



Medical Guide 2023 – 2024 Plan Year

Choose the Right Plan for You

How do you know which type of plan is right for you?

That will depend on your personal preferences, family situation, and budget.

Check out these tips first.

CHECK THE NETWORK –

Do you prefer specific doctors or hospitals? Visit the plan's website to find out if the doctors and hospitals are in- network. If not, you'll pay a bigger share of the cost.

EVALUATE YOUR NEEDS –

Do you... visit a chiropractor? ...have frequent doctor or urgent care visits? ...get ongoing tests? ...take medications? ...have surgery planned? Compare the deductible, copays, coinsurance under each plan.

EVALUATE COST OF COVERAGE –

How much is the premium? Is there a deductible? Can you offset expenses with a tax- free account such as an HSA or FSA? Each of these factors can affect your true cost of healthcare.

Plan Options

Here's an overview of how each type of plan works.

Health Maintenance Organization (HMO)

An HMO gives you more predictable costs but less flexibility. You pay a copay for most services, but all care must be received within the HMO network. Out-of-network care is not covered except in an emergency. You must choose a primary care physician (PCP) to manage routine care, referrals, and hospital stays. **Note:** Kaiser plans are unique in that you do not have to select a PCP, and you must receive all care at Kaiser facilities.

- Kaiser Traditional HMO 15
- Kaiser Traditional HMO 30
- Blue Shield Trio HMO – TRIO Network
- Blue Shield HMO 10 – Full Network
- Blue Shield HMO 30 – Full Network

Preferred Provider Organization (PPO)

A PPO plan gives you the freedom to see providers in and out-of-network. You pay less out-of-pocket for medical care if you use providers that belong to the plan's network. You can use doctors, hospitals, and providers outside of the network, but your costs will be higher and you may need to file a claim.

- Blue Shield PPO

Fullerton School District offers different Self-Insured Schools of California (SISC) medical plans for different needs and budgets.



[Click to play the All About Medical Plans video](#)

High Deductible Health Plan (HDHP) PPO

A HDHP plan gives you the freedom to see providers in and out-of-network. The monthly premium is usually lower, but you pay more health care costs yourself (your deductible) before the insurance company starts to pay its share. Only the HDHP plan allows you to open a tax-free Health Savings Account (HSA), allowing you to pay for certain medical expenses with money free from federal taxes.

- **Blue Shield High Deductible PPO**
 - Members automatically enrolled in accident insurance plan
 - See the cost of coverage page for District HSA contribution
- **Blue Shield 2-Tier MEC 9000**
 - Minimum Essential Coverage

Understanding Plan Types

Key: ● = Yes ○ = Maybe

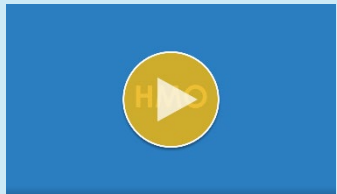
Must Pay Deductible
 Out-of-network Care Covered
 Referral Needed to See Specialist
 Must-Select Primary Care Physician

Click to play video

Pros

Cons

HMO

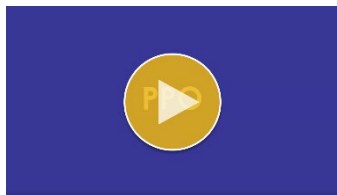


- No deductible
- More predictable costs

- Less flexibility
- No out-of-network coverage
- May have to select Primary Care Physician

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PPO



- You can go anywhere, whether in-network or out-of-network

- You pay more for out-of-network providers

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HDHP



- A PPO with a high deductible, but with the advantage of a tax-free Health Savings Account
- Auto enrolled in accident insurance plan. If you or a covered family member suffers an accident, this plan will pay you a lump-sum benefit.

- More responsibility for out-of-pocket costs until the deductible is met

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2023-24 SISC Medical Plans

Here are the basic features of our plans when getting care in-network.

