



**SISC Plan Comparison for Alum Rock Union Elementary
Certificated and Confidential/Management
Effective October 1, 2017**

2016-2017 Plan Name	Kaiser HMO	Kaiser HMO	Anthem PPO	Anthem PPO	Anthem HMO
	Trad HMO \$10	Trad HMO \$20	90-A \$20	80-C \$20	Premier 10
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0	\$0	\$100/ \$300	\$200/ \$500	\$0/\$0
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/ \$3,000	\$1,000/ \$3,000	\$1,000/ \$2,000

PROFESSIONAL SERVICES

Office Visit (OV) co-pay	\$10	\$20	\$20	\$20	\$10
Urgent Care co-pay	\$10	\$20	\$20	\$20	\$10
Specialists/Consultants co-pay	\$10	\$20	\$20	\$20	\$10
Prenatal, postnatal office visit co-pay	\$0	\$0	\$20	\$20	\$10
Scans: CT, CAT, MRI, PET etc.	\$0	\$0	10%	20%	\$100/test
Diagnostic X-ray & Laboratory Procedures	\$0	\$0	10%	20%	\$0
Infertility (diagnosis/treatment of causes of infertility)	100% covered	100% covered	Not covered	Not covered	50% covered
Preventive Care (includes physical exams & screenings)	\$0	\$0	0% Ded Waived	0% Ded Waived	\$0

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (waived if admitted)	\$100	\$100	10% \$100 co-pay	20% \$100 co-pay	\$100
Inpatient Hospital (preauthorization required)	\$0	\$0	10%	20%	\$0
Outpatient Hospital	\$10	\$20	10%	20%	\$0
Surgery, Outpatient (performed in Surgery Center)	\$10	\$20	10%	20%	\$0
Surgery, Outpatient (performed in a Hospital)	\$10	\$20	10%	20%	\$0

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

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

OTHER SERVICES

Acupuncture - Limits apply	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro	10%	20%	\$10/30 visits combined w/chiro
Ambulance (Ground or Air)	\$50	\$50	10%	20%	\$100
Chiropractic - Limits apply	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu	10%	20%	\$10/30 visits combined w/acu
Durable Medical Equipment (DME)	100%	100%	10%	20%	20%
Physical and Occupational Therapy - Limits apply	\$10	\$20	10%	20%	\$10

PHARMACY BENEFITS

Plan	Trad HMO \$10-10 (100day)	Trad HMO \$10-30 (30-day)	7-25	7-25	7-25
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	Included w/ Med OOP Max	Included w/ Med OOP Max	\$1,500/ \$2,500	\$1,500/ \$2,500	\$1,500/ \$2,500
Generic co-pay/30 days supply	\$10 up to 100 day supply	\$10 up to 30 day supply	\$0 at Costco \$7 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$7 at Other Network
Brand co-pay/30 days supply	\$10 up to 100 day supply	\$30 up to 30 day supply	\$25	\$25	\$25
Specialty co-pay/up to 30 days supply	\$10 up to 100 day supply	\$30 up to 30 day supply	\$25 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$25 Must Use Navitus Mail
Mail Order (Generic-Brand co-pay/90 days supply)	\$10-\$10/up to 100 day supply	\$20-\$60/up to 100 day supply	\$0-\$60 Costco Mail Order	\$0-\$60 Costco Mail Order	\$0-\$60 Costco Mail Order

This is only a brief summary of the benefits. For specific details, limitations and exclusions of the plans please refer to the carrier Benefit Summaries.

NOTE: All plans allow spouse or Domestic Partner coverage EXCEPT the Anchor Bronze plan.