

IMPORTANT PLAN INFORMATION FOR SISC PLANS

For more details, please refer to your plan's summary of benefits or plan booklet

- Out of network claims – Must be submitted for reimbursement within 6 months of service.
- \$0 copays for the first three primary care visits each calendar year (**excludes HSA plans**)
- Office visit co-pays, deductibles, and any applicable paid co-insurance apply to “Out-of-Pocket-Maximum”
- Most generic prescriptions purchased from a Costco walk-in pharmacy receive a discount of \$0 co-pay (**excludes HSA plans**)

Notify Provider Billing Office of Your Group #

Certificated and Classified members have coverage through the same carriers. It is important to note that the plan group numbers for the different employee groups is **different for every health benefit plan**. Keep your group numbers in an easy to locate place for future reference. This information can also be found on Eureka City Schools' website with the health plan documents.

Medical Plan Claims Process for Members Covered by Other Plans (aka: COB)

Members who have medical coverage under more than one plan need to provide their medical plan member services with updated information on secondary coverage. **Every time letters are received requesting information for secondary coverage, a response is required. Failure to respond can cause a delay or denial in claims processing and payment.**

Outpatient Hospital Procedures – Affected Procedures: Arthroscopy, Cataract Surgery, Colonoscopy, Upper GI Endoscopy with or without Biopsy.

If the above-mentioned procedures are not performed at an in-network Ambulatory Surgical Center (ASC), you will be responsible for the regular deductible and coinsurance **PLUS** any amount by which the charge exceeds the maximum benefit. This applies to facility fees only. **Exceptions must be approved prior to performed procedures.**

X-Ray & Lab, Durable Medical Equipment, and Physical Medicine – Out of Network Benefit

X-Ray, Lab, Durable Medical Equipment and Physical Medicine provided by **non-participating providers** are **NOT** covered. Physical Medicine includes chiropractic, physical and occupational therapy. This does not apply to emergencies. In rare instances the PPO carrier can assist the member with an authorized referral to a non-participating provider **prior** to services being rendered.

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Services Obtained from Out-of-Network Providers

You can be responsible to pay up to 100% of the cost for services obtained from an out-of-network provider. Do your research prior to receiving services by confirming that your provider is a contracted member with SISC Anthem Blue Cross. Authorized referrals (waivers) can be obtained under limited conditions. Call the customer service number on your member ID card.

Minimum Value and HSA 5000 Plans (HSA compatible plans)

All office visits including the MDLive benefit are subject to the deductible

4th Quarter Deductible Carryover does NOT apply

Discounted co-pays for prescription drugs at COSTCO do not apply on HSA compatible plans until after the medical deductible is met

Preferred Pharmacy

Costco is the preferred pharmacy for SISC members. PPO members can get free generic medications; no need to be a Costco member. NOTE: free generics are not available for HSA plans until the deductible is met. Walgreens is NOT a network pharmacy. A member using a Walgreens pharmacy will be responsible to pay for the ENTIRE cost of the prescription drug.

24/7 Virtual Primary Care Doctor

Centivo Care is a service that is available at no cost to SISC Anthem PPO members (excludes HSA plans) ages 18+. Download the Centivo Care app and register for your free Centivo Care membership, where you have 24/7 access to a Care Team who works together to offer you primary care, mental health support, and answers to follow-up care questions through one app.

Hip, Knee and Spine Inpatient Surgical Benefit www.anthem.com/ca/sisc/find-care

The Blue Distinction Specialty Care program has been implemented for **inpatient** Hip and Knee replacement procedures and **inpatient** Spine procedures. **There will be no out-of-network benefit for these inpatient procedures. Members considering these types of procedures must contact member services at the phone number on their ID card to obtain information regarding in-network facilities for the procedure requested. A travel benefit will be available for members who do not have access to a covered facility in their area.**

Teladoc Medical Experts www.teladochealth.com/expert-care/specialty-wellness/medical-experts

Patients' medical cases are reviewed by doctors identified as world-leading experts in their fields of specialty. This is ideally suited for members dealing with complex medical conditions, considering surgery or a major procedure, would like a second opinion, or have questions about managing a health condition.

Maven Maternity and Postpartum Support www.mavenclinic.com/join/SISC

Free 6-month diaper subscription for qualified members. Eligible members (excludes HSA plans) are matched with a Care Advocate to guide them to their free access to virtual care 24/7 from doctors, specialists, coaches, and trustworthy content tailored to the member's experience.