Medical Services	KAISER HMO 15	KAISER HMO 30	BLUE SHIELD TRIO HMO	BLUE SHIELD HMO 10	BLUE SHIELD HMO 30
Calendar Year Annual Deductible	None	None	None	None	None
Annual Out-of-Pocket Maximum	\$1,500 individual; \$3,000 family	\$1,500 individual; \$3,000 family	\$1,500 individual; \$3,000 family	\$1,000 individual; \$2,000 family	\$1,500 individual; \$3,000 family
MDLive - Telehealth	N/A	N/A	\$10 copay per visit	\$10 copay per visit	\$10 copay per visit
Office Visits Physician Specialist	\$15 copay per visit \$15 copay per visit	\$30 copay per visit \$30 copay per visit	\$30 copay per visit \$30 copay per visit	\$10 copay per visit \$10 copay per visit	\$30 copay per visit \$30 copay per visit
Acupuncture and Chiropractic care	\$10 copay per visit (medically necessary; up to 30 combined visits per year)	\$10 copay per visit (medically necessary; up to 30 combined visits per year)	\$10 copay per visit (up to 30 combined visits per year)	\$10 copay per visit (up to 30 combined visits per year)	\$10 copay per visit (up to 30 combined visits per year)
Diagnostic Lab and X-ray	No charge	No charge	No charge	No charge	No charge
Urgent Care	\$15 copay per visit	\$30 copay per visit	\$30 copay per visit	\$10 copay per visit	\$30 copay per visit
Emergency Room (copay waived if admitted)	\$100 copay per visit	\$100 copay per visit	\$150 copay per visit	\$100 copay per visit	\$150 copay per visit
Hospitalization (preauthorization required)	No charge	No charge	20% copay per admit	No charge	20% copay per admit
Outpatient Surgery	\$15 copay per procedure	\$30 copay per procedure	No charge	No charge	No charge
Vision Benefits	\$150 allowance – limits apply	\$150 allowance – limits apply	N/A	N/A	N/A
Prescription Drugs					
Brand and Specialty Deductible	None	None	\$200 individual; \$500 family	\$200 individual; \$500 family	\$200 individual; \$500 family
Generic	Pharmacy: \$15 copay Mail Order: \$15 copay	Pharmacy: \$10 copay Mail Order: \$10 copay	Network Pharmacy: \$10 copay Costco Pharmacy: \$0 copay Costco Mail Order: \$0 copay	Network Pharmacy: \$10 copay Costco Pharmacy: \$0 copay Costco Mail Order: \$0 copay	Network Pharmacy: \$10 copay Costco Pharmacy: \$0 copay Costco Mail Order: \$0 copay
Preferred Brand	Pharmacy: \$15 copay Mail Order: \$15 copay	Pharmacy: \$30 copay Mail Order: \$30 copay	Network Pharmacy: \$35 copay after ded. Costco Pharmacy: \$35 copay after ded. Costco Mail Order: \$90 copay after ded.	Network Pharmacy: \$35 copay after ded. Costco Pharmacy: \$35 copay after ded. Costco Mail Order: \$90 copay after ded.	Network Pharmacy: \$35 copay after ded. Costco Pharmacy: \$35 copay after ded. Costco Mail Order: \$90 copay after ded.
Specialty	Pharmacy: \$15 copay	Pharmacy: \$30 copay	Navitus Mail Order: \$35 copay after ded.	Navitus Mail Order: \$35 copay after ded.	Navitus Mail Order: \$35 copay after ded.

This is only a brief summary of the in-network benefits. Limitations and exclusions can be found in the official plan documents. In case of any discrepancies, the official plan documents will govern. Please review the benefit summaries or plan documents for out-of-network benefits and full details.

Medical Services	BLUE SHIELD PPO	BLUE SHIELD HIGH DEDUCTIBLE PPO	BLUE SHIELD MEC 9000
Calendar Year Annual Deductible	\$200 individual; \$500 family	\$3,000 individual; \$5,200 family (individual in a family \$3,000)	\$9,000 individual; \$18,000 family (individual in a family \$9,000)
Annual Out-of-Pocket Maximum	\$1,000 individual; \$3,000 family	\$5,000 individual; \$10,000 family (individual in a family \$5,000)	\$9,000 individual; \$18,000 family (individual in a family \$9,000)
MDLive - Telehealth	\$10 copay per visit	consult fee per visit until ded. is met	consult fee per visit until ded. is met
Office Visits			
Physician	\$20 copay per visit (ded. waived)	10% after deductible	0% after deductible
Specialist	\$20 copay per visit (ded. waived)	10% after deductible	0% after deductible
Acupuncture and Chiropractic care	20% after deductible (per year acupuncture up to 12 visits; chiropractic up to 20 visits)	10% after deductible (per year acupuncture up to 12 visits; chiropractic up to 20 visits)	0% after deductible (per year acupuncture up to 12 visits; chiropractic up to 20 visits)
Diagnostic Lab and X-ray	20% after deductible	10% after deductible	0% after deductible
Urgent Care	\$20 copay (ded. waived)	10% after deductible	0% after deductible
Emergency Room (copay waived if admitted)	\$100 copay per visit + 20% after deductible	\$100 copay per visit + 10% after deductible	0% after deductible
Hospitalization (preauthorization required)	20% after deductible	10% after deductible	0% after deductible
Surgery in an Ambulatory Surgery Center	20% after deductible	10% after deductible	0% after deductible
Vision Benefits	N/A	N/A	N/A
Prescription Drugs			
Brand and Specialty Deductible	\$200 individual; \$500 family	Combined with medical.	Combined with medical.
Generic	Network Pharmacy: \$10 copay Costco Pharmacy: \$0 copay Costco Mail Order: \$0 copay	Network Pharmacy: \$9 copay after ded. Costco Pharmacy: \$0 copay after ded. Costco Mail Order: \$0 copay after ded.	Network Pharmacy: \$0 copay after ded. Costco Pharmacy: \$0 copay after ded. Costco Mail Order: \$0 copay after ded.
Preferred Brand	Network Pharmacy: \$35 copay after ded. Costco Pharmacy: \$35 copay after ded. Costco Mail Order: \$90 copay after ded.	Network Pharmacy: \$35 copay after ded. Costco Pharmacy: \$35 copay after ded. Costco Mail Order: \$90 copay after ded.	Network Pharmacy: \$0 copay after ded. Costco Pharmacy: \$0 copay after ded. Costco Mail Order: \$0 copay after ded.
Specialty	Navitus Mail Order: \$35 copay after ded.	Navitus Mail Order: \$35 copay after ded.	Navitus Mail Order: \$0 copay after ded.

