SISC
Self-Insured Schools of California
Schools Helping Schools

Visalia Unified School District
October 1, 2024-September 30,2025

	Classified	
PPO PLANS	**80% E $30**	**80% C $30**
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOP)	**Member Pays**	**Member Pays**
	Spousal Overlay	
Individual/Family Deductibles	$300/$600	$200/$500
Individual/Family Out-of-Pocket Max (includes deductibles and co-pays)	$1,000/$3,000	$500/$1,500
PROFESSIONAL SERVICES		
Office Visit co-pay ($0 Copay for first 3 calendar year Primary Care office visits)	$30	$30
Urgent Care co-pay	$30	$30
Specialists/Consultants co-pay	$30	$30
Prenatal, postnatal office visit co-pay	$30	$30
Scans: CT, CAT, MRI, PET etc.	20%	20%
Diagnostic X-ray & Laboratory Procedures	20%	20%
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered
Preventive Care Services (includes physical exams & screenings)	0%, Deductible Waived	0%, Deductible Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES		
Emergency Room visit co-pay (waived if admitted)	20% $200 co-pay	20% $200 co-pay
Inpatient Hospital co-pay (preauthorization required)	20%	20%
Outpatient Hospital co-pay	20%	20%
Surgery, Outpatient (performed in an Ambulatory Surgery Center)	20%	20%
Surgery, Outpatient (performed in a Hospital)	20%	20%
MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT		
INPATIENT CARE: Facility based care (preauthorization required)	20%	20%
OUTPATIENT CARE: Facility based care (preauthorization required)	Deductible waived office visit co-pay applies	Deductible waived office visit co-pay applies
OTHER SERVICES		
Acupuncture - Limits apply	20%	20%
Ambulance (Ground or Air)	$100 Co Pay + 20%	$100 Co Pay + 20%
Chiropractic - Limits apply	20%	20%
Durable Medical Equipment (DME)	20%	20%
Physical and Occupational Therapy - Limits apply	20%	20%
PRESCRIPTION DRUG PLANS		
Generic co-pay/days supply	$10/30-Days	$10/30-Days
Brand Deductible Individual/Family	$200/$500	$200/$500
Brand co-pay/days supply	$35/30-Days	$35/30-Days
Mail Order (Generic-Brand co-pay/days supply)	$0-$90/90-Days	$0-$90/90-Days
Individual/Family RX Out-of-pocket (OOP) Max (Includes Rx deductibles and co-pays)	$2,500/$3,500	$2,500/$3,500
Vision Service Plan (www.vsp.com)	Plan B, $15 co-pay Exam & lenses every yr;frames every 2 yrs	Plan B, $15 co-pay Exam & lenses every yr;frames every 2 yrs
Delta Dental Plan: (www.deltadentalca.org)	Premier Incentive Plan, $1,500 cal yr max. Ortho 50% up to $1,000 lifetime.	Premier Incentive Plan, $1,500 cal yr max. Ortho 50% up to $1,000 lifetime.
Life Insurance - Reductions Begin @ Age 75	$60,000	

VUSD/EMPLOYEE CONTRIBUTIONS	**2024-25**		**2024-25**	
	Classified BASIC PLAN		**Classified Plan B**	
Health Plan Annual Cost	**$15,134.76**		**$15,614.76**	
VUSD Annual Contribution	$15,134.76		$15,134.76	
	Annual	***Monthly***	***Annual***	***Monthly (10*)***
Employee Contribution	$0.00	$0.00	$480.00	$48.00
TOTAL ANNUAL EMPLOYEE CONTRIBUTION	**$0.00 ANNUAL**		**$480.00 ANNUAL**	

Employee Deductions: 10 month (No deductions in July or August)

This sheet is only a brief summary of benefits that reflects In-Network benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions. Benefits may be subject to change due to mid-year legislative changes.

OOP maximum on Anthem plans with a Navitus pharmacy carve out does not include prescription drug co-pays.

Coinsurance and co-pays do NOT carryover to the next calendar year.

Plans with a deductible all have 4th quarter carryover (October 1 - December 31)

For plans with a deductible, co-insurance applies after the deductible has been met unless otherwise noted.