

**SISC-SELF INSURED  
SCHOOLS OF CALIFORNIA**

**Summary of Benefits Chart for  
Kaiser Permanente Senior Advantage (HMO) with Part D (10/1/26—9/30/27)**

**Plan Out-of-Pocket Maximum**

For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to the following amount:

For any one Member .....\$1,000 per calendar year

**Plan Deductible**

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  
 Annual Wellness visit and the “Welcome to Medicare” preventive visit ..... No charge  
 Routine physical exams ..... No charge  
 Routine eye exams with a Plan Optometrist..... \$10 per visit  
 Urgent care consultations, evaluations, and treatment..... \$10 per visit  
 Physical, occupational, and speech therapy ..... \$10 per visit

**Outpatient Services**

**You Pay**

Outpatient surgery and certain other outpatient procedures..... \$10 per procedure  
 Most immunizations (including the vaccine) ..... No charge  
 Most X-rays and laboratory tests ..... No charge  
 Manual manipulation of the spine..... \$10 per visit

**Hospital Inpatient Services**

**You Pay**

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

**Emergency Services**

**You Pay**

Emergency department visits ..... \$50 per visit

**Ambulance and Transportation Services**

**You Pay**

Ambulance Services ..... \$50 per trip  
 Other transportation Services when provided by our designated transportation provider as described in this *EOC*..... No charge for up to 24 one-way trips (50 miles per trip) per calendar year

**Prescription Drug Coverage**

**You Pay**

This plan covers Medicare Part D prescription drugs in accord with our Part D formulary.

**Initial coverage stage**—until you have spent \$2,100 in 2026. (If you spend \$2,100, you move on to the catastrophic coverage stage).....  
 Generic drugs: \$10 for up to a 100-day supply  
 Brand-name drugs: \$20 for up to a 100-day supply  
**Catastrophic coverage stage** ..... No charge

**Durable Medical Equipment (DME)**

**You Pay**

Covered durable medical equipment for home use ..... No charge

**Mental Health Services**

**You Pay**

Inpatient psychiatric hospitalization ..... No charge

continued

<b>Mental Health Services</b>	<b>You Pay</b>
Individual outpatient mental health evaluation and treatment .....	\$10 per visit
Group outpatient mental health treatment .....	\$5 per visit
<b>Substance Use Disorder Treatment</b>	<b>You Pay</b>
Inpatient detoxification .....	No charge
Individual outpatient substance use disorder evaluation and treatment.....	\$10 per visit
Group outpatient substance use disorder treatment .....	\$5 per visit
<b>Home Health Services</b>	<b>You Pay</b>
Home health care (part-time, intermittent).....	No charge
<b>Other</b>	<b>You Pay</b>
Eyeglasses or contact lenses every 24 months .....	Amount in excess of \$150 Allowance
Hearing aid(s) every 36 months .....	Amount in excess of \$500 Allowance for each ear
Skilled nursing facility care (up to 100 days per benefit period) .....	No charge
External prosthetic and orthotic devices.....	No charge
Meals delivered to your home immediately following discharge from a network hospital or Skilled Nursing Facility .....	No charge up to three meals per day in a consecutive four-week period, once per calendar year
Fitness benefit – One Pass® (includes access to in-network gyms and one home fitness kit per calendar year) .....	No charge

## Your Kaiser Permanente Combined Chiropractic and Acupuncture Benefit

### Benefit Highlights

<b>Professional Services (ASH Participating Provider office visits)</b>	<b>You Pay</b>
Chiropractic and acupuncture office visits (up to a combined total of 30 visits per 12-month period).....	\$10 per visit
<b>Other</b>	<b>You Pay</b>
X-rays and laboratory tests that are covered Chiropractic Services.....	No charge
Chiropractic supports and appliances .....	Amounts in excess of the \$50 Allowance

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### **Summary of Benefits booklet**

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 additional information, please refer to the *Summary of Benefits* booklet enclosed; for a complete explanation, refer to the *EOC. 4207976.20.2*