

	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem
	Sierra Sands Unified School District Desert Area Guidance Association (DAGA)					
	40095F	40095G	40820A	40820B	40820C	40095H*
10 Monthly Premiums August - May	\$ 404.05	\$ 343.25	\$ 241.65	\$ 231.05	\$ 182.05	\$(330.15)
2020-2021	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem
	100-B \$20	90-A \$20	90-C \$20	80-C \$20	80-E \$20	80-M \$40
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
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
PROFESSIONAL SERVICES						
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
HOSPITAL & SKILLED NURSING FACILITY SERVICES						
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%
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT						
INPATIENT: Facility Based Care (preauth required)	0%	10%	10%	20%	20%	20%
OUTPATIENT: Facility Based Care (preauth required)	0%	10%	10%	20%	20%	20%
OTHER SERVICES						
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%
PHARMACY BENEFITS						
Plan	7-25	7-25	9-35	7-25	7-25	200/15-50
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
CERTIFICATED (DAGA) 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			
Certificated DAGA		Employee Monthly Premium		Date	Posted	
X	PLAN	GROUP #	w/o DES	w/ DES		
	100 B \$20	40095F	\$ 404.05	\$ 306.90		
	90 A \$20	40095G	\$ 343.25	\$ 261.30		
	90-C \$20	40820A	\$ 241.65	\$ 185.10		
	80-C \$20	40820B	\$ 231.05	\$ 177.15		
	80-E \$20	40820C	\$ 182.05	\$ 140.40		
	80-M \$40	40095H	\$ (330.15)	\$ (243.76)		
NOTE: DES = District Employed Spouse.						
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.						
Employee Signature:					Date:	