SISC
Self-Insured Schools of California
Schools Helping Schools

# Cuesta College
## Classified/Management 2026-2027

| | Anthem | ProactiveCare | Anthem | Anthem | Anthem | Anthem | Anthem |
|---|---|---|---|---|---|---|---|
| | 80-E $20 | Platinum | 80-G $30 (Non-Marketed) | 80-L $30 | 80-M $40 | HSA $3,400 | 2-Tier HSA $5,000 |
| **SISC Cost Example Scenarios (PPO Plans Only)[1]** | | | | | | | |
| Maternity Example | $1,000 | $400 | $2,000 | $4,000 | $4,000 | $5,190 | $6,350 |
| Diabetes Example | $710 | $260 | $940 | $940 | $1,000 | $3,740 | $5,120 |
| Fractured Foot Example | $1,010 | $1,550 | $1,610 | $2,810 | $3,630 | $3,590 | $5,080 |

[1]Examples are based on the federal SBC examples, but updated with actual SISC Costs.

| ***MEDICAL - CALENDAR YEAR Deductibles & Maximums*** | **Member Pays** | **Member Pays** | **Member Pays** | **Member Pays** | **Member Pays** | **Member Pays** | **Member Pays** |
|---|---|---|---|---|---|---|---|
| Individual/Family Deductibles (Ded) | $300/$600 | $0/$0 | $500/$1,000 | $2,000/$4,000 | $3,000/$6,000 | $3,400/$6,800* | $5,000/$10,000* |
| Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays) | $1,000/$3,000 | $2,000/$4,000 | $2,000/$4,000 | $4,000/$8,000 | $4,000/$8,000 | $6,000/$12,000* | $6,350/$12,700* |
| | | | | | | *Includes Rx | *Includes Rx |
| ***PROFESSIONAL SERVICES*** | | | | | | | |
| Primary Care* visit co-pay ($0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans) | $20 | $0 | $30 | $30 | $40 | Deductible, then 10% after Ded | Deductible, then 30% after Ded |
| Urgent Care co-pay | $20 | $0 | $30 | $30 | $40 | 10% after Ded | 30% after Ded |
| Prenatal, postnatal office visit co-pay | $20 | $0 | $30 | $30 | $40 | 10% after Ded | 30% after Ded |
| Specialists/Consultants co-pay | $20 | $70 | $30 | $30 | $40 | 10% after Ded | 30% after Ded |
| | | **Non-Hosp/OPH**** | | | | | |
| Scans: CT, CAT, MRI, PET etc. | 20% after Ded | $200/$500 | 20% after Ded | 20% after Ded | 20% after Ded | 10% after Ded | 30% after Ded |
| Laboratory Procedures | 20% after Ded | $0/$100 | 20% after Ded | 20% after Ded | 20% after Ded | 10% after Ded | 30% after Ded |
| Diagnostic X-rays | 20% after Ded | $50/$150 | 20% after Ded | 20% after Ded | 20% after Ded | 10% after Ded | 30% after Ded |
| Infertility (Refer to Plan Document) | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Preventive Care (includes physical exams & screenings) | 0% after Ded<br>Ded Waived | $0 | 0% after Ded<br>Ded Waived | 0% after Ded<br>Ded Waived | 0% after Ded<br>Ded Waived | 0% after Ded<br>Ded Waived | 0% after Ded<br>Ded Waived |
| ***HOSPITAL & SKILLED NURSING FACILITY SERVICES*** | | | | | | | |
| Emergency Room visit (copay waived if admitted) - **Avg Cost: $2,847 \| $100+10%: $375 \| $100+20%: $649** | 20% after Ded<br>$100 co-pay | $600 | 20% after Ded<br>$100 co-pay | 20% after Ded<br>$100 co-pay | 20% after Ded<br>$100 co-pay | 10% after Ded<br>$100 co-pay | 30% after Ded<br>$100 co-pay |
| Inpatient Hospital (preauthorization required) - **Avg Cost for one day: $6,067 \| 10%: $607 \| 20%: $1,213** | 20% after Ded | $400/day | 20% after Ded | 20% after Ded | 20% after Ded | 10% after Ded | 30% after Ded |
| Surgery, Outpatient (performed in Surgery Center) | 20% after Ded | $400 | 20% after Ded | 20% after Ded | 20% after Ded | 10% after Ded | 30% after Ded |
| Surgery, Outpatient (performed in a Hospital) - limits may apply | 20% after Ded | $1,200 | 20% after Ded | 20% after Ded | 20% after Ded | 10% after Ded | 30% after Ded |
| ***MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT*** | | | | | | | |
| **INPATIENT:** Facility Based Care (preauth required) | 20% after Ded | $400/day | 20% after Ded | 20% after Ded | 20% after Ded | 10% after Ded | 30% after Ded |
| **OUTPATIENT:** Facility Based Care (preauth required) | 20% after Ded | $0 | 20% after Ded | 20% after Ded | 20% after Ded | 10% after Ded | 30% after Ded |
| ***OTHER SERVICES*** | | | | | | | |
| Ambulance (Ground or Air) | 20% after Ded<br>$100 co-pay | $600 | 20% after Ded<br>$100 co-pay | 20% after Ded<br>$100 co-pay | 20% after Ded<br>$100 co-pay | 10% after Ded<br>$100 co-pay | 30% after Ded<br>$100 co-pay |
| Acupuncture - Limits apply | 20% after Ded<br>Subject to PA | $0 | 20% after Ded<br>Subject to PA | 20% after Ded<br>Subject to PA | 20% after Ded<br>Subject to PA | 10% after Ded<br>Subject to PA | 30% after Ded<br>Subject to PA |
| Chiropractic - Limits apply | 20% after Ded<br>Subject to PA | $0 | 20% after Ded<br>Subject to PA | 20% after Ded<br>Subject to PA | 20% after Ded<br>Subject to PA | 10% after Ded<br>Subject to PA | 30% after Ded<br>Subject to PA |
| Physical and Occupational Therapy - Limits apply | 20% after Ded | $0 | 20% after Ded | 20% after Ded | 20% after Ded | 10% after Ded | 30% after Ded |
| Durable Medical Equipment (DME) | 20% after Ded | $0 | 20% after Ded | 20% after Ded | 20% after Ded | 10% after Ded | 30% after Ded |
| Hearing Aids | 20% after Ded and Amount in excess of $700 allowance/24 months | $0 plus the amount in excess of $700 allowance/24 months | 20% after Ded and Amount in excess of $700 allowance/24 months | 20% after Ded and Amount in excess of $700 allowance/24 months | 20% after Ded and Amount in excess of $700 allowance/24 months | 10% after Ded and Amount in excess of $700 allowance/24 months | 10% after Ded and Amount in excess of $700 allowance/24 months |

