

SISC MEDICAL PLANS

MINIMUM VALUE – ANCHOR BRONZE PLANS

	MINIMUM VALUE	ANCHOR BRONZE
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOP)		Member Pays
Individual/Family Deductibles		\$5,000/\$10,000
Individual/Family Out-of-Pocket Max (includes deductibles and co-pays)		\$6,350/\$12,700
PROFESSIONAL SERVICES		
Office Visit/Urgent Care co-pay		30% after ded
Specialists/Consultants co-pay		30% after ded
Prenatal, postnatal office visit co-pay		30% after ded
Scans: CT, CAT, MRI, PET etc.		30%
Diagnostic X-ray & Laboratory Procedures		30%
Infertility (diagnosis/treatment of causes of infertility)		Not covered
Preventive Care Services (includes physical exams & screenings)		0%, Ded Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES		
Emergency Room visit co-pay (waived if admitted)		30% / \$100 co-pay
Inpatient Hospital co-pay (preauthorization required)		30%
Outpatient Hospital co-pay		30%
Surgery, Outpatient (performed in an Ambulatory Surgery Center)		30%
Surgery, Outpatient (performed in a Hospital)		30%
MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT		
INPATIENT CARE: Facility based care (preauthorization required)		30%
OUTPATIENT CARE: Facility based care (preauthorization required)		30%
OTHER SERVICES		
Acupuncture - Limits apply		30%
Ambulance (Ground or Air)		30% / \$100 co-pay
Chiropractic - Limits apply		30%
Durable Medical Equipment (DME)		30%
Hearing Aids (\$700 benefit allowance per 24 mo period)		Cost in excess of allowance
Physical and Occupational Therapy - Limits apply		30%
PRESCRIPTION DRUG PLANS		
Generic co-pay/days supply		After deductible, \$9/ 30-day
Brand co-pay/days supply		After deductible, \$35/30-day
Mail Order (Generic-Brand co-pay/days supply)		After deductible, \$18-90/90-day

This is only a brief summary of benefits that reflects In-Network benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions. Benefits may be subject to change due to mid-year legislative changes.