

Plan Type (PPO or HMO) Carrier (Anthem Blue Cross, Blue Shield, or Kaiser)	HMO Blue Shield	HMO Blue Shield	HMO Blue Shield
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2026-2027	Blue Shield	Blue Shield	Blue Shield
	20	30	TRIO

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	Member Pays
Individual/Family Deductibles (Ded)	\$0/\$0	\$0/\$0	\$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	\$1,500/\$3,000

PROFESSIONAL SERVICES

Primary Care* visit co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	\$20	\$30	\$30
Urgent Care co-pay	\$20	\$30	\$30
Prenatal, postnatal office visit co-pay	\$0	\$30	\$30
Specialists/Consultants co-pay	\$20	\$30	\$30
Scans: CT, CAT, MRI, PET etc.	\$0	\$0	\$0
Laboratory Procedures	\$0	\$0	\$0
Diagnostic X-rays	\$0	\$0	\$0
Infertility (Refer to Plan Document)	50%	50%	50%
Preventive Care (includes physical exams & screenings)	\$0	\$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	\$150	\$150
Inpatient Hospital (preauthorization required) - Avg Cost for one day: \$6,067 10%: \$607 20%: \$1,213	\$250/admit	20%	20%
Surgery, Outpatient (performed in Surgery Center)	\$100	\$0	\$0
Surgery, Outpatient (performed in a Hospital) - limits may apply	\$150	\$0	\$0

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	\$250/admit	20%	20%
OUTPATIENT: Facility Based Care (preauth required)	\$20	\$30	\$30

OTHER SERVICES

Ambulance (Ground or Air)	\$100	\$100	\$100
Acupuncture - Limits apply	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro
Chiropractic - Limits apply	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu
Physical and Occupational Therapy - Limits apply	\$20	\$30	\$30
Durable Medical Equipment (DME)	20%	20%	20%
Hearing Aids	50% Coinsurance 1 device/24 months	50% Coinsurance 1 device/24 months	50% Coinsurance 1 device/24 months

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

PHARMACY BENEFITS

Plan	Rx 200/10-35	Rx 200/10-35	Rx 9-35 PC
Pharmacy Benefit Manager	Navitus	Navitus	Invalid Rx
Individual/Family Brand & Specialty Rx Deductibles	\$200/\$500	\$200/\$500	Invalid Rx
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$2,500/\$3,500	\$2,500/\$3,500	Invalid Rx
Generic co-pay/30 days supply	\$0 at Costco† \$10 at Other Network	\$0 at Costco† \$10 at Other Network	Invalid Rx
Brand co-pay/30 days supply	\$35	\$35	Invalid Rx
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	Invalid Rx
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90†	\$0-\$90†	Invalid Rx
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Invalid Rx

This comparison displays member cost-share for In-Network services. Out-of-Network services may not be covered. Please refer to the plan documents district.

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