

Classified Benefits Information Sheet

Kaiser Option for 2024-2025 Benefit Plan Year (Oct. 2024-Sept. 2025)

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) 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 \$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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MONTHLY COSTS	
Medical	\$1,509.00
TOTAL COST w/ Delta Dental Premier (Incentive) Plan	\$1,648.95
TOTAL COST w/ Delta Dental PPO Plan	\$1,636.95
Employer Contribution/Monthly	\$1,516.67

11 MONTH EMPLOYEE COST	
Employee's Cost/Monthly with Delta Dental PPO Premier (Incentive) Plan	\$144.31
Employee's Cost/Monthly with Delta Dental PPO	\$131.21

12 MONTH EMPLOYEE COST	
Employee's Cost/Monthly with Delta Dental PPO Premier (Incentive) Plan	\$132.28
Employee's Cost/Monthly with Delta Dental PPO	\$120.28

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