**Fullerton School District
Effective 10-1-2023**

2023-2024 Employee Monthly Payroll Deductions Certificated, Classified, and Management

		Blue Shield PPO			Blue Shield HMO 10			Blue Shield HMO 30			Blue Shield HMO TRIO			KAISER HMO 15		
		SGL	2P	FAM	SGL	2P	FAM	SGL	2P	FAM	SGL	2P	FAM	SGL	2P	FAM
TENTHLY		1,051.20	2,055.60	3,096.00	950.40	1,852.80	2,601.60	874.80	1,704.00	2,388.00	802.80	1,558.80	2,180.40	850.80	1,650.00	2,314.80
ANNUAL		10,512.00	20,556.00	30,960.00	9,504.00	18,528.00	26,016.00	8,748.00	17,040.00	23,880.00	8,028.00	15,588.00	21,804.00	8,508.00	16,500.00	23,148.00
DISTRICT		10,512.00	17,112.00	20,148.00	9,504.00	17,112.00	20,148.00	8,748.00	17,040.00	20,148.00	8,028.00	15,588.00	20,148.00	8,508.00	16,500.00	20,148.00
DIST HSA	Contr															
%	HRS	EMPLOYEE PAYROLL DEDUCTION:														
100%	8.00	0.00	344.40	1,081.20	0.00	141.60	586.80	0.00	0.00	373.20	0.00	0.00	165.60	0.00	0.00	300.00
	7.90	13.14	365.79	1,106.39	11.88	162.99	611.99	10.94	21.30	398.39	10.04	19.48	190.79	10.64	20.62	325.19
	7.80	26.28	387.18	1,131.57	23.76	184.38	637.17	21.87	42.60	423.57	20.07	38.97	215.97	21.27	41.25	350.37
	7.70	39.42	408.57	1,156.76	35.64	205.77	662.36	32.81	63.90	448.76	30.11	58.46	241.16	31.91	61.88	375.56
95%	7.60	52.56	429.96	1,181.94	47.52	227.16	687.54	43.74	85.20	473.94	40.14	77.94	266.34	42.54	82.50	400.74
	7.50	65.70	451.35	1,207.13	59.40	248.55	712.73	54.68	106.50	499.13	50.18	97.43	291.53	53.18	103.13	425.93
	7.40	78.84	472.74	1,232.31	71.28	269.94	737.91	65.61	127.80	524.31	60.21	116.91	316.71	63.81	123.75	451.11
	7.30	91.98	494.13	1,257.50	83.16	291.33	763.10	76.55	149.10	549.50	70.25	136.40	341.90	74.45	144.38	476.30
90%	7.20	105.12	515.52	1,282.68	95.04	312.72	788.28	87.48	170.40	574.68	80.28	155.88	367.08	85.08	165.00	501.48
	7.10	118.26	536.91	1,307.87	106.92	334.11	813.47	98.42	191.70	599.87	90.32	175.37	392.27	95.72	185.63	526.67
	7.00	131.40	558.30	1,333.05	118.80	355.50	838.65	109.35	213.00	625.05	100.35	194.85	417.45	106.35	206.25	551.85
	6.90	144.54	579.69	1,358.24	130.68	376.89	863.84	120.29	234.30	650.24	110.39	214.34	442.64	116.99	226.88	577.04
85%	6.80	157.68	601.08	1,383.42	142.56	398.28	889.02	131.22	255.60	675.42	120.42	233.82	467.82	127.62	247.50	602.22
	6.70	170.82	622.47	1,408.61	154.44	419.67	914.21	142.16	276.90	700.61	130.46	253.31	493.01	138.26	268.13	627.41
	6.60	183.96	643.86	1,433.79	166.32	441.06	939.39	153.09	298.20	725.79	140.49	272.79	518.19	148.89	288.75	652.59
	6.50	197.10	665.25	1,458.98	178.20	462.45	964.58	164.03	319.50	750.98	150.53	292.28	543.38	159.53	309.38	677.78
80%	6.40	210.24	686.64	1,484.16	190.08	483.84	989.76	174.96	340.80	776.16	160.56	311.76	568.56	170.16	330.00	702.96
	6.30	223.38	708.03	1,509.35	201.96	505.23	1,014.95	185.90	362.10	801.35	170.60	331.25	593.75	180.80	350.63	728.15
	6.20	236.52	729.42	1,534.53	213.84	526.62	1,040.13	196.83	383.40	826.53	180.63	350.73	618.93	191.43	371.25	753.33
	6.10	249.66	750.81	1,559.72	225.72	548.01	1,065.32	207.77	404.70	851.72	190.67	370.22	644.12	202.07	391.88	778.52
75%	6.00	262.80	772.20	1,584.90	237.60	569.40	1,090.50	218.70	426.00	876.90	200.70	389.70	669.30	212.70	412.50	803.70
	5.90	275.94	793.59	1,610.09	249.48	590.79	1,115.69	229.64	447.30	902.09	210.74	409.19	694.49	223.34	433.13	828.89
	5.80	289.08	814.98	1,635.27	261.36	612.18	1,140.87	240.57	468.60	927.27	220.77	428.67	719.67	233.97	453.75	854.07
	5.70	302.22	836.37	1,660.46	273.24	633.57	1,166.06	251.51	489.90	952.46	230.81	448.16	744.86	244.61	474.38	879.26
70%	5.60	315.36	857.76	1,685.64	285.12	654.96	1,191.24	262.44	511.20	977.64	240.84	467.64	770.04	255.24	495.00	904.44
	5.50	328.50	879.15	1,710.83	297.00	676.35	1,216.43	273.38	532.50	1,002.83	250.88	487.13	795.23	265.88	515.63	929.63
	5.40	341.64	900.54	1,736.01	308.88	697.74	1,241.61	284.31	553.80	1,028.01	260.91	506.61	820.41	276.51	536.25	954.81
	5.30	354.78	921.93	1,761.20	320.76	719.13	1,266.80	295.25	575.10	1,053.20	270.95	526.10	845.60	287.15	556.88	980.00
65%	5.20	367.92	943.32	1,786.38	332.64	740.52	1,291.98	306.18	596.40	1,078.38	280.98	545.58	870.78	297.78	577.50	1,005.18
	5.10	381.06	964.71	1,811.57	344.52	761.91	1,317.17	317.12	617.70	1,103.57	291.02	565.07	895.97	308.42	598.13	1,030.37
	5.00	394.20	986.10	1,836.75	356.40	783.30	1,342.35	328.05	639.00	1,128.75	301.05	584.55	921.15	319.05	618.75	1,055.55
	4.90	407.34	1,007.49	1,861.94	368.28	804.69	1,367.54	338.99	660.30	1,153.94	311.09	604.04	946.34	329.69	639.38	1,080.74
60%	4.80	420.48	1,028.88	1,887.12	380.16	826.08	1,392.72	349.92	681.60	1,179.12	321.12	623.52	971.52	340.32	660.00	1,105.92
	4.70	433.62	1,050.27	1,912.31	392.04	847.47	1,417.91	360.86	702.90	1,204.31	331.16	643.01	996.71	350.96	680.63	1,131.11
	4.60	446.76	1,071.66	1,937.49	403.92	868.86	1,443.09	371.79	724.20	1,229.49	341.19	662.49	1,021.89	361.59	701.25	1,156.29
	4.50	459.90	1,093.05	1,962.68	415.80	890.25	1,468.28	382.73	745.50	1,254.68	351.23	681.98	1,047.08	372.23	721.88	1,181.48
55%	4.40	473.04	1,114.44	1,987.86	427.68	911.64	1,493.46	393.66	766.80	1,279.86	361.26	701.46	1,072.26	382.86	742.50	1,206.66
	4.30	486.18	1,135.83	2,013.05	439.56	933.03	1,518.65	404.60	788.10	1,305.05	371.30	720.95	1,097.45	393.50	763.13	1,231.85
	4.20	499.32	1,157.22	2,038.23	451.44	954.42	1,543.83	415.53	809.40	1,330.23	381.33	740.43	1,122.63	404.13	783.75	1,257.03
	4.10	512.46	1,178.61	2,063.42	463.32	975.81	1,569.02	426.47	830.70	1,355.42	391.37	759.92	1,147.82	414.77	804.38	1,282.22
50%	4.00	525.60	1,200.00	2,088.60	475.20	997.20	1,594.20	437.40	852.00	1,380.60	401.40	779.40	1,173.00	425.40	825.00	1,307.40

