SISC III
SELF-INSURED SCHOOLS OF CALIFORNIA
Schools Helping Schools

Santa Maria Bonita
Plan Effective October 1, 2014

BENEFIT	Certificated/Classified/Confidential & Management PBI 90/70	
Provider Network(s):		
Hospital	**Prudent Buyer**	
Professional	**Prudent Buyer**	
Calendar Year Deductible(s)	**$250** individual/three member deductibles per family*	
Maximum Co-Insurance (includes office visit co-pays, ER copay and deductible)	****New**** **$1250** per individual / **$3750** per family **In Network**	**$3000** individual / **$9000** per family **Out of Network**
Co-insurance is the member's responsibility to pay when the plan is paying less than 100% (i.e. plan pays 80%, member pays the other 20%)	Once a member's 10% co insurance & copays total $1250/individual the plan will pay 100% of the allowable amount for the remainder of the calendar year. Includes office visit copays, ER copays and annual deductible.	Once a member's 30% co insurance & copays total $3000/individual the plan will pay 100% of the allowable amount for the remainder of the calendar year.
Services	**Participating Providers**	**Non-Participating Providers**
Office Visits	$20 copay Deductible Waived	70% C&R
Inpatient Hospital Room, Board & Support Services (prior authorization required)	90%	70% eligible expenses less 25%
Ambulatory Surgery Center	90%	70% eligible expenses less 25% up to $350 max per day
Emergency Room used for non-emergency services[1]	$200 copay (waived if admitted) Calendar year deductible waived	
Facility Expenses:	90%	70% eligible expenses less 25%
Professional Expenses:	90%	70% C&R
Emergency Room (true medical emergency services as defined by Anthem Blue Cross)[1]	$200 copay (waived if admitted) Calendar year deductible waived	
Facility Expenses:	90%	90% eligible 25% penalty waived
Professional Expenses:	90%	90% C&R
Surgeon & Anesthetist	90%	70% C&R
Well Baby & Well Child (birth through age 16)	100%, Deductible Waived	70% C&R
Adult Preventive Care[2] (age 17 and older)		70% C&R
Prostate Cancer Screening	100%	70% C&R
Cervical Cancer Screening	100%	70% C&R
Breast Cancer Screenings & Supplies	100%	70% C&R
Diagnostic X-Ray & Lab	90%	70% C&R
Psychiatric & Substance Abuse		
Inpatient facility	90%	70% eligible expense less 25%
Outpatient facility	90%	70% eligible expense less 25%
Outpatient professional	$20 copay Deductible Waived	70% C&R
Physical Therapy (medically necessary)	90%	70% C&R
Acupuncture	90%	70% C&R
Durable Medical Equipment	90%	70% C&R
Hearing Aids (max payment of $700 per member once in 24 months)	90%	70% C&R
Skilled Nursing Facility (120 days per calendar year)	90%	90%
Hospice	90%	70%
Ambulance	70%	70%
Home Health Care 100 visits/yr (prior authorization required)	90%	70%
Home Infusion	90%	70% C&R
Chiropractic Services (26 visits per yr)	90% $50 per visit	70% C&R up to $25 per visit

Outpatient Prescription Drugs	**Express Scripts (formerly Medco) Rx Plan $7-25**	
	Retail	**Mail**
Supply	30 days	90 days
Brand Name Calendar Year Deductible	Not applicable	
Generic Drugs	$7	$14
Single Source Brand Name Drugs	$25	$60

[1] The plan defines Medical Emergencies as a sudden, serious, and unexpected acute illness, injury, or condition (including without limitation sudden and unexpected severe pain) which the beneficiary reasonably perceives could permanently endanger health.

[2] Adult preventive care includes physician's services, immunizations, radiology, and lab services in connection with a routine exam.

Note: This is only a brief summary of benefits. For details, limitations and exclusions, please refer to the summary plan description.