

2024-2025	Kaiser	Kaiser	Kaiser	Kaiser	Kaiser	Kaiser	Kaiser	Kaiser	Kaiser
	Trad HMO \$0	Trad HMO \$10	Trad HMO \$20	Trad HMO \$30	Ded HMO \$500	Ded HMO \$1,000	HSA-\$1700 Single	HSA-\$1700 Family	HSA \$3400
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0	\$0	\$0	\$0	\$500/ \$1,000	\$1,000/ \$2,000	\$1,700*	\$3,400/ \$3,400*	\$3,400/\$6,800*
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,400*	\$3,400/\$6,800*	\$6,000/\$12,000*

*Includes Rx *Includes Rx *Includes Rx

PROFESSIONAL SERVICES

Office Visit (OV) co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	\$0	\$10	\$20	\$30	\$20	\$20	Deductible, then 10%	Deductible, then 10%	Deductible, then 20%
Urgent Care co-pay	\$0	\$10	\$20	\$30	\$20	\$20	10%	10%	20%
Specialists/Consultants co-pay	\$0	\$10	\$20	\$30	\$20	\$20	10%	10%	20%
Prenatal, postnatal office visit co-pay	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scans: CT, CAT, MRI, PET etc.	\$0	\$0	\$0	\$0	10% Copay up to \$50	20% Copay up to \$50	10%	10%	20%
Diagnostic X-ray & Laboratory Procedures	\$0	\$0	\$0	\$0	\$10	\$10	10%	10%	20%
Infertility (Refer to Plan Document)	Co-pay applies	Co-pay applies	Co-pay applies	Co-pay applies	Co-pay applies	Co-pay applies	Co-pay applies	Co-pay applies	Co-pay applies
Preventive Care (includes physical exams & screenings)	\$0	\$0	\$0	\$0	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (copay waived if admitted)	\$100	\$100	\$100	\$100	10%	20%	10%	10%	20%
Inpatient Hospital (preauthorization required) - limits may apply	\$0	\$0	\$0	\$0	10%	20%	10%	10%	20%
Outpatient Hospital	\$0	\$10	\$20	\$30	10%	20%	10%	10%	20%
Surgery, Outpatient (performed in Surgery Center)	\$0	\$10	\$20	\$30	10%	20%	10%	10%	20%
Surgery, Outpatient (performed in a Hospital) - limits may apply	\$0	\$10	\$20	\$30	10%	20%	10%	10%	20%

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	\$0	\$0	\$0	\$0	10%	20%	10%	10%	20%
OUTPATIENT: Facility Based Care (preauth required)	\$0	\$10	\$20	\$30	10%	20%	10%	10%	20%

OTHER SERVICES

Ambulance (Ground or Air)	\$50	\$50	\$50	\$50	\$150	\$150	10%	10%	20%
Acupuncture - Limits apply	\$10/30 visits (through ASH) combined w/chiro	\$10/30 visits (through ASH) combined w/chiro	\$10/30 visits (through ASH) combined w/chiro	\$10/30 visits (through ASH) combined w/chiro	\$10/30 visits (through ASH) combined w/chiro	\$10/30 visits (through ASH) combined w/chiro	Requires Prior Authorization	Requires Prior Authorization	Requires Prior Authorization
Chiropractic - Limits apply	\$10/30 visits (through ASH) combined w/acu	\$10/30 visits (through ASH) combined w/acu	\$10/30 visits (through ASH) combined w/acu	\$10/30 visits (through ASH) combined w/acu	\$10/30 visits (through ASH) combined w/acu	\$10/30 visits (through ASH) combined w/acu	no coverage	no coverage	no coverage
Durable Medical Equipment (DME)	no charge	no charge	no charge	no charge	20%	20%	10%	10%	20%
Physical and Occupational Therapy - Limits apply	\$0	\$10	\$20	\$30	\$20	\$20	10%	10%	20%
Hearing Aids	amount in excess of \$500 allowance every 36 months	amount in excess of \$500 allowance every 36 months	amount in excess of \$500 allowance every 36 months	amount in excess of \$500 allowance every 36 months	amount in excess of \$500 allowance every 36 months	amount in excess of \$500 allowance every 36 months	no coverage	no coverage	no coverage



Trad HMO \$0	Trad HMO \$10	Trad HMO \$20	Trad HMO \$30	Ded HMO \$500	Ded HMO \$1,000	HSA-\$1700 Single	HSA-\$1700 Family	HSA \$3400
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PHARMACY BENEFITS

Plan	Trad HMO \$0	Trad HMO \$10	Trad HMO \$20	Trad HMO \$30	Ded HMO \$500	Ded HMO \$1,000	HSA A	HSA A	HSA B
Pharmacy Benefit Manager	Kaiser	Kaiser	Kaiser	Kaiser	Kaiser	Kaiser	Kaiser	Kaiser	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none	none	Included w/ Medical ded	Included w/ Medical ded	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	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$5 up to 100 day supply	\$10 up to 100 day supply	\$10 up to 100 day supply	\$10 up to 100 day supply	\$10.00	\$10.00	deductible, then \$10	deductible, then \$10	deductible, then \$10
Brand co-pay/30 days supply	\$5 up to 100 day supply	\$10 up to 100 day supply	\$20 up to 100 day supply	\$30 up to 100 day supply	\$30.00	\$30.00	deductible, then \$30	deductible, then \$30	deductible, then \$30
Specialty co-pay/up to 30 days supply	\$5 up to 30 day supply	\$10 up to 30 day supply	\$20 up to 30 day supply	\$30 up to 30 day supply	\$30.00	\$30.00	deductible, then \$30	deductible, then \$30	20% (not to exceed \$150)
Mail Order (Generic-Brand co-pay/90 days supply)	\$5-\$5/up to 100 day supply	\$10-\$10/up to 100 day supply	\$10-\$20/up to 100 day supply	\$10-\$30/up to 100 day supply	\$20-\$60/up to 100 day supply	\$20-\$60/up to 100 day supply	\$20-\$60/up to 100 day supply	\$20-\$60/up to 100 day supply	\$20-\$60/up to 100 day supply
Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser 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