Annual Cost Divided by ten
(vendor paid 12 months)
Part time prorated

**Pro Rated % of Annual Deduction
No deductions in June and July**

**Fullerton School District
Effective 10-1-2023**

2023-2024 Employee Monthly Payroll Deductions Certificated, Classified, and Management

KAISER HMO 30			VSP	VSP for Kaiser	Delta Dental PPO			Delta Care HMO					Blue Shield PPO HSA			BLUE SHIELD HIGH DEDUCTIBLE		
SGL	2P	FAM	FAM	FAM	SGL	2P	FAM	SGL	2P	FAM			SGL	2P	FAM	HEALTH SAVINGS ACCOUNT		
825.60	1,600.80	2,246.40	21.60	27.00	59.56	95.30	160.81	30.66	49.94	74.12	TENTHLY		765.79	1,481.35	2,066.14	SGL	2P	FAM
8,256.00	16,008.00	22,464.00	216.00	270.00	595.56	953.04	1,608.12	306.60	499.44	741.24	ANNUAL		7,657.92	14,813.52	20,661.36	DISTRICT CONTRIBUTION ANNUALLY		
8,256.00	16,008.00	20,148.00	216.00	0.00	595.56	953.04	1,608.12	306.60	499.44	741.24	DISTRICT		11,507.92	17,112.00	20,148.00	3,850.00	2,298.48	0.00
											DIST HSA Contr		3,850.00	2,298.48	0.00			
											%	HRS	Pro Rata District HSA Contribution					
0.00	0.00	231.60	0.00	27.00	0.00	0.00	0.00	0.00	0.00	0.00	100%	8.00	0.00	0.00	51.34	3,850.00	2,298.48	0.00
10.32	20.01	256.79	0.27	27.00	0.74	1.19	2.01	0.38	0.62	0.93		7.90	9.57	18.52	76.52	3,801.88	2,269.75	0.00
20.64	40.02	281.97	0.54	27.00	1.49	2.38	4.02	0.77	1.25	1.85		7.80	19.14	37.03	101.71	3,753.75	2,241.02	0.00
30.96	60.03	307.16	0.81	27.00	2.23	3.57	6.03	1.15	1.87	2.78		7.70	28.72	55.55	126.89	3,705.63	2,212.29	0.00
41.28	80.04	332.34	1.08	27.00	2.98	4.77	8.04	1.53	2.50	3.71	95%	7.60	38.29	74.07	152.08	3,657.50	2,183.56	0.00
51.60	100.05	357.53	1.35	27.00	3.72	5.96	10.05	1.92	3.12	4.63		7.50	47.86	92.58	177.26	3,609.38	2,154.83	0.00
61.92	120.06	382.71	1.62	27.00	4.47	7.15	12.06	2.30	3.75	5.56		7.40	57.43	111.10	202.45	3,561.25	2,126.09	0.00
72.24	140.07	407.90	1.89	27.00	5.21	8.34	14.07	2.68	4.37	6.49		7.30	67.01	129.62	227.63	3,513.13	2,097.36	0.00
82.56	160.08	433.08	2.16	27.00	5.96	9.53	16.08	3.07	4.99	7.41	90%	7.20	76.58	148.14	252.82	3,465.00	2,068.63	0.00
92.88	180.09	458.27	2.43	27.00	6.70	10.72	18.09	3.45	5.62	8.34		7.10	86.15	166.65	278.00	3,416.88	2,039.90	0.00
103.20	200.10	483.45	2.70	27.00	7.44	11.91	20.10	3.83	6.24	9.27		7.00	95.72	185.17	303.19	3,368.75	2,011.17	0.00
113.52	220.11	508.64	2.97	27.00	8.19	13.10	22.11	4.22	6.87	10.19		6.90	105.30	203.69	328.37	3,320.63	1,982.44	0.00
123.84	240.12	533.82	3.24	27.00	8.93	14.30	24.12	4.60	7.49	11.12	85%	6.80	114.87	222.20	353.56	3,272.50	1,953.71	0.00
134.16	260.13	559.01	3.51	27.00	9.68	15.49	26.13	4.98	8.12	12.05		6.70	124.44	240.72	378.74	3,224.38	1,924.98	0.00
144.48	280.14	584.19	3.78	27.00	10.42	16.68	28.14	5.37	8.74	12.97		6.60	134.01	259.24	403.93	3,176.25	1,896.25	0.00
154.80	300.15	609.38	4.05	27.00	11.17	17.87	30.15	5.75	9.36	13.90		6.50	143.59	277.75	429.11	3,128.13	1,867.52	0.00
165.12	320.16	634.56	4.32	27.00	11.91	19.06	32.16	6.13	9.99	14.82	80%	6.40	153.16	296.27	454.30	3,080.00	1,838.78	0.00
