



Kern High School District SISC Anthem Plan Effective 10-1-10

PLANS	CERTIFICATED AND CLASSIFIED PBC 80-D \$20	
Provider Network(s):	Prudent Buyer	
Hospital	Prudent Buyer	
Professional	\$200 per individual up to \$500 per family	
Calendar Year Deductible(s)	\$1,000 per individual up to \$3,000 per family	
Maximum Co-Insurance	Once the member's 20% co-insurance totals \$1,000, the plan will pay 100% of the allowable amount for the remainder of the calendar year.	
<i>Co-insurance is the member's responsibility to pay when the plan is paying less than 100% (i.e. plan pays 80%, member pays the other 20%).</i>	No longer applies	
Maximum Lifetime Limit	No longer applies	
Services	Participating Providers	Non-Participating Providers
Office Visits	Deductible Waived \$20 co-pay	Non-Par Fee
Inpatient Hospital Room, Board & Support Services (prior authorization required)	80%	\$600 per day
Ambulatory Surgery Center	80%	\$50 co-pay \$350 per day
Emergency Room (non-emergency) Facility Expenses:	\$100 co-pay	
Professional Expenses:	80%	50% C&R
Accident Care (48 hrs)/Emergency Room* Facility Expenses:	80%	Non-Par Fee
Professional Expenses:	\$100 co-pay	
*medical emergencies as defined by the plan	80%	80% C&R
Surgeon & Anesthetist	80%	80% C&R
Well Baby/Child Preventative Care Birth to age six	80%	Non-Par Fee
Routine Preventative Care Members age 7 and older	Deductible Waived 100%	Not Covered
Diagnostic X-Ray & Lab MRI, CT, PET & nuclear cardiac scan (UR)	80%	Non Par Fee
Other diagnostic x-ray & lab	80%	Non Par Fee
Cancer Screenings (Routine Industry Standard Screenings)	Deductible Waived 100%	Non Par Fee
Physical Medicine (OT, PT, Chiro) (some limits may apply)	80%	Non-Par Fee
Speech Therapy	80%	Non-Par Fee
Acupuncture 12 visits per year	80% up to \$50 per visit	Non-Par Fee up to \$25 per visit
Durable Medical Equipment Rental or Purchase of DME	80%	Non-Par Fee
Hospice	80%	80%
Ambulance (Ground or Air)	80%	80%
Home Health Care 100 4-hour visits/yr (prior authorization req'd)	80%	Non-Par Fee
Home Infusion	80%	100% up to \$600/day
Mental Health & Substance Abuse Inpatient	80%	\$600 per day
Outpatient	Deductible Waived 80%	Non-Par Fee
Outpatient Prescription Drugs	Medco Rx Plan	
	Retail 30 days	Mail 90 days
	Not applicable	
Supply	\$7	\$14
Brand Name Calendar Year Deductible	\$25	\$60
Generic Drugs	\$25	\$60
Preferred Brand Name Drugs	\$25	\$60
Non-Preferred Brand Name Drugs	\$25	\$60

Notes:

- (1) This is a brief summary of benefits that is superseded by the Plan Documents and is not all inclusive.
- (2) Prescription drug "G" plans are eligible for \$0 co-pay on most generic medications purchased at Costco, and have 6 non-life sustaining drug categories that are excluded from coverage
- (3) It is the member's responsibility to verify provider participation in the correct PPO network prior to accessing services. Utilizing a non-contracted provider will result in greater out-of-pocket expense for the member.