SISC
Self-Insured Schools of California
Schools Helping Schools

District Name Mt. SAC

Bargaining Unit **Confidential, Management & Board of Trustees**

2020-2021	Blue Shield	Blue Shield	Blue Shield	Blue Shield	Blue Shield	Kaiser
	100-A $20	90-G $20	80-G $20	10-0	10-0	Trad HMO $15
MEDICAL - CALENDAR YEAR Deductibles & Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Individual/Family Deductibles	$0/$0	$500/$1,000	$500/$1,000	$0/$0	$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	$2,000/$4,000	$1,000/$2,000	$1,000/$2,000	$1,500/$3,000
					TRIO Network	
PROFESSIONAL SERVICES						
Office Visit (OV) co-pay ($0 Copay for first 3 calendar year Primary Care office visits on Non-HSA PPO plans)	$20	$20	$20	$10	$10	$15
Urgent Care co-pay	$20	$20	$20	$10	$10	$15
Specialists/Consultants co-pay	$20	$20	$20	$10	$10	$15
Prenatal, postnatal office visit co-pay	$20	$20	$20	$0	$0	$0
Scans: CT, CAT, MRI, PET etc.	0%	10%	20%	$0	$0	$0
Diagnostic X-ray & Laboratory Procedures	0%	10%	20%	$0	$0	$0
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Not covered	Not covered	Not covered	50%	50%	Co-pay applies
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	$0	$0	$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES						
Emergency Room visit (waived if admitted)	0% $100 co-pay	10% $100 co-pay	20% $100 co-pay	$100	$100	$100
Inpatient Hospital (preauthorization required) - limits may apply	0%	10%	20%	$0	$0	$0
Outpatient Hospital	0%	10%	20%	$0	$0	$15
Surgery, Outpatient (performed in Surgery Center)	0%	10%	20%	$0	$0	$15
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	10%	20%	$0	$0	$15
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT						
INPATIENT: Facility Based Care (preauth required)	0%	10%	20%	$0	$0	$0
OUTPATIENT: Facility Based Care (preauth required)	0%	10%	20%	$10	$10	$15
OTHER SERVICES						
Acupuncture - Limits apply	0%	10%	20%	$10/30 visits combined w/chiro	$10/30 visits combined w/chiro	$10/30 visits combined w/chiro
Ambulance (Ground or Air)	0% $100 co-pay	10% $100 co-pay	20% $100 co-pay	$100	$100	$50
Chiropractic - Limits apply	0%	10%	20%	$10/30 visits combined w/acu	$10/30 visits combined w/acu	$10/30 visits combined w/acu
Durable Medical Equipment (DME)	0%	10%	20%	0%	0%	no charge
Physical and Occupational Therapy - Limits apply	0%	10%	20%	$10	$10	$15
Hearing Aids	Amount in excess of $700 allowance/24 months	10% and Amount in excess of $700 allowance/24 months	20% and Amount in excess of $700 allowance/24 months	50% Coinsurance 1 device/24 months	50% Coinsurance 1 device/24 months	amount in excess of $500 allowance every 36 months
PHARMACY BENEFITS						
Plan	5-20	5-20	5-20	5-20	5-20	Custom $5-$20 (30 day)
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	$1,500/$2,500	$1,500/$2,500	$1,500/$2,500	$1,500/$2,500	$1,500/$2,500	Included w/ Med OOP Max
Generic co-pay/30 days supply	$0 at Costco $5 at Other Network	$0 at Costco $5 at Other Network	$0 at Costco $5 at Other Network	$0 at Costco $5 at Other Network	$0 at Costco $5 at Other Network	$5 up to 30 day supply
Brand co-pay/30 days supply	$20	$20	$20	$20	$20	$20 up to 30 day supply
Specialty co-pay/up to 30 days supply	$20 Must Use Navitus Mail	$20 Must Use Navitus Mail	$20 Must Use Navitus Mail	$20 Must Use Navitus Mail	$20 Must Use Navitus Mail	$20 up to 30 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	$0-$50	$0-$50	$0-$50	$0-$50	$0-$50	$10-$40/up to 100 day supply
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Kaiser Mail Order Pharmacy

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.