

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 2015-4
DATE: JUNE 15, 2015

This notice defines changes to the Fresno Unified School District Employee Health Care Plan **EFFECTIVE JULY 1, 2015**.

The Joint Health Management Board of the Fresno Unified School District has modified the Plan Document regarding the **Network Provider Out-of-Pocket Annual Maximum** for Plan Options ‘A’ and ‘B’. The existing Medical Benefit Network Provider Out-of-Pocket Annual Maximum has been expanded to include Mental Health/Substance Abuse Benefits; and a new Prescription Drug Benefit Network Pharmacy Out-of-Pocket Annual Maximum has been added.

**SCHEDULE OF BENEFITS
 FOR PLAN OPTIONS ‘A’ AND PLAN ‘B’**

COVERAGE FEATURES	Plan A Standard Plan	Plan B Alternate Plan
<p>MEDICAL BENEFIT 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 \$4,700. Once a Covered Person has paid \$4,700, 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 \$9,400. Once a Covered Family has paid \$9,400, 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 PROVIDERS:</p> <p>The maximum a Covered Person will pay out-of-pocket in any calendar year for Network Providers is \$5,700. Once a Covered Person has paid \$5,700, 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 \$11,400. Once a Covered Family has paid \$11,400, the Plan will cover 100% of that family’s covered medical expense (for Network Providers only) for the remainder of the calendar year.</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;
- any payment reduction imposed for not complying with any pre-authorization requirement;
- services or care not covered by the Plan;
- prescription drug benefits.
- services and care that are not Essential Health Benefits.

*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.

COVERAGE FEATURES	Plan A Standard Plan	Plan B Alternate Plan
<p>PRESCRIPTION DRUG BENEFIT 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 \$900. Once a Covered Person has paid \$900, 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 \$1,800. Once a Covered Family has paid \$1,800, 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>	<p>NETWORK PHARMACIES:</p> <p>The maximum a Covered Person will pay out-of-pocket in any calendar year for Network Pharmacies is \$900. Once a Covered Person has paid \$900, 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 \$1,800. Once a Covered Family has paid \$1,800, 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.

The Medical Benefit Non-Network Provider Out-of-Pocket Annual Maximums remain unchanged and are restated here for notice/clarification purposes only.

COVERAGE FEATURES	Plan A Standard Plan	Plan B Alternate Plan
<p>MEDICAL BENEFIT NON-NETWORK OUT-OF-POCKET ANNUAL MAXIMUM</p> <p>The <u>Non-Network</u> Provider Out-of-Pocket Annual Maximum applies to the Plan's Major Medical Benefits only.</p>	<p>NON-NETWORK PROVIDERS:</p> <p>The maximum a Covered Person will pay out-of-pocket in any calendar year for Non-Network Providers is \$10,000. Once a Covered Person has paid \$10,000, the Plan will cover 100% of that person's covered medical expense (for Non-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 Non-Network Providers is \$20,000. Once a Covered Family has paid \$20,000, the Plan will cover 100% of that family's covered medical expense (for Non-Network Providers only) for the remainder of the calendar year.</p>	<p>NON-NETWORK PROVIDERS:</p> <p>The maximum a Covered Person will pay out-of-pocket in any calendar year for Non-Network Providers is \$12,000. Once a Covered Person has paid \$12,000, the Plan will cover 100% of that person's covered medical expense (for Non-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 Non-Network Providers is \$24,000. Once a Covered Family has paid \$24,000, the Plan will cover 100% of that family's covered medical expense (for Non-Network Providers only) for the remainder of the calendar year.</p>

Exceptions to the Major Medical Benefit Non-Network Provider Out-of-Pocket Maximum

The following costs **will not** be applied toward the Non-Network Out-of-Pocket maximum:

- non-network deductibles and copayments;
- charges in excess of the usual, customary and reasonable (UCR) rate;
- any payment reduction imposed for not complying with any pre-authorization requirement;
- services or care not covered by the Plan;
- prescription drug benefits.