

Glendale Community College

		Current Kaiser	SISC Kaiser
		January 1, 2022	January 1, 2022 (will renew again October 1, 2022)
Lifetime Maximum		Unlimited	Unlimited
Individual Deductible		None	None
Family Deductible		None	None
Individual Maximum Out-of-Pocket		\$1,500	\$1,500
Family Maximum Out-of-Pocket		\$3,000	\$3,000
Hospitalization Services		No Charge	No Charge
Outpatient Services			
Surgery in Hospital		\$10 copayment	\$10 copayment
Surgery in Outpatient Facility		\$10 copayment	\$10 copayment
Emergency Room (co-pay waived if admitted)		\$50 copayment	\$100 copayment
Urgent Care		\$10 copayment	\$10 copayment
Ambulance Services		\$50 copayment	\$50 copayment
PCP Office Visit		\$10 copayment	\$10 copayment
Specialist Office Visit		\$10 copayment	\$10 copayment
Periodic Health Evaluations		\$10 copayment	No Charge
Well Baby/Well Child Exams		No Charge	No Charge
Pregnancy & Maternity Care Visits		No Charge	No Charge
Allergy Injections and Immunizations		\$5 copayment	No Charge
Lab & X-Ray		No Charge	No Charge
Complex Radiology (CT Scan, MRI...)		No Charge	Not listed on the SISC plan summary
Mental and Nervous Disorders			
In-patient		No Charge	No Charge
Out-patient		\$10 copayment	\$10 copayment
Substance Abuse			
In-patient:		No Charge	No Charge
Outpatient visits		\$10 copayment	\$10 copayment
Rehabilitation Outpatient Therapy Services		\$10 copayment	\$10 copayment
Chiropractic		Not Covered	\$10 copayment (through ASHP) Medically necessary
Acupuncture		\$10 copayment - physician referral	\$10 copayment (through ASHP) Medically necessary
Durable Medical Equipment		20% per item	No Charge
Prescription Retail Drugs:			
Deductible		None	None
Generic		\$10 copayment	\$10 copayment
Brand		\$20 copayment	\$10 copayment
Non-Formulary		Not Covered	Not Covered
Specialty Drugs		\$20 copayment	\$10 copayment
Mail Order		\$20 Generic/\$40 Brand - 100 day supply	Above includes 100 day supply
	#enrolled	Current Rates	SISC Rates
Employee	(0)	\$0.00	\$0.00
Employee + 1	(0)	\$0.00	\$0.00
Employee +2 or more	(0)	\$0.00	\$0.00
Monthly Total	(0)	\$0.00	\$0.00
Annual Total		\$0.00	\$0.00
Annual Premium Difference			\$0.00

Current plan is grandfathered
That is why we have copayments for wellness
examinations

Glendale Community College

		Current Kaiser	SISC Kaiser
		January 1, 2022	January 1, 2022 (will renew again October 1, 2022)
Lifetime Maximum		Unlimited	Unlimited
Individual Deductible		None	\$500
Family Deductible		None	\$1,000
Individual Maximum Out-of-Pocket		\$3,000	\$3,000
Family Maximum Out-of-Pocket		\$6,000	\$6,000
Hospitalization Services		\$500 per day	10%
Outpatient Services			
Surgery in Hospital		\$500 per day	10%
Surgery in Outpatient Facility		\$250 copayment	10%
Emergency Room (co-pay waived if admitted)		\$150 copayment	10%
Urgent Care		\$25 copayment	\$20 copayment
Ambulance Services		\$150 copayment	\$150 copayment
PCP Office Visit		\$25 copayment	\$20 copayment
Specialist Office Visit		\$50 copayment	\$20 copayment
Periodic Health Evaluations		No Charge	No Charge
Well Baby/Well Child Exams		No Charge	No Charge
Pregnancy & Maternity Care Visits		No Charge	No Charge
Allergy Injections and Immunizations		\$5 copayment	No Charge
Lab & X-Ray		\$10 copayment	\$10 copayment
Complex Radiology (CT Scan, MRI...)		\$50 copayment	10% up to a max of \$50
Mental and Nervous Disorders			
In-patient		\$500 per day	10%
Out-patient		\$25 copayment	\$20 copayment
Substance Abuse			
In-patient:		\$500 per day	10%
Outpatient visits		\$25 copayment	\$20 copayment
Rehabilitation Outpatient Therapy Services		\$25 copayment	\$20 copayment
Chiropractic		Not Covered	\$10 copayment (through ASHP) Medically necessary
Acupuncture		Not Covered	\$10 copayment (through ASHP) Medically necessary
Durable Medical Equipment		50%	20%
Prescription Retail Drugs:			
Deductible		None	None
Generic		\$10 copayment	\$10 copayment
Brand		\$30 copayment	\$30 copayment
Non-Formulary		Not Covered	Not Covered
Specialty Drugs		\$30 copayment	\$30 copayment
Mail Order		\$20 Generic/\$60 Brand - 100 day supply	\$20 Generic/\$60 Brand - 100 day supply
	#enrolled	Current Rates	SISC Rates
Employee	(0)	\$0.00	\$0.00
Employee + 1	(0)	\$0.00	\$0.00
Employee +2 or more	(0)	\$0.00	\$0.00
Monthly Total	(0)	\$0.00	\$0.00
Annual Total		\$0.00	\$0.00
Annual Premium Difference			\$0.00

