

	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem
	<b>Sierra Sands Unified School District</b>					
	<b>Confidential and Management</b>					
	<b>40095F</b>	<b>40095G</b>	<b>40820A</b>	<b>40820B</b>	<b>40820C</b>	<b>40095H*</b>
<b>10 Monthly Premiums September - June</b>	<b>\$ 403.89</b>	<b>\$ 343.09</b>	<b>\$ 241.49</b>	<b>\$ 230.89</b>	<b>\$ 181.89</b>	<b>\$(330.31)</b>
<b>2020-2021</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>
	<b>100-B \$20</b>	<b>90-A \$20</b>	<b>90-C \$20</b>	<b>80-C \$20</b>	<b>80-E \$20</b>	<b>80-M \$40</b>
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
Individual/Family Deductibles	\$100/\$300	\$100/\$300	\$200/\$500	\$200/\$500	\$300/\$600	\$3,000/\$6,000
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$4,000/\$8,000
<b>PROFESSIONAL SERVICES</b>						
Office Visit (OV) co-pay	\$20	\$20	\$20	\$20	\$20	\$40
Urgent Care co-pay	\$20	\$20	\$20	\$20	\$20	\$40
Specialists/Consultants co-pay	\$20	\$20	\$20	\$20	\$20	\$40
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20	\$20	\$20	\$40
Scans: CT, CAT, MRI, PET etc.	0%	10%	10%	20%	20%	20%
Diagnostic X-ray & Laboratory Procedures	0%	10%	10%	20%	20%	20%
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived
<b>HOSPITAL &amp; SKILLED NURSING FACILITY SERVICES</b>						
Emergency Room visit (waived if admitted)	0% \$100 co-pay	10% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay
Inpatient Hospital (preauthorization required) - limits may apply	0%	10%	10%	20%	20%	20%
Outpatient Hospital	0%	10%	10%	20%	20%	20%
Surgery, Outpatient (performed in Surgery Center)	0%	10%	10%	20%	20%	20%
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	10%	10%	20%	20%	20%
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE TREATMENT</b>						
<b>INPATIENT:</b> Facility Based Care (preauth required)	0%	10%	10%	20%	20%	20%
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	0%	10%	10%	20%	20%	20%
<b>OTHER SERVICES</b>						
Acupuncture - Limits apply	0%	10%	10%	20%	20%	20%
Ambulance (Ground or Air)	0%	10%	10%	20%	20%	20%
Chiropractic - Limits apply	0%	10%	10%	20%	20%	20%
Durable Medical Equipment (DME)	0%	10%	10%	20%	20%	20%
Physical and Occupational Therapy - Limits apply	0%	10%	10%	20%	20%	20%
<b>PHARMACY BENEFITS</b>						
<b>Plan</b>	<b>7-25</b>	<b>7-25</b>	<b>9-35</b>	<b>7-25</b>	<b>7-25</b>	<b>200/15-50</b>
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none	\$200/\$500
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$1,500/\$2,500	\$1,500/\$2,500	\$2,500/\$3,500	\$1,500/\$2,500	\$1,500/\$2,500	\$2,500/\$3,500
Generic co-pay/30 day supply	\$0 at Costco	\$0 at Costco	\$0 at Costco	\$0 at Costco	\$0 at Costco	\$5 at Costco
Brand co-pay/30 day supply	\$25	\$25	\$35	\$25	\$25	\$50
Specialty co-pay/up to 30 day supply	\$25 Must Use	\$25 Must Use	\$35 Must Use	\$25 Must Use	\$25 Must Use	\$50 Must Use
Mail Order (Generic-Brand co-pay/90 day supply)	\$0-\$60	\$0-\$60	\$0-\$90	\$0-\$60	\$0-\$60	\$15-\$135
Mail Order Pharmacy	Costco Mail	Costco Mail	Costco Mail	Costco Mail	Costco Mail	Costco Mail

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.

**\* Plan 40095H provides a monthly stipend**

**SIERRA SANDS UNIFIED SCHOOL DISTRICT**  
**Confidential Management HEALTH BENEFITS ENROLLMENT FORM 2020-2021**



**SIERRA SANDS** Unified School District

<input type="checkbox"/> Open Enrollment		<input type="checkbox"/> Spouse/Domestic Partner Open Enrollment		Effective Date:	
<input type="checkbox"/> New Hire		<input type="checkbox"/> Status Change		Hire Date:	
<input type="checkbox"/> Qualifying Event:				Event Date:	
EMPLOYEE LAST NAME		FIRST NAME	MI	SOCIAL SECURITY # / EMPLOYEE ID #	
ADDRESS		CITY	ZIP	PHONE #	
GENDER	BIRTHDATE	MARITAL STATUS	LIST SPOUSE/DOMESTIC PARTNER IF COVERED BY A PARTICIPATING SISC DISTRICT		
<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DOMESTIC PARTNER	Name: SSN #:		
PLEASE ENROLL ME IN THE PLAN SELECTED BELOW.				FOR INSURANCE STAFF USE ONLY	
<b>Confidential Management</b>		<b>Employee Monthly Premium</b>		Date	Posted
<b>X</b>	<b>PLAN</b>	<b>GROUP #</b>	<b>w/o DES</b>	<b>w/ DES</b>	
	100 B \$20	40095F	\$ 403.89	\$ 306.74	
	90 A \$20	40095G	\$ 343.09	\$ 261.14	
	90-C \$20	40820A	\$ 241.49	\$ 184.94	
	80-C \$20	40820B	\$ 230.89	\$ 176.99	
	80-E \$20	40820C	\$ 181.89	\$ 140.24	
	80-M \$40	40095H	\$ (330.31)	\$ (243.91)	
<b>NOTE: DES = District Employed Spouse.</b>					
<b>Plan changes will be in effect as of 10/1/20. Information must be submitted to the Business Office by 8/24/20 in order to process before open enrollment closes.</b>					
Employee Signature:				Date:	