



District Name	Sierra Sands Unified
Bargaining Unit	CSEA

2017-2018	Anthem	Anthem	Anthem
	100-B \$20	90-A \$20	90-C \$30
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	\$20	\$20	\$30
Urgent Care co-pay	\$20	\$20	\$30
Specialists/Consultants co-pay	\$20	\$20	\$30
Prenatal, postnatal office visit co-pay	\$20	\$20	\$30
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%	10%	10%
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	7-25	7-25	9-35
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	\$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
Brand co-pay/30 days supply	\$25	\$25	\$35
Specialty co-pay/up to 30 days supply	\$25 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$35 Must Use Navitus Mail
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$60	\$0-\$60	\$0-\$90

See Classified ProRata Sheet for Breakdown in Monthly Costs (10 months)

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