

	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem
	Sierra Sands Unified School District					
	Classified School Employee Association (CSEA)					
	<b>40095D</b>	<b>40095J</b>	<b>40095K</b>	<b>40096A</b>	<b>40096B</b>	70195B no dental/vision
<b>6 hour Classified Employees</b>	<b>\$ 868.53</b>	<b>\$ 804.33</b>	<b>\$ 717.13</b>	<b>\$683.13</b>	<b>\$630.73</b>	<b>\$ 179.95/286.65</b>
<b>2023-2024</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>
	<b>100-B \$20</b>	<b>90-A \$20</b>	<b>90-C \$20</b>	<b>80-C \$20</b>	<b>80-E \$20</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>	<b>Member Pays</b>	<b>Member Pays</b>
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
						*Includes Rx
<b>PROFESSIONAL SERVICES</b>						
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
<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	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%
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE TREATMENT</b>						
<b>INPATIENT:</b> Facility Based Care (preauth required)	0%	10%	10%	20%	20%	30%
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	0%	10%	10%	20%	20%	30%
<b>OTHER SERVICES</b>						
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%
<b>PHARMACY BENEFITS</b>						
<b>Plan</b>	<b>7-25</b>	<b>7-25</b>	<b>9-35</b>	<b>7-25</b>	<b>7-25</b>	<b>Anchor Bronze RX</b>
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  
6 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			
<b>Classified - 6 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>		
	100 B \$20	40095D	\$868.53	\$663.34		
	90 A \$20	40095J	\$804.33	\$615.19		
	90-C \$20	40095K	\$717.13	\$549.79		
	80-C \$20	40096A	\$686.13	\$524.29		
	80-E \$20	40096B	\$630.73	\$484.99		
	Anchor Bronze	70195B	\$179.95/286.65	n/a		
<b>NOTE: DES = District Employed Spouse covering each other on a SISC plan.</b>						
<b>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.</b>						
Employee Signature:					Date:	