



**District Name** Sierra Sands Unified  
**Bargaining Unit** Confidential and Management

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
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
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% Ded Waived	0% Ded Waived	0% Ded Waived	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	20% \$100 co-pay	20% \$100 co-pay	20% \$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**

<b>INPATIENT:</b> Facility Based Care (preauth required)	0%	10%	10%	20%	20%	20%
<b>OUTPATIENT:</b> 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

\*\* Monthly rates are based on 10 monthly payments \$ 239.41 \$ 183.61 \$ 86.81 \$ 79.81 \$ (41.19) \$ (442.99)

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

Delta Dental Incentive Plan \$1,500 calendar year benefit maximum  
 Vision Services Plan B \$10/\$25 co-pay  
 Hartford Insurance \$2,000 Life Insurance (paid 100% by District)