

	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	70195B no dental/vision
7 hour Classified Employees	\$ 650.20	\$ 586.00	\$ 498.80	\$ 464.80	\$ 412.40	\$ 89.98/143.33
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
7 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 - 7 Hour Employee		Employee Monthly Premium		Date	Posted	
X	PLAN	GROUP #	w/o DES	w/ DES		
	100 B \$20	40095D	\$650.20	\$495.46		
	90 A \$20	40095J	\$586.00	\$447.31		
	90-C \$20	40095K	\$498.80	\$381.91		
	80-C \$20	40096A	\$464.80	\$356.41		
	80-E \$20	40096B	\$412.40	\$317.11		
	Anchor Bronze	70195B	\$89.98/143.33	n/a		
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:	