



Santa Cruz City Schools - Classified & Confidential - SISC Medical Plan Comparison Effective October 1, 2020

| SISC PLAN NAME | Blue Shield HMO-Full (includes PAMF) \$25-500, Rx 5-20 PLAN ID: HMOBSH | Blue Shield TRIO HMO \$25-500, Rx 5-20 PLAN ID: HMOPMG | Kaiser HMO \$0 CO PAY, Rx 5-5 PLAN ID: HMOK | Blue Shield PPO 90-E \$20, Rx 7-25 PLAN ID: PPOBSH | Blue Shield PPO 80-K \$30, Rx 5-20 PLAN ID: PPOBSL |
|---|--|--|--|--|--|
| GROUP NUMBER | 1H031001 | 1H081001 | 605337 | 0P031001 | 0P051001 |
| | Member Pays | Member Pays | Member Pays | Member Pays | Member Pays |
| Individual/Family Deductibles | \$0/\$0 | \$0/\$0 | \$0/\$0 | \$300/\$600 | \$1,000/\$2,000 |
| Individual/Family Calendar Out-of-Pocket Max <i>(includes medical co-pays, deductibles and co-insurance)</i> | \$2,000/\$4,000 | \$2,000/\$4,000 | \$1,500/\$3,000 | \$1,000/\$3,000 | \$3,000/\$6,000 |
| PROFESSIONAL SERVICES | | | | | |
| Office Visit co-pay | \$25 | \$25 | \$0 | \$20 | \$30 |
| Urgent Care co-pay | \$25 | \$25 | \$0 | \$20 | \$30 |
| Specialists/Consultants co-pay | \$25 | \$25 | \$0 | \$20 | \$30 |
| Prenatal, postnatal office visit co-pay | \$0 | \$0 | \$0 | \$20 | \$30 |
| Scans: CT, CAT, MRI, PET etc. | \$0 | \$0 | \$0 | 10% | 20% |
| Diagnostic X-ray & Laboratory Procedures | \$0 | \$0 | \$0 | 10% | 20% |
| Infertility (diagnosis/treatment of causes of infertility) | 50% | 50% | Not covered | Not covered | Not covered |
| Preventive Care Services (includes physical exams & screenings) | \$0 | \$0 | \$0 | 0%, Deductible Waived | 0%, Ded Waived |
| HOSPITAL & SKILLED NURSING FACILITY SERVICES | | | | | |
| Emergency Room visit co-pay (waived if admitted) | \$100 | \$100 | \$100 | \$100 co-pay +10% | \$100 co-pay +20% |
| Inpatient Hospital co-pay (preauthorization required) | \$500 | \$500 | \$0 | 10% | 20% |
| Outpatient Hospital co-pay | \$500 | \$500 | \$0 | 10% | 20% |
| Surgery, Outpatient (performed in an Ambulatory Surgery Center) | \$150 | \$150 | N/A | 10% | 20% |
| Surgery, Outpatient (performed in a Hospital) | \$300 | \$300 | \$0 | 10% | 20% |
| MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT | | | | | |
| INPATIENT CARE: Facility based care (preauthorization required) | \$500 | \$500 | \$0 | 10% | 20% |
| OUTPATIENT CARE: Facility based care (preauthorization required) | \$25 | \$25 | \$0 | Deductible waived; OV co-pay applies | Deductible waived; OV co-pay applies |
| OTHER SERVICES | | | | | |
| Acupuncture - Limits apply | \$10/30 visits combined w/chiro Use ASH network | \$10/30 visits combined w/chiro Use ASH network | \$10/30 visits combined w/chiro Use ASH network | 10% | 20% |
| Ambulance (Ground or Air) | \$100 | \$100 | \$50 | 10% | \$100 co-pay + 20% |
| Chiropractic - Limits apply | \$10/30 visits combined w/acu Use ASH Network | \$10/30 visits combined w/acu Use ASH Network | \$10/30 visits combined w/acu Use ASH Network | 10% | 20% |
| Durable Medical Equipment (DME) | 20% | 20% | \$0 | 10% | 20% |
| Physical and Occupational Therapy - Limits apply | \$25 | \$25 | \$0 | 10% | 20% |
| PRESCRIPTION DRUG PLANS | | | | | |
| Provider Network | Navitus | Navitus | Kaiser | Navitus | Navitus |
| Generic co-pay/days supply | \$5 / 30-day | \$5 / 30-day | \$5 / 30-day | \$7 / 30-day | \$5 / 30-day |
| Brand co-pay/days supply | \$20 / 30-day | \$20 / 30-day | \$5 / 30-day | \$25 / 30-day | \$20 / 30-day |
| Prescription Deductible Brand Drugs Only (ind/family) | No Rx Deductible | No Rx Deductible | No Rx Deductible | No Rx Deductible | No Rx Deductible |
| Mail Order (Generic-Brand co-pay/days supply) | \$0 - \$90 / 90-day | \$0 - \$90 / 90-day | \$0 - \$5 / 100-day | \$0 - \$60 / 90-day | \$0 - \$90 / 90-day |
| Prescription Drug Out-of-Pocket Maximum | \$1,500 / \$2,500 | \$1,500 / \$2,500 | \$2,500 / \$3,500 | \$1,500 / \$2,500 | \$1,500 / \$2,500 |

Note: This is a brief benefit summary that reflects in-network benefits from a participating or contracted provider. For additional details, limitations, exclusions and out-of-network coverage, please refer to the Summary of Benefits or Coverage Booklet. Plans with a deductible all have 4th quarter deductible carryover (October 1-December 31) except for the HDHP-HSA plan. Co-pays and co-insurance do not carryover to the next calendar year. To find a participating or contracting provider call the customer service number on your ID card or visit www.blueshieldca.com Pharmacy benefits have separate OOP Maximums when covered through Navitus.