

Fullerton Joint Union High School District Insurance Benefits

The following deductions are scheduled to continue for 10 regular school-year paychecks

Anthem Blue Cross HMO \$10 Co-Pay (Single, Two Party, Family) NO PAYROLL DEDUCTION
 Vivity HMO \$10 Co-Pay (Single, Two Party, Family) NO PAYROLL DEDUCTION
 Kaiser-HMO \$20 Co-pay (Single, Two Party, Family) NO PAYROLL DEDUCTION

Anthem Blue Cross PPO 80-G Single (Employee ONLY)- \$127.68/ Month PAYROLL DEDUCTION
 Anthem Blue Cross PPO 80-G Two Party (Employee + 1 dependent)-\$270.14/ Month PAYROLL DEDUCTION
 Anthem Blue Cross PPO 80-G Family (Employee + multiple dependents)-\$375.88/ Month PAYROLL DEDUCTION

Anthem Blue Cross PPO 90-E Single (Employee ONLY)- \$139.92/ Month PAYROLL DEDUCTION
 Anthem Blue Cross PPO 90-E Two Party (Employee + 1 dependent)- \$297.17/ Month PAYROLL DEDUCTION
 Anthem Blue Cross PPO 90-E Family (Employee + multiple dependents) - \$413.88/ Month PAYROLL DEDUCTION

Anthem Blue Cross PPO 100-G Single (Employee ONLY)- \$146.28/ Month PAYROLL DEDUCTION
 Anthem Blue Cross PPO 100-G Two Party (Employee + 1 dependent)-\$311.16/ Month PAYROLL DEDUCTION
 Anthem Blue Cross PPO 100-G Family (Employee + multiple dependents)-\$433.59/ Month PAYROLL DEDUCTION

****For details/Benefit Summaries visit:**
WWW.FJUHSD.ORG
Go to Departments/Human Resources/Insurance

***Part-time employees looking to cover dependents will need to contact Insurance/Business Services for rates. You may refer to your union contracts for details on dependent eligibility.**

NOTES:
 *Deduction Mon August 31- May 31
 *All Bargaining Units follow Fiscal Year October-September
 *HMO & Kaiser No Payroll Deduction
 **Employee pays 13.25 % of PPO Plans (District pays 86.75% per Contract verbiage)



District Name **Fullerton Joint Union High School**
 Bargaining Unit **ALL**

2023-2024	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser
	100-G \$20	90-E \$20 (Non-Marketed)	80-G \$20	Premier 10	Vivity 10/100	Trad HMO \$20
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$500/\$1,000	\$300/\$600	\$500/\$1,000	\$0/\$0	\$0	\$0
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$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	\$10	\$10	\$20
Urgent Care co-pay	\$20	\$20	\$20	\$10	\$10	\$20
Specialists/Consultants co-pay	\$20	\$20	\$20	\$10	\$10	\$20
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20	\$10	\$10	\$0
Scans: CT, CAT, MRI, PET etc.	0%	10%	20%	\$100/test	\$100/test	\$0
Diagnostic X-ray & Laboratory Procedures	0%	10%	20%	\$0	\$0	\$0
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered	50%	50%	Co-pay applies
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	\$0	\$0	\$0

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (copay waived if admitted)	0% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	\$100	\$100	\$100
Inpatient Hospital (preauthorization required) - limits may apply	0%	10%	20%	\$0	\$0	\$0
Outpatient Hospital	0%	10%	20%	\$0	\$0	\$20
Surgery, Outpatient (performed in Surgery Center)	0%	10%	20%	\$0	\$0	\$20
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	10%	20%	\$0	\$0	\$20

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	0%	10%	20%	\$0	\$0	\$0
OUTPATIENT: Facility Based Care (preauth required)	0%	10%	20%	\$0	\$0	\$20

OTHER SERVICES

Ambulance (Ground or Air)	0%	10%	20%	\$100	\$100	\$50
Acupuncture - Limits apply	0%	10%	20%	\$10/30 visits	\$10/20 visits	\$10/30 visits
Chiropractic - Limits apply	0%	10%	20%	\$10/30 visits	\$10/20 visits	\$10/30 visits
Durable Medical Equipment (DME)	0%	10%	20%	0%	0%	no charge
Physical and Occupational Therapy - Limits apply	0%	10%	20%	\$10	\$10	\$20
Hearing Aids	Amount in excess of \$700 allowance/24 months	10% and Amount in excess of \$700 allowance/24 months	20% and Amount in excess of \$700 allowance/24 months	50% Coinsurance 1 device per ear/36 months	50% Coinsurance 1 device per ear/36 months	amount in excess of \$500 allowance every 36 months

PHARMACY BENEFITS

Plan	9-35	9-35	9-35	7-25	7-25	Trad HMO \$20
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$1,500/\$2,500	\$1,500/\$2,500	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$9 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$7 at Other Network	\$10 up to 100 day supply
Brand co-pay/30 days supply	\$35	\$35.00	\$35.00	\$25.00	\$25.00	\$20 up to 100 day supply
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$20 up to 30 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$60	\$0-\$60	\$10-\$20/up to 100 day supply
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Kaiser 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.