SIERRA SANDS UNIFIED SCHOOL DISTRICT
6 HR CLASSIFIED HEALTH BENEFITS ENROLLMENT FORM 2020-2021

SIERRA SANDS Unified School District

□ Open Enrollment	□ Spouse/Domestic Partner Open Enrollment	Effective Date:
□ New Hire	□ Status Change	Hire Date:
□ 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
□F □M		□ MARRIED □ SINGLE	Name:
		□ DOMESTIC PARTNER	SSN #:

PLEASE ENROLL ME IN THE PLAN SELECTED BELOW.

FOR INSURANCE STAFF USE ONLY

Classified - 6 Hour Employee			Employee Monthly Premium		Date	Posted
X	**PLAN**	**GROUP #**	**w/o DES**	**w/ DES**		
	100 B $0	**40095D**	**$ 803.39**	**$ 611.43**		
	90 A $20	**40095J**	**$ 492.39**	**$ 378.18**		
	90-D $10	**40095K**	**$ 649.59**	**$ 496.08**		
			Single Employee Only	**Employee + Child(ren)**		
	Anchor Bronze	**70195B**	**$ 169.90**	**$ 266.65**		

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:

SISC
Self-Insured Schools of California
Schools Helping Schools

	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem
	Sierra Sands Unified School District			
	Classified School Employees Association (CSEA)			
	40095D	**40095J**	**40095K**	**70195B**
6 Hour Employees	**$ 803.39**	**$ 492.39**	**$ 649.59**	**$ 169.90**
2020-2021	**Anthem**	**Anthem**	**Anthem**	**Anthem**
10 Monthly Premiums September - June	**100-B $0 (Non-Marketed)**	**90-A $20**	**90-D $10 (Non-Marketed)**	**Anchor Bronze (HSA Compatible)**
MEDICAL - CALENDAR YEAR Deductibles & Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
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
PROFESSIONAL SERVICES				
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
HOSPITAL & SKILLED NURSING FACILITY SERVICES				
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%
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT				
INPATIENT: Facility Based Care (preauth required)	0%	10%	10%	30%
OUTPATIENT: Facility Based Care (preauth required)	0%	10%	10%	30%
OTHER SERVICES				
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%
PHARMACY BENEFITS				
Plan	**7-25**	**7-25**	**9-35**	**Anchor Bronze Rx**
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	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.