

Plan Type (PPO or HMO)	HMO	HMO
Carrier (Anthem Blue Cross, Blue Shield, or Kaiser)	Kaiser	Kaiser
		
2026-2027	Kaiser	Kaiser
	15	30

SISC Cost Example Scenarios (PPO Plans Only)¹

Maternity Example		
Diabetes Example		
Fractured Foot Example		

¹Examples are based on the federal SBC examples, but updated with actual SISC Costs.

MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays
Individual/Family Deductibles (Ded)	\$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

PROFESSIONAL SERVICES

Primary Care* visit co-pay (\$0 Copay for 1st 3 cal'yr Primary Care O.V. on Non-HSA PPO plans)	\$15	\$30
Urgent Care co-pay	\$15	\$30
Prenatal, postnatal office visit co-pay	\$0	\$0
Specialists/Consultants co-pay	\$15	\$30
Scans: CT, CAT, MRI, PET etc.	\$0	\$0
Laboratory Procedures	\$0	\$0
Diagnostic X-rays	\$0	\$0
Infertility (Refer to Plan Document)	Co-pay applies	Co-pay applies
Preventive Care (includes physical exams & screenings)	\$0	\$0

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (copay waived if admitted) - Avg Cost: \$2,847 \$100+10%: \$375 \$100+20%: \$649	\$100	\$100
Inpatient Hospital (preauthorization required) - Avg Cost for one day: \$6,067 10%: \$607 20%: \$1,213	\$0	\$0
Surgery, Outpatient (performed in Surgery Center)	\$15	\$30
Surgery, Outpatient (performed in a Hospital) - limits may apply	\$15	\$30

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	\$0	\$0
OUTPATIENT: Facility Based Care (preauth required)	\$15	\$30

OTHER SERVICES

Ambulance (Ground or Air)	\$50	\$50
Acupuncture - Limits apply	\$10/30 visits (through ASH) combined w/chiro	\$10/30 visits (through ASH) combined w/chiro
Chiropractic - Limits apply	\$10/30 visits (through ASH) combined w/acu	\$10/30 visits (through ASH) combined w/acu
Physical and Occupational Therapy - Limits apply	\$15	\$30
Durable Medical Equipment (DME)	no charge	no charge
Hearing Aids	amount in excess of \$500 allowance every 36 months	amount in excess of \$500 allowance every 36 months

*Primary Care Providers (PCPs) are those without specialty certifications, practicing general pediatrics, inter

PHARMACY BENEFITS

Plan	\$15 Rx (Non-Marketed)	\$10-30 (30 day) Rx
Pharmacy Benefit Manager	Kaiser	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	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
Generic co-pay/30 days supply	\$15 up to 100 day supply	\$10 up to 30 day supply
Brand co-pay/30 days supply	\$15 up to 100 day supply	\$30 up to 30 day supply
Specialty co-pay/up to 30 days supply	\$15 up to 30 day supply	\$30 up to 30 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	\$15-\$15/up to 100 day supply	\$20-\$60 up to 100 day supply
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 district.