

FRESNO UNIFIED SCHOOL DISTRICT

TO: PARTICIPANTS OF THE FRESNO UNIFIED SCHOOL DISTRICT EMPLOYEE HEALTH CARE PLAN
FROM: JOINT HEALTH MANAGEMENT BOARD
SUBJECT: EMPLOYEE HEALTH CARE PLAN AMENDMENT 2017-2 – EFFECTIVE JULY 1, 2017 - **CORRECTED**
DATE: JANUARY 15, 2018

This **corrected** notice defines changes to the Fresno Unified School District Employee Health Care Plan **EFFECTIVE JULY 1, 2017**. The Joint Health Management Board of the Fresno Unified School District has modified sections of the Plan Booklet as described below. **The notice corrects the out-of-network preventive services benefit for Non-California residents, removing the \$300 calendar year maximum. No other changes or corrections have been made.**

**MEDICAL PLAN SCHEDULE OF BENEFITS
 OPTION A (STANDARD PLAN) AND OPTION B (ALTERNATE PLAN)**

COVERAGE FEATURES	Option Plan A Standard Plan (Default)	Option Plan B Alternate Plan
AMBULATORY SERVICES		
Ambulatory Surgical Center (including Hospital Outpatient)	Network: 80% of the Anthem Blue Cross Contract Rate after a \$100 Copayment Non-Network: Not Covered (Non-California residents only - 60% of Usual, Customary and Reasonable Charges)	Network: 70% of the Anthem Blue Cross Contract Rate after a \$100 Copayment Non-Network: Not Covered (Non-California residents only - 50% of Usual, Customary and Reasonable Charges)
PREVENTIVE SERVICES		
Annual Physical Exam Benefit Women’s Annual Health Benefit Well Baby Care (Plan Deductible Waived)	Network: 100% of the Anthem Blue Cross Contract Rate Non-Network: Not Covered (Non-California residents only - 60% of Usual, Customary and Reasonable Charges)	Network: 100% of the Anthem Blue Cross Contract Rate Non-Network: Not Covered (Non-California residents only - 50% of Usual, Customary and Reasonable Charges)

1. Non-Network outpatient surgery facility services are no longer covered.
2. Non-Network preventive care services are no longer covered. This includes annual physical exams, annual women’s health exams, and well-baby care.
3. Non-California residents retain a limited benefit as there is no provider network available outside of California.

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**PRESCRIPTION PLAN SCHEDULE OF BENEFITS
OPTION A (STANDARD PLAN) AND OPTION B (ALTERNATE PLAN)**

**THESE CHANGES DO NOT APPLY TO THE
ENVISIONRX PLUS MEDICARE PART D PRESCRIPTION PLAN
FOR RETIREES**

The Envision Rx90 maintenance drug program and associated requirements apply and must be adhered to for all maintenance drugs. Maintenance drugs are medications used on a regular basis to treat chronic conditions such as high blood pressure, high cholesterol and diabetes.

Rx90 requires:

1. All maintenance drugs to be filled in 90-day supplies;
2. The use of a pharmacy in the Rx90 Network which includes EnvisionMail, Rite Aid, Walgreens and Costco retail pharmacies.

The above two requirements must be met in order to avoid paying the full cost of the medication.

The plan will allow two (2) courtesy fills after July 1, 2017. Thereafter, all maintenance medications must be filled for a 90-day supply and at an Rx90 network pharmacy.

**THESE CHANGES DO NOT APPLY TO THE
ENVISIONRX PLUS MEDICARE PART D PRESCRIPTION PLAN
FOR RETIREES**