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BENEFITS

As we reported in the graduation edition of the newsletter last semester, SISC has yet again raised their rates. Information on the rate changes, and plan details, can be found at www.ccft.org under “Current Issues.” We are seeking your feedback on a possible plan change, so please review the information carefully.

The EB is discussing one possible plan change--replacing the PPO High Deductible Health Plan (Plan D) with another option, Plan M – Prescription Plan 9 – 35 with no brand name deductible (\$642.00), as presented in the SISC 2011-2012 Monthly PPO 80% Composite Rate Sheet. The EB and Benefits Committee members are seeking your feedback on this proposed SISC change so please take a moment to complete the Benefits Survey online by going to ccft.org, then to “Current Issues” and then to “Survey 2011-2012.” Paper surveys will also be made available during faculty hour Opening Day.

We have been informed that SISC needs any plan changes by August 15, 2011 so that open enrollment can begin immediately. Please provide your feedback by noon, August 15.

We would like to collect information from our members concerning this change. After you have reviewed the information, please take the time to fill out the survey that has been created. This is the link:
<http://leadernet.aft.org/surveymaker/take/survey.cfm?id=a694f8f6-5056-b94b-11fa-5ccfb2b827a8>

**SAN LUIS OBISPO COUNTY COMMUNITY COLLEGE DISTRICT
CERTIFICATED PLAN OPTIONS EFF. 10/01/10**



A

B

C



PLANS	PBC 80-F \$20		PBC 80-G \$30		PB BASE		HDHP-B W/WSA	
	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers
Provider Network(s): Hospital Professional	Prudent Buyer Prudent Buyer		Prudent Buyer Prudent Buyer		Prudent Buyer Prudent Buyer		Prudent Buyer Prudent Buyer	
Calendar Year Deductible(s)	\$400 per individual up to \$800 per family		\$500 per individual up to \$1,000 per family		\$2,000 per individual up to \$4,000 per family \$3,000 per individual up to \$6,000 per family		\$2,500 per individual up to \$5,000 per family \$5,000 per individual up to \$10,000 per family	
Maximum Co-Insurance	\$1,000 per individual up to \$3,000 per family 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.		\$1,000 per individual up to \$3,000 per family 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.		Once the member's 20% co-insurance totals \$3,000, the plan will pay 100% of the allowable amount for the remainder of the calendar year.		NOTE: This plan has an Annual Out-of-Pocket Maximum that includes the deductible, co-pays and co-insurance.	
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%).								
Services								
Office Visits	Deductible Waived \$20 co-pay	Non-Par Fee	Deductible Waived \$30 co-pay	Non-Par Fee	Deductible Waived \$30 co-pay	Non-Par Fee	90%	Non-Par Fee
Inpatient Hospital Room, Board & Support Services (prior authorization required)	80%	\$600 per day	80%	\$600 per day	80%	\$600 per day	90%	\$600 per day
Ambulatory Surgery Center	80%	\$50 co-pay \$350 per day	80%	\$50 co-pay \$350 per day	80%	\$50 co-pay \$350 per day	90%	\$350 per day
Emergency Room (non-emergency) Facility Expenses:	\$100 co-pay		\$100 co-pay		\$100 co-pay		\$100 co-pay	
Professional Expenses:	80%	50% C&R	80%	50% C&R	80%	50% C&R	90%	100% C&R
Accident Care (48 hrs) Emergency Room* Facility Expenses:	\$100 co-pay		\$100 co-pay		\$100 co-pay		\$100 co-pay	
Professional Expenses:	80%	80% C&R	80%	80% C&R	80%	80% C&R	90%	90% C&R