175.44	340.17	659.75	4.59	27.00	12.66	20.25	34.17	6.52	10.61	15.75		6.30	162.73	314.79	479.48	3,031.88	1,810.05	0.00
185.76	360.18	684.93	4.86	27.00	13.40	21.44	36.18	6.90	11.24	16.68		6.20	172.30	333.30	504.67	2,983.75	1,781.32	0.00
196.08	380.19	710.12	5.13	27.00	14.14	22.63	38.19	7.28	11.86	17.60		6.10	181.88	351.82	529.85	2,935.63	1,752.59	0.00
206.40	400.20	735.30	5.40	27.00	14.89	23.83	40.20	7.67	12.49	18.53	75%	6.00	191.45	370.34	555.04	2,887.50	1,723.86	0.00
216.72	420.21	760.49	5.67	27.00	15.63	25.02	42.21	8.05	13.11	19.46		5.90	201.02	388.85	580.22	2,839.38	1,695.13	0.00
227.04	440.22	785.67	5.94	27.00	16.38	26.21	44.22	8.43	13.73	20.38		5.80	210.59	407.37	605.41	2,791.25	1,666.40	0.00
237.36	460.23	810.86	6.21	27.00	17.12	27.40	46.23	8.81	14.36	21.31		5.70	220.17	425.89	630.59	2,743.13	1,637.67	0.00
247.68	480.24	836.04	6.48	27.00	17.87	28.59	48.24	9.20	14.98	22.24	70%	5.60	229.74	444.41	655.78	2,695.00	1,608.94	0.00
258.00	500.25	861.23	6.75	27.00	18.61	29.78	50.25	9.58	15.61	23.16		5.50	239.31	462.92	680.96	2,646.88	1,580.21	0.00
268.32	520.26	886.41	7.02	27.00	19.36	30.97	52.26	9.96	16.23	24.09		5.40	248.88	481.44	706.15	2,598.75	1,551.47	0.00
278.64	540.27	911.60	7.29	27.00	20.10	32.17	54.27	10.35	16.86	25.02		5.30	258.45	499.96	731.33	2,550.63	1,522.74	0.00
288.96	560.28	936.78	7.56	27.00	20.84	33.36	56.28	10.73	17.48	25.94	65%	5.20	268.03	518.47	756.52	2,502.50	1,494.01	0.00
299.28	580.29	961.97	7.83	27.00	21.59	34.55	58.29	11.11	18.10	26.87		5.10	277.60	536.99	781.70	2,454.38	1,465.28	0.00
309.60	600.30	987.15	8.10	27.00	22.33	35.74	60.30	11.50	18.73	27.80		5.00	287.17	555.51	806.89	2,406.25	1,436.55	0.00
319.92	620.31	1,012.34	8.37	27.00	23.08	36.93	62.31	11.88	19.35	28.72		4.90	296.74	574.02	832.07	2,358.13	1,407.82	0.00
330.24	640.32	1,037.52	8.64	27.00	23.82	38.12	64.32	12.26	19.98	29.65	60%	4.80	306.32	592.54	857.26	2,310.00	1,379.09	0.00
340.56	660.33	1,062.71	8.91	27.00	24.57	39.31	66.33	12.65	20.60	30.58		4.70	315.89	611.06	882.44	2,261.88	1,350.36	0.00
350.88	680.34	1,087.89	9.18	27.00	25.31	40.50	68.35	13.03	21.23	31.50		4.60	325.46	629.57	907.63	2,213.75	1,321.63	0.00
361.20	700.35	1,113.08	9.45	27.00	26.06	41.70	70.36	13.41	21.85	32.43		4.50	335.03	648.09	932.81	2,165.67	1,292.90	0.00
371.52	720.36	1,138.26	9.72	27.00	26.80	42.89	72.37	13.80	22.47	33.36	55%	4.40	344.61	666.61	958.00	2,117.50	1,264.16	0.00
381.84	740.37	1,163.45	9.99	27.00	27.54	44.08	74.38	14.18	23.10	34.28		4.30	354.18	685.13	983.18	2,069.38	1,235.43	0.00
392.16	760.38	1,188.63	10.26	27.00	28.29	45.27	76.39	14.56	23.72	35.21		4.20	363.75	703.64	1,008.37	2,021.25	1,206.70	0.00
402.48	780.39	1,213.82	10.53	27.00	29.03	46.46	78.40	14.95	24.35	36.14		4.10	373.32	722.16	1,033.55	1,973.13	1,177.97	0.00
412.80	800.40	1,239.00	10.80	27.00	29.78	47.65	80.41	15.33	24.97	37.06	50%	4.00	382.90	740.68	1,058.74	1,925.00	1,149.24	0.00