Glendale Community College

		Current Kaiser Sr. Advantage January 1, 2022	SISC
Lifetime Maximum		Unlimited	
Individual Deductible		None	
Family Deductible		None	
Individual Maximum Out-of-Pocket		\$1,500	
Family Maximum Out-of-Pocket		\$3,000	
Hospitalization Services		\$500 per Admission	
Outpatient Services			
Surgery in Hospital		\$50 copayment	
Surgery in Outpatient Facility		\$50 copayment	
Emergency Room (co-pay waived if admitted)		\$50 copayment	
Urgent Care		\$20 copayment	
Ambulance Services		\$100 copayment	
PCP Office Visit		\$20 copayment	
Specialist Office Visit		\$20 copayment	
Periodic Health Evaluations		No Charge	
Well Baby/Well Child Exams		No Charge	
Pregnancy & Maternity Care Visits		No Charge	
Allergy Injections and Immunizations		\$3 copayment	
Lab & X-Ray		No Charge	
Complex Radiology (CT Scan, MRI...)		No Charge	
Mental and Nervous Disorders			
In-patient		\$500 per Admission	
Out-patient		\$20 copayment	
Substance Abuse			
In-patient:		\$500 per Admission	
Outpatient visits		\$20 copayment	
Rehabilitation Outpatient Therapy Services		\$20 copayment	
Chiropractic		\$20 copayment	
Acupuncture		Not Covered	
Durable Medical Equipment		20%	
Prescription Retail Drugs:			
Deductible		None	
Generic		\$10 copayment	
Brand		\$25 copayment	
Non-Formulary		Not Covered	
Specialty Drugs		Not Covered	
Mail Order		Above copayments include a 100-day supply	
		Current Rates	SISC Rates
Employee (with A & B)	(0)	\$143.43	\$0.00
Employee + 1 (with A & B)	(0)	\$286.86	\$0.00
Employee +2 or more (with A & B)	(0)	\$909.72	\$0.00
Monthly Total	(0)	\$0.00	\$0.00
Annual Total		\$0.00	\$0.00
Annual Premium Difference			\$0.00

****Note:** Items marked in **Blue** signify an increase in benefit. Items marked in **Red** signify a decrease in benefit.