Surgeon & Anesthetist	80%	80% C&R	80%	80% C&R	80%	80% C&R	90%	90% C&R
Well Baby/Child Preventative Care Birth to age six	Deductible Waived 100%	Non-Par Fee	Deductible Waived 100%	Non-Par Fee	Deductible Waived 100%	Non-Par Fee	Deductible Waived 100%	Non-Par Fee
Routine Preventative Care Members age 7 and older	Deductible Waived 100%	Not Covered	Deductible Waived 100%	Not Covered	Deductible Waived 100%	Not Covered	Deductible Waived 100%	Not Covered
Diagnostic X-Ray & Lab MRI, CT, PET & nuclear cardiac scan (UR) Other diagnostic x-ray & lab	80%	Non Par Fee Non Par Fee	80%	Non Par Fee Non Par Fee	80%	Non Par Fee Non Par Fee	90%	Non Par Fee Non Par Fee
Cancer Screenings (Routine Industry Standard Screenings)	Deductible Waived 100%	Non-Par Fee	Deductible Waived 100%	Non Par Fee	Deductible Waived 100%	Non Par Fee	Deductible Waived 100%	Non Par Fee
Physical Medicine (OT, PT, Chiro) (some limits may apply)	80%	Non-Par Fee	80%	Non-Par Fee	12 visits per year		12 visits per year	
Speech Therapy	80%	Non-Par Fee	80%	Non-Par Fee	80% up to \$25 per visit	Non-Par Fee up to \$25 per visit	90% up to \$25 per visit	Non-Par Fee up to \$25 per visit
Acupuncture 12 visits per year	80% up to \$50 per visit	Non-Par Fee up to \$25 per visit	80% up to \$50 per visit	Non-Par Fee up to \$25 per visit	80% up to \$30 per visit	Non-Par Fee up to \$30 per visit	90% up to \$30 per visit	Non-Par Fee up to \$30 per visit
Durable Medical Equipment Rental or Purchase of DME	80%	Non-Par Fee	80%	Non-Par Fee	80%	Non-Par Fee	90%	Non-Par Fee
Hearing Aid (\$700 maximum every 24 months)	80%	Non-Par Fee	80%	Non-Par Fee	80%	Non-Par Fee	90%	Non-Par Fee
Hospice	80%	80%	80%	80%	80%	80%	90%	50%
Ambulance (Ground or Air)	80%	80%	80%	80%	80%	80%	90%	50%
Home Health Care 100 4-hour visits/yr (prior authorization req'd)	80%	Non-Par Fee	80%	Non-Par Fee	80%	Non-Par Fee	90%	50% Non-Par Fee
Home infusion	80%	100% up to \$600/day	80%	100% up to \$600/day	80%	100% up to \$600/day	90%	100% up to \$600/day
Psychiatric & Substance Abuse Inpatient	80%	\$600 per day	80%	\$600 per day	80%	\$600 per day	90%	\$600 per day
Outpatient	Deductible Waived 80%	Non-Par Fee	Deductible Waived 80%	Non-Par Fee	Deductible Waived 80%	Non-Par Fee	90%	Non-Par Fee
Outpatient Prescription Drugs	Medco Rx Plan		Medco Rx Plan		Medco Rx Plan		Wellpoint Rx Plan	
Supply	Retail 30 days	Mail 90 days	Retail 30 days	Mail 90 days	Retail 30 days	Mail 90 days	Retail 30 days	Mail 90 days
Brand Name Calendar Year Deductible	Not applicable		\$200 per individual up to \$500 per family		\$200 per individual up to \$500 per family		Subject to medical deductible	
Generic Drugs	\$7	\$14	\$10	\$25	\$10	\$25	\$7	\$14
Preferred Brand Name Drugs	\$25	\$60	\$35	\$90	\$35	\$90	\$25	\$60
Non-Preferred Brand Name Drugs	\$25	\$60	\$35	\$90	\$35	\$90	\$25	\$60

No last quarter deductible rollover.
Note: Prosthesis maximum of \$2000/year

San Luis Obispo
PPO Medical Plan Options (Including Pharmacy)
2011-12 Monthly Composite Rates

100% Participation Requirement: The rates on these pages are based on 100% participation of full-time employees in SISC sponsored medical plans.

Use Of These Pages: The benefit summaries on these pages are very brief and are meant to be a quick reference. For more details, please refer to the separate benefit summaries for Medical and Prescription Drug coverage.

Medical and Pharmacy Plans: The rates on these pages are for plans which are currently being marketed by SISC. The rates for plans in effect that do not appear on these pages are shown on district "Rates-at-a-Glance" statements.

