


**Miller Creek Elementary School District
Certificated Bargaining Unit Only
Cost (single/two-party/family) \$957/\$2,048/\$2,852**

 SISC <small>Self-Insured Schools of California Schools Helping Schools</small>	2022-2023	Kaiser
		Trad HMO \$20
MEDICAL - CALENDAR YEAR Deductibles & Maximums		Member Pays
Individual/Family Deductibles		\$0
Individual/Family Out-of-Pocket (OOP) Max <i>(includes medical deductibles, co-insurance and co-pays)</i>		\$1,500/\$3,000

PROFESSIONAL SERVICES

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

HOSPITAL & SKILLED NURSING FACILITY SERVICES

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

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

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

OTHER SERVICES

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

PHARMACY BENEFITS

Plan	Trad HMO \$20
Pharmacy Benefit Manager	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(includes Rx deductibles and co-pays)</i>	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$10 up to 100 day supply
Brand co-pay/30 days supply	\$20 up to 100 day supply
Specialty co-pay/up to 30 days supply	\$20 up to 30 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	\$10-\$20/up to 100 day supply
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.