

Disclosure Form

SISC - Self-Insured Schools of California

Principal benefits for Kaiser Permanente Traditional HMO Plan

(10/1/20—9/30/21)

Accumulation Period

The Accumulation Period for this plan is January 1 through December 31.

Out-of-Pocket Maximum(s) and Deductible(s)

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$1,500	\$1,500	\$3,000
Plan Deductible	None	None	None
Drug Deductible	None	None	None

Professional Services (Plan Provider office visits)

	You Pay
Most Primary Care Visits and most Non-Physician Specialist Visits	\$10 per visit
Most Physician Specialist Visits	\$10 per visit
Routine physical maintenance exams, including well-woman exams	No charge
Well-child preventive exams (through age 23 months)	No charge
Family planning counseling and consultations	No charge
Scheduled prenatal care exams	No charge
Routine eye exams with a Plan Optometrist	No charge
Urgent care consultations, evaluations, and treatment	\$10 per visit
Most physical, occupational, and speech therapy	\$10 per visit

Outpatient Services

	You Pay
Outpatient surgery and certain other outpatient procedures	\$10 per procedure
Allergy injections (including allergy serum)	No charge
Most immunizations (including the vaccine)	No charge
Most X-rays and laboratory tests	No charge

Hospitalization Services

	You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge

Emergency Health Coverage

	You Pay
Emergency Department visits	\$100 per visit

Note: This Cost Share does not apply if you are admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Share).

Ambulance Services

	You Pay
Ambulance Services	\$50 per trip

Prescription Drug Coverage

	You Pay
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items at a Plan Pharmacy or through our mail-order service	\$10 for up to a 100-day supply
Most brand-name items at a Plan Pharmacy or through our mail-order service	\$10 for up to a 100-day supply
Most specialty items at a Plan Pharmacy	\$10 for up to a 30-day supply

Durable Medical Equipment (DME)

	You Pay
DME items as described in the EOC	No charge

Mental Health Services

	You Pay
Inpatient psychiatric hospitalization	No charge
Individual outpatient mental health evaluation and treatment	\$10 per visit
Group outpatient mental health treatment	\$5 per visit

Substance Use Disorder Treatment

	You Pay
Inpatient detoxification	No charge
Individual outpatient substance use disorder evaluation and treatment	\$10 per visit
Group outpatient substance use disorder treatment	\$5 per visit

Home Health Services

	You Pay
Home health care (up to 100 visits per Accumulation Period)	No charge

(continues)

Disclosure Form*(continued)*

Other	You Pay
Eyeglasses or contact lenses:	
Eyeglass frame every 24 months	Amount in excess of \$150 Allowance
Regular eyeglass lenses every 12 months	No charge
Contact lenses every 12 months	Amount in excess of \$150 Allowance
Hearing aid(s) every 36 months	Amount in excess of \$500 Allowance per aid
Skilled nursing facility care (up to 100 days per benefit period)	No charge
Prosthetic and orthotic devices as described in the <i>EOC</i>	No charge
Services to diagnose or treat infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the <i>EOC</i>	the Cost Share you would pay if the Services were to treat any other condition
Assisted reproductive technology ("ART") Services	Not covered
Hospice care	No charge

Chiropractic and Acupuncture Coverage (through ASH Plans)	You Pay
Up to a combined total of 30 Chiropractic and Acupuncture visits per year	\$10 copay per visit

Kaiser Permanente contracts with American Specialty Health Plans (ASH) to provide chiropractic and acupuncture care. Members must receive all their benefits from ASH Plans participating providers. ASH Plans contracts with Participating Providers and other licensed providers to provide covered Chiropractic Services (including laboratory tests, X-rays, and chiropractic appliances). ASH Plans contracts with Participating Providers to provide acupuncture care (including adjunctive therapies, such as acupressure, moxibustion, or breathing techniques, when provided during the same course of treatment and in conjunction with acupuncture). You must receive covered Services from a Participating Provider or another licensed provider with which ASH contracts, except for Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, and Urgent Acupuncture Services, and Services that are not available from Participating Providers or other licensed providers with which ASH contracts to provide covered Services that are authorized in advance by ASH Plans.

The list of Participating Providers is available on the ASH Plans website at www.ashlink.com/ash/kp or from the ASH Plans Customer Service Department at **1-800-678-9133**. The list of Participating Providers is subject to change at any time without notice.

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).



GREAT REASONS

to choose Kaiser Permanente for your glasses & contacts



Kaiser Permanente doctors are on the same, connected team. Potential health issues uncovered during the eye exam are seamlessly routed to a Kaiser Permanente doctor who can continue your care.

\$69

Complete eyewear starts at \$69¹ - When you apply your benefit, you may have no out-of-pocket cost. Up to 1,200 frames to choose from including Gucci, Ray-Ban, and Nike.



kp2020.org - Book an eye exam, check benefits, order contacts, and check order status online.



kp2020.org

visionessentials
by KAISER PERMANENTE.

GREAT HEALTH. GREAT EYEWEAR.

You won't have to pay a lot for great eyewear.

SAMPLE OUT-OF-POCKET COSTS FOR EYEGLASSES

\$0 standard, plastic lenses included (single vision, bifocal or no-line progressives)

\$0 anti-reflective lens treatment

\$0 frame up to \$150 included (over 400 frames at \$150 or less)

\$0 out-of-pocket cost



Selection is representative of brands we typically carry in our Optical Centers.²

SERVICE	BENEFIT AMOUNT	FREQUENCY
Eye examination	Covered by your Kaiser Permanente Health Plan benefit. Book an eye exam on kp2020.org . No charge for preventive screening.	No limit
Frames for prescription eyeglasses	\$150 allowance toward the purchase price of a frame for prescription glasses. To use the optical benefit, at least one of the two lenses requires a prescription.	24 months
Lenses	One pair of regular eyeglass lenses will be covered at no charge - standard, plastic single vision, bifocals or no-line progressives . ³ Anti-reflective treatment for your lenses will be covered at no charge.	12 months
OR Contact lenses instead of eyeglasses	\$150 allowance toward the purchase price of contact lenses, fitting, and dispensing.	12 months

You can only use your optical benefit at a Kaiser Permanente Optical Center.

¹ For \$69 eyeglasses, choose from over 20 frames at \$20, and get standard, plastic single vision lenses at \$49 (\$49 for the lenses, plus a \$20 frame equals \$69).

² Regular prices for these brands are typically \$110 – \$215.

³ Standard clear plastic lenses.

Kaiser Permanente members typically have coverage for medically necessary eye examinations, and some members, including those members with the pediatric vision benefit under their Affordable Care Act plan, may be able to apply a supplemental benefit to their purchases. Otherwise, the services and products described here are provided on a fee-for-service basis, separate from and not covered under your health plan benefits, and you are financially responsible to pay for them. For specific information about your covered health plan benefits, please see your *Evidence of Coverage*. Photo of model, not actual patient.