Annual Cost Divided by ten
(vendor paid 12 months)
Part time prorated

**Pro Rated % of Annual Deduction
No deductions in June and July**

PPO vs HDHP Cost Comparison

Example:
Employee +
1 Dependent

Employee + 1 Cost	90% PPO Plan A	HSA \$3,000
Billed Premium	\$1,834	\$1,234
Annual Premium	\$22,008	\$14,814
Fullerton SD Cap	\$17,112	\$17,112
Employee Cost	\$4,896	\$0
Plan Benefits		
Deductible	\$300	\$5,200
Office Visit	\$20 (ded waived)	10% (after ded)
Prescription Drugs	\$7/\$35	\$9/\$35 (after ded)
Coinsurance	10%	10%
Out-Of-Pocket (OOP) Max	\$3,000	\$10,000
Rx OOP Max	\$2,500	\$0
Health Savings Account (HSA) Contribution From District	\$0	\$2,290
Employee Annual Financials		
Employee Annual Contribution	\$4,896	\$0
Employee Cost: Completely Healthy	\$4,896	-\$2,290
Plan Deductible	\$300	\$5,200
Employee Cost To Deductible	\$5,196	\$2,910
Plan OOP Max (PPO = Med+Rx)	\$5,500	\$10,000
Employee Cost: Critically Ill/Injured	\$10,396	\$7,710

HDHP/HSA Member Experience

Example:
Employee +
1 Dependent

How might the HSA \$3,000 work for me?

- I'm **healthy**, and I'm enrolling one dependent (spouse/child) who probably won't need medical services either
- ~70% of employees that enroll one dependent

	PPO	HSA
Your cost per paycheck (tenths)	You pay \$490 toward your insurance	You pay \$0 toward your insurance
Health Savings Account	You aren't eligible to contribute to an HSA	You will receive an annual HSA contribution of \$2,290 from FSD
You receive your annual preventive visit	You pay \$0 for in-network preventive care	You pay \$0 for in-network preventive care
You're healthy, so you don't go to the doctor	You pay nothing because you didn't receive care	You pay nothing because you didn't receive care
Your total annual cost	\$4,896	\$0 You also keep the \$2,290 in your HSA

Note: Fictitious scenarios and billed medical costs to illustrate differences in plans. Cost/paycheck and FSD HSA contribution are accurate.

HDHP/HSA Member Experience

Example: How might the HSA \$3,000 work for me?

