

KAISER PLANS AVAILABLE TO SJECCD ASSOCIATE FACULTY

Benefits	Kaiser - Part-Time Actives (SISC) \$10 HMO Current / Renewal	Kaiser - Part-Time Actives (SISC) DHMO 1000 Option 1
Calendar Year Deductible	None	\$1,000 / \$2,000
Annual Out-of-Pocket Maximum	\$1,500 / \$3,000	\$3,000 / \$6,000
MAJOR MEDICAL		
Physician/Specialist Office Visit	\$10 Copay	\$20 Copay
Preventive Care	No Copay	No Copay (ded waived)
Hospitalization - Inpatient	No Copay	20%
Hospitalization - Outpatient Surgery	\$10 Copay / Procedure	20%
Ambulance	\$50 / trip	\$150 / trip
Emergency Room	\$100 / Visit (Waived if Admitted)	20% (Waived if Admitted)
Chiropractic	\$10 Copay (Up to combined 30 Chiro/Acu visits per year)	\$10 Copay (Up to combined 30 Chiro/Acu visits per year)
Acupuncture	\$10 Copay (Up to combined 30 Chiro/Acu visits per year)	\$10 Copay (Up to combined 30 Chiro/Acu visits per year)
Durable Medical Equipment	No Copay	20%
Skilled Nursing Facility	No Copay 100 Days Max/Benefit Period	No Copay (ded waived) 100 Visits Max/Benefit Period
Home Health Services	No Copay 100 Visits Max/Calendar Year	No Copay (ded waived) 100 Visits Max/Calendar Year
PRESCRIPTION DRUGS	Generic / Brand	Generic / Brand
Retail - up to 100 day supply	\$10 / \$10	\$10 / \$30
Mail Order - up to 100 day supply	\$10 / \$10	\$20 / \$60
Rates	10/1/2023	10/1/2023
Employee only	\$954.00	\$831.00
Employee + Spouse	\$1,994.00	\$1,737.00
Employee + Child(ren)	\$1,650.00	\$1,438.00
Family	\$2,852.00	\$2,485.00