SISC
Self-Insured Schools of California
Schools Helping Schools

District Name	Marin County Office of Education					
Bargaining Unit	All Bargaining Units					
2026-2027	Kaiser	Kaiser	Kaiser	Anthem	Anthem	Anthem
	$15 OV, $5-20(30) Rx	DHMO $1,000	HSA $1,700 SNG	100-B $20	80-G $20	HSA $3,400
MEDICAL - CALENDAR YEAR Deductibles & Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Individual/Family Deductibles (Ded)	$0	$1,000/$2,000	$1,700*	$100/$300	$500/$1,000	$3,400/$6,800*
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	$1,500/$3,000	$3,000/$6,000	$3,500*	$1,000/$3,000	$2,000/$4,000	$6,000/$12,000*
			*Includes Rx			*Includes Rx
PROFESSIONAL SERVICES						
Primary Care* visit co-pay ($0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	$15	$20	Deductible, then 10% after Ded	$20	$20	Deductible, then 10% after Ded
Urgent Care co-pay	$15	$20	10% after Ded	$20	$20	10% after Ded
Prenatal, postnatal office visit co-pay	$0	$0	$0	$20	$20	10% after Ded
Specialists/Consultants co-pay	$15	$20	10% after Ded	$20	$20	10% after Ded
Scans: CT, CAT, MRI, PET etc.	$0	20% after Ded Copay up to $50	10% after Ded	0% after Ded	20% after Ded	10% after Ded
Laboratory Procedures & Diagnostic X-rays	$0	$10	10% after Ded	0% after Ded	20% after Ded	10% after Ded
Infertility (Refer to Plan Document)	Co-pay applies	Co-pay applies	Co-pay applies	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	$0	0% after Ded Ded Waived	0% after Ded Ded Waived	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) - **Avg Cost: $2,847 | $100+10%: $375 | $100+20%: $649**	$100	20% after Ded	10% after Ded	0% after Ded $100 co-pay	20% after Ded $100 co-pay	10% after Ded $100 co-pay
Inpatient Hospital (preauthorization required) - **Avg Cost for one day: $6,067 | 10%: $607 | 20%: $1,213**	$0	20% after Ded	10% after Ded	0% after Ded	20% after Ded	10% after Ded
Surgery, Outpatient (performed in Surgery Center)	$15	20% after Ded	10% after Ded	0% after Ded	20% after Ded	10% after Ded
Surgery, Outpatient (performed in a Hospital) - limits may apply	$15	20% after Ded	10% after Ded	0% after Ded	20% after Ded	10% after Ded
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT						
INPATIENT: Facility Based Care (preauth required)	$0	20% after Ded	10% after Ded	0% after Ded	20% after Ded	10% after Ded
OUTPATIENT: Facility Based Care (preauth required)	$15	20% after Ded	10% after Ded	0% after Ded	20% after Ded	10% after Ded
OTHER SERVICES						
Ambulance (Ground or Air)	$50	$150	10% after Ded	0% after Ded $100 co-pay	20% after Ded $100 co-pay	10% after Ded $100 co-pay
Acupuncture - Limits apply	$10/30 visits (through ASH) combined w/chiro	$10/30 visits (through ASH) combined w/chiro	Requires Prior Authorization	0% after Ded Subject to PA	20% after Ded Subject to PA	10% after Ded Subject to PA
Chiropractic - Limits apply	$10/30 visits (through ASH) combined w/acu	$10/30 visits (through ASH) combined w/acu	no coverage	0% after Ded Subject to PA	20% after Ded Subject to PA	10% after Ded Subject to PA
Physical and Occupational Therapy - Limits apply	$15	$20	10% after Ded	0% after Ded	20% after Ded	10% after Ded
Durable Medical Equipment (DME)	no charge	20% after Ded	10% after Ded	0% after Ded	20% 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	Amount in excess of $700 allowance/24 months	20% after Ded and Amount in excess of $700 allowance/24 months	10% after Ded and Amount in excess of $700 allowance/24 months

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

PHARMACY BENEFITS

Plan	$5-20 (30 day) Rx	$10-30 (30 day) Rx	HSA $1,700 Rx	Rx 9-35	Rx 9-35	Rx HSA
Pharmacy Benefit Manager	Kaiser	Kaiser	Kaiser	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	none	Included w/ Medical ded	none	none	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	$2,500/$3,500	$2,500/$3,500	Included w/ Med OOP Max
Generic co-pay/30 days supply	$5 up to 30 day supply	$10 up to 30 day supply	deductible, then $10	$0 at Costco‡ $9 at Other Network	$0 at Costco‡ $9 at Other Network	Deductible, then $0 at Costco or $9 at Other Network
Brand co-pay/30 days supply	$20 up to 30 day supply	$30 up to 30 day supply	deductible, then $30	$35	$35	Deductible, then $35
Specialty co-pay/up to 30 days supply	$20 up to 30 day supply	$30 up to 30 day supply	deductible, then $30	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	Deductible, then $35 (Must Use Navitus Mail)
Mail Order (Generic-Brand co-pay/90 days supply)	$10-$40/up to 100 day supply	$20-$60 up to 100 day supply	$20-$60/up to 100 day supply	$0-$90‡	$0-$90‡	Deductible, then $0-$90
Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco 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.

‡Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs.