



College of the Redwoods
SISC Plan Comparison - Eff 7/1/19 - 9/30/20

2019-2020	Anthem PPO	Anthem PPO	Anthem PPO
SISC Plan Name - please note name on the top of your enrollment form your enrollment form	100-D \$20	90-G \$20	Anchor Bronze (HSA Compatible)
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$300/\$600	\$500/\$1,000	\$5,000/\$10,000*
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$6,350/\$12,700*

PROFESSIONAL SERVICES

*Includes Rx

Office Visit (OV) co-pay	\$20	\$20	Deductible, then 30%
Urgent Care co-pay	\$20	\$20	30%
Specialists/Consultants co-pay	\$20	\$20	30%
Prenatal, postnatal office visit co-pay	\$20	\$20	30%
Scans: CT, CAT, MRI, PET etc.	0%	10%	30%
Diagnostic X-ray & Laboratory Procedures	0%	10%	30%
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (waived if admitted)	0% \$100 co-pay	10% \$100 co-pay	30% \$100 co-pay
Inpatient Hospital (preauthorization required) - limits may apply	0%	10%	30%
Outpatient Hospital	0%	10%	30%
Surgery, Outpatient (performed in Surgery Center)	0%	10%	30%
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	10%	30%

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	0%	10%	30%
OUTPATIENT: Facility Based Care (preauth required)	0%	10%	30%

OTHER SERVICES

Acupuncture - Limits apply	0%	10%	30%
Ambulance (Ground or Air)	0% \$100 co-pay	10% \$100 co-pay	30% \$100 co-pay
Chiropractic - Limits apply	0%	10%	30%
Durable Medical Equipment (DME)	0%	10%	30%
Physical and Occupational Therapy - Limits apply	0%	10%	30%

PHARMACY BENEFITS

Plan	9-35	9-35	Anchor Bronze Rx
Pharmacy Benefit Manager	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	none	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$2,500/\$3,500	\$2,500/\$3,500	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$9 at Other Network	\$0 at Costco \$9 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network
Brand co-pay/30 days supply	\$35	\$35	Deductible, then \$35
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	Deductible, then \$35 (Must Use Navitus Mail)
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	Deductible, then \$0-\$90
Mail Order Pharmacy	Costco Mail	Costco Mail	Costco Mail

This sheet is only a brief summary of In-Network patient costs.

Please refer to the plan documents available through your district for applicable details, limitations, and exclusions.

Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.