

	PPO	PPO	PPO	PPO	PPO	PPO
	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem
	Sierra Sands Unified School District Desert Area Guidance Association (DAGA)					
	40095F	40095G	40820A	40820B	40820C	40095H*
10 Monthly Premiums August - May	\$ 433.09	\$ 368.89	\$ 281.69	\$ 247.69	\$ 195.29	\$ (337.11)
2023-2024	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- CALENDARYEAR 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 to the employee**

SIERRA SANDS UNIFIED SCHOOL DISTRICT
CERTIFICATED (DAGA) HEALTH BENEFITS ENROLLMENT FORM 2023-2024



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	\$433.09	\$328.80	
	90 A \$20	40095G	\$368.89	\$280.65	
	90-C \$20	40820A	\$281.69	\$215.25	
	80-C \$20	40820B	\$247.69	\$189.75	
	80-E \$20	40820C	\$195.29	\$150.45	
	80-M \$40	40095H	\$(337.11)	\$(248.85)	
NOTE: DES = District Employed Spouse covering each other on a SISC plan.					
Plan changes will be in effect as of 10/1/23. Information must be submitted to the Business Office by 8/4/23 to process before open enrollment closes.					
Employee Signature:				Date:	