Glendale Community College

		Current Blue Shield HMO \$10 / 100% January 1, 2022	SISC Anthem Blue Cross \$10 / 100% January 1, 2022 (will renew again October 1, 2022)
Lifetime Maximum		Unlimited	Unlimited
Individual Deductible		None	None
Family Deductible		None	None
Individual Maximum Out-of-Pocket		\$1,000	\$1,000
Family Maximum Out-of-Pocket		\$2,000	\$2,000
Hospitalization Services		No Charge	No Charge
Outpatient Services			
Surgery in Hospital		\$50 copayment	No Charge
Surgery in Outpatient Facility		\$50 copayment	No Charge
Emergency Room (co-pay waived if admitted)		\$50 copayment	\$100 copayment
Urgent Care		\$10 copayment	\$10 copayment
Ambulance Services		\$50 copayment	\$100 copayment
PCP Office Visit / Teladoc		\$10 copayment / No Charge Teladoc	\$10 copayment
Specialist Office Visit		\$10 copayment	\$10 copayment
Periodic Health Evaluations		No Charge	No Charge
Well Baby/Well Child Exams		No Charge	No Charge
Pregnancy & Maternity Care Visits		No Charge	\$10 copayment for prenatal office visits
Allergy Injections and Immunizations		\$10 copayment	\$10 copayment for testing (immunizations are not listed)
Lab & X-Ray		No Charge	No Charge
Complex Radiology (CT Scan, MRI...)		No Charge	\$100 copayment
Mental and Nervous Disorders			
In-patient		No Charge	No Charge
Out-patient		\$10 copayment	\$10 copayment
Substance Abuse			
In-patient:		No Charge	No Charge
Outpatient visits		\$10 copayment	\$10 copayment
Rehabilitation Outpatient Therapy Services		\$10 copayment	\$10 copayment
Chiropractic		Not Covered	Rider included \$10 copayment
Acupuncture		Not Covered	Rider included \$10 copayment
Durable Medical Equipment		50%	No Charge
Prescription Retail Drugs			
Deductible		None	None
Additional Out of Pocket Maximum		None	\$1,500 Individual / \$2,500 Family
Generic		\$10 copayment	\$5 copayment
Brand		\$20 copayment	\$20 copayment
Non-Formulary		Not Covered	Not listed
Specialty Drugs		20% up to \$200 max.	Mail Order only - Navitus \$20 - 30 day supply
Mail Order		\$20 Generic/\$40 Brand - 90 day supply	No Charge Generic (Costco) / \$50 Brand (Costco)
	#enrolled	Current Rates	SISC Rates
Employee	(0)	\$0.00	\$0.00
Employee + 1	(0)	\$0.00	\$0.00
Employee + 2 or more	(0)	\$0.00	\$0.00
Monthly Total	(0)	\$0.00	\$0.00
Annual Total		\$0.00	\$0.00
Annual Premium Difference			\$0.00

Glendale Community College

		Current Blue Shield HMO Retire and Spouse over 65 January 1, 2022	SISC Anthem Blue Cross \$10 / 100% January 1, 2022 (will renew again October 1, 2022)
Lifetime Maximum		Unlimited	
Individual Deductible		None	
Family Deductible		None	
Individual Maximum Out-of-Pocket		\$1,000	
Family Maximum Out-of-Pocket		\$2,000	
Hospitalization Services		No Charge	
Outpatient Services			
Surgery in Hospital		\$50 copayment	
Surgery in Outpatient Facility		\$50 copayment	
Emergency Room (co-pay waived if admitted)		\$50 copayment	
Urgent Care		\$10 copayment	
Ambulance Services		\$50 copayment	
PCP Office Visit / Teladoc		\$10 copayment / No Charge Teladoc	
Specialist Office Visit		\$10 copayment	
Periodic Health Evaluations		No Charge	
Well Baby/Well Child Exams		No Charge	
Pregnancy & Maternity Care Visits		No Charge	
Allergy Injections and Immunizations		\$10 copayment	
Lab & X-Ray		No Charge	
Complex Radiology (CT Scan, MRI...)		No Charge	
Mental and Nervous Disorders			
In-patient		No Charge	
Out-patient		\$10 copayment	
Substance Abuse			
In-patient:		No Charge	
Outpatient visits		\$10 copayment	
Rehabilitation Outpatient Therapy Services		\$10 copayment	
Chiropractic		Not Covered	
Acupuncture		Not Covered	
Durable Medical Equipment		50%	
Prescription Retail Drugs			
Deductible		None	
Additional Out of Pocket Maximum		None	
Generic		\$10 copayment	
Brand		\$20 copayment	
Non-Formulary		Not Covered	
Specialty Drugs		20% up to \$200 max.	
Mail Order		\$20 Generic/\$40 Brand - 90 day supply	
	#enrolled	Current Rates	SISC Rates
Employee	(0)	\$0.00	\$0.00
Employee + 1	(0)	\$0.00	\$0.00
Employee + 2 or more	(0)	\$0.00	\$0.00
Monthly Total	(0)	\$0.00	\$0.00
Annual Total		\$0.00	\$0.00
Annual Premium Difference			\$0.00

