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**Disclosure Form Part One**

SISC-SELF INSURED SCHOOLS OF CALIFORNIA

Home Region: California

10/1/24 through 9/30/25

**Principal benefits for Kaiser Permanente Traditional 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.

<b>Amounts Per Accumulation Period</b>	<b>Self-Only Coverage</b> (a Family of one Member)	<b>Family Coverage</b> Each Member in a Family of two or more Members	<b>Family Coverage</b> Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$1,500	\$1,500	\$3,000
Plan Deductible	None	None	None
Drug Deductible	None	None	None

**Plan Provider Office Visits**

Most Primary Care Visits and most Non-Physician Specialist Visits.....	<b>You Pay</b> \$10 per visit
Most Physician Specialist Visits .....	\$10 per visit
Routine physical maintenance exams, including well-woman exams ....	No charge
Well-child preventive exams (through age 23 months) .....	No charge
Scheduled prenatal care exams.....	No charge
Routine eye exams with a Plan Optometrist .....	No charge
Urgent care consultations, evaluations, and treatment .....	\$10 per visit
Most physical, occupational, and speech therapy.....	\$10 per visit

**Telehealth Visits**

Primary Care Visits and Non-Physician Specialist Visits by interactive video .....	<b>You Pay</b>
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