

KCCD - Benefit Provider List

Provider	Coverage Paid by Employer	Classified	Confidential Management	Faculty
Anthem Blue Cross SISC III	Full Time	100%	100%	100%
	Part Time FLB	% of FTE	N/A	N/A
Web Site: www.anthem.com/ca/sisc Web Site: http://sisc.kern.org (sisc.kern.org) Phone: 1-800-322-5709 (*FMC see note) MD Live 1-888-632-2738 Group Number: 40088 Plan Code: 040		Group Number based on Employee Classification: Classified: 40088 A or G Conf/Mgt: 40088 N Faculty: 40088 H or L		
Navitus	Prescription Provider for mail in service.			
Network Pharmacy Website: www.navitus.com Phone: 1-866-333-2757	Costco Mail Order Online: www.pharmacy.costco.com Phone 1-800-607-6861			
Employee Assistance Program (EAP)	The plan is available for all employees with benefits			
Phone Number: 1-800-999-7222	-You must call phone number to obtain referral and approval for payment.			
Foundation for Medical Care: Kern County	FMC processes all claims and generates the EOB (Explanation of Benefits). Question on payments to Physicians, Lab etc. should be directed to FMC. *When calling member service number on Blue Cross card you are calling Foundation for Medical Care.			
Delta Dental DPO/PPO	Full Time	100%	100%	EE Paid
	Part Time FLB	% of FTE	N/A	N/A
Web Site: www.deltadentalins.com Phone: 1-800-765-6003 Group Number: 7073-8787				
Delta Incentive/Premier	Full Time	100%	100%	EE Paid
	Part Time FLB	% of FTE	N/A	N/A
Web Site: www.deltadentalins.com Phone: 1-800-765-6003 Group Number: 7073-8087				
VSP - Vision Plan	Full Time	100%	100%	Optional EE paid plan for Faculty
	Part Time FLB	% of FTE	N/A	N/A
Web Site: vsp.com Phone: 1-800-877-7195 Plan Number: Verify coverage with employee's social security number for all members (i.e. self, spouse, child etc.)				

Kern Community College District Effective 1/1/2003

WWW.KERN.ORG (Click on SISC;then Health and Welfare)

PLANS
Services
Provider Network(s):
Hospital
Professional
Calendar Year Deductible(s)
Maximum *Co-Insurance Amount:
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%).
Inpatient Hospital Room, Board & Support Services (prior authorization required)
Ambulatory Surgery Center
Emergency Room (non-emergency) Facility Expenses:
Professional Expenses:
Skilled Nursing Facility (medically necessary)
Surgeon & Anesthetist
Accident Care (initial care)
Preventative Care (age 0 - 25)
Routine Exam Employee & Spouse
Diagnostic X-Ray & Lab
Psychiatric & Substance Abuse
Counseling for Support & Encouragement Outpatient Professional Psychiatric
Inpatient Professional Psychiatric
Inpatient Psy. Facility/Residential Center
Outpatient Day Treatment Psychiatric
Inpatient Detox and Rehabilitation
Inpatient Detox Only
Outpatient Day Treatment Chemical Dependency
Office Visits
Acupuncture
Durable Medical Equipment
Hospice (\$10,000 maximum per member)
Ambulance
Surface
Air
To or from hospital or SNF
Home Health Care 100 visits/yr (prior authorization required)
Home Infusion
Chiropractic Services (30 visits yr)
Physical Therapy (medically necessary) Speech Therapy
Outpatient Prescription Drugs
Supply
Generic Drugs
Preferred Brand Name Drugs
Non-Preferred Brand Name Drugs
Lifetime Maximum

BENEFITS EFFECTIVE 1/1/2003 PB OPTION 1	
Participating Providers	Non-Participating Providers
Prudent Buyer Prudent Buyer	
\$200 per individual/\$400 per family	
Not applicable	
100%	\$540 - \$580 per day
100%	\$540 - \$580 per day
100%	100% eligible expenses less 25%
100%	100% C&R
100%	100%
100%	Non-Par Fee
100%	100% C&R
100%	Non-Par Fee
100%	Non-Par Fee
Up to \$200 per year	
100%	Non-Par Fee
WITH AUTHORIZATION * (800) 399-2421	
100% for 1-6 visits	No benefits
100% for 1-6 visits, then member pays the lesser of 20% or \$15 per visit.	50% to \$50 per visit
100%	50% to \$50 per visit
	50% after \$450 deductible per admission
	70% (60 days/yr)
	70% after \$450 deductible per admission
	50% after \$450 deductible per admission (5 days per admission, 28 days between admits.)
Deductible Waived \$10 co-pay	70% (60 days/yr)
	Non-Par Fee
100%	Non-Par Fee
100%	Non-Par Fee
100%	100%
100%	100%
100%	100%
100%	100%
100%	100%/\$600 max
100% up to \$25 per visit	Non-Par Fee up to \$25 per visit
100%	Non-Par Fee
Retail	Mail
30 days	90 days
\$3	\$3
\$15	\$35
\$15	\$35
\$2,000,000	

*Member's out of pocket expense is greater when authorization is not obtained prior to services being received.