Glendale Community College

		Current Blue Shield HMO Retiree over 65 - spouse under 65 January 1, 2022	SISC Anthem Blue Cross \$10 / 100% January 1, 2022 (will renew again October 1, 2022)
Lifetime Maximum		Unlimited	
Individual Deductible		None	
Family Deductible		None	
Individual Maximum Out-of-Pocket		\$1,000	
Family Maximum Out-of-Pocket		\$2,000	
Hospitalization Services		No Charge	
Outpatient Services			
Surgery in Hospital		\$50 copayment	
Surgery in Outpatient Facility		\$50 copayment	
Emergency Room (co-pay waived if admitted)		\$50 copayment	
Urgent Care		\$10 copayment	
Ambulance Services		\$50 copayment	
PCP Office Visit / Teladoc		\$10 copayment / No Charge Teladoc	
Specialist Office Visit		\$10 copayment	
Periodic Health Evaluations		No Charge	
Well Baby/Well Child Exams		No Charge	
Pregnancy & Maternity Care Visits		No Charge	
Allergy Injections and Immunizations		\$10 copayment	
Lab & X-Ray		No Charge	
Complex Radiology (CT Scan, MRI...)		No Charge	
Mental and Nervous Disorders			
In-patient		No Charge	
Out-patient		\$10 copayment	
Substance Abuse			
In-patient:		No Charge	
Outpatient visits		\$10 copayment	
Rehabilitation Outpatient Therapy Services		\$10 copayment	
Chiropractic		Not Covered	
Acupuncture		Not Covered	
Durable Medical Equipment		50%	
Prescription Retail Drugs			
Deductible		None	
Additional Out of Pocket Maximum		None	
Generic		\$10 copayment	
Brand		\$20 copayment	
Non-Formulary		Not Covered	
Specialty Drugs		20% up to \$200 max.	
Mail Order		\$20 Generic/\$40 Brand - 90 day supply	
	#enrolled	Current Rates	SISC Rates
Employee	(0)	\$0.00	\$0.00
Employee + 1	(0)	\$0.00	\$0.00
Employee + 2 or more	(0)	\$0.00	\$0.00
Monthly Total	(0)	\$0.00	\$0.00
Annual Total		\$0.00	\$0.00
Annual Premium Difference			\$0.00

Glendale Community College

		Current Blue Shield HMO \$40 - 40% January 1, 2022	SISC Anthem Blue Cross \$30/\$40/\$500 per day January 1, 2022 (will renew again October 1, 2022)
Lifetime Maximum		Unlimited	Unlimited
Individual Deductible		None	None
Family Deductible		None	None
Individual Maximum Out-of-Pocket		\$3,500	\$2,500
Family Maximum Out-of-Pocket		\$7,000	\$5,000
Hospitalization Services		40%	\$500 copayment per day (3 days max)
Outpatient Services			
Surgery in Hospital		40%	\$250 copayment
Surgery in Outpatient Facility		40%	\$250 copayment
Emergency Room (co-pay waived if admitted)		\$100 copayment	\$150 copayment
Urgent Care		\$40 copayment	\$30 copayment
Ambulance Services		\$100 copayment	\$100 copayment
PCP Office Visit / Teladoc		\$40 copayment / No Charge Teladoc	\$30 copayment
Specialist Office Visit		\$40 copayment	\$40 copayment
Periodic Health Evaluations		No Charge	No Charge
Well Baby/Well Child Exams		No Charge	No Charge
Pregnancy & Maternity Care Visits		No Charge	\$30 copayment for prenatal office visits
Allergy Injections and Immunizations		\$40 copayment	\$30 copayment for testing (immunizations are not listed)
Lab & X-Ray		No Charge	No Charge
Complex Radiology (CT Scan, MRI...)		No Charge	\$100 copayment
Mental and Nervous Disorders			
In-patient		40%	\$500 copayment per day (3 days max)
Out-patient		\$40 copayment	\$30 copayment
Substance Abuse			
In-patient:		40%	\$500 copayment per day (3 days max)
Outpatient visits		\$40 copayment	\$30 copayment
Rehabilitation Outpatient Therapy Services		\$40 copayment	\$30 copayment-office / \$40 copayment-hospital
Chiropractic		Not Covered	Rider included \$10 copayment
Acupuncture		Not Covered	Rider included \$10 copayment
Durable Medical Equipment		50%	50%
Prescription Retail Drugs			
Deductible		None	\$200 Individual / \$500 Family
Additional Out of Pocket Maximum		None	\$2,500 Individual / \$3,500 Family
Generic		\$15 copayment	\$10 copayment
Brand		\$30 copayment	\$35 copayment
Non-Formulary		Not Covered	Not listed
Specialty Drugs		20% up to \$200 max.	Mail Order only - Navitus \$35 - 30 day supply
Mail Order		\$30 Generic/\$60 Brand - 90 day supply	No Charge Generic (Costco) / \$90 Brand (Costco)
	#enrolled	Current Rates	SISC Rates
Employee	(0)	\$0.00	\$0.00
Employee + 1	(0)	\$0.00	\$0.00
Employee + 2 or more	(0)	\$0.00	\$0.00
Monthly Total	(0)	\$0.00	\$0.00
Annual Total		\$0.00	\$0.00
Annual Premium Difference			\$0.00

