*digital ID cards issued only

SISC 2026-2027 Plan Comparison - CLASSIFIED Anthem Blue Cross Plan Options:	SISC 90-G PPO	SISC 80-G PPO	SISC 80-L PPO	SISC 100-A PPO	SISC Diamond Proactive Care PPO*	SISC Gold Proactive Care PPO*
MEDICAL - PLAN YEAR Deductible & Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Annual Deductible (DED)	$500 per person $1000 family maximum	$500 per person $1000 family maximum	$2000 per person $4000 family maximum	None	None	None
Out-of-Pocket (OOP) Max includes medical deductibles, co-insurance and co-pays	$1000 per person $3000 family maximum	$2000 per person $4000 family maximum	$4000 per person $8000 family maximum	$1000 per person $3000 family maximum	$1000 per person $3000 family maximum	$3000 per person $6000 family maximum
PROFESSIONAL SERVICES						
Preventive Care	100% covered	100% covered	100% covered	100% covered	100% covered	100% covered
Primary Care Office Visit	$0 copay first 3 visits; $20 copay thereafter	$0 copay first 3 visits; $20 copay thereafter	$0 copay first 3 visits; $30 copay thereafter	$0 copay first 3 visits; $20 copay thereafter	$0 copay	$0 copay
Specialist/Consultant Visit	$20 copay	$20 copay	$30 copay	$20 copay	$40 copay	$100 copay
Urgent Care	$20 copay	$20 copay	$30 copay	$20 copay	$0 copay	$0 copay
Diagnostic X-ray & Laboratory Procedures	10%	20%	20%	100% covered	$0-$25 copay (office and freestanding labs)	$0-$75 (office and freestanding labs)
HOSPITAL & SKILLED NURSING FACILITY SERVICES						
Emergency Room Visit (copay waived if admitted)	$100 copay + DED then you pay 10%	$100 copay + DED then you pay 20%	$100 copay + DED then you pay 20%	$100 copay	$300 copay	$700 copay
Inpatient Hospital Care	DED then you pay 10%	DED then you pay 20%	DED then you pay 20%	100% covered	$200/day	$600/day
Outpatient Surgery	DED then you pay 10%	DED then you pay 20%	DED then you pay 20%	100% covered	$600 copay	$1800 copay
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT						
Inpatient Care: Facility Based Care (preauthorization required)	10%	20%	20%	100% covered	$200/day	$600/day
Outpatient Care: Facility Based Care (preauthorization required)	DED then you pay 10%	DED then you pay 20%	DED then you pay 20%	100% covered	100% covered	100% covered
OTHER SERVICES						
Acupuncture (limits apply)	10%	20%	20%	100% covered	100% covered	100% covered
Chiropractic (limits apply)	10%	20%	20%	100% covered	100% covered	100% covered
Physical & Occupational Therapy (limits apply)	10%	20%	20%	100% covered	100% covered	100% covered
Durable Medical Equipment (DME)	10%	20%	20%	100% covered	100% covered	100% covered
PHARMACY BENEFITS						
Generic*	$5 30-day	$5 30-day	$9 30-day	$5 30-day	$9 30-day	$9 30-day
Non-preferred brand drugs	$20 30-day	$20 30-day	$35 30-day	$20 30-day	$35 30-day	$35 30-day
Specialty	$20 30-day	$20 30-day	$35 30-day	$20 30-day	$35 30-day	$35 30-day
**Free generic medications at any Costco Pharmacy*					select brand medications at $0 when prescribed by a PCP	
PAYROLL DEDUCTION - 12THLY 7-8 HOURS						
Single	**$305.56**	**$223.56**	**$80.56**	**$429.56**	**$317.56**	**$149.56**
2Party	**$572.12**	**$402.12**	**$118.12**	**$830.12**	**$607.12**	**$260.12**
Family	**$741.46**	**$519.46**	**$150.46**	**$1,077.46**	**$787.46**	**$334.46**
PAYROLL DEDUCTION - 10THLY 7-8 HOURS						
Single	**$366.67**	**$268.27**	**$96.67**	**$515.47**	**$381.07**	**$179.47**
2Party	**$686.54**	**$482.54**	**$141.74**	**$996.14**	**$728.54**	**$312.14**
Family	**$889.75**	**$623.35**	**$180.55**	**$1,292.95**	**$944.95**	**$401.35**
PAYROLL DEDUCTION - 12THLY 6-6.99 HOURS						
Single	**$397.99**	**$315.99**	**$172.99**	**$521.99**	**$409.99**	**$241.99**
2Party	**$761.98**	**$591.98**	**$307.98**	**$1,019.98**	**$796.98**	**$449.98**
Family	**$988.78**	**$766.78**	**$397.78**	**$1,324.78**	**$1,034.78**	**$581.78**
PAYROLL DEDUCTION - 10THLY 6-6.99 HOURS						
Single	**$477.59**	**$379.19**	**$207.59**	**$626.39**	**$491.99**	**$290.39**
2Party	**$914.38**	**$710.38**	**$369.58**	**$1,223.98**	**$956.38**	**$539.98**
Family	**$1,186.53**	**$920.13**	**$477.33**	**$1,589.73**	**$1,241.73**	**$698.13**

PAYROLL DEDUCTION - 12THLY 5-5.99 HOURS						
Single	**$490.42**	**$408.42**	**$265.42**	**$614.42**	**$502.42**	**$334.42**
2Party	**$951.84**	**$781.84**	**$497.84**	**$1,209.84**	**$986.84**	**$639.84**
Family	**$1,236.10**	**$1,014.10**	**$645.10**	**$1,572.10**	**$1,282.10**	**$829.10**
PAYROLL DEDUCTION - 10THLY 5-5.99 HOURS						
Single	**$588.50**	**$490.10**	**$318.50**	**$737.30**	**$602.90**	**$401.30**
2Party	**$1,142.21**	**$938.21**	**$597.41**	**$1,451.81**	**$1,184.21**	**$767.81**
Family	**$1,483.31**	**$1,216.91**	**$774.11**	**$1,886.51**	**$1,538.51**	**$994.91**
PAYROLL DEDUCTION - 12THLY 4-4.99 HOURS						
Single	**$582.85**	**$500.85**	**$357.85**	**$706.85**	**$594.85**	**$426.85**
2Party	**$1,141.70**	**$971.70**	**$687.70**	**$1,399.70**	**$1,176.70**	**$829.70**
Family	**$1,483.41**	**$1,261.41**	**$892.41**	**$1,819.41**	**$1,529.41**	**$1,076.41**
PAYROLL DEDUCTION - 10THLY 4-4.99 HOURS						
Single	**$699.42**	**$601.02**	**$429.42**	**$848.22**	**$713.82**	**$512.22**
2Party	**$1,370.04**	**$1,166.04**	**$825.24**	**$1,679.64**	**$1,412.04**	**$995.64**
Family	**$1,780.10**	**$1,513.70**	**$1,070.90**	**$2,183.30**	**$1,835.30**	**$1,291.70**
This is a summary only. Please review the benefit summaries or plan booklets at https://www.anthem.com/ca/mcr/sisc for details, limitations, and exclusions.						

*** RATES ARE SUBJECT TO CHANGE ***