SISC
Self-Insured Schools of California
Schools Helping Schools

Plan Type (PPO or HMO)	PPO	PPO	HMO	HMO	HMO	HMO	HMO	PPO
Carrier (Anthem Blue Cross, Blue Shield, or Kaiser)	Blue Shield	Blue Shield	Blue Shield	Blue Shield	Blue Shield	Kaiser	Kaiser	Anthem
District Name	**Fullerton School District**							
Bargaining Unit	**Certificated, Classified, & Management**							
2025-2026	**Blue Shield**	**Blue Shield**	**Blue Shield**	**Blue Shield**	**Blue Shield**	**Kaiser**	**Kaiser**	**Anthem**
	PPO	**HSA**	**10**	**30**	**TRIO**	**$15**	**$30**	**Gold**
SISC Cost Example Scenarios (PPO Plans Only)[1]								
Maternity Example	$2,000	$5,190						$600
Diabetes Example	$2,000	$5,190						$600
Fractured Foot Example	$2,000	$5,190						$600

[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**	**Member Pays**
Individual/Family Deductibles (Ded)	$500/$1,000	$3,400/$6,800*	$0/$0	$0/$0	$0/$0	$0	$0	$0/$0
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	$2,000/$4,000	$6,000/$12,000*	$1,000/$2,000	$1,500/$3,000	$1,500/$3,000	$1,500/$3,000	$1,500/$3,000	$3,000/$6,000
		*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	Deductible, then 10% after Ded	$10	$30	$30	$15	$30	$0
Urgent Care co-pay	$20	10% after Ded	$10	$30	$30	$15	$30	$0
Prenatal, postnatal office visit co-pay	$20	10% after Ded	$0	$30	$30	$0	$0	$0
Specialists/Consultants co-pay	$20	10% after Ded	$10	$30	$30	$15	$30	$100
								Non-Hosp/OPH**
Scans: CT, CAT, MRI, PET etc.	20% after Ded	10% after Ded	$0	$0	$0	$0	$0	$300/$750
Laboratory Procedures	20% after Ded	10% after Ded	$0	$0	$0	$0	$0	$0/$150
Diagnostic X-rays	20% after Ded	10% after Ded	$0	$0	$0	$0	$0	$75/$225
Infertility (Refer to Plan Document)	Not covered	Not covered	50%	50%	50%	Co-pay applies	Co-pay applies	Not covered
Preventive Care (includes physical exams & screenings)	0% after Ded Ded Waived	0% after Ded Ded Waived	$0	$0	$0	$0	$0	$0
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 $100 co-pay	10% after Ded $100 co-pay	$100	$150	$150	$100	$100	$700
Inpatient Hospital (preauthorization required) - **Avg Cost for one day: $6,067 | 10%: $607 | 20%: $1,213**	20% after Ded	10% after Ded	$0	20%	20%	$0	$0	$600/day
Surgery, Outpatient (performed in Surgery Center)	20% after Ded	10% after Ded	$0	$0	$0	$15	$30	$600
Surgery, Outpatient (performed in a Hospital) - limits may apply	20% after Ded	10% after Ded	$0	$0	$0	$15	$30	$1,800
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT								
INPATIENT: Facility Based Care (preauth required)	20% after Ded	10% after Ded	$0	20%	20%	$0	$0	$600/day
OUTPATIENT: Facility Based Care (preauth required)	20% after Ded	10% after Ded	$10	$30	$30	$15	$30	$0
OTHER SERVICES								
Ambulance (Ground or Air)	20% after Ded $100 co-pay	10% after Ded $100 co-pay	$100	$100	$100	$50	$50	$700
Acupuncture - Limits apply	20% after Ded	10% after Ded	$10/30 visits combined w/chiro	$10/30 visits combined w/chiro	$10/30 visits combined w/chiro	$10/30 visits (through ASH) combined w/chiro	$10/30 visits (through ASH) combined w/chiro	$0
Chiropractic - Limits apply	20% after Ded	10% after Ded	$10/30 visits combined w/acu	$10/30 visits combined w/acu	$10/30 visits combined w/acu	$10/30 visits (through ASH) combined w/acu	$10/30 visits (through ASH) combined w/acu	$0
Physical and Occupational Therapy - Limits apply	20% after Ded	10% after Ded	$10	$30	$30	$15	$30	$0
Durable Medical Equipment (DME)	20% after Ded	10% after Ded	0%	20%	20%	no charge	no charge	$0
Hearing Aids	20% after Ded and Amount in excess of $700 allowance/24 months	10% after Ded and Amount in excess of $700 allowance/24 months	50% Coinsurance 1 device/24 months	50% Coinsurance 1 device/24 months	50% Coinsurance 1 device/24 months	amount in excess of $500 allowance every 36 months	amount in excess of $500 allowance every 36 months	$0 plus the 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.

PHARMACY BENEFITS								
Plan	**Rx 200/10-35**	**Rx HSA**	**Rx 200/10-35**	**Rx 200/10-35**	**Rx 200/10-35**	**$15 Rx (Non-Marketed)**	**$10-30 (30 day) Rx**	**Rx 9-35 PC**
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Kaiser	Kaiser	Navitus
Individual/Family Brand & Specialty Rx Deductibles	$200/$500	Included w/ Medical ded	$200/$500	$200/$500	$200/$500	none	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	$2,500/$3,500	Included w/ Med OOP Max	$2,500/$3,500	$2,500/$3,500	$2,500/$3,500	Included w/ Med OOP Max	Included w/ Med OOP Max	$2,500/$3,500
Generic co-pay/30 days supply	$0 at Costco‡ $10 at Other Network	Deductible, then $0 at Costco or $9 at Other Network	$0 at Costco‡ $10 at Other Network	$0 at Costco‡ $10 at Other Network	$0 at Costco‡ $10 at Other Network	$15 up to 100 day supply	$10 up to 30 day supply	$0 at Costco‡ $9 at Other Network
Brand co-pay/30 days supply	$35	Deductible, then $35	$35	$35	$35	$15 up to 100 day supply	$30 up to 30 day supply	$35
Specialty co-pay/up to 30 days supply	$35 Must Use Navitus Mail	Deductible, then $35 (Must Use Navitus Mail)	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	$15 up to 30 day supply	$30 up to 30 day supply	$35 Must Use Navitus Mail
Mail Order (Generic-Brand co-pay/90 days supply)	$0-$90‡	Deductible, then $0-$90	$0-$90‡	$0-$90‡	$0-$90‡	$15-$15/up to 100 day supply	$20-$60 up to 100 day supply	$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	Kaiser Mail Order Pharmacy	Kaiser 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.