Santa Clara County Office of Education

Santa Clara County Office of Education (SCCOE) - Effective october 1, 2025

SISC PLAN NAME	Kaiser (HMO) $20 OV, $10-30 Rx	Kaiser (DHMO) DHMO $500, $10-30 Rx	Kaiser (HDHP)) Deductible HMO HSA-A	Anthem (HMO) HMO Premier 20; Rx 5-20 (NEW)	Anthem (PPO Full) 100-A $20; Rx 5-20	Anthem (PPO Ded) 80-G $30; Rx 7-25	Anthem (HDHP) HSA-3000
	Member Pays	Member Pays	Member Pays		Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	$0	$500/$1,000	$1,700/$3,400	$0	$0/$0	$500/$1,000	$3,400/$6,800
Individual/Family Calendar Out-of-Pocket Max (includes medical co-pays, deductibles and co-insurance)	$1,500/$3,000	$3,000/$6,000	$3,500/$7,000	$1,500/$3,000	$1,000/$3,000	$2,000/$4,000	$6,000/$12,000
PROFESSIONAL SERVICES							
Office Visit (OV) co-pay ($0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	$20	$20	Deductible, then 10% after Ded	$20	$20	$20	Deductible, then 10%
Urgent Care co-pay	$20	$20	10% after Ded	$20	$20	$20	10% after Ded
Specialists/Consultants co-pay	$20	$20	10% after Ded	$20	$20	$20	10% after Ded
Prenatal, postnatal office visit co-pay	$20	$20	10% after Ded	$20	$20	$20	10% after Ded
Scans: CT, CAT, MRI, PET etc.	$0	10% after Ded Copay up to $50	10% after Ded	$100/test	0%	20% after Ded	10% after Ded
Diagnostic X-ray & Laboratory Procedures	$0	$10	10% after Ded	$0	0%	20% after Ded	10% after Ded
Infertility (diagnosis/treatment of causes of infertility)	Co-pay applies	Co-pay applies	Co-pay applies	50%	Not covered	Not covered	Not covered
Preventive Care Services (includes physical exams & screenings)	$0	0% after Ded Ded Waived	0% after Ded Ded Waived	$0	0% Ded Waived	0% after Ded Ded Waived	0% after Ded Ded Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES							
Emergency Room visit co-pay (waived if admitted)	$100	10% after Ded	10% after Ded	$100	0% after Ded $100 co-pay	20% after Ded $100 co-pay	10% after Ded $100 co-pay
Inpatient Hospital co-pay (preauthorization required)	$0	10% after Ded	10% after Ded	$200/admit	0% after Ded	20% after Ded	10% after Ded
Surgery, Outpatient (performed in an Ambulatory Surgery Center)	$20	10% after Ded	10% after Ded	$100	0% after Ded	20% after Ded	10% after Ded
Surgery, Outpatient (performed in a Hospital)	$21	10% after Ded	10% after Ded	$100	0%	20% after Ded	10% after Ded
MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT							
INPATIENT CARE: Facility based care (preauthorization required)	$0	10% after Ded	10% after Ded	$200	0% after Ded	20% after Ded	10% after Ded
OUTPATIENT CARE: Facility based care (preauthorization required)	$20	10% after Ded	10% after Ded	$0	0% after Ded	20% after Ded	10% after Ded
OTHER SERVICES							
Ambulance (Ground or Air)	$50	$150	10% after Ded	$100	0% after Ded $100 co-pay	20% after Ded $100 co-pay	10% after Ded $100 co-pay
Acupuncture - Limits apply	$10/30 visits (through ASH) combined w/chiro	$10/30 visits (through ASH) combined w/chiro	Requires Prior Authorization	$10/30 visits combined w/chiro	0% after Ded Uses ASH Network	20% after Ded Uses ASH Network	10% after Ded Uses ASH Network
Chiropractic - Limits apply	$10/30 visits (through ASH) combined w/acu	$10/30 visits (through ASH) combined w/acu	no coverage	$10/30 visits combined w/acu	0% after Ded Uses ASH Network	20% after Ded Uses ASH Network	10% after Ded Uses ASH Network
Durable Medical Equipment (DME)	no charge	20% after Ded	10% after Ded	20%	0%	20%	10%
Physical and Occupational Therapy - Limits apply	$20	$20	10% after Ded	$20	0%	20%	10%
PRESCRIPTION DRUG PLANS							
Provider Network	**Kaiser**	**Kaiser**	**Kaiser**	**Navitus**	**Navitus**	**Navitus**	**Navitus**
Individual/Family Brand & Specialty Rx Deductibles	none	none	Included w/ Medical ded	none	none	none	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max	$1,500/$2,500	$1,500/$2,500	$1,500/$2,500	Included w/ Med OOP Max
Generic co-pay/days supply	$10 up to 30 day supply	$10 up to 30 day supply	deductible, then $10	$0 at Costco* $5 at Other Network	$0 at Costco* $5 at Other Network	$0 at Costco* $7 at Other Network	Deductible, then $0 at Costco or $9 at Other Network
Brand co-pay/days supply	$30 up to 30 day supply	$30 up to 30 day supply	deductible, then $30	$20	$20	$25	Deductible, then $35
Specialty co-pay/up to 30 days supply	$30 up to 30 day supply	$30 up to 30 day supply	deductible, then $30	$20 Must Use Navitus Mail	$20 Must Use Navitus Mail	$25 Must Use Navitus Mail	Deductible, then $35 (Must Use Navitus Mail)
Mail Order (Generic-Brand co-pay/90 days supply)	$20-$60 up to 100 day supply	$20-$60 up to 100 day supply	$20-$60/up to 100 day supply	$0-$50*	$0-$50*	$0-$60*	Deductible, then $0-$90

Note: This is a brief benefit summary that reflects in-network benefits from a participating or contracted provider. For additional details, limitations, exclusions and out-of-network coverage, please refer to the Summary of Benefits or Coverage Booklet. Plans with a deductible all have 4th quarter deductible carryover (October 1-December 31) except for the HDHP-HSA plan. Co-pays and co-insurance do not carryover to the next calendar year. To find a participating or contracting provider call the customer service number on your ID card