			100% Plans				
Pharmacy			A	A	B	C	D
Retail (30 days)			Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam
Deductible			\$0	\$0	\$100/\$300	\$200/\$400	\$300/\$600
Generic	Brand		Co-Insurance Max	n/a	n/a	n/a	n/a
	Deductible	Brand	Hosp/Surg/X-ray/Lab	100%	100%	100%	100%
Other Professional			100%	100%	100%	100%	
Emergency Room			\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Office Visit Copay			\$10	\$20	\$20	\$20	\$20
3	15		\$1,130.00	\$1,106.00	\$1,092.00	\$1,070.00	\$1,052.00
5	20		\$1,092.00	\$1,068.00	\$1,054.00	\$1,032.00	\$1,014.00
7	25		\$1,069.00	\$1,045.00	\$1,031.00	\$1,009.00	\$991.00
9	35		\$1,040.00	\$1,016.00	\$1,002.00	\$980.00	\$962.00
10	200	35	\$996.00	\$972.00	\$958.00	\$936.00	\$918.00
15	200	50	\$980.00	\$956.00	\$942.00	\$920.00	\$902.00

			90% Plans			80% Plans			
Pharmacy			A	A	C	C	D	D	E
Retail (30 days)			Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam
Deductible			\$100/\$300	\$100/\$300	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	\$300/\$600
Generic	Brand		Co-Insurance Max	\$300/\$900	\$300/\$900	\$300/\$900	\$500/\$1,500	\$1,000/\$3,000	\$1,000/\$3,000
	Deductible	Brand	Hosp/Surg/X-ray/Lab	90%	90%	90%	80%	80%	80%
Other Professional			90%	90%	90%	80%	80%	80%	
Emergency Room			\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	
Office Visit Copay			\$20	\$30	\$30	\$20	\$20	\$30	
3	15		\$1,061.00	\$1,043.00	\$1,021.00	\$1,011.00	\$995.00	\$979.00	\$964.00
5	20		\$1,023.00	\$1,005.00	\$983.00	\$973.00	\$957.00	\$941.00	\$926.00
7	25		\$1,000.00	\$982.00	\$960.00	\$950.00	\$934.00	\$918.00	\$903.00
9	35		\$971.00	\$953.00	\$931.00	\$921.00	\$905.00	\$889.00	\$874.00
10	200	35	\$927.00	\$909.00	\$887.00	\$877.00	\$861.00	\$845.00	\$830.00
15	200	50	\$911.00	\$893.00	\$871.00	\$861.00	\$845.00	\$829.00	\$814.00

**San Luis Obispo
PPO Medical Plan Options (Including Pharmacy)
2011-12 Monthly Composite Rates**

80% Plans Continued

Pharmacy			Medical	G		J	K	L	M	N
				Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam	Indiv/Fam
Retail (30 days)			Deductible	\$500/\$1,000	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$5,000/\$10,000
Generic	Brand		Co-Insurance Max	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$6,000	\$2,000/\$6,000	\$3,000/\$6,000	\$2,500/\$5,000	\$7,500/\$15,000
	Deductible	Brand	Hosp/Surg/X-ray/Lab	80%	80%	80%	80%	80%	80%	80%
			Other Professional	80%	80%	80%	80%	80%	80%	
			Emergency Room	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
			Office Visit	\$20	\$30	\$30	\$30	\$30	\$40	\$40
			Copay							
3	15			\$935.00	\$920.00	\$901.00	\$886.00	\$823.00	\$732.00	\$673.00
5	20			\$897.00	\$882.00	\$863.00	\$848.00	\$785.00	\$694.00	\$635.00
7	25			\$874.00	\$859.00	\$840.00	\$825.00	\$762.00	\$671.00	\$612.00
9	35			\$845.00	\$830.00	\$811.00	\$796.00	\$733.00	\$642.00	\$583.00
10	200	35		\$801.00	\$786.00	\$767.00	\$752.00	\$689.00	\$598.00	\$539.00
15	200	50		\$785.00	\$770.00	\$751.00	\$736.00	\$673.00	\$582.00	\$523.00

HSA Compliant Plans

No fourth quarter carryover

Pharmacy		Medical	A	B
			Indiv/Fam	Indiv/Fam
Rx copays are subject to the med deductible, then \$7 for generics and \$25 for brand drugs after deductible is met.		Deductible	\$1,200/\$2,400	\$2,500/\$5,000
		Co-Insurance Max	\$3,800/\$7,600	\$2,500/\$5,000
		Hosp/Surg/X-ray/Lab	90%	90%
		Other Professional	90%	90%
		Emergency Room	\$100 copay	\$100 copay
		Office Visit	Part of Medical	Part of Medical
		Copay		
			\$723.00	\$625.00