



**Sacramento City Unified School District:**  
**All Groups Excluding SCTA**  
**Kaiser HDHP HMO Benefit Comparison**

|                                                                             | Current 2026 Plan                                                                                     | Effective January 1, 2027                                                                             |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Benefit Summary                                                             | Kaiser HDHP HMO<br>\$3,400 w/HSA<br>Rx: \$0 (after deductible)<br>What You Pay                        | Kaiser HDHP HMO<br>\$3,400 w/HSA<br>Rx: \$0 (after deductible)<br>What You Pay                        |
| <b>Medical Deductible</b>                                                   | \$3,400 / \$6,800                                                                                     | \$3,400 / \$6,800                                                                                     |
| <b>Medical Out-of-Pocket Maximum</b><br>(individual/family)                 | \$3,400 / \$6,800                                                                                     | \$3,400 / \$6,800                                                                                     |
| <b>Health Account</b>                                                       | Kaiser HSA                                                                                            | Kaiser HSA                                                                                            |
| <b>PCP Office Visit</b>                                                     | \$0 copay(after deductible)                                                                           | \$0 copay(after deductible)                                                                           |
| <b>Specialist Office Visit</b>                                              | \$0 copay(after deductible)                                                                           | \$0 copay(after deductible)                                                                           |
| <b>Preventive Care</b>                                                      | \$0 copay                                                                                             | \$0 copay                                                                                             |
| <b>Inpatient Hospital Care</b>                                              | \$0 copay(after deductible)                                                                           | \$0 copay(after deductible)                                                                           |
| <b>Mental Health Services</b><br>(outpatient/inpatient)                     | \$0 copay(after deductible)                                                                           | \$0 copay(after deductible)                                                                           |
| <b>Substance Abuse Services</b><br>(outpatient/inpatient)                   | \$0 copay(after deductible)                                                                           | \$0 copay(after deductible)                                                                           |
| <b>Outpatient Diagnostic Laboratory and Radiology</b> (standard procedures) | \$0 copay(after deductible)                                                                           | \$0 copay(after deductible)                                                                           |
| <b>Complex Radiology</b><br>(PET & MRI)                                     | \$0 copay(after deductible)                                                                           | \$0 copay(after deductible)                                                                           |
| <b>Outpatient Surgery</b>                                                   | \$0 copay(after deductible)                                                                           | \$0 copay(after deductible)                                                                           |
| <b>Outpatient Physical/Rehabilitation Therapy</b> (Office Visit)            | \$10 copay (ASH Chiro Only)<br>30 visits                                                              | \$10 copay (ASH Chiro Only)<br>30 visits                                                              |
| <b>Chiropractic and Acupuncture Services*</b>                               | Not Covered                                                                                           | Not Covered                                                                                           |
| <b>Urgent Care</b><br>(Office Visit only)                                   | \$0 copay(after deductible)                                                                           | \$0 copay(after deductible)                                                                           |
| <b>Emergency Room</b><br>(Copay waived if admitted)                         | \$0 copay(after deductible)                                                                           | \$0 copay(after deductible)                                                                           |
| <b>Hearing Aid</b> (every 36 months)                                        | Not Covered                                                                                           | Not Covered                                                                                           |
| <b>Rx Deductible</b><br>(individual/family)                                 | None                                                                                                  | None                                                                                                  |
| <b>Rx Out-of-Pocket Maximum</b><br>(individual/family)                      | Combined with Medical                                                                                 | Combined with Medical                                                                                 |
| <b>Rx Formulary List</b>                                                    | Kaiser                                                                                                | Kaiser                                                                                                |
| <b>Rx Pharmacy Network</b>                                                  | Kaiser                                                                                                | Kaiser                                                                                                |
| <b>Short-Term Prescription Drugs</b><br>(up to 30-day supply)               | \$0 copay (after deductible) G<br>\$0 copay (after deductible) PB<br>\$0 copay (after deductible) NPB | \$0 copay (after deductible) G<br>\$0 copay (after deductible) PB<br>\$0 copay (after deductible) NPB |
| <b>Long-Term Prescription Drugs</b><br>(up to 90-day supply)                | \$0 copay (after deductible) G<br>\$0 copay (after deductible) PB<br>\$0 copay (after deductible) NPB | \$0 copay (after deductible) G<br>\$0 copay (after deductible) PB<br>\$0 copay (after deductible) NPB |

\*Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth.

This comparison highlights key cost differences between plans. For a complete overview of coverage, benefits, limitations, and additional plan features, please review your group's customized Benefits Guide and the applicable plan summary.

**Disclaimer:** Prepared by RPA San Diego on behalf of CS VEBA.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.