SISC Self-Insured Schools of California — Schools Helping Schools

District Name CENTRAL UNION HIGH SCHOOL DISTRICT

Bargaining Unit CLASSIFIED GROUP

2024-2025	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	SIMNSA
	40662D	40662E	40662H	40662G	40725B	40725E	40725F	378
	100-A $20	90-C $20	80-E $20	80-G $30	80-K $30	HSA $1700 - Single	HSA $1700 - Family	SIMNSA $5 OV $5 Rx
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	$0/$0	$200/$500	$300/$600	$500/$1,000	$1,000/$2,000	1700*	$3,400/$3,400*	$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	$2,000/$4,000	$3,000/$6,000	3400*	$3,400/$6,800*	$6,350/ $12,700
						*Includes Rx	*Includes Rx	
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	$30	$30	Deductible, then 10%	Deductible, then 10%	$5
Urgent Care co-pay	$20	$20	$20	$30	$30	10%	10%	$25
Specialists/Consultants co-pay	$20	$20	$20	$30	$30	10%	10%	$5
Prenatal, postnatal office visit co-pay	$20	$20	$20	$30	$30	10%	10%	$5
Scans: CT, CAT, MRI, PET etc.	0%	10%	20%	20%	20%	10%	10%	$0
Diagnostic X-ray & Laboratory Procedures	0%	10%	20%	20%	20%	10%	10%	$0
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	N/A
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES								
Emergency Room visit (copay waived if admitted)	0% $100 co-pay	10% $100 co-pay	20% $100 co-pay	20% $100 co-pay	20% $100 co-pay	10% $100 co-pay	10% $100 co-pay	$250
Inpatient Hospital (preauthorization required) - limits may apply	0%	10%	20%	20%	20%	10%	10%	$0
Outpatient Hospital	0%	10%	20%	20%	20%	10%	10%	$0
Surgery, Outpatient (performed in Surgery Center)	0%	10%	20%	20%	20%	10%	10%	$0
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	10%	20%	20%	20%	10%	10%	$0
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT								
INPATIENT: Facility Based Care (preauth required)	0%	10%	20%	20%	20%	10%	10%	$0
OUTPATIENT: Facility Based Care (preauth required)	0%	10%	20%	20%	20%	10%	10%	$5
OTHER SERVICES								
Ambulance (Ground or Air)	0% $100 co-pay	10% $100 co-pay	20% $100 co-pay	20% $100 co-pay	20% $100 co-pay	10% $100 co-pay	10% $100 co-pay	$0
Acupuncture - Limits apply	0% Uses ASH Network	10% Uses ASH Network	20% Uses ASH Network	20% Uses ASH Network	20% Uses ASH Network	10% Uses ASH Network	10% Uses ASH Network	$10 Tijuana Network only
Chiropractic - Limits apply	0% Uses ASH Network	10% Uses ASH Network	20% Uses ASH Network	20% Uses ASH Network	20% Uses ASH Network	10% Uses ASH Network	10% Uses ASH Network	N/A
Durable Medical Equipment (DME)	0%	10%	20%	20%	20%	10%	10%	100%
Physical and Occupational Therapy - Limits apply	0%	10%	20%	20%	20%	10%	10%	$10
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	20% and Amount in excess of $700 allowance/24 months	20% and Amount in excess of $700 allowance/24 months	10% and Amount in excess of $700 allowance/24 months	10% and Amount in excess of $700 allowance/24 months	No Coverage
PHARMACY BENEFITS								
Plan	200/10-35	200/10-35	200/10-35	200/10-35	200/10-35	HSA Rx	HSA Rx	SIMNSA $5 Rx
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	$200/$500	$200/$500	$200/$500	$200/$500	$200/$500	Included w/ Medical ded	Included w/ Medical ded	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	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	$0 at Costco $10 at Other Network	$0 at Costco $10 at Other Network	$0 at Costco $10 at Other Network	$0 at Costco $10 at Other Network	$0 at Costco $10 at Other Network	Deductible, then $0 at Costco or $9 at Other Network	Deductible, then $0 at Costco or $9 at Other Network	$5 up to 30 day supply
Brand co-pay/30 days supply	$35	$35.00	$35.00	$35.00	$35.00	Deductible, then $35	Deductible, then $35	$5 up to 30 day supply
Specialty co-pay/up to 30 days supply	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	Deductible, then $35 (Must Use Navitus Mail)	Deductible, then $35 (Must Use Navitus Mail)	Not covered unless medically necessary and requested by a SIMNSA doctor ($5 Copay if covered)
Mail Order (Generic-Brand co-pay/90 days supply)	$0-$90	$0-$90	$0-$90	$0-$90	$0-$90	Deductible, then $0-$90	Deductible, then $0-$90	Not covered
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco 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.

*Coverage stages apply, see benefit summary for details