

Del Mar Union School District  
 Medical Plan Options for all Full Time Benefits Eligible Employees  
 Effective January 1, 2019

SISC (Self-Insured Schools of California)						
KAISER	Anthem Blue Cross HMO's			Anthem Blue Cross PPO's		
Kaiser HMO	Anthem HMO Premier Full Network	Anthem Select HMO Premier Narrow Network, High Rx (5/20)	Anthem Select HMO Premier Narrow Network, Low Rx (9/35)	Anthem PPO Plan	Anthem HDHP Plan	
Benefits	Member Responsibility:			(In-Network)	(In-Network)	
Office Visit	\$15 copay	\$10 copay	\$10 copay	\$10 copay	\$20 copay	10% coinsurance
Specialist Visit	\$15 copay	\$10 copay	\$10 copay	\$10 copay	\$20 copay	10% coinsurance
Preventive Care	100% covered	100% covered	100% covered	100% covered	100% covered in-network	100% covered in-network
Inpatient Hospitalization	100% covered	100% covered	100% covered	100% covered	10% coinsurance	10% coinsurance
Outpatient Surgery	\$15 copay	100% covered	100% covered	100% covered	10% coinsurance	10% coinsurance
X-Ray & Laboratory	100% covered	100%, \$100 complex radiology	100%, \$100 complex radiology	100%, \$100 complex radiology	10% coinsurance	10% coinsurance
Urgent Care	\$15 copay	\$10 copay (from your primary care group)	\$10 copay (from your primary care group)	\$10 copay (from your primary care group)	\$20 copay	10% coinsurance
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay, then 10%	\$100 copay, then 10%
Chiropractic Services (All HMO plans will combine chiropractic & acupuncture thru ASH)	\$10 copay, up to 30 visits per calendar year	\$10 copay, up to 30 visits per calendar year	\$10 copay, up to 30 visits per calendar year	\$10 copay, up to 30 visits per calendar year	10% coinsurance	10% coinsurance
Prescriptions	Kaiser Pharmacy Only					<b>After deductible,</b>
Retail-Network (Other than Costco)	\$5 generic \$20 brand 30 day supply	\$5 generic \$20 brand 30 day supply	\$5 generic \$20 brand 30 day supply	\$9 generic \$35 brand 30 day supply	\$5 generic \$20 brand 30 day supply	\$9 generic \$35 brand 30 day supply
Costco Walk-In		\$0 generic, up to a 90 day supply \$20 brand, 30 day supply; \$50 brand for 90 day supply	\$0 generic, up to a 90 day supply \$20 brand, 30 day supply; \$50 brand for 90 day supply	\$0 generic, up to a 90 day supply \$35 brand, 30 day supply; \$90 brand for 90 day supply	\$0 generic, up to a 90 day supply \$20 brand, 30 day supply; \$50 brand for 90 day supply	\$0 generic, \$35 brand, 30 day supply; (90 day supply is <b>not</b> available through walk-in)
Mail Order (Provided by Costco)		\$0 generic/\$50 brand, 90 day supply	\$0 generic/\$50 brand, 90 day supply	\$0 generic/\$90 brand, 90 day supply	\$0 generic/\$50 brand, 90 day supply	\$18 generic/\$90 brand, 90 day supply
Annual Deductible	n/a	n/a	n/a	n/a	\$100 indiv/\$300 family	\$1,500 indiv/\$3,000 family (no indiv greater than \$2,600)
Medical Out-of-Pocket Maximum	\$1,500 indiv/\$3,000 family	\$1,000 indiv/\$2,000 family	\$1,000 indiv/\$2,000 family	\$1,000 indiv/\$2,000 family	\$1,000 indiv/\$3,000 family	\$3,000 indiv/\$6,000 family (no indiv greater than \$3,000)
Rx Out-of-Pocket Maximum	Included in medical Out-of-Pocket Maximum	\$1,500 indiv/\$2,500 family	\$1,500 indiv/\$2,500 family	\$2,500 indiv/\$3,500 family	\$1,500 indiv/\$2,500 family	Included in medical out-of-pocket maximum
* This is a brief description of each plan. Any variances from the master policy; the master policy will prevail.						
<b>2019 Employee Cost - Total MONTHLY Payroll Deductions - 11thly Rates (Includes Medical, Dental, Vision and Life Insurance)</b>						
Employee Only	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$98.90</b>	<b>\$0.00</b>
Plus 1 Dependent	<b>\$501.44</b>	<b>\$675.99</b>	<b>\$531.99</b>	<b>\$477.44</b>	<b>\$1,008.72</b>	<b>\$519.99</b>
Plus 2 or More Dependents	<b>\$895.26</b>	<b>\$1,127.63</b>	<b>\$938.90</b>	<b>\$869.08</b>	<b>\$1,566.17</b>	<b>\$934.53</b>