Del Mar Union School District Medical Plan Options for all Part-Time Benefit Eligible Employees Effective January 1, 2026

	SISC (Self-Insured Schools of California)		
	Kaiser HMO	Anthem HMO Select Network	Anthem HMO Priority Select Network
Benefits	Member Responsibility:		
Office Visit	\$15 copay	\$10 copay	\$10 copay
Specialist Visit	\$15 copay	\$10 copay	\$10 copay
Preventive Care	100% covered	100% covered	100% covered
Inpatient Hospitalization	100% covered	100% covered	100% covered
Outpatient Surgery	\$15 copay	100% covered	100% covered
X-Ray & Laboratory	100% covered	100%, \$100 complex radiology	100%, \$100 complex radiology
Urgent Care	\$15 copay	\$10 copay (from your primary care group)	\$10 copay (from your primary care group)
Emergency Room (Waived if admitted)	\$100 copay	\$100 copay	\$100 copay
Chiropractic Services (All HMO plans will combine chiropractic & acupuncture thru ASH)	\$10 copay, up to 30 visits per calendar year	\$10 copay, up to 30 visits per calendar year	\$10 copay, up to 30 visits per calendar year
Prescriptions Retail-Network (Other than Costco)	Kaiser Pharmacy Only \$5 generic \$20 brand 30 day supply	\$9 generic \$35 brand 30 day supply	\$5 generic \$20 Brand 30 day supply
Costco Walk-In		\$0 generic, up to a 90 day supply \$35 brand, 30 day supply; \$90 brand for 90 day supply	\$0 generic, up to a 90 day supply \$20 brand, 30 day supply; \$50 brand for 90 day supply
Mail Order (Provided by Costco)	Kaiser Pharmacy Only \$10 generic \$20 brand 100-day supply	\$0 generic \$90 brand 90 day supply	\$0 generic \$50 brand 90 day supply
Annual Deductible	NA	NA	NA
Medical Out-of-Pocket Maximum	\$1,500 indiv/ \$3,000 family	\$1,000 indiv/ \$2,000 family	\$1,000 indv/ \$2,000 family
Rx Out-of-Pocket Maximum	Included in medical out-of-pocket maximum	\$2,500 indiv/ \$3,500 family	\$1,500 indv/ \$2,500 family
* This is a brief description of each plan. Any variances from the master policy; the master policy will prevail.			
2026 Part-Time Employee Cost 11 Months - Total Payroll Deductions for Medical Insurance			
Employee Only	\$302.40	\$306.98	\$316.47
Plus 1 Dependent	\$1,300.58	\$1,356.44	\$1,388.84
Plus 2 or More Dependents	\$1,898.40	\$1,984.80	\$2,032.47