



Gavilan College District

SISC Plan Comparison Effective: 10/1/2024 - 09/30/2025

2024-2025	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Kaiser HMO
	100-Classic	90/10-Classic	80/20-Classic	100-Select	80/20-Select	Kaiser Permanente
SSIC Plan Name	100-A \$10 Full Network	90-G \$20 Full Network	80-G \$20 Full Network	100-A \$10 Select Network	80-G \$20 Select Network	Kaiser Trad \$15
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0	\$500/\$1,000	\$500/\$1,000	\$0	\$500/\$1,000	\$0
Individual/Family Out-of-Pocket (OOP) Max <i>(includes medical deductibles, co-insurance and co-pays)</i>	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$1,000/\$3,000	\$2,000/\$4,000	\$1,500/\$3,000

**PROFESSIONAL SERVICES**

Office Visit (OV) co-pay <i>(\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)</i>	\$10	\$20	\$20	\$10	\$20	\$15
Urgent Care co-pay	\$10	\$20	\$20	\$10	\$20	\$15
Specialists/Consultants co-pay	\$10	\$20	\$20	\$10	\$20	\$15
Prenatal, postnatal office visit co-pay	\$0	10%	20%	\$0	20%	\$0
Scans: CT, CAT, MRI, PET etc.	\$0	10%	20%	\$0	20%	\$0
Diagnostic X-ray & Laboratory Procedures	\$0	10%	20%	\$0	20%	\$0
Infertility (Refer to Plan Document)	not covered	not covered	not covered	not covered	not covered	co-pay applies
Preventive Care (includes physical exams & screenings)	\$0	\$0	\$0	\$0	\$0	\$0

**HOSPITAL & SKILLED NURSING FACILITY SERVICES**

Emergency Room visit (copay waived if admitted)	\$100 copay	10% \$100 co-pay	20% \$100 co-pay	\$100 co-pay	20% \$100 co-pay	\$100
Inpatient Hospital (preauthorization required) - limits may apply	\$0	10%	20%	\$0	20%	\$0
Outpatient Hospital	\$0	10%	20%	\$0	20%	\$15
Surgery, Outpatient (performed in Surgery Center)	\$0	10%	20%	\$0	20%	\$15
Surgery, Outpatient (performed in a Hospital) - limits may apply	\$0	10%	20%	\$0	20%	\$15

**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

<b>INPATIENT:</b> Facility Based Care (preauth required)	\$0	10%	20%	\$0	20%	\$0
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	\$0	10%	20%	\$0	20%	\$15

**OTHER SERVICES**

Ambulance (Ground or Air)	\$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	\$100 co-pay	20% \$100 co-pay	\$50
Acupuncture - Limits apply	5 visits	10% 5 visits	20% 5 visits	5 visits	20% 5 visits	\$10/30 visits
Chiropractic - Limits apply	5 visits	10% 5 visits	20% 5 visits	5 visits	20% 5 visits	
Durable Medical Equipment (DME)	\$0	10%	20%	\$0	20%	\$0
Physical and Occupational Therapy - Limits apply	\$0	10%	20%	\$0	20%	\$15
Hearing Aids	\$700 max/year	10% \$700max/year	20% \$700max/year	\$700 max/year	20% \$700max/year	amount in excess to \$500

**PHARMACY BENEFITS**

Plan	5-20	5-20	5-20	5-20	5-20	custom \$5-20 (30 day)
Pharmacy Benefit Manager	Navitus/Costco	Navitus/Costco	Navitus/Costco	Navitus/Costco	Navitus/Costco	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(includes Rx deductibles and co-pays)</i>	\$1,500/\$2,500	\$1,500/\$2,500	\$1,500/\$2,500	\$1,500/\$2,500	\$1,500/\$2,500	Included w/ Med OOP
Generic co-pay/30 days supply	\$0 at Costco \$5 at other Network	\$0 at Costco \$5 at other Network	\$0 at Costco \$5 at other Network	\$0 at Costco \$5 at other Network	\$0 at Costco \$5 at other Network	\$5
Brand co-pay/30 days supply	\$20	\$20	\$20	\$20	\$20	\$20
Specialty co-pay/up to 30 days supply	\$20 Navitus Mail	\$20 Navitus Mail	\$20 Navitus Mail	\$20 Navitus Mail	\$20 Navitus Mail	\$20
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-50	\$0-50	\$0-50	\$0-50	\$0-50	\$10 up to 100 days supply
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

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.

\*Coverage stages apply, see benefit summary for details