


**SIERRA SANDS UNIFIED SCHOOL DISTRICT
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 <input type="checkbox"/> DOMESTIC PARTNER	Name: SSN #:		
PLEASE ENROLL ME IN THE PLAN SELECTED BELOW.				FOR INSURANCE STAFF USE ONLY	
Classified - 8 Hour Employee			Employee Monthly Premium		
X	PLAN	GROUP #	w/o DES	w/ DES	Date
	100 B \$0	40095D	\$ 311.00	\$ 233.25	Posted
	90 A \$20	40095J	\$ 0.00	\$ 0.00	
	90-D \$10	40095K	\$ 157.20	\$ 117.90	
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:	

	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem
	Sierra Sands Unified School District			
	Classified School Employees Association (CSEA)			
	40095D	40095J	40095K	70195B
Full Time Classified Employees	\$ 311.00	\$ -	\$ 157.20	\$ -
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.				