

# SISC Health Insurance Rates

Plan Year: October 2020 - September 2021

Effective:  
10/01/2020

Full Time Employee (1.0 FTE)

		District Paid Contribution/Month			Calculate Your Monthly Cost
		Employee	Employee +1	Family	
Medical CAP		527.25	741.25	881.50	
Total Annual District Contribution		6,327.00	8,895.00	10,578.00	
		Employee	Employee +1	Family	
<b>ANTHEM 100% - PLAN A</b>	Premium	\$1,055.00	\$1,814.00	\$2,302.00	
\$0 Deductible					
\$1,000/\$3,000 Max Out of Pocket	Dist CAP	\$527.25	\$741.25	\$881.50	
40346B	employee cost	\$527.75	\$1,072.75	\$1,420.50	
<b>ANTHEM 80% - PLAN G</b>	Premium	\$804.00	\$1,383.00	\$1,755.00	
\$500/\$1,000 Deductible					
\$2,000/\$4,000 Max Out of Pocket	Dist CAP	\$527.25	\$741.25	\$881.50	
40346C	employee cost	\$276.75	\$641.75	\$873.50	
<b>ANTHEM 80% - PLAN L</b>	Premium	\$700.00	\$1,204.00	\$1,529.00	
\$2,000/\$4,000 Deductible					
\$4,000/\$8,000 Max Out of Pocket	Dist CAP	\$527.25	\$741.25	\$881.50	
40346D	employee cost	\$172.75	\$462.75	\$647.50	
<b>ANTHEM 90% - PLAN HDHP</b>	Premium	\$644.00	\$1,108.00	\$1,404.00	
\$3,000/\$5,200 Deductible					
\$5,000/\$10,000 Max Out of Pocket	Dist CAP	\$527.25	\$741.25	\$881.50	
40346F	employee cost	\$116.75	\$366.75	\$522.50	
<b>KAISER HMO Traditional Plan</b>	Premium	\$858.00	\$1,476.00	\$1,871.00	
\$0 Deductible					
\$1,500/\$3,000 Max Out of Pocket	Dist CAP	\$527.25	\$741.25	\$881.50	
604352-0062	employee cost	\$330.75	\$734.75	\$989.50	
<b>KAISER HDHP</b>	Premium	\$688.00	\$1,184.00	\$1,500.00	
\$1,500/\$3,000 Deductible					
\$3,000/\$6,000 Max Out of Pocket	Dist CAP	\$527.25	\$741.25	\$881.50	
604352-0067	employee cost	\$160.75	\$442.75	\$618.50	
<b>ANTHEM 70% BRONZE PLAN</b>	Premium	\$578.00	N/A	\$983.00	
\$5,000/\$10,000 Deductible					
\$6,350/\$12,700 Max Out of Pocket	Dist CAP	\$527.25		\$881.50	
70109B	employee cost	\$50.75		\$101.50	
<b>WABE - Medical OPT OUT</b>	Premium	\$578.00	N/A	N/A	
(No Medical Coverage)					
WABE68650L	Dist CAP	\$527.25			
	employee cost	\$50.75			
<b>Delta Dental Premier</b>	employee cost	\$98.00	\$98.00	\$98.00	
Build Coverage 70%-100%   7086-2110					
<b>Delta Dental Preferred</b>	employee cost	\$91.00	\$91.00	\$91.00	
Most Services 100% Covered   7086-3110					
<b>MES VISION</b>	employee cost	\$17.80	\$17.80	\$17.80	
\$10.00 Copayment   19190-001					
Total employee selection		\$			
x 12 mos/ 11 paychecks		\$			

**Waiver of Anchor Bronze Enrollment – WABE:** The purpose of RUSD offering this enrollment option is so employees with secondary coverage will not have issues accessing their secondary coverage (which will become primary for employee in WABE). The WABE program is premium in lieu of enrollment. Employees that choose WABE will not have medical or prescription drug coverage, they will have MDLIVE, EAP, Advance Medical second opinion and Biometric Screenings coverage. Employees enrolled in WABE must also enroll in the dental and vision plans offered by RUSD. Employees electing the WABE option must also sign a “Declination of Coverage for Full Time Employees form”. Please contact Payroll for more information.

