

**Tulare Joint Union High School District**  
**Health Plan Selection Form – Classified Management & Confidential**

**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 (40750D)**

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

Monthly Premium

District Monthly contribution

Employee Monthly Contribution

**Delta Dental PPO**

\$ 1,957.68

1,921.68

36.00

**Anthem Dental Plan**

\$ 1,962.48

1,921.68

40.80

**Plan Option 2 (40813A)**

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

Monthly Premium

District Monthly contribution

Employee Monthly Contribution

**Delta Dental PPO**

\$ 2,075.28

1,921.68

153.60

**Anthem Dental Plan**

\$ 2,080.08

1,921.68

158.40

**Plan Option 3 (40813B)**

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

Monthly Premium

District Monthly contribution

Employee Monthly Contribution

**Delta Dental PPO**

\$ 1,921.68

1,921.68

0.00

**Anthem Dental Plan**

\$ 1,926.48

1,921.68

4.80

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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
School Site



**District Name Tulare Joint Union High School District**  
**Bargaining Unit Classified Management/Confidential**

2022-2023	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem
	90-A \$20	100-A \$20	90-A \$20	Select Medical Plan	Select Medical Plan	Select Medical Plan
<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	\$0/\$0	\$100/\$300			
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 <i>(\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)</i>	\$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 <i>(copay waived if admitted)</i>	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**

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