

Tulare Joint Union High School District
Health Plan Selection Form - Classified
SPECIAL OPEN ENROLLMENT PERIOD
September 6, 2022 – September 16, 2022
Plan Effective Change Date November 1, 2022

As a result of negotiations, the monthly premium caps have been increased. Tulare Joint Union High School District is offering a special open enrollment period to allow you the opportunity to change your health plan option. Please select the plan option that best meets your needs and **submit this form to the District Office no later than September 16, 2022.** The following premiums will be deducted over nine months (October to June). Please indicate your selection by checking the box to the right of the plan monthly contribution.

Plan Option 1 (40750B)

90-A \$20; Rx \$7-\$25

Monthly Premium	\$ 1,949.22	
District Monthly Contribution	1,867.62	
Employee Monthly Contribution	81.60	_____

Plan Option 2 (40813D)

100-A \$20; Rx \$5-\$20

Monthly Premium	\$ 2,066.82	
District Monthly Contribution	1,867.62	
Employee Monthly Contribution	199.20	_____

Plan Option 3 (40813E)

90-C \$20; Rx \$9-\$35

Monthly Premium	\$ 1,867.62	
District Monthly Contribution	1,867.62	
Employee Monthly Contribution	0.00	_____

I understand I will be responsible to pay the employee monthly contribution for the plan I have chosen as described above. **I also understand that if I fail to submit this election form by September 16, 2022, I will remain in my current plan.** You can determine which plan you are currently on by comparing the Group Number (in parenthesis above) to the number on your insurance card.

Signature

Date

Print Name

School Site

2022-2023	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem
	90-A \$20	100-A \$20	90-C \$20	Select Medical Plan	Select Medical Plan	Select Medical Plan
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$100/\$300	\$0/\$0	\$200/\$500			
Individual/Family Out-of-Pocket (OOP) Max <i>(includes medical deductibles, co-insurance and co-pays)</i>	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000			

PROFESSIONAL SERVICES

Office Visit (OV) co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	\$20	\$20	\$20			
Urgent Care co-pay	\$20	\$20	\$20			
Specialists/Consultants co-pay	\$20	\$20	\$20			
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20			
Scans: CT, CAT, MRI, PET etc.	10%	0%	10%			
Diagnostic X-ray & Laboratory Procedures	10%	0%	10%			
Infertility (Refer to Plan Document)	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 (copay waived if admitted)	10% \$100 co-pay	0% \$100 co-pay	10% \$100 co-pay			
Inpatient Hospital (preauthorization required) - limits may apply	10%	0%	10%			
Outpatient Hospital	10%	0%	10%			
Surgery, Outpatient (performed in Surgery Center)	10%	0%	10%			
Surgery, Outpatient (performed in a Hospital) - limits may apply	10%	0%	10%			

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

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

OTHER SERVICES

Ambulance (Ground or Air)	10% \$100 co-pay	0% \$100 co-pay	10% \$100 co-pay			
Acupuncture - Limits apply	10% Uses ASH Network	0% Uses ASH Network	10% Uses ASH Network			
Chiropractic - Limits apply	10% Uses ASH Network	0% Uses ASH Network	10% Uses ASH Network			
Durable Medical Equipment (DME)	10%	0%	10%			
Physical and Occupational Therapy - Limits apply	10%	0%	10%			
Hearing Aids	10% and Amount in excess of \$700 allowance/24 months	Amount in excess of \$700 allowance/24 months	10% and Amount in excess of \$700 allowance/24 months			

PHARMACY BENEFITS

Plan	7-25	5-20	9-35	Select Rx Plan	Select Rx Plan	Select Rx Plan
Pharmacy Benefit Manager	Navitus	Navitus	Navitus			
Individual/Family Brand & Specialty Rx Deductibles	none	none	none			
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(includes Rx deductibles and co-pays)</i>	\$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 \$5 at Other Network	\$0 at Costco \$9 at Other Network			
Brand co-pay/30 days supply	\$25	\$20.00	\$35.00			
Specialty co-pay/up to 30 days supply	\$25 Must Use Navitus Mail	\$20 Must Use Navitus Mail	\$35 Must Use Navitus Mail			
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$60	\$0-\$50	\$0-\$90			
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy			

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.