# Ripon Unified School District - Classified Employees

This is a limited summary of Medical Plan Benefits for Plan Year October 2020. For detailed coverage refer to the Plan Document and SBC



	100% Plan A-10 9-35	80% Plan G-20 200/10-35	80% Plan L-30 200/10-35	90% HDHP B Med-Rx Same	Anchor Bronze Med-Rx Same	KAISER - 30 10-30	KAISER HSA A 1500 Med-Rx Same
Monthly SINGLE Premium Rate	\$1,055	\$804	\$700	\$644	\$578	\$858	\$688
Monthly DEPENDENT Premium Rate	\$1,814	\$1,383	\$1,204	\$1,108		\$1,476	\$1,184
Monthly FAMILY Premium Rate	\$2,302	\$1,755	\$1,529	\$1,404	\$983	\$1,871	\$1,500
	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS
PREVENTATIVE CARE <i>(Includes Physical Exams &amp; Screenings)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>							
Individual/Family Deductibles <i>* Includes RX</i>	\$0/\$0	\$500/\$1,000	\$2,000/\$4,000	\$3,000/\$5,200*	\$5,000/\$10,000*	\$0/\$0	\$1,500/\$3,000
Individual/Family Out-of-Pocket (OOP) Max <i>(Includes Medical Deductibles, Co-insurance &amp; Co-pays)</i>	\$1,000/\$3,000	\$2,000/\$4,000	\$4,000/\$8,000	\$5,000/\$10,000*	\$6,350/\$12,700*	\$1,500/\$3,000	\$3,000/\$6,000
<b>PROFESSIONAL SERVICES</b>							
Office Visit - Urgent Care - Specialists/Consultants Pre & Post Natal Care <i>* Primary Care Provider Office Visit Copayment</i>	\$10	\$20	\$30	10%	30%	\$30	10% After Deductible \$0
	\$0 Copay for the 1st three office visits with PCP in Calendar Year						
Scans: CT - CAT - MRI - PET	0%	20%	20%	10%	30%	\$0	10% After Deductible
Diagnostic X-ray & Laboratory Procedures	0%	20%	20%	10%	30%	\$0	10% After Deductible
<b>HOSPITAL &amp; SKILLED NURSING FACILITY SERVICES</b>							
In-Patient Hospital <i>(Prior Authorization Required)</i>	0%	20%	20%	10%	30%	\$0	10% After Deductible
Outpatient Hospital	0%	20%	20%	10%	30%	\$30	10% After Deductible
Outpatient Surgery <i>(Performed in Hospital or Surgery Center)</i>	0%	20%	20%	10%	30%	\$30	10% After Deductible
Emergency Room Visit <i>(Waived if Admitted)</i>	\$100	\$100; then 20%	\$100; then 20%	\$100; then 10%	\$100; then 30%	\$100	10% After Deductible
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE TREATMENT</b>							
In-Patient: Facility Based Care <i>(Prior Authorization Required)</i>	0%	20%	20%	10%	30%	\$0	10% After Deductible
Out-Patient: Facility Based Care <i>(Prior Authorization Required)</i>	0%	20%	20%	10%	30%	\$30	10% After Deductible
<b>OTHER SERVICES</b>							
Acupuncture <i>(Limits Apply)</i>	0%	20%	20%	10%	30%	\$10/30 visits combined with Chiropractic	Limited Coverage If Authorized
Ambulance <i>(Ground or Air)</i>	\$100	\$100; then 20%	\$100; then 20%	\$100; then 10%	\$100; then 30%	\$50	10% After Deductible
Chiropractic <i>(Limits Apply)</i>	0%	20%	20%	10%	30%	\$10/30 visits combined with Acupuncture	Not Covered
Durable Medical Equipment (DME)	0%	20%	20%	10%	30%	\$0	10% After Deductible
Physical and Occupational Therapy <i>(Limits Apply)</i>	0%	20%	20%	10%	30%	\$30	10% After Deductible
<b>PHARMACY BENEFITS</b>							
Individual/Family Brand & Specialty Rx Deductibles	None	\$200/\$500	\$200/\$500	Included with Medical Deductible	Included with Medical Deductible	None	Included with Medical Deductible
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(Includes Rx Deductibles &amp; Co-pays)</i>	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	Included with Medical OOP Max	Included with Medical OOP Max	Included with Medical OOP Max	Included with Medical OOP Max
Generic - 30 days supply	\$0 at Costco \$9 Other Network	\$0 at Costco \$10 Other Network	\$0 at Costco \$10 Other Network	\$9	\$9	\$10-100 day supply	\$10
Brand - 30 days supply	\$35	\$35	\$35	\$35	\$35	\$30-100 day supply	\$30
Specialty - 30 days supply	\$35 Navitus Mail ONLY	\$35 Navitus Mail ONLY	\$35 Navitus Mail ONLY	\$35 (MAIL)	\$35 (MAIL)	\$30-30 day supply	\$30
Mail Order <i>(Generic &amp; Brand - 90 days supply)</i>	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$10-\$30/100 day supply	\$20-\$60/100 day supply

