

	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem
	Sierra Sands Unified School District					
	Classified School Employee Association (CSEA)					
	40095D	40095J	40095K	40096A	40096B	701958 no dental/vision
4 hour Classified Employees	\$1305.20	\$1241.00	\$ 1153.80	\$1119.80	\$1067.40	\$359.90/573.30
2023-2024	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem
	100-B \$20	90-A \$20	90-C \$20	80-C \$20	80-E \$20	Anchor Bronze (HSA Compatible)
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	\$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	\$1,000/\$3,000	\$1,000/\$3,000	\$6,350/\$12,700
PROFESSIONAL SERVICES						*Includes Rx
Office Visit (OV) co-pay	\$20	\$20	\$20	\$20	\$20	Deductible, then 30%
Urgent Care co-pay	\$20	\$20	\$20	\$20	\$20	30%
Specialists/Consultants co-pay	\$20	\$20	\$20	\$20	\$20	30%
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20	\$20	\$20	30%
Scans: CT, CAT, MRI, PET etc.	0%	10%	10%	20%	20%	30%
Diagnostic X-ray & Laboratory Procedures	0%	10%	10%	20%	20%	30%
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	30% \$100 co-pay
Inpatient Hospital (preauthorization required) - limits may apply	0%	10%	10%	20%	20%	30%
Outpatient Hospital	0%	10%	10%	20%	20%	30%
Surgery, Outpatient (performed in Surgery Center)	0%	10%	10%	20%	20%	30%
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	10%	10%	20%	20%	30%
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT						
INPATIENT: Facility Based Care (preauth required)	0%	10%	10%	20%	20%	30%
OUTPATIENT: Facility Based Care (preauth required)	0%	10%	10%	20%	20%	30%
OTHER SERVICES						
Acupuncture - Limits apply	0%	10%	10%	20%	20%	30%
Ambulance (Ground or Air)	0%	10%	10%	20%	20%	30%
Chiropractic - Limits apply	0%	10%	10%	20%	20%	30%
Durable Medical Equipment (DME)	0%	10%	10%	20%	20%	30%
Physical and Occupational Therapy - Limits apply	0%	10%	10%	20%	20%	30%
PHARMACY BENEFITS						
Plan	7-25	7-25	9-35	7-25	7-25	Anchor Bronze RX
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	none	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	\$1,500/\$2,500	\$1,500/\$2,500	Included w/Med OOP Max
Generic co-pay/30 day supply	\$0 at Costco	\$0 at Costco	\$0 at Costco	\$0 at Costco	\$0 at Costco	Deductible, then
Brand co-pay/30 day supply	\$25	\$25	\$35	\$25	\$25	Deductible, then
Specialty co-pay/up to 30 day supply	\$25 Must Use	\$25 Must Use	\$35 Must Use	\$25 Must Use	\$25 Must Use	Deductible, then
Mail Order (Generic-Brand co-pay/90 day supply)	\$0-\$60	\$0-\$60	\$0-\$90	\$0-\$60	\$0-\$60	Deductible, then
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.						

**SIERRA SANDS UNIFIED SCHOOL DISTRICT
4 HR CLASSIFIED (CSEA) HEALTH BENEFITS ENROLLMENT FORM**



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 - 4 Hour Employee		Employee Monthly Premium		Date	Posted
X	PLAN	GROUP #	w/o DES	w/ DES	
	100 B \$20	40095D	\$1305.20	\$999.10	
	90 A \$20	40095J	\$1241.00	\$950.95	
	90-C \$20	40095K	\$1153.80	\$885.55	
	80-C \$20	40096A	\$1119.80	\$860.05	
	80-E \$20	40096B	\$1067.40	\$820.75	
	Anchor Bronze	70195B	\$359.90/573.30		
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 in order to process before open enrollment closes.					
Employee Signature:				Date:	