

CSEBA Medical Plan Highlights for 2026/2027	Kaiser Permanente	Blue Shield of California Must Select either TRIO, Access+, PPO Tandem or PPO Traditional Plan, to enroll in a Blue Shield Plan.					
CSEA Employees	HMO Group # 100034-00	HMO TRIO Group ID # W0064557	HMO Access+ Group ID # W0064557	PPO Tandem Group ID # W0064557	PPO Tandem Out-of-Network	PPO Group ID # W0064557	PPO Out-of-Network
Family members include spouse or registered domestic partner, dependent children including, stepchildren, or legal guardianship of children to age 26.	You and eligible family members can designate any Kaiser physician, subject to availability.	You and eligible family members can designate any primary care physician from the provider directory subject to availability.	You and eligible family members can designate any primary care physician from the provider directory subject to availability.	California employees and eligible family members only. This plan uses a specific network of Health Care Providers.	California employees and eligible family members using a non-participating Health Care Provider.	You and eligible family members can select any participating provider.	You and eligible family members can select the physician of your choice.
Office Visit/Specialist	\$5 / \$5	\$10 / \$10	\$10 / \$10	\$30 / \$30	40%	\$30 / \$ 30	40%
Preventive Services/Basic Lab/X-ray	No Copay	No Copay	No Copay	0% (deductible waived)	40%	0% (deductible waived)	40%
Urgent Care	\$5/visit	\$10/visit	\$10/visit	\$30/visit	40%	\$30/visit	40%
X-ray, Imaging, MRI, PET & CAT	No Copay	No Copay	No Copay	20%	40%	20%	40%
Prescription Drugs-Retail							
Tier 1	\$5 Generic	\$10	\$10	\$10	25% + \$10	\$10	25% + \$10
Tier 2	\$5 Generic	\$20	\$20	\$20	25% + \$20	\$20	25% + \$20
Tier 3	\$5 Generic	Not Covered	\$35	\$35	25% + \$35	\$35.00	25% + \$35
Tier 4	\$5 Generic	\$20	\$35	20% up to \$150/per RX	20% up to \$150 per RX + 25% of purchase price	20% up to \$150/RX	20% up to \$150 per RX + 25% of purchase price
Durable Medical Equipment	No Copay	No Copay	No Copay	20%	40%	20%	40%
Emergency Room	\$50 copay; waived if admitted for treatment (observation not included)	\$50 copay; waived if admitted	\$50 copay; waived if admitted	\$100/visit + 20%; waived if admitted	\$100/visit + 20%; waived if admitted	\$100/visit + 20%; waived if admitted	\$100/visit + 20%; waived if admitted
Hospital	100 % (No Copay)	100 % (No Copay)	100% (No Copay)	20%	40% of up to \$600/day plus 100% of additional charges	20%	40% of up to \$600/day plus 100% of additional charges
Chiropractic Care	\$10/visit (limit 30 visits/calendar year)	\$10/visit	\$10/visit	\$30/visit (limit 24 visits/calendar year)	40% (limit 24 visits/calendar year)	\$30/visit (limit 24 visits/calendar year)	40% (limit 24 visits/calendar year)

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Calendar Year Out-of-Pocket Maximum Single Two-Party (each member) Family Calendar Year Deductible Single Two-Party (each member) Family	\$1,500 \$1,500 \$3,000 N/A N/A N/A	\$ 500 \$ 500 \$1,500 N/A N/A N/A	\$ 500 \$ 500 \$1,500 N/A N/A N/A	\$2,000 \$2,000 \$4,000 \$1,000 \$1,000 \$2,000	\$4,000 \$4,000 \$8,000 \$1,000 \$1,000 \$2,000	\$2,000 \$2,000 \$4,000 \$1,000 \$1,000 \$2,000	\$4,000 \$4,000 \$8,000 \$1,000 \$1,000 \$2,000
<u>*2026/2027 EMPLOYEE MONTHLY PREMIUM CONTRIBUTIONS</u> The monthly premium is deducted each month based on number of months employed (10 or 12).	Kaiser Monthly Premium 100% Employer Paid \$2,355.93	Blue Shield HMO Trio Monthly Premium 100% Employer Paid	*\$116.07/ 12 mos. *\$139.28 / 10 mos.	*\$1,198.07/ 12 mos. *\$1,437.68/ 10 mos.		*\$1,425.07/ 12 months *\$1,710.08/ 10 months	

The above provides an overview of benefits and your financial responsibility. It is not to be accepted or construed as a substitute for the provisions of the plan policy. Actual plan documents should be read to obtain exact and complete benefit information. Plan summaries are available on the human resources website at <https://www.chaffey.edu/hr/benefits.php>.