

**SISC**Self-Insured Schools of California
Schools Helping Schools**Visalia Unified School District**
October 1, 2024-September 30,2025

	Management - Certificated
PPO PLANS	80% C \$30
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOP)	Member Pays
Individual/Family Deductibles	\$200/\$500
Individual/Family Out-of-Pocket Max (includes deductibles and co-pays)	\$500/\$1,500
PROFESSIONAL SERVICES	
Office Visit co-pay (\$0 Copay for first 3 calendar year Primary Care office visits)	\$30
Urgent Care co-pay	\$30
Specialists/Consultants co-pay	\$30
Prenatal, postnatal office visit co-pay	\$30
Scans: CT, CAT, MRI, PET etc.	20%
Diagnostic X-ray & Laboratory Procedures	20%
Infertility (diagnosis/treatment of causes of infertility)	Not covered
Preventive Care Services (includes physical exams & screenings)	0%, Deductible Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES	
Emergency Room visit co-pay (waived if admitted)	20% \$200 co-pay
Inpatient Hospital co-pay (preauthorization required)	20%
Outpatient Hospital co-pay	20%
Surgery, Outpatient (performed in an Ambulatory Surgery Center)	20%
Surgery, Outpatient (performed in a Hospital)	20%
MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT	
INPATIENT CARE: Facility based care (preauthorization required)	20%
OUTPATIENT CARE: Facility based care (preauthorization required)	Deductible waived office visit co-pay applies
OTHER SERVICES	
Acupuncture - Limits apply	20%
Ambulance (Ground or Air)	\$100 Co Pay + 20%
Chiropractic - Limits apply	20%
Durable Medical Equipment (DME)	20%
Physical and Occupational Therapy - Limits apply	20%
PRESCRIPTION DRUG PLANS	
Generic co-pay/days supply	\$10/30-Days
Brand Deductible Individual/Family	\$200/\$500
Brand co-pay/days supply	\$35/30-Days
Mail Order (Generic-Brand co-pay/days supply)	\$0-\$90/90-Days
Individual/Family RX Out-of-pocket (OOP) Max (Includes Rx deductibles and co-pays)	\$2,500/\$3,500
Vision Service Plan (www.vsp.com)	Plan B, \$10 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.
Life Insurance - Reductions Begin @ Age 75	\$50,000
VUSD/EMPLOYEE CONTRIBUTIONS	2024-25
Health Plan Annual Cost VUSD Annual Contribution	Management - Certificated
	\$15,613.80
Employee Contribution	\$0.00
	Annual
	\$15,613.80
	Monthly (12*)
	\$1,301.15
TOTAL ANNUAL EMPLOYEE CONTRIBUTION	\$15,613.80
*Employee Deductions: 12 month (Deductions in all 12 months)	

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.

Coinurance 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.