Glendale Community College

		Current Blue Shield HMO Retiree and spouse over 65 January 1, 2022	SISC Anthem Blue Cross \$30/\$40/\$500 per day January 1, 2022 (will renew again October 1, 2022)
Lifetime Maximum		Unlimited	
Individual Deductible		None	
Family Deductible		None	
Individual Maximum Out-of-Pocket		\$3,500	
Family Maximum Out-of-Pocket		\$7,000	
Hospitalization Services		40%	
Outpatient Services			
Surgery in Hospital		40%	
Surgery in Outpatient Facility		40%	
Emergency Room (co-pay waived if admitted)		\$100 copayment	
Urgent Care		\$40 copayment	
Ambulance Services		\$100 copayment	
PCP Office Visit / Teladoc		\$40 copayment / No Charge Teladoc	
Specialist Office Visit		\$40 copayment	
Periodic Health Evaluations		No Charge	
Well Baby/Well Child Exams		No Charge	
Pregnancy & Maternity Care Visits		No Charge	
Allergy Injections and Immunizations		\$40 copayment	
Lab & X-Ray		No Charge	
Complex Radiology (CT Scan, MRI...)		No Charge	
Mental and Nervous Disorders			
In-patient		40%	
Out-patient		\$40 copayment	
Substance Abuse			
In-patient:		40%	
Outpatient visits		\$40 copayment	
Rehabilitation Outpatient Therapy Services		\$40 copayment	
Chiropractic		Not Covered	
Acupuncture		Not Covered	
Durable Medical Equipment		50%	
Prescription Retail Drugs			
Deductible		None	
Additional Out of Pocket Maximum		None	
Generic		\$15 copayment	
Brand		\$30 copayment	
Non-Formulary		Not Covered	
Specialty Drugs		20% up to \$200 max.	
Mail Order		\$30 Generic/\$60 Brand - 90 day supply	
	#enrolled	Current Rates	SISC Rates
Employee	(0)	\$0.00	\$0.00
Employee + 1	(0)	\$0.00	\$0.00
Employee + 2 or more	(0)	\$0.00	\$0.00
Monthly Total	(0)	\$0.00	\$0.00
Annual Total		\$0.00	\$0.00
Annual Premium Difference			\$0.00

Glendale Community College

		Current Blue Shield Retiree over 65 - spouse under 65 January 1, 2022	SISC Anthem Blue Cross \$30/\$40/\$500 per day January 1, 2022 (will renew again October 1, 2022)
Lifetime Maximum		Unlimited	
Individual Deductible		None	
Family Deductible		None	
Individual Maximum Out-of-Pocket		\$3,500	
Family Maximum Out-of-Pocket		\$7,000	
Hospitalization Services		40%	
Outpatient Services			
Surgery in Hospital		40%	
Surgery in Outpatient Facility		40%	
Emergency Room (co-pay waived if admitted)		\$100 copayment	
Urgent Care		\$40 copayment	
Ambulance Services		\$100 copayment	
PCP Office Visit / Teladoc		\$40 copayment / No Charge Teladoc	
Specialist Office Visit		\$40 copayment	
Periodic Health Evaluations		No Charge	
Well Baby/Well Child Exams		No Charge	
Pregnancy & Maternity Care Visits		No Charge	
Allergy Injections and Immunizations		\$40 copayment	
Lab & X-Ray		No Charge	
Complex Radiology (CT Scan, MRI...)		No Charge	
Mental and Nervous Disorders			
In-patient		40%	
Out-patient		\$40 copayment	
Substance Abuse			
In-patient:		40%	
Outpatient visits		\$40 copayment	
Rehabilitation Outpatient Therapy Services		\$40 copayment	
Chiropractic		Not Covered	
Acupuncture		Not Covered	
Durable Medical Equipment		50%	
Prescription Retail Drugs ³ :			
Deductible		None	
Additional Out of Pocket Maximum		None	
Generic		\$15 copayment	
Brand		\$30 copayment	
Non-Formulary		Not Covered	
Specialty Drugs		20% up to \$200 max.	
Mail Order		\$30 Generic/\$60 Brand - 90 day supply	
	#enrolled	Current Rates	SISC Rates
Employee	(0)	\$0.00	\$0.00
Employee + 1	(0)	\$0.00	\$0.00
Employee + 2 or more	(0)	\$0.00	\$0.00
Monthly Total	(0)	\$0.00	\$0.00
Annual Total		\$0.00	\$0.00
Annual Premium Difference			\$0.00
Percentage Difference			#DIV/0!

