	PPO Blue Shield	PPO Blue Shield	HMO Blue Shield	HMO Blue Shield	HMO Blue Shield	HMO Kaiser	HMO Kaiser
Fullerton School District							
2024-2025	**Blue Shield PPO**	**Blue Shield HSA PPO**	**Blue Shield HMO 10**	**Blue Shield HMO 30**	**Blue Shield HMO TRIO**	**Kaiser 15**	**Kaiser 30**
MEDICAL - CALENDAR YEAR Deductibles & Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Individual/Family Deductibles	$300/$600	$3,400/$6,800*	$0/$0	$0/$0	$0/$0	$0	$0
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	$1,000/$3,000	$6,000/$12,000*	$1,000/$2,000	$1,500/$3,000	$1,500/$3,000	$1,500/$3,000	$1,500/$3,000
		*Includes Rx					
PROFESSIONAL SERVICES							
Office Visit (OV) co-pay ($0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	$20	Deductible, then 10%	$10	$30	$30	$15	$30
Urgent Care co-pay	$20	10%	$10	$30	$30	$15	$30
Specialists/Consultants co-pay	$20	10%	$10	$30	$30	$15	$30
Prenatal, postnatal office visit co-pay	$20	10%	$0	$30	$30	$0	$0
Scans: CT, CAT, MRI, PET etc.	20%	10%	$0	$0	$0	$0	$0
Diagnostic X-ray & Laboratory Procedures	20%	10%	$0	$0	$0	$0	$0
Infertility (Refer to Plan Document)	Not covered	Not covered	50%	50%	50%	Co-pay applies	Co-pay applies
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	$0	$0	$0	$0	$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES							
Emergency Room visit (copay waived if admitted)	20% $100 co-pay	10% $100 co-pay	$100	$150	$150	$100	$100
Inpatient Hospital (preauthorization required) - limits may apply	20%	10%	$0	20%	20%	$0	$0
Outpatient Hospital	20%	10%	$0	$0	$0	$15	$30
Surgery, Outpatient (performed in Surgery Center)	20%	10%	$0	$0	$0	$15	$30
Surgery, Outpatient (performed in a Hospital) - limits may apply	20%	10%	$0	$0	$0	$15	$30
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT							
INPATIENT: Facility Based Care (preauth required)	20%	10%	$0	20%	20%	$0	$0
OUTPATIENT: Facility Based Care (preauth required)	20%	10%	$10	$30	$30	$15	$30
OTHER SERVICES							
Ambulance (Ground or Air)	20% $100 co-pay	10% $100 co-pay	$100	$100	$100	$50	$50
Acupuncture - Limits apply	20%	10%	$10/30 visits combined w/chiro	$10/30 visits combined w/chiro	$10/30 visits combined w/chiro	$10/30 visits (through ASH) combined w/chiro	$10/30 visits (through ASH) combined w/chiro
Chiropractic - Limits apply	20%	10%	$10/30 visits combined w/acu	$10/30 visits combined w/acu	$10/30 visits combined w/acu	$10/30 visits (through ASH) combined w/acu	$10/30 visits (through ASH) combined w/acu
Durable Medical Equipment (DME)	20%	10%	0%	20%	20%	no charge	no charge
Physical and Occupational Therapy - Limits apply	20%	10%	$10	$30	$30	$15	$30
Hearing Aids	20% and Amount in excess of $700 allowance/24 months	10% and Amount in excess of $700 allowance/24 months	50% Coinsurance 1 device/24 months	50% Coinsurance 1 device/24 months	50% Coinsurance 1 device/24 months	amount in excess of $500 allowance every 36 months	amount in excess of $500 allowance every 36 months
PHARMACY BENEFITS							
Plan	**200/10-35**	**HSA Rx**	**200/10-35**	**200/10-35**	**200/10-35**	**Trad HMO $15**	**Trad HMO $30**
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Kaiser	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	$200/$500	Included w/ Medical ded	$200/$500	$200/$500	$200/$500	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	$2,500/$3,500	Included w/ Med OOP Max	$2,500/$3,500	$2,500/$3,500	$2,500/$3,500	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	$0 at Costco $10 at Other Network	Deductible, then $0 at Costco or $9 at Other Network	$0 at Costco $10 at Other Network	$0 at Costco $10 at Other Network	$0 at Costco $10 at Other Network	$15 up to 100 day supply	$10 up to 100 day supply
Brand co-pay/30 days supply	$35	Deductible, then $35	$35.00	$35.00	$35.00	$15 up to 100 day supply	$30 up to 100 day supply
Specialty co-pay/up to 30 days supply	$35 Must Use Navitus Mail	Deductible, then $35 (Must Use Navitus Mail)	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	$15 up to 30 day supply	$30 up to 30 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	$0-$90	Deductible, then $18-$90	$0-$90	$0-$90	$0-$90	$15-$15/up to 100 day supply	$10-$30/up to 100 day supply
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Kaiser Mail Order Pharmacy

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.

*Coverage stages apply, see benefit summary for details