	\$10	\$10	\$10	\$20	30%
Prenatal, postnatal office visit co-pay	\$0	\$0	\$0	\$0	\$10	\$20	30%
Scans: CT, CAT, MRI, PET etc.	\$0	\$0	\$0	\$0	0%	10%	30%
Diagnostic X-ray & Laboratory Procedures	\$0	\$0	\$0	\$0	0%	10%	30%
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	OV copay or hospitalization copay apply	OV copay or hospitalization copay apply	50%	50%	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	\$0	\$0	\$0	\$0	0% Ded Waived	0% Ded Waived	0% Ded Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (waived if admitted)	\$100	\$100	\$100	\$100	0% \$100 co-pay	10% \$100 co-pay	30% \$100 co-pay
Inpatient Hospital (preauthorization required) - limits may apply	\$0	\$0	\$0	\$0	0%	10%	30%
Outpatient Hospital	\$15	\$0	\$0	\$0	0%	10%	30%
Surgery, Outpatient (performed in Surgery Center)	\$15	\$0	\$0	\$0	0%	10%	30%
Surgery, Outpatient (performed in a Hospital) - limits may apply	\$15	\$0	\$0	\$0	0%	10%	30%

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	\$0	\$0	\$0	\$0	0%	10%	30%
OUTPATIENT: Facility Based Care (preauth required)	\$15	\$0	\$10	\$10	0%	10%	30%

OTHER SERVICES

Acupuncture - Limits apply	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro	0%	10%	30%
Ambulance (Ground or Air)	\$50	\$50	\$100	\$100	0% \$100 co-pay	10% \$100 co-pay	30% \$100 co-pay
Chiropractic - Limits apply	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu	0%	10%	30%
Durable Medical Equipment (DME)	no charge	no charge	0%	0%	0%	10%	30%
Physical and Occupational Therapy - Limits apply	\$15	\$0	\$10	\$10	0%	10%	30%
Hearing Aids	\$500 allowance every 36 months	\$500 allowance every 36 months	1 device per member per 24 months 50% Coinsurance	1 device per member per 24 months 50% Coinsurance	0% Coinsurance \$700 max/24 months	10% Coinsurance \$700 max/24 months	deductible, then 30% Coinsurance \$700 max/24 months

PHARMACY BENEFITS

Plan	5-20	7-25	9-35	200/10-35	200/15-50	0-20 EGWP	0-25 EGWP
Pharmacy Benefit Manager	Kaiser	Kaiser	Navitus	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	Invalid Plan	Invalid Plan	none	\$200/\$500	\$200/\$500	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	Invalid Plan	Invalid Plan	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$5,100.00	\$5,100.00
Generic co-pay/30 days supply	Invalid Plan	Invalid Plan	\$0 at Costco \$9 at Other Network	\$0 at Costco \$10 at Other Network	\$5 at Costco \$15 at Other Network	\$0	\$0
Brand co-pay/30 days supply	Invalid Plan	Invalid Plan	\$35	\$35	\$50	\$20	\$25
Specialty co-pay/up to 30 days supply	Invalid Plan	Invalid Plan	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$50 Must Use Navitus Mail	\$20 Must Use Navitus Mail	\$25 Must Use Navitus Mail
Mail Order (Generic-Brand co-pay/90 days supply)	Invalid Plan	Invalid Plan	\$0-\$90	\$0-\$90	\$15-\$135	\$0-\$50	\$0-\$60
Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco 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.