	PPO	PPO	PPO	PPO	PPO	PPO
SISC	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem
Self-Insured Schools of California		Sierra	a Sands Unif	ied School [	District	
Schools Helping Schools		Desert A	rea Teacher	s Associatio	n (DATA)	
	40819A	40095E	40819B	40819C	40819D	40819E*
10 Monthly Dromiums August May		\$ 367.67	\$ 280.47	\$ 246.47	\$ 194.07	\$ (338.33)
10 Monthly Premiums August - May	-	_	_	-	•	
2023-2024	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem
	100-В \$20	90-A \$20	90-C \$20	80-C \$20	80-E \$20	80-M \$40
MEDICAL - CALENDAR YEAR Deductibles & Maximums	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	\$20	\$20	\$20	\$40
Urgent Care co-pay	\$20	\$20	\$20	\$20	\$20	\$40
Specialists/Consultants co-pay	\$20	\$20	\$20	\$20	\$20	\$40
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20	\$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 subject to plan benefits)	Not covered					
Preventive Care (includes physical exams &	0%	0%	0%	0%	0%	0%
screenings)	Ded Waived					
HOSPITAL & SKILLED NURSING FACILITY SERVICES						
Emergency Room visit	0%	10%	10%	20%	20%	20%
(waived if admitted)	\$100 co-pay					
Inpatient Hospital (preauthorization required) - limits may apply	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) - limits may apply	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	7-25	200/15-50
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none	\$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	\$1,500/\$2,500	\$2,500/\$3,500
Generic co-pay/30 day supply	\$0 at Costco	\$5 at Costco				
Brand co-pay/30 day supply	\$25	\$25	\$35	\$25	\$25	\$50
Specialty co-pay/up to 30 day supply	\$25 Must Use	\$25 Must Use	\$35 Must Use	\$25 Must Use	\$25 Must Use	\$50 Must Use
Mail Order (Generic-Brand co-pay/90 day supply)	\$0-\$60	\$0-\$60	\$0-\$90	\$0-\$60	\$0-\$60	\$15-\$135
Mail Order Pharmacy This sheet is only a brief summary of In-Network patient cos	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.

\* Plan 40819E provides a monthly stipend to the employee

## SIERRA SANDS UNIFIED SCHOOL DISTRICT CERTIFICATED (DATA) HEALTH BENEFITS ENROLLMENT FORM 2023-2024



□ Open	pen Enrollment ☐ Spouse/Domestic Partner Open Enrollment				Effective Date:				
□ New H	New Hire □ Status Change					Hire Date:			
□ Qualifying Event:					Event Date:				
EMPLOYEE LAST NAME			FIRST NAME	MI	SOCIAL SECURITY # / EMPLOYEE ID #				
ADDRESS		CITY ZIP		PHONE #					
GENDER	BIRT	HDATE	MARITAL STATUS	LIST SPOUSE/DOMESTIC PARTNER					
GENDER BIRTHDATE		110/112			D BY A PARTICIPATING SISC DISTRICT				
			□ MARRIED □ SINGLE	Name:					
⊔F⊔M	□F □M		□ DOMESTIC PARTNER	SSN #:	1 #:				
	PLEASE	E ENROLL ME IN	THE PLAN SELECTED BEL	OW.	FOR IN	SURANCE STAFF USE ONLY			
Certificated DATA									
	Certificated	DATA	Employee Mont	nly Premium	Date	Posted			
Х	Certificated PLAN	DATA GROUP #	Employee Montl w/o <mark>DES</mark>	nly Premium w/ <mark>DES</mark>	Date	Posted			
X	PLAN 100 B \$20	GROUP # 40819A		w/ <mark>DES</mark> \$327.58	Date	Posted			
X	PLAN 100 B \$20 90 A \$20	GROUP # 40819A 40095E	w/o DES	w/ <mark>DES</mark> \$327.58 \$279.43	Date	Posted			
X	PLAN 100 B \$20	GROUP # 40819A	w/o <mark>DES</mark> \$431.87	w/ <mark>DES</mark> \$327.58	Date	Posted			
X	PLAN 100 B \$20 90 A \$20	GROUP # 40819A 40095E	w/o DES \$431.87 \$367.67	w/ <mark>DES</mark> \$327.58 \$279.43	Date	Posted			
X	PLAN 100 B \$20 90 A \$20 90-C \$20	GROUP # 40819A 40095E 40819B	w/o DES \$431.87 \$367.67 \$280.47	w/ DES \$327.58 \$279.43 \$214.03	Date	Posted			
	PLAN 100 B \$20 90 A \$20 90-C \$20 80-C \$20 80-E \$20 80-M \$40	GROUP # 40819A 40095E 40819B 40819C 40819D 40819E	w/o DES \$431.87 \$367.67 \$280.47 \$246.47 \$194.07 \$(338.33)	w/ DES \$327.58 \$279.43 \$214.03 \$188.53 \$149.23 \$(250.07)	Date	Posted			
NOTE: DE	PLAN 100 B \$20 90 A \$20 90-C \$20 80-C \$20 80-E \$20 80-M \$40 S = District Em	GROUP # 40819A 40095E 40819B 40819C 40819D 40819E ployed Spouse co	w/o DES \$431.87 \$367.67 \$280.47 \$246.47 \$194.07 \$(338.33) vering each other on a SIS	w/ DES \$327.58 \$279.43 \$214.03 \$188.53 \$149.23 \$(250.07)					
NOTE: DE	PLAN 100 B \$20 90 A \$20 90-C \$20 80-C \$20 80-E \$20 80-M \$40 S = District Em	GROUP # 40819A 40095E 40819B 40819C 40819D 40819E ployed Spouse co	w/o DES \$431.87 \$367.67 \$280.47 \$246.47 \$194.07 \$(338.33) vering each other on a SIS	w/ DES \$327.58 \$279.43 \$214.03 \$188.53 \$149.23 \$(250.07) SC plan. ubmitted to the Busin		y 8/4/23 to process before open			