



District Name **Sierra Sands Unified School District**
 Bargaining Unit **Classified (CSEA)**

2018-2019	Anthem	Anthem	Anthem
	100-B \$0 (FROZEN)	90-A \$20	90-D \$10 (FROZEN)
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$100/ \$300	\$100/ \$300	\$200/ \$500
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

PROFESSIONAL SERVICES

Office Visit (OV) co-pay	\$0	\$20	\$10
Urgent Care co-pay	\$0	\$20	\$10
Specialists/Consultants co-pay	\$0	\$20	\$10
Prenatal, postnatal office visit co-pay	\$0	\$20	\$10
Scans: CT, CAT, MRI, PET etc.	0%	10%	10%
Diagnostic X-ray & Laboratory Procedures	0%	10%	10%
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (waived if admitted)	0% \$100 co-pay	10% \$100 co-pay	10% \$100 co-pay
Inpatient Hospital (preauthorization required)	0%	10%	10%
Outpatient Hospital	0%	10%	10%
Surgery, Outpatient (performed in Surgery Center)	0%	10%	10%
Surgery, Outpatient (performed in a Hospital)	0%	10%	10%

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	0%	10%	10%
OUTPATIENT: Facility Based Care (preauth required)	0%	10%	10%

OTHER SERVICES

Acupuncture - Limits apply	0%	10%	10%
Ambulance (Ground or Air)	0% \$100 co-pay	10% \$100 co-pay	10% \$100 co-pay
Chiropractic - Limits apply	0%	10%	10%
Durable Medical Equipment (DME)	0%	10%	10%
Physical and Occupational Therapy - Limits apply	0%	10%	10%

PHARMACY BENEFITS

Plan	3-15 (FROZEN)	7-25	3-15 (FROZEN)
Individual/Family Brand & Specialty Rx Deductibles	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	\$1,500/ \$2,500
Generic co-pay/30 days supply	\$0 at Costco \$3 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$3 at Other Network
Brand co-pay/30 days supply	\$15	\$25	\$15
Specialty co-pay/up to 30 days supply	\$15 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$15 Must Use Navitus Mail
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$35	\$0-\$60	\$0-\$35
Monthly Premium/(Stipend) Beginning September 2018		\$ -	