Glendale Community College

	Current Blue Shield-\$500 90/70 January 1, 2022		SISC Anthem Blue Cross PPO January 1, 2022 (will renew again October 1, 2022)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Unlimited		Unlimited	
Lifetime Maximum	Unlimited		Unlimited	
Individual Deductible	\$500		\$500	
Family Deductible	\$1,000		\$1,000	
Individual Maximum Out-of-Pocket	\$1,500	\$3,500	\$1,000	No Limit
Family Maximum Out-of-Pocket	\$3,000	\$7,000	\$3,000	No Limit
Hospitalization Services	10%	30% (\$600 per day)	10%	SEE NOTE BELOW* (\$600 per day)
Outpatient Services				
Surgery in Hospital	10%	30% (\$350 per day)	10%	SEE NOTE BELOW*
Surgery in Outpatient Facility	10%	30% (\$350 per day)	10%	SEE NOTE BELOW*
Emergency Room (co-pay waived if admitted)	\$75 copayment (if admitted, coinsurance applies)		\$100 copayment (if admitted, coinsurance applies)	
Urgent Care	\$20 copayment	30%	\$20 copayment	SEE NOTE BELOW*
Ambulance Services	10% after deductible		\$100 + 10% after deductible	
PCP Office Visit / Teladoc	\$20 copayment/No Charge Teladoc	30%	No Charge for visits 1-3/ \$20 copayment for visits 4 +	SEE NOTE BELOW*
Specialist Office Visit	\$20 copayment	30%	\$20 copayment	SEE NOTE BELOW*
Periodic Health Evaluations	No Charge	30%	No Charge	Not Covered
Well Baby/Well Child Exams	No Charge	30%	No Charge	Not Covered
Pregnancy & Maternity Care Visits	No Charge	30%	No Charge for visits 1-3/ \$20 copayment for visits 4 +	SEE NOTE BELOW*
Allergy Injections and Immunizations	10%	30%	10%	SEE NOTE BELOW*
Lab & X-Ray	\$20 copayment after deductible	30%	10%	Not Covered
	\$35 if performed in a hospital after deductible	30%		
Complex Radiology (CT Scan, MRI..)	10%	30%	10%	SEE NOTE BELOW*
Mental and Nervous Disorders				
In-patient	10%	30% (\$600 per day)	10%	SEE NOTE BELOW*
Out-patient	\$20 copayment	30%	\$20 copayment	SEE NOTE BELOW*
Substance Abuse				
In-patient:	10%	30% (\$600 per day)	10%	SEE NOTE BELOW*
Outpatient visits	\$20 copayment	30%	\$20 copayment	SEE NOTE BELOW*
Rehabilitation Outpatient Therapy Services	\$20 copayment after deductible	30%	10%	Not Covered
Chiropractic (up to 20 visits per year)	10%	30%	10% (medically necessary)	Not Covered
Acupuncture (up to 20 visits per year)	\$25 copayment	30%	10% (12 visits)	50%
Durable Medical Equipment	10%	30%	10%	Not Covered
Prescription Retail Drugs:				
Deductible	None		None	
Additional Out of Pocket Maximum	None		\$1,500 Individual / \$2,500 Family	
Generic	\$10 copayment	\$10 + 25%	\$3 copayment	The Benefit Summary does not show out of network coverage.
Brand	\$15 copayment	\$15 + 25%	\$15 copayment	
Non-Formulary	\$30 copayment	\$30 + 25%	Benefit Summary does not show Non-Formulary Drugs	Not sure if out of network coverage is available.
Specialty Drugs	30% up to \$200 max.	30% up to \$200 max. + 25%	Mail Order only - Navitus \$15 - 30 day supply	
Mail Order	\$20 / \$30 / \$60 - 90 day supply	Not Covered	No Charge Generic (Costco) / \$35 Brand (Costco)	
	#enrolled	Current Rates	SISC Rates	
Employee	(0)	\$0.00	\$0.00	
Employee + 1	(0)	\$0.00	\$0.00	
Employee + 2 or more	(0)	\$0.00	\$0.00	
Monthly Total	(0)	\$0.00	\$0.00	
Annual Total		\$0.00	\$0.00	
Annual Premium Difference			\$0.00	

****When using Out-of-Network Providers, members are responsible for any difference between the maximum allowed amount and the actual charges, as well as any deductible and percentage copayments"**

Please see the notes in the Anthem proposal about benefit limits for certain procedures when performed in an outpatient hospital setting.

