## OPEN ENROLLMENT Part Time Employees October 2023

EDUCATING LEARNERS FOR THE 21 ST CENTURY

## 2023 ANTHEM ANCHOR BRONZE PPO PLAN

## OPEN ENROLLMENT 2023!

We are offering ALL Part-Time an opportunity to enroll in the Anthem Anchor Bronze PPO medical plan that will be effective October 1, 2023. You and your eligible dependent children can enroll on this plan, however, spouses are not be eligible. The district will not be contributing to this plan, therefore, the full tenthly cost will be payroll deducted if you choose to enroll in the plan.

Below is a highlight of the PPO plan design offering. If you choose to enroll, please complete an enrollment form and return back to Maria Gracia Ramirez for processing.

If you have any questions, please contact Maria at 805-485-3111 ext. 2136.

| HEALTH BENEFITS |
| :--- |
| Calendar Year Deductible |
| - Individual |
| - Family |
| Out-of-Pocket Maximum |
| - Individual |
| - Family |
| Office Visits |
| Preventive Care |
| Inpatient Hospitalization ${ }^{2}$ |
| Other Services |
| - Diagnostic Lab and X-Ray |
| - Emergency Services |
| - Urgent Care |


| Anthem Blue Cross Anchor Bronze PPO Plan |  |
| :---: | :---: |
| PPO Network | Non-Network ${ }^{1}$ |
| $\begin{gathered} \$ 5,000 \\ \$ 10,000 \end{gathered}$ |  |
| $\begin{aligned} & \$ 6,350 \\ & \$ 12,700 \end{aligned}$ |  |
| Deductible, 30\% | Deductible, 100\% |
| 0\% | Not covered |
| Deductible, 30\% | Deductible, 30\% Max $\$ 600 /$ Day Benefit |
| Deductible, 30\% <br> Deductible, \$100 Copay, 30\% <br> Deductible, 30\% | Not covered <br> Deductible, \$100 Copay, 100\% Deductible, 100\% |
| Medical Deductible Applies <br> Medical Out-of-Pocket Maximum Applies |  |
| Retail <br> \$9 Copay <br> \$35 Copay <br> 30 Days | Mail Order <br> \$18 Copay <br> \$90 Copay <br> 90 Days |

## Premiums

Your cost on a tenthly basis are as follows:

Employee Only Coverage Cost: \$871.20

Employee + Child(ren) Coverage Cost: \$1,375.20

## FOOTNOTES:

1. When using the nonnetwork tier, you are responsible for all amounts exceeding the fee schedule.
2. Subject to utilization review or medical necessity.
