Self-Insured Schools of California

Rates At A Glance – As of 10/1/2014 Voluntary Employee Paid Premium Rates

Kern Community College District

Short-term/Adjuncts/Professional Experts	Single	2 Party	Family	Composite
Blue Cross				
70088B Active (2-Tier Anchor Bronze: Emp+Child(ren)	\$482.00	\$763.00		

TWO-TIERED ANCHOR BRONZE PPO PLAN

Services Participating		20 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		
,	Providers			
Calendar Year Deductible(s)*	\$5,000/\$10,000			
Calendar Year Out-Of-Pocket Maximum**	\$6,350/\$12,700			
Includes Deductible, co-pays and co-insurance		10,		
Office Visits	\$60 first 3 visits, subject to deductible and coinsurance thereafter			
Inpatient Hospital		100 m		
Room, Board & Support Services	70%			
(prior authorization required)				
Emergency Room	\$100 co-pay			
Facility Expenses:	70%			
Professional Expenses:	70%			
Accident Care (48 hrs)/Emergency Room	\$100 co-pay			
Facility Expenses:	70%			
	3-2-2	201		
Professional Expenses:	70%			
Well Baby/Child Preventive Care	Deductible Waived			
Routine physical exam/immunizations	100%			
Routine Preventive Care-	Deductible Waived			
Employee & Spouse/Domestic Partner	100%			
Diagnostic X-Ray & Lab	70%			
Physical Medicine (PT, OT, Chiro)	70%			
	(some limits may apply)			
Acupuncture	70% up to			
12 visits per year	\$50 per visit			
Durable Medical Equipment	<u></u>			
Rental or Purchase of DME	70%			
Hearing Aid	700/			
(Up to \$700 every 24 months)	70%			
Hospice	. 70%			
Ambulance (Ground or Air)	70%			
Home Health Care	702/			
100 4-hour visits/yr (prior authorization req'd)	70%			
Psychiatric & Substance Abuse	3	,,		
Inpatient	70%			
Outpatient	70%			
Outpatient Prescription Drugs	1	Mail: 00 days		
Administered by medical carrier & subject to deductible	Retail - 30 days	Mail - 90 days		
Generic Drugs	\$9	\$18		
Brand Name Drugs	\$35	\$90		

^{*} Deductibles have a 4th quarter carryover

The group plan benefits must be communicated without modification to the members. The district may not partially pay, reimburse or otherwise reduce the member's responsibility for deductibles, copays, co-insurance, OOP Maximums, etc.

This PPO Plan is offered only with the pharmacy benefit illustrated above.

Districts may offer this plan without impacting the total number of plans allowed per SISC guidelines. Employees enrolled in this plan may NOT enroll into SISC dental, vision, and/or life insurance plans. No enrollment option for spouse/domestic partner and/or retiree.

Please see FAQ page on Minimum Value Plan Options for more information.

This is only a brief summary of benefits. For a complete list of benefits, please refer to the plan document.

^{**}Out of Pocket Maximum does not have a 4th quarter carryover