Employee +
1 Dependent

- I'm healthy, but I cover my spouse. They have some **serious medical conditions** and use our insurance a lot.
- ~10% of employees that enroll one dependent

	PPO	HSA
Your cost per paycheck (tenthly)	You pay \$490 toward your insurance	You pay \$0 toward your insurance
Health Savings Account	You aren't eligible to contribute to an HSA	You will receive an annual HSA contribution of \$2,290 from FSD
You receive your annual preventive visit	You pay \$0 for in-network preventive care	You pay \$0 for in-network preventive care
Your spouse's condition requires a few nights' stay in the hospital (\$24,000). They also fill 3 prescriptions for brand medications a month.	Your spouse satisfies the \$1,000 medical out-of-pocket maximum with the hospital stay. Your spouse pays \$1,425 in Rx copays (\$35 x 35 fills) and deductible (\$200).	Your spouse pays the first \$5,200 of the hospital bill to satisfy the deductible and an additional \$1,880 (10% coinsurance). Your spouse pays \$1,260 in Rx copays (\$35 x 36 fills).
Your total annual cost	\$7,321 Payroll deductions: \$4,896 Medical expenses: \$2,425	\$6,050 Payroll deductions: \$0 Medical expenses: \$8,340, but you pay for the first \$2,290 out of the HSA

Note: Fictitious scenarios and billed medical costs to illustrate differences in plans. Cost/paycheck and FSD HSA contribution are accurate.

HDHP/HSA Member Experience

Example: How might the HSA \$3,000 work for me?

Employee +
1 Dependent

- I'm healthy, and I'm **enrolling my son**. I didn't think anything would happen this year, but my son broke his wrist skateboarding.
- ~20% of employees that enroll one dependent

	PPO	HSA
Your cost per paycheck (tenthsly)	You pay \$490 toward your insurance	You pay \$0 toward your insurance
Health Savings Account	You aren't eligible to contribute to an HSA	You will receive an annual HSA contribution of \$2,290 from FSD
You receive your annual preventive visit	You pay \$0 for in-network preventive care	You pay \$0 for in-network preventive care
Your son takes a trip to the ER, receives an x-ray and a cast. The bill is \$1,800. Your son also needs 2 follow-up office visits.	ER visit: \$370 Follow-up office visits: \$40	ER visit: \$1,800 Follow-up office visits: \$300 (2 @ \$150)
Your total annual cost	\$5,306 Payroll deductions: \$4,896 Medical expenses: \$410	\$0 Payroll deductions: \$0 Medical expenses: \$2,100 You pay for the medical expenses with your HSA and have \$190 left at the end of the year

Note: Fictitious scenarios and billed medical costs to illustrate differences in plans. Cost/paycheck and FSD HSA contribution are accurate.

HDHP/HSA Member Experience

Example: How might the HSA \$3,000 work for me?

- Employee + 1 Dependent
- I'm enrolling with my spouse on the FSD plan. We **both have serious medical conditions** and use our insurance a lot.
 - <1% of employees that enroll one dependent

	PPO	HSA
Your cost per paycheck (tenthly)	You pay \$490 toward your insurance	You pay \$0 toward your insurance
Health Savings Account	You aren't eligible to contribute to an HSA	You will receive an annual HSA contribution of \$2,290 from FSD
You take one of those medications that's advertised on TV (\$6,000/month) and you fill 4 other prescriptions for brand medications each month. You visit your doctor every other week (26 @ \$150) and undergo a battery of tests and imaging services (\$7,000)	You satisfy the \$1,000 medical out-of-pocket maximum with your OV copays and labs. You also pay \$1,845 in Rx copays (\$35 x 47 fills) and deductible (\$200)	Because of your Specialty medication, you satisfy the \$10,000 plan out-of-pocket maximum in the first 2 months of the plan
Your spouse's condition requires a few nights' stay in the hospital (\$24,000). They also fill 3 prescriptions for brand medications a month.	Your spouse satisfies the \$1,000 medical out-of-pocket maximum with the hospital stay. Your spouse pays \$1,425 in Rx copays (\$35 x 35 fills) and deductible (\$200).	Your spouse does not pay out-of-pocket because you've reached the family out-of-pocket maximum
Your total annual cost	\$10,116 Payroll deductions: \$4,896 Medical expenses: \$5,270	\$7,710 Payroll deductions: \$0 Medical expenses: \$10,000, but you pay for the first \$2,290 out of the HSA

Note: Fictitious scenarios and billed medical costs to illustrate differences in plans. Cost/paycheck and FSD HSA contribution are accurate.

PPO vs HDHP Cost Comparison

Example:
Employee +
Family

Employee + Family	90% PPO Plan A	HSA \$3,000
Billed Premium	\$2,580	\$1,722
Annual Premium	\$30,960	\$20,661
Fullerton SD Cap	\$20,148	\$20,148
Employee Cost	\$10,812	\$513
Benefits		
Deductible	\$300	\$5,200
Office Visit	\$20 (ded waived)	10% (after ded)
Prescription Drugs	\$7/\$35	\$9/\$35 (after ded)
Coinsurance	10%	10%
Out-Of-Pocket (OOP) Max	\$3,000	\$10,000
Rx OOP Max	\$2,500	\$0
Health Savings Account (HSA) Contribution From District	\$0	\$0
Employee Annual Financials		
<i>Employee Annual Premium</i>	\$10,812	\$513
<i>Employee Cost: Completely Healthy</i>	\$10,812	\$513
<i>Plan Deductible</i>	\$300	\$5,200
<i>Employee Cost To Deductible</i>	\$11,112	\$5,713
<i>Plan OOP Max (PPO = Med+Rx)</i>	\$5,500	\$10,000
<i>Employee Cost: Critically Ill/Injured</i>	\$16,312	\$10,513

HDHP/HSA Member Experience

Example: How might the HSA \$3,000 work for me?