*Primary Care Providers (PCPs) are those without specialty certifications, practicing general pediatrics, internal medicine, family or general practice, or obstetrics and gynecology.
**"non-Hosp" means Labs and Radiology Centers not associated with a hospital system. "OPH" means an outpatient hospital setting

| ***PHARMACY BENEFITS*** | | | | | | | |
|---|---|---|---|---|---|---|---|
| ***Plan*** | **Rx 7-25** | **Rx 9-35 PC** | **Rx 200/10-35** | **Rx 200/10-35** | **Rx 9-35** | **Rx HSA** | **Rx HSA** |
| Pharmacy Benefit Manager | Navitus | Navitus | Navitus | Navitus | Navitus | Navitus | Navitus |
| Individual/Family Brand & Specialty Rx Deductibles | none | none | $200/$500 | $200/$500 | none | Included w/ Medical ded | Included w/ Medical ded |
| Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays) | $1,500/$2,500 | $2,500/$3,500 | $2,500/$3,500 | $2,500/$3,500 | $2,500/$3,500 | Included w/ Med OOP Max | Included w/ Med OOP Max |
| Generic co-pay/30 days supply | $0 at Costco‡<br>$7 at Other Network | $0 at Costco‡<br>$9 at Other Network | $0 at Costco‡<br>$10 at Other Network | $0 at Costco‡<br>$10 at Other Network | $0 at Costco‡<br>$9 at Other Network | Deductible, then $0 at Costco<br>or $9 at Other Network | Deductible, then $0 at Costco<br>or $9 at Other Network |
| Brand co-pay/30 days supply | $25 | $35 | $35 | $35 | $35 | Deductible, then $35 | Deductible, then $35 |
| Specialty co-pay/up to 30 days supply | $25 Must Use Navitus Mail | $35 Must Use Navitus Mail | $35 Must Use Navitus Mail | $35 Must Use Navitus Mail | $35 Must Use Navitus Mail | Deductible, then $35 (Must Use Navitus Mail) | Deductible, then $35 (Must Use Navitus Mail) |
| Mail Order (Generic-Brand co-pay/90 days supply) | $0-$60‡ | $0-$90‡ | $0-$90‡ | $0-$90‡ | $0-$90‡ | Deductible, then $0-$90 | Deductible, then $0-$90 |
| Mail Order Pharmacy | Costco Mail Order Pharmacy | Costco Mail Order Pharmacy | Costco Mail Order Pharmacy | Costco Mail Order Pharmacy | Costco Mail Order Pharmacy | Costco Mail Order Pharmacy | Costco Mail Order Pharmacy |

This comparison displays member cost-share for In-Network services. Out-of-Network services may not be covered. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Employee cost/payroll deduction, if applicable, can be requested from the district.

‡Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs.