



District Name
Bargaining Unit
Group Number

Sierra Sands Unified School District
All Certificated Staff (DATA & DAGA)

	40819A	40095E	40819B	40819C	40819D	40819E
2018-2019	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%
	0%	10%	10%	20%	20%	20%
Ambulance (Ground or Air)	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay
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
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 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 \$7 at Other Network	\$5 at Costco \$15 at Other Network
Brand co-pay/30 days supply	\$25	\$25	\$35	\$25	\$25	\$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	\$25 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-\$60	\$15-\$135
Monthly Premium/(Stipend) Beginning August 2018	\$ 384.25	\$ 328.85	\$ 231.65	\$ 225.45	\$ 167.25	\$ (297.15)