**Employee +
Family**

- I'm healthy. I'm enrolling my family, but we don't normally use medical services
- ~50% of employees with families

	PPO	HSA
Your cost per paycheck (tenthly)	You pay \$1,081 toward your insurance	You pay \$51 toward your insurance
You receive your annual preventive visit	You pay \$0 for in-network preventive care	You pay \$0 for in-network preventive care
You're healthy, so you don't go to the doctor	You pay nothing because you didn't receive care	You pay nothing because you didn't receive care
Your total annual cost	\$10,812	\$513

HDHP/HSA Member Experience

Example: How might the HSA \$3,000 work for me?

Employee + Family

- I'm enrolling my family. I'm healthy, but my spouse has some serious medical conditions and uses our insurance a lot.
- ~10% of employees with families

	PPO	HSA
Your cost per paycheck (tenthly)	You pay \$1,081 toward your insurance	You pay \$51 toward your insurance
You receive your annual preventive visit	You pay \$0 for in-network preventive care	You pay \$0 for in-network preventive care
Your spouse's condition requires a few nights' stay in the hospital (\$24,000). They also fill 3 prescriptions for brand medications a month.	Your spouse satisfies the \$1,000 medical out-of-pocket maximum with the hospital stay. Your spouse pays \$1,425 in Rx copays (\$35 x 35 fills) and deductible (\$200).	Your spouse pays the first \$5,200 of the hospital bill to satisfy the deductible and an additional \$1,880 (10% coinsurance). Your spouse pays \$1,260 in Rx copays (\$35 x 36 fills).
Your total annual cost	\$13,237 Payroll deductions: \$10,812 Medical expenses: \$2,425	\$8,853 Payroll deductions: \$513 Medical expenses: \$8,340

Note: Fictitious scenarios and billed medical costs to illustrate differences in plans. Cost/paycheck and FSD HSA contribution are accurate.

HDHP/HSA Member Experience

Example: How might the HSA \$3,000 work for me?

Employee + Family

- I'm healthy, and I'm enrolling my family. I didn't think anything would happen this year, but my son broke his wrist skateboarding.
- ~40% of employees with families

	PPO	HSA
Your cost per paycheck (tenthly)	You pay \$1,081 toward your insurance	You pay \$51 toward your insurance
You receive your annual preventive visit	You pay \$0 for in-network preventive care	You pay \$0 for in-network preventive care
Your son takes a trip to the ER, receives an x-ray and a cast. The bill is \$1,800. Your son also needs 2 follow-up office visits.	ER visit: \$370 Follow-up office visits: \$40	ER visit: \$1,800 Follow-up office visits: \$300 (2 @ \$150)
Your total annual cost	\$11,222 Payroll deductions: \$10,812 Medical expenses: \$410	\$2,613 Payroll deductions: \$513 Medical expenses: \$2,100

Note: Fictitious scenarios and billed medical costs to illustrate differences in plans. Cost/paycheck and FSD HSA contribution are accurate.

HDHP/HSA Member Experience

Example: How might the HSA \$3,000 work for me?

Employee + Family

- I'm enrolling my family on the FSD plan. My spouse and I have serious medical conditions and use our insurance a lot.
- <1% of employees with families

	PPO	HSA
Your cost per paycheck (tenthly)	You pay \$1,081 toward your insurance	You pay \$51 toward your insurance
You take one of those medications that's advertised on TV (\$6,000/month) and you fill 4 other prescriptions for brand medications each month. You visit your doctor every other week (26 @ \$150) and undergo a battery of tests and imaging services (\$7,000)	You satisfy the \$1,000 medical out-of-pocket maximum with your OV copays and labs. You also pay \$1,845 in Rx copays (\$35 x 47 fills) and deductible (\$200)	Because of your Specialty medication, you satisfy the \$10,000 plan out-of-pocket maximum in the first 2 months of the plan
Your spouse's condition requires a few nights' stay in the hospital (\$24,000). They also fill 3 prescriptions for brand medications a month.	Your spouse satisfies the \$1,000 medical out-of-pocket maximum with the hospital stay. Your spouse pays \$1,425 in Rx copays (\$35 x 35 fills) and deductible (\$200).	Your spouse does not pay out-of-pocket because you've reached the family out-of-pocket maximum
Your total annual cost	\$16,082 Payroll deductions: \$10,812 Medical expenses: \$5,270	\$10,513 Payroll deductions: \$513 Medical expenses: \$10,000

Note: Fictitious scenarios and billed medical costs to illustrate differences in plans. Cost/paycheck and FSD HSA contribution are accurate.

Medical Plan Contacts

SISC Kaiser Members

(800) 464-4000

my.kp.org/sisc

Kaiser Find a Provider Link

[Doctors & Locations](#)

Kaiser Resources

[Programs and Services](#)

SISC Blue Shield Members

Shield Concierge:

(855) 599-2657

myoptions.blueshieldca.com/sisc

Blue Shield Find a Provider Links

[Trio HMO](#)

[Access+ - Full Network HMO Plans](#)

[PPO Plans](#)

Blue Shield Resources

[Programs and Services](#)

Insurance Benefits Website

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Plan Year: 10/1/2023-9/30/2024