



District Name: Sierra Sands Unified  
 Bargaining Unit: DAGA

2017-2018	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem
	100-B \$20	90-A \$20	90-C \$30	80-C \$20	80-E \$20	80-M \$40
<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	\$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	\$30	\$20	\$20	\$40
Urgent Care co-pay	\$20	\$20	\$30	\$20	\$20	\$40
Specialists/Consultants co-pay	\$20	\$20	\$30	\$20	\$20	\$40
Prenatal, postnatal office visit co-pay	\$20	\$20	\$30	\$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)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0%	0%	0%	0%	0%	0%
	Ded Waived	Ded Waived	Ded Waived	Ded Waived	Ded Waived	Ded Waived

**HOSPITAL & SKILLED NURSING FACILITY SERVICES**

Emergency Room visit (waived if admitted)	0%	10%	10%	20%	20%	20%
	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay
Inpatient Hospital (preauthorization required)	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)	0%	10%	10%	20%	20%	20%

**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

<b>INPATIENT:</b> Facility Based Care (preauth required)	0%	10%	10%	20%	20%	20%
<b>OUTPATIENT:</b> 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	200/10-35	200/15-50
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	\$200/\$500	\$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	\$2,500/ \$3,500	\$2,500/ \$3,500
Generic co-pay/30 days supply	\$0 at Costco \$7 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$10 at Other Network	\$5 at Costco \$15 at Other Network
Brand co-pay/30 days supply	\$25	\$25	\$35	\$25	\$35	\$50
Specialty co-pay/up to 30 days supply	\$25 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$50 Must Use Navitus Mail
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$60	\$0-\$60	\$0-\$90	\$0-\$60	\$0-\$90	\$15-\$135

Plan Information

Insurance Premium Calculation

100-B-\$20      90-A-\$20      90-C-\$30      80-C-\$20      80-E-\$20      80-M-\$40

2016/2017

Anthem Blue Cross / Navitus RX	\$ 1,408.00	\$ 1,364.00	\$ 1,285.00	\$ 1,280.00	\$ 1,180.00	\$ 856.00
Delta Dental	\$ 108.00	\$ 108.00	\$ 108.00	\$ 108.00	\$ 108.00	\$ 108.00
Vision Services Plan	\$ 16.60	\$ 16.60	\$ 16.60	\$ 16.60	\$ 16.60	\$ 16.60
Hartford Insurance \$2,000 Life Insurance (paid 100% by District)	\$ 0.66	\$ 0.66	\$ 0.66	\$ 0.66	\$ 0.66	\$ 0.66
<b>Monthly Total</b>	<b>\$ 1,533.26</b>	<b>\$ 1,489.26</b>	<b>\$ 1,410.26</b>	<b>\$ 1,405.26</b>	<b>\$ 1,305.26</b>	<b>\$ 981.26</b>

2017/2018

Anthem Blue Cross / Navitus RX	\$ 1,465.00	\$ 1,418.00	\$ 1,337.00	\$ 1,331.00	\$ 1,230.00	\$ 893.00
Delta Dental	\$ 103.00	\$ 103.00	\$ 103.00	\$ 103.00	\$ 103.00	\$ 103.00
Vision Services Plan	\$ 16.60	\$ 16.60	\$ 16.60	\$ 16.60	\$ 16.60	\$ 16.60
Hartford Insurance \$2,000 Life Insurance (paid 100% by District)	\$ 0.66	\$ 0.66	\$ 0.66	\$ 0.66	\$ 0.66	\$ 0.66
<b>Monthly Total</b>	<b>\$ 1,585.26</b>	<b>\$ 1,538.26</b>	<b>\$ 1,457.26</b>	<b>\$ 1,451.26</b>	<b>\$ 1,350.26</b>	<b>\$ 1,013.26</b>

2016/2017 Total Premium	\$ 18,399.12	\$ 17,871.12	\$ 16,923.12	\$ 16,863.12	\$ 15,663.12	\$ 11,775.12
2017/2018 Total Premium	\$ 19,023.12	\$ 18,459.12	\$ 17,487.12	\$ 17,415.12	\$ 16,203.12	\$ 12,159.12

District's Share of 16/17 Premium in 17/18 (2 months)	\$ 3,066.52	\$ 2,978.52	\$ 2,820.52	\$ 2,810.52	\$ 2,610.52	\$ 1,962.52
District's Payments of 17/18 Premium in FY 17/18 (10 months)	\$ 15,852.60	\$ 15,382.60	\$ 14,572.60	\$ 14,512.60	\$ 13,502.60	\$ 10,132.60
<b>Total H&amp;W premiums paid in 16/17</b>	<b>\$ 18,919.12</b>	<b>\$ 18,361.12</b>	<b>\$ 17,393.12</b>	<b>\$ 17,323.12</b>	<b>\$ 16,113.12</b>	<b>\$ 12,095.12</b>
** Monthly rates are based on 10 monthly payments	\$ 152.60	\$ 96.80	\$ -	\$ (7.00)	\$ (128.00)	\$ (529.80)

The information presented above is accurate to the best of our knowledge.

\*\*\* Per DAGA Contract Dated xxxx Plan 90C\$30 is covered 100% for 16/17 and 17/18 due to declination of 15/16 Retro Pay Raise