SISC
Self-Insured Schools of California
Schools Helping Schools

District Name

Bargaining Unit	**ALL Groups**	**ALL Groups**	**ALL Groups**	**MGMT/CSEA**	**CODFA**	**ALL Groups**	**ALL Groups**
2022-2023	**Blue Shield**	**Blue Shield**	**Blue Shield**	**Blue Shield**	**Blue Shield**	**Blue Shield**	**Kaiser**
	100-D $20	**100-G $20**	**90-G $20**	**80-E $20**	**80-G $20**	**10-0**	**Trad HMO $20**
MEDICAL - CALENDAR YEAR Deductibles & Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Individual/Family Deductibles	$300/$600	$500/$1,000	$500/$1,000	$300/$600	$500/$1,000	$0/$0	$0
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	$1,000/$3,000	$1,000/$3,000	$1,000/$3,000	$1,000/$3,000	$2,000/$4,000	$1,000/$2,000	$1,500/$3,000
PROFESSIONAL SERVICES							
Office Visit (OV) co-pay ($0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	$20	$20	$20	$20	$20	$10	$20
Urgent Care co-pay	$20	$20	$20	$20	$20	$10	$20
Specialists/Consultants co-pay	$20	$20	$20	$20	$20	$10	$20
Prenatal, postnatal office visit co-pay	$20	$20	$20	$20	$20	$0	$0
Scans: CT, CAT, MRI, PET etc.	0%	0%	10%	20%	20%	$0	$0
Diagnostic X-ray & Laboratory Procedures	0%	0%	10%	20%	20%	$0	$0
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered	Not covered	Not covered	50%	Co-pay applies
Preventive Care (includes physical exams & screenings)	0%	0%	0%	0%	0%	$0	$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES							
Emergency Room visit (copay waived if admitted)	0% $100 co-pay	0% $100 co-pay	10% $100 co-pay	20% $100 co-pay	20% $100 co-pay	$100	$100
Inpatient Hospital (preauthorization required) - limits may apply	0%	0%	10%	20%	20%	$0	$0
Outpatient Hospital	0%	0%	10%	20%	20%	$0	$20
Surgery, Outpatient (performed in Surgery Center)	0%	0%	10%	20%	20%	$0	$20
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	0%	10%	20%	20%	$0	$20
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT							
INPATIENT: Facility Based Care (preauth required)	0%	0%	10%	20%	20%	$0	$0
OUTPATIENT: Facility Based Care (preauth required)	0%	0%	10%	20%	20%	$10	$20
OTHER SERVICES							
Ambulance (Ground or Air)	0% $100 co-pay	0% $100 co-pay	10% $100 co-pay	20% $100 co-pay	20% $100 co-pay	$100	$50
Acupuncture - Limits apply	0%	0%	10%	20%	20%	$10/30 visits	$10/30 visits
Chiropractic - Limits apply	0%	0%	10%	20%	20%	$10/30 visits	$10/30 visits
Durable Medical Equipment (DME)	0%	0%	10%	20%	20%	0%	no charge
Physical and Occupational Therapy - Limits apply	0%	0%	10%	20%	20%	$10	$20
Hearing Aids	Amount in excess	Amount in excess	10% and	20% and	20% and	50% Coinsurance	amount in excess of
PHARMACY BENEFITS							
Plan	**9-35**	**200/10-35**	**200/10-35**	**200/10-35**	**200/10-35**	**200/10-35**	**Trad HMO $20**
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	$200/$500	$200/$500	$200/$500	$200/$500	$200/$500	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	$2,500/$3,500	$2,500/$3,500	$2,500/$3,500	$2,500/$3,500	$2,500/$3,500	$2,500/$3,500	Included w/ Med OOP Max
Generic co-pay/30 days supply	$0 at Costco	$0 at Costco	$0 at Costco	$0 at Costco	$0 at Costco	$0 at Costco	$10 up to 100 day
Brand co-pay/30 days supply	$35	$35.00	$35.00	$35.00	$35.00	$35.00	$20 up to 100 day
Specialty co-pay/up to 30 days supply	$35 Must Use	$35 Must Use	$35 Must Use	$35 Must Use	$35 Must Use	$35 Must Use	$20 up to 30 day
Mail Order (Generic-Brand co-pay/90 days supply)	$0-$90	$0-$90	$0-$90	$0-$90	$0-$90	$0-$90	$10-$20/up to 100
Mail Order Pharmacy	Costco Mail Order	Costco Mail Order	Costco Mail Order	Costco Mail Order	Costco Mail Order	Costco Mail Order	Kaiser Mail Order

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.