



District Name:	Sierra Sands Unified
Bargaining Unit:	DATA

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
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	\$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

INPATIENT: Facility Based Care (preauth required)	0%	10%	10%	20%	20%	20%
OUTPATIENT: 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	DATA 90/10 90-A-\$20	90-C-\$30	80-C-\$20	80-E-\$20	80-M-\$40
2016/2017						
Anthem Blue Cross / Navitus RX (In 15/16 All Certificated were on 90A20)	1,408.00	1,364.00	1,285.00	1,280.00	1,180.00	856.00
Delta Dental Incentive Plan \$1,000 calendar year benefit maximum	108.00	108.00	108.00	108.00	108.00	108.00
Vision Services Plan B \$10/\$25 co-pay	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
Monthly Total	1,532.60	1,488.60	1,409.60	1,404.60	1,304.60	980.60
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 Incentive Plan \$1,500 calendar year benefit maximum	103.00	103.00	103.00	103.00	103.00	103.00
Vision Services Plan B \$10/\$25 co-pay	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
Monthly Total	1,584.60	1,537.60	1,456.60	1,450.60	1,349.60	1,012.60
2016/2017 Total Premium	18,391.20	17,863.20	16,915.20	16,855.20	15,655.20	11,767.20
2017/2018 Total Premium	19,015.20	18,451.20	17,479.20	17,407.20	16,195.20	12,151.20
District's Share of 16/17 Premium in 17/18 (2 months)	3,065.20	2,977.20	2,819.20	2,809.20	2,609.20	1,961.20
District's Payments of 17/18 Premium in FY 17/18 (10 months)	15,846.00	15,376.00	14,566.00	14,506.00	13,496.00	10,126.00
Total H&W premiums paid in 16/17	18,911.20	18,353.20	17,385.20	17,315.20	16,105.20	12,087.20
90% District Contribution of 90 - A - \$20 plan	16,517.88	16,517.88	16,517.88	16,517.88	16,517.88	16,517.88
** Monthly rates are based on 10 monthly payments	\$ 239.33	\$ 183.53	\$ 86.73	\$ 79.73	\$ (41.27)	\$ (443.07)
The information presented above is accurate to the best of our knowledge.	Monthly Employee Portion			Monthly Stipend		