\* Primary Care Providers are: Family or General Practitioner, Internist, Gynecologist, Obstetrician, Pediatrician or Nurse Practitioner



## Ripon Unified School District - Classified Employees

This is a limited summary of Dental Plan Benefits for Plan Year October 2020. For detailed coverage refer to the Plan Document. All benefits shown assume In-Network coverage only.

	Delta Dental Plan Premier Plan	Delta Dental Plan Preferred Plan
COMPOSITE Premium Rate	\$103	\$96
<b>CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>MEMBER PAYS</b>	<b>MEMBER PAYS</b>
Individual/Family Deductibles	\$0/\$0	\$0/\$0
Individual/Family Maximum	\$1,500	\$1,500
<b>Covered Service</b>	<b>PLAN PAYS</b>	<b>PLAN PAYS</b>
Diagnostic & Preventive Services Exams, X-rays, 2 Cleanings Per Calendar Year	70-100%	\$1
Basic Services Fillings, Simple Tooth Extractions, Sealants	70-100%	\$1
Endodontics Root Canals Covered Under Basic Services	70-100%	\$1
Oral Surgery Covered Under Basic Services	70-100%	100%
Major Services Crowns, Inlays, Onlays & Cast Restorations	70-100%	100%
Prosthodontics Bridges, Dentures & Implants	50%	50%
Orthodontics Adult & Dependent Children	Not Covered	Not Covered
Dental Accident Benefits	100% Additional \$1,000 Benefits	100% Additional \$1,000 Benefits



## Ripon Unified School District - Classified Employees

This is a limited summary of Vision Plan Benefits for Plan Year October 2019. For detailed coverage refer to the Plan Document

		Medical Eye Care Services MES - C-\$10
COMPOSITE Premium Rate		\$17.80
CALENDAR YEAR Deductibles & Maximums		MEMBER PAYS
Individual Copayments		\$10
FREQUENCY OF SERVICE		PLAN PAYS
Comprehensive Vision Exam		Once Every Calendar Year
Lenses		One Pair Every Calendar Year
Frames		One Pair Every Calendar Year
Contact Lenses - Non-Elective		One Pair Every Calendar Year
Contact Lenses - Elective		One Pair Every Calendar Year
BENEFIT ALLOWANCE		PLAN PAYS
Comprehensive Examination		100% - Participating Provider
Single Vision Lenses		100% - Participating Provider
Bifocal Lenses		100% - Participating Provider
Trifocal Lenses		100% - Participating Provider
Progressive Lenses		Up to \$89.50 - Participating Provider
Aphakic Monofocal		100% - Participating Provider
Aphakic Multifocal		100% - Participating Provider
Frames		Up to \$150 - Participating Provider
Contact Lenses - Non-Elective		100% - Participating Provider
Contact Lenses - Elective		Up to \$150 - Participating Provider

