# Classified Benefits Information Sheet
## Kaiser Option for 2025-2026 Benefit Plan Year (Oct. 2025-Sept. 2026)

| Brief Summary of Benefits | Member Pays: |
|---|---|
| **Professional Services:** | |
| Office Visit co-pay | $10 |
| Urgent Care co-pay | $10 |
| Specialists/Consultants co-pay | $10 |
| Prenatal, Postnatal Office Visit co-pay | $0 |
| Scans: CT, CAT, MRI, PET, etc. | $0 |
| Diagnostic X-ray & Laboratory Procedures | $0 |
| Preventative Care Services (includes physical exams & screenings) | $0 |
| **Hospital & Skilled Nursing Facility Services:** | |
| Emergency Room (co-pay waived if admitted) | $100 co-pay |
| Inpatient Hospital co-pay (preauthorization required) | $0 |
| Outpatient Hospital co-pay | $10 |
| Surgery, Outpatient (performed in an Ambulatory Surgery Center) | $10 |
| Surgery, Outpatient (performed in a Hospital) | $10 |
| **Mental Health Services & Substance Abuse Treatment:** | |
| Inpatient Care: Facility based care (preauthorization required) | $0 |
| Outpatient Care: Facility based care (preauthorization required) | $10 |
| **Other Services:** | |
| Acupuncture - limits apply | $10 co-pay / 30 visits |
| Ambulance (ground or air) | $50 |
| Chiropractic - limits apply | $10 co-pay / 30 visits |
| Durable Medical Equipment (DME) | 100% |
| Physical and Occupational Therapy - limits apply | $10 |
| **Individual / Family Deductible(s)**<br>A portion of the covered expenses that an individual must pay before benefits are paid by the insurance plan - deductibles are per calendar year. | **$0** |
| **Individual / Family - Out of Pocket Max (OOP Max) -** The OOP Max is the most you have to pay in deductibles, co-insurance and co-pays for covered health services during a calendar year. All deductibles and co-pays apply to the calendar year OOP maximum. | **$1500 per individual**<br>**$3000 family** |
| ***Outpatient Prescription Drugs*** | |
| **Days supply** | 100 |
| Generic Cost | $10 |
| Brand Name Cost | $10 |
| Mail Order | $10 |

This sheet is only a brief summary of benefits that reflects In-Network benefits. Visit our website at hr.fcoe.org/benefits to review the benefit summaries or plan booklets for details, limitations and exclusions. Benefits may be subject to change due to mid-year legislative changes.

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## Kaiser Option for 2025-2026 Benefit Plan Year (Oct. 2025-Sept. 2026)

| ***MONTHLY COSTS*** | |
|---|---|
| Medical | $1,602.00 |
| TOTAL COST w/ Delta Dental Premier (Incentive) Plan | $1,741.95 |
| TOTAL COST w/ Delta Dental PPO Plan | $1,729.95 |
| | |
| Employer Contribution/Monthly | $1,412.50 |

| **11 MONTH EMPLOYEE COST** | |
|---|---|
| Employee's Cost/Monthly with Delta Dental PPO Premier (Incentive) Plan | $359.40 |
| Employee's Cost/Monthly with Delta Dental PPO | $346.31 |

| **12 MONTH EMPLOYEE COST** | |
|---|---|
| Employee's Cost/Monthly with Delta Dental PPO Premier (Incentive) Plan | $329.45 |
| Employee's Cost/Monthly with Delta Dental PPO | $317.45 |

***Note: Monthly costs include: Medical, Dental, Vision, Life Insurance & Administrative Fee***