
Disclosure Form Part One

SISC-SELF INSURED SCHOOLS OF CALIFORNIA

Home Region: California

10/1/22 through 9/30/23

Principal benefits for Kaiser Permanente Deductible HMO Plan**Accumulation Period**

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

Out-of-Pocket Maximums and Deductibles

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.

For Services that are subject to the Plan Deductible or the Drug Deductible, you must pay Charges for covered Services you receive during the Accumulation Period until you reach the deductible amounts listed below. All payments you make toward your deductibles apply to the Plan Out-of-Pocket Maximum 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-Pocki ↔			

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Mental Health Services

You Pay

Inpatient psychiatric hospitalization	10% Coinsurance after Plan Deductible
Individual outpatient mental health evaluation and treatment	\$20 per visit (Plan Deductible doesn't apply)
Group outpatient mental health treatment	\$10 per visit (Plan Deductible doesn't apply)

Substance Use Disorder Treatment

You Pay

Inpatient detoxification	10% Coinsurance after Plan Deductible
Individual outpatient substance use disorder evaluation and treatment.....	\$20 per visit (Plan Deductible doesn't apply)
Group outpatient substance use disorder treatment	\$5 per visit (Plan Deductible doesn't apply)

Home Health Services

You Pay

Home health care (up to 100 visits per Accumulation Period).....	No charge (Plan Deductible doesn't apply)
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Other

You Pay

Hearing aids every 36 months	Amount in excess of \$500 Allowance per aid (Allowance not subject to Plan Deductible)
Skilled nursing facility care (up to 100 days per benefit period)	10% Coinsurance (Plan Deductible doesn't apply)
Prosthetic and orthotic devices as described in the EOC.....	No charge (Plan Deductible doesn't apply)
Services to diagnose or treat infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the EOC	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 (Plan Deductible doesn't apply)