


**SIERRA SANDS UNIFIED SCHOOL DISTRICT  
4 HR CLASSIFIED 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	Name:		
		<input type="checkbox"/> DOMESTIC PARTNER	SSN #:		
PLEASE ENROLL ME IN THE PLAN SELECTED BELOW.				FOR INSURANCE STAFF USE ONLY	
<b>Classified - 4 Hour Employee</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>	
	<b>100 B \$0</b>	<b>40095D</b>	<b>\$ 1295.78</b>	<b>\$ 989.61</b>	
	<b>90 A \$20</b>	<b>40095J</b>	<b>\$ 984.78</b>	<b>\$ 756.36</b>	
	<b>90-D \$10</b>	<b>40095K</b>	<b>\$ 1,141.98</b>	<b>\$ 874.26</b>	
			Single Employee Only	Employee + Child(ren)	
	Anchor Bronze	<b>70195B</b>	<b>\$ 339.80</b>	<b>\$ 533.30</b>	
<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:	

	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem
	<b>Sierra Sands Unified School District</b>			
	<b>Classified School Employees Association (CSEA)</b>			
	<b>40095D</b>	<b>40095J</b>	<b>40095K</b>	<b>70195B</b>
<b>4 Hour Employees</b>	<b>\$1295.78</b>	<b>\$ 984.78</b>	<b>\$ 1,141.98</b>	<b>\$ 339.80</b>
<b>2020-2021</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>
<b>10 Monthly Premiums September - June</b>	<b>100-B \$0 (Non-Marketed)</b>	<b>90-A \$20</b>	<b>90-D \$10 (Non-Marketed)</b>	<b>Anchor Bronze (HSA Compatible)</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>
Individual/Family Deductibles	\$100/\$300	\$100/\$300	\$200/\$500	\$5,000/\$10,000*
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	\$6,350/\$12,700*
				*Includes Rx
<b>PROFESSIONAL SERVICES</b>				
Office Visit (OV) co-pay	\$0	\$20	\$10	Deductible, then 30%
Urgent Care co-pay	\$0	\$20	\$10	30%
Specialists/Consultants co-pay	\$0	\$20	\$10	30%
Prenatal, postnatal office visit co-pay	\$0	\$20	\$10	30%
Scans: CT, CAT, MRI, PET etc.	0%	10%	10%	30%
Diagnostic X-ray & Laboratory Procedures	0%	10%	10%	30%
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	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
<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	30% \$100 co-pay
Inpatient Hospital (preauthorization required) - limits may apply	0%	10%	10%	30%
Outpatient Hospital	0%	10%	10%	30%
Surgery, Outpatient (performed in Surgery Center)	0%	10%	10%	30%
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	10%	10%	30%
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE TREATMENT</b>				
<b>INPATIENT:</b> Facility Based Care (preauth required)	0%	10%	10%	30%
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	0%	10%	10%	30%
<b>OTHER SERVICES</b>				
Acupuncture - Limits apply	0%	10%	10%	30%
Ambulance (Ground or Air)	0%	10%	10%	30%
Chiropractic - Limits apply	0%	10%	10%	30%
Durable Medical Equipment (DME)	0%	10%	10%	30%
Physical and Occupational Therapy - Limits apply	0%	10%	10%	30%
<b>PHARMACY BENEFITS</b>				
<b>Plan</b>	<b>7-25</b>	<b>7-25</b>	<b>9-35</b>	<b>Anchor Bronze Rx</b>
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	Included w/ Medical ded
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	Included w/ Med OOP Max
Generic co-pay/30 day supply	\$0 at Costco	\$0 at Costco	\$0 at Costco	Deductible, then
Brand co-pay/30 day supply	\$25	\$25	\$35	Deductible, then
Specialty co-pay/up to 30 day supply	\$25 Must Use	\$25 Must Use	\$35 Must Use	Deductible, then
Mail Order (Generic-Brand co-pay/90 day supply)	\$0-\$60	\$0-\$60	\$0-\$90	Deductible, then
Mail Order Pharmacy	Costco Mail	Costco Mail	Costco Mail Order	Costco Mail Order

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.