Glendale Community College

	Current Blue Shield-\$500 90/70 Retiree and Spouse over 65 January 1, 2022		SISC Anthem Blue Cross PPO January 1, 2022 (will renew again October 1, 2022)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Unlimited			
Lifetime Maximum	Unlimited			
Individual Deductible	\$500			
Family Deductible	\$1,000			
Individual Maximum Out-of-Pocket	\$1,500	\$3,500		
Family Maximum Out-of-Pocket	\$3,000	\$7,000		
Hospitalization Services	10%	30% (\$600 per day)		
Outpatient Services				
Surgery in Hospital	10%	30% (\$350 per day)		
Surgery in Outpatient Facility	10%	30% (\$350 per day)		
Emergency Room (co-pay waived if admitted)	\$75 copayment			
Urgent Care	\$20 copayment	30%		
Ambulance Services	10%			
PCP Office Visit / Teladoc	\$20 copayment/No Charge Teladoc	30%		
Specialist Office Visit	\$20 copayment	30%		
Periodic Health Evaluations	No Charge	30%		
Well Baby/Well Child Exams	No Charge	30%		
Pregnancy & Maternity Care Visits	10%	30%		
Allergy Injections and Immunizations	10%	30%		
Lab & X-Ray	\$20 copayment	30%		
	\$35 if performed in a hospital	30%		
Complex Radiology (CT Scan, MRI..)	10%	30%		
Mental and Nervous Disorders				
In-patient	10%	30% (\$600 per day)		
Out-patient	\$20 copayment	30%		
Substance Abuse				
In-patient:	10%	30% (\$600 per day)		
Outpatient visits	\$20 copayment	30%		
Rehabilitation Outpatient Therapy Services	\$20 copayment	30%		
Chiropractic (up to 20 visits per year)	10%	30%		
Acupuncture	\$25 copayment	30%		
Durable Medical Equipment	10%	30%		
Prescription Retail Drugs:				
Deductible	None			
Additional Out of Pocket Maximum	None			
Generic	\$10 copayment	\$10 + 25%		
Brand	\$15 copayment	\$15 + 25%		
Non-Formulary	\$30 copayment	\$30 + 25%		
Specialty Drugs	30% up to \$200 max.	30% up to \$200 max. + 25%		
Mail Order	\$20 / \$30 / \$60 - 90 day supply	Not Covered		
	#enrolled	Current Rates	SISC Rates	
Employee	(0)	\$0.00	\$0.00	
Employee + 1	(0)	\$0.00	\$0.00	
Employee + 2 or more	(0)	\$0.00	\$0.00	
Monthly Total	(0)	\$0.00	\$0.00	
Annual Total		\$0.00	\$0.00	
Annual Premium Difference			\$0.00	

