2025-2026 Kaiser HMO
Plan Comparison

Roseland
All Bargaining Units
2025-2026

	Kaiser	Kaiser	Kaiser	Kaiser
	$10 OV, $10 Rx	**DHMO $500**	**HSA $1,700 SNG**	**HSA $1,700 FAM**
MEDICAL - CALENDAR YEAR Deductibles & Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Individual/Family Deductibles (Ded)	$0	$500/ $1,000	$1,700*	$3,200/ $3,200*
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	$1,500/$3,000	$3,000/$6,000	$3,400*	$3,400/$6,800*
			*Includes Rx	*Includes Rx
PROFESSIONAL SERVICES				
Primary Care* visit co-pay	$10	$20	Deductible, then 10% after Ded	Deductible, then 10% after Ded
Urgent Care co-pay	$10	$20	10% after Ded	10% after Ded
Prenatal, postnatal office visit co-pay	$0	$0	$0	$0
Specialists/Consultants co-pay	$10	$20	10% after Ded	10% after Ded
Scans: CT, CAT, MRI, PET etc.	$0	10% after Ded Copay up to $50	10% after Ded	10% after Ded
Laboratory Procedures	$0	$10	10% after Ded	10% after Ded
Diagnostic X-rays	$0	$10	10% after Ded	10% after Ded
Infertility (Refer to Plan Document)	Co-pay applies	Co-pay applies	Co-pay applies	Co-pay applies
Preventive Care (includes physical exams & screenings)	$0	0% after Ded Ded Waived	0% after Ded Ded Waived	0% after Ded Ded Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES				
Emergency Room visit (copay waived if admitted)	$100	10% after Ded	10% after Ded	10% after Ded
Inpatient Hospital (preauthorization required)	$0	10% after Ded	10% after Ded	10% after Ded
Surgery, Outpatient (performed in Surgery Center)	$10	10% after Ded	10% after Ded	10% after Ded
Surgery, Outpatient (performed in a Hospital) - limits may apply	$10	10% after Ded	10% after Ded	10% after Ded
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT				
INPATIENT: Facility Based Care (preauth required)	$0	10% after Ded	10% after Ded	10% after Ded
OUTPATIENT: Facility Based Care (preauth required)	$10	10% after Ded	10% after Ded	10% after Ded
OTHER SERVICES				
Ambulance (Ground or Air)	$50	$150	10% after Ded	10% after Ded
Acupuncture - Limits apply	$10/30 visits (through ASH) combined w/chiro	$10/30 visits (through ASH) combined w/chiro	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	no coverage	no coverage
Physical and Occupational Therapy - Limits apply	$10	$20	10% after Ded	10% after Ded
Durable Medical Equipment (DME)	no charge	20% after Ded	10% after Ded	10% after Ded
Hearing Aids	amount in excess of $500 allowance every 36 months	amount in excess of $500 allowance every 36 months	no coverage	no coverage

*Primary Care Providers (PCPs) are those without specialty certifications, practicing general pediatrics, internal medicine, family or general practice, or

PHARMACY BENEFITS

	$10 Rx	**$10-30 (30 day) Rx**	**HSA $1,700 Rx**	**HSA $1,700 Rx**
Pharmacy Benefit Manager	Kaiser	Kaiser	Kaiser	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none	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
Generic co-pay/30 days supply	$10 up to 100 day supply	$10 up to 30 day supply	deductible, then $10	deductible, then $10
Brand co-pay/30 days supply	$10 up to 100 day supply	$30 up to 30 day supply	deductible, then $30	deductible, then $30
Specialty co-pay/up to 30 days supply	$10 up to 30 day supply	$30 up to 30 day supply	deductible, then $30	deductible, then $30
Mail Order (Generic-Brand co-pay/90 days supply)	$10-$10/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

This comparison displays member cost-share for In-Network services. Out-of-Network services may not be covered. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Employee cost/payroll deduction, if applicable, can be requested from the district.