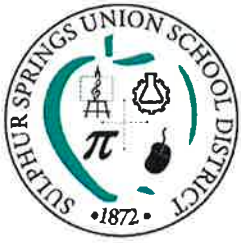




Sulfur Springs Unified School District
2017 SISC Plan Options

	Anthem 90-G \$20	Anthem 80-G \$20	Anthem 80-G \$20	Anthem Premier 10	Anthem Premier 10	Kaiser Trad HMO \$15
	Full Network	Full Network	Narrow Network	Narrow Network	Full Network	Full Network
MEDICAL - CALENDAR YEAR DEDUCTIBLES & MAXIMUMS	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$500/ \$1,000	\$500/ \$1,000	\$500/ \$1,000	\$0/\$0	\$0/\$0	\$0
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	\$1,000/ \$2,000	\$1,000/ \$2,000	\$1,500/ \$3,000
PROFESSIONAL SERVICES						
Office Visit (OV) co-pay	\$20	\$20	\$20	\$10	\$10	\$15
Scans: CT, CAT, MRI, PET etc.	10%	20%	20%	\$100/test	\$100/test	\$0
Diagnostic X-ray & Laboratory Procedures	10%	20%	20%	\$0	\$0	\$0
Preventive Care (includes physical exams & screenings)	0%	0%	0%	\$0	\$0	\$0
	Ded Waived	Ded Waived	Ded Waived			
HOSPITAL & SKILLED NURSING FACILITY SERVICES						
Emergency Room visit (waived if admitted)	10%	20%	20%	\$100	\$100	\$100
Inpatient Hospital (preauthorization required)	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$0	\$0	\$0
Outpatient Hospital	10%	20%	20%	\$0	\$0	\$15
OTHER SERVICES						
Acupuncture - Limits apply	10%	20%	20%	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro
Ambulance (Ground or Air)	10%	20%	20%	\$100	\$100	\$50
Chiropractic - Limits apply	10%	20%	20%	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu
Durable Medical Equipment (DME)	10%	20%	20%	20%	20%	No charge
Physical and Occupational Therapy - Limits apply	10%	20%	20%	\$10	\$10	\$15
PHARMACY BENEFITS						
Plan	5-20	5-20	5-20	5-20	5-20	Trad HMO \$15
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none	none
Generic-Brand (days supply)	\$5-\$20 (30 days)	\$5-\$20 (30 days)	\$5-\$20 (30 days)	\$5-\$20 (30 days)	\$5-\$20 (30 days)	\$5-\$20 (30 days)
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$1,500/ \$2,500	\$1,500/ \$2,500	\$1,500/ \$2,500	\$1,500/ \$2,500	\$1,500/ \$2,500	Included w/ Med OOP Max

This is only a brief summary of the benefits. For specific details, limitations and exclusions of the plans please refer to the carrier Benefit Summaries.



Instructions for completing SISCs Medical Enrollment Forms

SISC uses separate forms for Anthem and Kaiser enrollment. Please use the appropriate form for your selection.

Copies of the required dependent eligibility forms must accompany the completed enrollment forms.

Anthem Enrollment Form:

Complete Sections II and III (highlighted in yellow) with your personal information for all of your family members enrolling in medical coverage.

Please sign and date the bottom of the form.

Kaiser Enrollment Form:

Complete Sections B and C (highlighted in yellow) with your personal information for all of your family members enrolling in medical coverage.

Please sign and date the bottom of the form.

Dependent Eligibility Documentation Chart

The following verification documents are required to enroll a dependent in health benefit plans
SISC requires the Social Security Numbers for all dependents to be covered on the plans
SISC reserves the right to request additional documentation to substantiate eligibility

DEPENDENT TYPE	REQUIRED DOCUMENTATION
Spouse	<ul style="list-style-type: none"> • Prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out) • Marriage Certificate for newly married couple where tax return is not available
Domestic Partner	<ul style="list-style-type: none"> • Certificate of Registered Domestic Partnership issued by State of California • SISC Affidavit of Domestic Partnership (when applicable)
Children, Stepchildren, and/or Adopted Children up to age 26	<ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Legal Adoption Documentation
Guardianship up to age 18	<ul style="list-style-type: none"> • Legal Court Documentation establishing Guardianship
Disabled Dependents over age 26	<p><i>Anthem Blue Cross (All items listed below are required)</i></p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Anthem Disabled Dependent Certification Form <p><i>Blue Shield (All items listed below are required)</i></p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Declaration of Disability for Overage Dependent Child <p><i>Kaiser (All items listed below are required)</i></p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Disabled Dependent Enrollment Application • Most recent Kaiser Certification notice (if available)