

	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem	
	<b>Sierra Sands Unified School District</b>					
	<b>Classified School Employee Association (CSEA)</b>					
	<b>40095D</b>	<b>40095J</b>	<b>40095K</b>	<b>40096A</b>	<b>40096B</b>	
<b>Full Time Classified Employees</b>	<b>\$ 431.87</b>	<b>\$ 367.67</b>	<b>\$ 280.47</b>	<b>\$ 246.47</b>	<b>\$194.07</b>	
<b>2023-2024</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>	
<b>10 Monthly Premiums September - June</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>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>	
Individual/Family Deductibles	\$100/\$300	\$100/\$300	\$200/\$500	\$200/\$500	\$300/\$600	
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	
<b>PROFESSIONAL SERVICES</b>						
Office Visit (OV) co-pay	\$20	\$20	\$20	\$20	\$20	
Urgent Care co-pay	\$20	\$20	\$20	\$20	\$20	
Specialists/Consultants co-pay	\$20	\$20	\$20	\$20	\$20	
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20	\$20	\$20	
Scans: CT, CAT, MRI, PET etc.	0%	10%	10%	20%	20%	
Diagnostic X-ray & Laboratory Procedures	0%	10%	10%	20%	20%	
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	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	
<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	
Inpatient Hospital (preauthorization required) - limits may apply	0%	10%	10%	20%	20%	
Outpatient Hospital	0%	10%	10%	20%	20%	
Surgery, Outpatient (performed in Surgery Center)	0%	10%	10%	20%	20%	
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	10%	10%	20%	20%	
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE TREATMENT</b>						
<b>INPATIENT:</b> Facility Based Care (preauth required)	0%	10%	10%	20%	20%	
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	0%	10%	10%	20%	20%	
<b>OTHER SERVICES</b>						
Acupuncture - Limits apply	0%	10%	10%	20%	20%	
Ambulance (Ground or Air)	0%	10%	10%	20%	20%	
Chiropractic - Limits apply	0%	10%	10%	20%	20%	
Durable Medical Equipment (DME)	0%	10%	10%	20%	20%	
Physical and Occupational Therapy - Limits apply	0%	10%	10%	20%	20%	
<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>	
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none	
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	
Generic co-pay/30 day supply	\$0 at Costco	\$0 at Costco	\$0 at Costco	\$0 at Costco	\$0 at Costco	
Brand co-pay/30 day supply	\$25	\$25	\$35	\$25	\$25	
Specialty co-pay/up to 30 day supply	\$25 Must Use	\$25 Must Use	\$35 Must Use	\$25 Must Use	\$25 Must Use	
Mail Order (Generic-Brand co-pay/90 day supply)	\$0-\$60	\$0-\$60	\$0-\$90	\$0-\$60	\$0-\$60	
Mail Order Pharmacy	Costco Mail	Costco Mail	Costco Mail	Costco Mail	Costco Mail	
<p>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.</p>						

**SIERRA SANDS UNIFIED SCHOOL DISTRICT**

**Full Time 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>Full Time Classified (CSEA)</b>		<b>Employee Monthly Premium</b>	
<b>X</b>	<b>PLAN</b>	<b>GROUP #</b>	<b>Date</b>
			<b>Posted</b>
		<b>w/o DES</b>	<b>w/ DES</b>
	<b>100 B \$20</b>	<b>40095D</b>	<b>\$431.87</b>
	<b>90 A \$20</b>	<b>40095J</b>	<b>\$327.58</b>
	<b>90-C \$20</b>	<b>40095K</b>	<b>\$367.67</b>
	<b>80-C \$20</b>	<b>40096A</b>	<b>\$279.43</b>
	<b>80-E \$20</b>	<b>40096B</b>	<b>\$280.47</b>
			<b>\$214.03</b>
			<b>\$246.47</b>
			<b>\$188.53</b>
			<b>\$194.07</b>
			<b>\$149.23</b>
<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: