



SISC
Self-Insured Schools of California
Schools Helping Schools

Visalia Unified School District
October 1, 2025-September 30,2026

| 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 | |
| 2025-26 | |
| Management - Certificated | |
| Health Plan Annual Cost | \$17,537.16 |
| VUSD Annual Contribution | \$0.00 |
| Annual | |
| Employee Contribution | \$17,537.16 |
| Monthly (12*) | |
| \$1,461.43 | |
| TOTAL ANNUAL EMPLOYEE CONTRIBUTION | \$17,537.16 |

**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.