

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 2018-6
DATE: JUNE 15, 2018

This notice defines changes to the Fresno Unified School District Employee Health Care Plan **EFFECTIVE JUNE 1, 2018**. You were previously provided with a Summary of Benefits & Coverage (“SBC”) that reflected the changes to the Plan benefits, effective June 1, 2018.

The Joint Health Management Board of the Fresno Unified School District has modified the Plan Document regarding:

1. the **Network Provider Medical Out-of-Pocket Annual Maximum** for the PPO Plan Option ‘A’;
2. the **Network Prescription Out-of-Pocket Annual Maximum** for PPO Plan Option ‘A’;
3. the **Network Coinsurance** for the PPO Plan Option ‘A’;

**SCHEDULE OF BENEFITS
 FOR PLAN OPTION ‘A’**

COVERAGE FEATURES	PLAN ‘A’ – STANDARD PLAN
<p>MEDICAL BENEFIT</p> <p>NETWORK PROVIDER OUT-OF-POCKET ANNUAL MAXIMUM</p> <p>The Network Provider Out-of-Pocket Annual Maximum applies to the Plan’s Major Medical and Mental Health / Substance Abuse Benefits; includes Network Deductibles, Copayments, and Coinsurance; and applies only to Essential Health Benefits (except prescription drugs)*.</p>	<p>NETWORK PROVIDERS:</p> <p>The maximum a Covered Person will pay out-of-pocket in any calendar year for Network Providers is \$2,100. Once a Covered Person has paid \$2,100, the Plan will cover 100% of that person’s covered medical expense (for Network Providers only) for the remainder of the calendar year.</p> <p>The maximum a Covered Family (Employee or Retiree and his/her eligible Dependents) will pay out-of-pocket in any calendar year for Network Providers is \$4,200. Once a Covered Family has paid \$4,200, the Plan will cover 100% of that family’s covered medical expense (for Network Providers only) for the remainder of the calendar year.</p>
<p>NETWORK PROVIDER COINSURANCE</p> <p>Coinsurance is the Participant’s percentage portion of the cost of covered expenses and applies after the deductible has been met, as well as any required copayments.</p>	<p>NETWORK PROVIDERS:</p> <p>90% of the Anthem Blue Cross Allowance</p>

NOTE: The Non-Network Out-of-Pocket Annual Maximums remain unchanged.

Exceptions to the Major Medical and Mental Health/Substance Abuse Benefit Network Provider Out-of-Pocket Maximum

The following expenses **will not** be applied toward the Network out-of-pocket maximum:

- charges in excess of the usual, customary and reasonable (UCR) rate;

*Essential Health Benefits include the following ten categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

- any penalty imposed for not complying with any pre-authorization requirement;
- services or care not covered by the Plan;
- prescription drug benefits (see separate prescription drug out-of-pocket);
- services and care that are not Essential Health Benefits.

COVERAGE FEATURES	PLAN 'A' – STANDARD PLAN
<p>PRESCRIPTION DRUG</p> <p>NETWORK PHARMACY OUT-OF-POCKET ANNUAL MAXIMUM</p> <p>The Prescription Drug Network Pharmacy Out-of-Pocket Annual Maximum applies to the Plan's Prescription Drug Benefit**; and includes Network Copayments.</p> <p>IMPORTANT: There is NO Prescription Drug coverage at <u>Non-Network</u> Pharmacies.</p>	<p>NETWORK PHARMACIES:</p> <p>The maximum a Covered Person will pay out-of-pocket in any calendar year for Network Pharmacies is \$400. Once a Covered Person has paid \$400, the Plan will cover 100% of that person's covered prescription drug expense (for Network Pharmacies only) for the remainder of the calendar year.</p> <p>The maximum a Covered Family (Employee or Retiree and his/her eligible Dependents) will pay out-of-pocket in any calendar year for Network Pharmacies is \$800. Once a Covered Family has paid \$800, the Plan will cover 100% of that family's covered prescription drug expense (for Network Pharmacies only) for the remainder of the calendar year.</p>

** Prescription Drug Network Pharmacy Out-of-Pocket Annual Maximum does **NOT** apply to the EnvisionRx *Plus* Medicare Part-D Plan.