

2019 Southern California Conference
PPO/HMO Deductible Copayment Reimbursement

PPO Plan	1 Unit	2 Units / 3 Units
Employee contribution \$62.00 per unit/per month	\$62.00	\$124.00/\$186.00
Deductible Reimbursement		
	Single	Family
Blue Shield PPO Deductible	\$ 3,000.00	\$ 6,000.00
Employer Funded HSA contribution	\$ 1,200.00	\$ 2,400.00
Remaining Deductible	\$ 1,800.00	\$ 3,600.00
SCC will reimburse 50% of remaining deductible up to a maximum of	\$ 700.00	\$ 1,400.00
Remaining deductible be paid by employee	\$ 1,100.00	\$ 2,200.00
Copayment Reimbursement		
	Single	Family
Blue Shield Out of Pocket Maximum (OOPM)	\$ 5,000.00	\$ 10,000.00
Deductible (after you meet deductible Blue Shield pay 80%/employee pay 20%)	\$ 3,000.00	\$ 6,000.00
Remaining amount for copayments to reach OOPM	\$ 2,000.00	\$ 4,000.00
SCC will reimburse 55% of Blue Shield copayments	\$ 1,100.00	\$ 2,200.00
Remaining Copayments paid by employee	\$ 900.00	\$ 1,800.00
Maximum employee responsibility (in network)	\$ 2,000.00	\$ 4,000.00

HMO Trio Plan (Limited physician network)	1 Unit	2 Units / 3 Units
Employee contribution increased to \$132.00 per unit/per month	\$132.00	\$264.00/\$396.00
Office Visit Copay	\$30.00	\$30.00
Specialists Office Visit Copay	\$45.00	\$45.00
Facility Deductible	\$ 2,000.00	\$ 4,000.00
Out of Pocket Maximum (OOPM) (includes facility deductible)	\$ 3,000.00	\$ 6,000.00
Maximum employee responsibility (in network)	\$ 3,000.00	\$ 6,000.00

Deductible and Copayment maximums (Report from Blue Shield website) may be submitted for reimbursement anytime during the current plan year and will be paid retroactively for one plan year.

Example: in 2019 reimbursements will be paid for plan year 2019 and 2018. Deductibles and copayments for 2019 will also be accepted and processed for reimbursement in 2020.