# Even **more** benefits to help you get and stay healthy

Take full advantage of all SISC has to offer

## Get Started

## Program Details

## Who Is Eligible

### SISC EAP

**Call** 800-999-7222

OR

**Go to** [anthemEAP.com](https://anthemEAP.com)  
and enter SISC

### 24/7 Help with Personal Concerns

#### *SISC Employee Assistance Program*

Access free, confidential resources if you or a family member needs help with emotional, marital, financial, addiction, legal, or stress issues.

All employees at member districts (including Kaiser)

**No Cost**

### Advance Medical

**Call** 855-201-9925

OR

**Go to** [advance-medical.net/sisc](https://advance-medical.net/sisc)

### Expert Medical Opinions

#### *Advance Medical*

Get answers to your health care questions and medical opinions from world-leading experts.

All SISC members (including Kaiser)

**No Cost**

### MDLive

**Register** by calling 888-632-2738

OR

**Go to** [mdlive.com/sisc](https://mdlive.com/sisc)

### 24/7 Physician Access—Anytime, Anywhere

#### *MDLive*

Consult with doctors and pediatricians over the phone or using online video for medical conditions such as cold, fever, sore throat, flu, infection, and children's health issues. Physicians can prescribe medication when appropriate. Online behavioral health visits are also available.

Anthem and Blue Shield PPO and HMO members

**Low Cost**

### Costco

To find a Costco location, **Call** 800-774-2678 (press 1)

OR

**Go to** [costco.com](https://costco.com)

### Free Generic Medications

#### *Costco*

On most pharmacy plans, our PPO and HMO members can get free generic medications at Costco and through Costco Mail Order (excludes certain pain and cough medications). Just take your prescription to a Costco pharmacy; you don't need to be a Costco member.

Anthem and Blue Shield PPO and HMO members (participating plans)

**No Cost**

**Oncology Center of Excellence Program****Call** 877-220-3556

OR

**Go to** [sisc.hdplus.com](http://sisc.hdplus.com)**Enhanced Cancer Benefit*****Oncology Center of Excellence Program***

Consult experts who can help you navigate the complex world of cancer treatment. Services include assistance in receiving an accurate initial diagnosis and developing a comprehensive care plan. Also covers care coordination services with a home provider, transportation benefits and more.

Anthem and  
Blue Shield PPO  
members**No Cost****Carrum Health****Call** 888-855-7806

OR

**Go to** [carrumhealth.com/sisc](http://carrumhealth.com/sisc)**No Cost Hip, Knee, and Spine Surgical Options*****Carrum Health***

Consult top-quality surgeons at Scripps with no out-of-pocket cost. All medical bills, including deductibles, coinsurance and even travel expenses are covered.

Anthem and  
Blue Shield PPO  
members**No Cost****Vida Health****Call** 855-442-5885

OR

**Go to** [vida.com/sisc](http://vida.com/sisc)**Digital Health Coaching App*****Vida Health***

Get one-on-one health coaching, therapy, digital programs and other tools and resources via online or mobile access. This program helps you prevent, manage or reverse conditions such as pre-diabetes, diabetes, hypertension, obesity, depression, anxiety, etc.

Anthem and Blue  
Shield PPO and  
HMO members  
18 and older**No Cost****Hinge Health****Call** 855-902-2777

OR

**Go to** [hingehealth.com/sisc](http://hingehealth.com/sisc)**Digital Programs for Back or Knee Pain*****Hinge Health***

Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.

Anthem and  
Blue Shield PPO  
members**No Cost**