Glendale Community College

	Current Blue Shield-\$500 90/70 Retiree over 65 - spouse under 65 January 1, 2022		SISC Anthem Blue Cross PPO January 1, 2022 (will renew again October 1, 2022)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Unlimited			
Lifetime Maximum				
Individual Deductible	\$500			
Family Deductible	\$1,000			
Individual Maximum Out-of-Pocket	\$1,500	\$3,500		
Family Maximum Out-of-Pocket	\$3,000	\$7,000		
Hospitalization Services	10%	30% (\$600 per day)		
Outpatient Services				
Surgery in Hospital	10%	30% (\$350 per day)		
Surgery in Outpatient Facility	10%	30% (\$350 per day)		
Emergency Room (co-pay waived if admitted)	\$75 copayment			
Urgent Care	\$20 copayment	30%		
Ambulance Services	10%			
PCP Office Visit / Teladoc	\$20 copayment/No Charge Teladoc	30%		
Specialist Office Visit	\$20 copayment	30%		
Periodic Health Evaluations	No Charge	30%		
Well Baby/Well Child Exams	No Charge	30%		
Pregnancy & Maternity Care Visits	10%	30%		
Allergy Injections and Immunizations	10%	30%		
Lab & X-Ray	\$20 copayment	30%		
	\$35 if performed in a hospital	30%		
Complex Radiology (CT Scan, MRI..)	10%	30%		
Mental and Nervous Disorders				
In-patient	10%	30% (\$600 per day)		
Out-patient	\$20 copayment	30%		
Substance Abuse				
In-patient:	10%	30% (\$600 per day)		
Outpatient visits	\$20 copayment	30%		
Rehabilitation Outpatient Therapy Services	\$20 copayment	30%		
Chiropractic (up to 20 visits per year)	10%	30%		
Acupuncture	\$25 copayment	30%		
Durable Medical Equipment	10%	30%		
Prescription Retail Drugs:				
Deductible	None			
Additional Out of Pocket Maximum	None			
Generic	\$10 copayment	\$10 + 25%		
Brand	\$15 copayment	\$15 + 25%		
Non-Formulary	\$30 copayment	\$30 + 25%		
Specialty Drugs	30% up to \$200 max.	30% up to \$200 max. + 25%		
Mail Order	\$20 / \$30 / \$60 - 90 day supply	Not Covered		
	#enrolled	Current Rates	SISC Rates	
Employee	(0)	\$1,185.85	\$0.00	
Employee + 1	(0)	\$2,288.69	\$0.00	
Employee + 2 or more	(0)	\$2,525.86	\$0.00	
Monthly Total	(0)	\$0.00	\$0.00	
Annual Total		\$0.00	\$0.00	
Annual Premium Difference			\$0.00	

Glendale Community College

	Current & Renewal		SISC	
	Blue Shield-\$500 90/70 - Dual Spousal		Anthem Blue Cross	
	January 1, 2021		January 1, 2022 (will renew again October 1, 2022)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited			
Individual Deductible	\$500			
Family Deductible	\$1,000			
Individual Maximum Out-of-Pocket	\$1,500	\$3,500		
Family Maximum Out-of-Pocket	\$3,000	\$7,000		
Hospitalization Services	1%	30% (\$600 per day)		
Outpatient Services				
Surgery in Hospital	1%	30% (\$350 per day)		
Surgery in Outpatient Facility	1%	30% (\$350 per day)		
Emergency Room (co-pay waived if admitted)	\$75 copayment		There is not a quote for dual spousal in the Anthem benefits proposal provided	
Urgent Care	\$20 copayment	30%		
Ambulance Services	10%			
PCP Office Visit / Teladoc	\$20 copayment/No Charge Teladoc	30%		
Specialist Office Visit	\$20 copayment	30%		
Periodic Health Evaluations	No Charge	30%		
Well Baby/Well Child Exams	No Charge	30%		
Pregnancy & Maternity Care Visits	1%	30%		
Allergy Injections and Immunizations	1%	30%		
Lab & X-Ray	\$20 copayment	30%		
	\$35 if performed in a hospital	30%		
Complex Radiology (CT Scan, MRI...)	1%	30%		
Mental and Nervous Disorders				
In-patient	1%	30% (\$600 per day)		
Out-patient	\$20 copayment	30%		
Substance Abuse				
In-patient:	1%	30% (\$600 per day)		
Outpatient visits	\$20 copayment	30%		
Rehabilitation Outpatient Therapy Services	\$20 copayment	30%		
Chiropractic (up to 20 visits per year)	1%	30%		
Acupuncture	\$25 copayment (20 visits in or out of network)			
Durable Medical Equipment	1%	30%		
Prescription Retail Drugs:				
Deductible	None			
Additional Out of Pocket Maximum	None			
Generic	\$10 copayment	\$10 + 25%		
Brand	\$15 copayment	\$15 + 25%		
Non-Formulary	\$30 copayment	\$30 + 25%		
Specialty Drugs	30% up to \$200 max.	Not Covered		
Mail Order	\$20 / \$30 / \$60 - 90 day supply	Not Covered		
	#enrolled	Current Rates	SISC Rates	
Employee	(0)	\$0.00	\$0.00	
Employee + 1	(0)	\$0.00	\$0.00	
Employee + 2 or more	(0)	\$0.00	\$0.00	
Monthly Total	(0)	\$0.00	\$0.00	
Annual Total		\$0.00	\$0.00	
Annual Premium Difference			\$0.00	