

**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 - **REVISED**  
**DATE:** JUNE 1, 2017

This 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.

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

<b>COVERAGE FEATURES</b>	<b>Option Plan A Standard Plan (Default)</b>	<b>Option Plan B Alternate Plan</b>
<b>AMBULATORY SERVICES</b>		
<b>Ambulatory Surgical Center</b> (including Hospital Outpatient)	<b>Network:</b> 80% of the Anthem Blue Cross Contract Rate after a \$100 Copayment  <b>Non-Network:</b> Not Covered  (Non-California residents only - 60% of Usual, Customary and Reasonable Charges)	<b>Network:</b> 70% of the Anthem Blue Cross Contract Rate after a \$100 Copayment  <b>Non-Network:</b> Not Covered  (Non-California residents only - 50% of Usual, Customary and Reasonable Charges)
<b>PREVENTIVE SERVICES</b>		
<b>Annual Physical Exam Benefit</b>  <b>Women’s Annual Health Benefit</b>  <b>Well Baby Care</b>  (Plan Deductible Waived)	<b>Network:</b> 100% of the Anthem Blue Cross Contract Rate  <b>Non-Network:</b> Not Covered  (Non-California residents only - 60% of Usual, Customary and Reasonable Charges to a maximum of \$300 per calendar year)	<b>Network:</b> 100% of the Anthem Blue Cross Contract Rate  <b>Non-Network:</b> Not Covered  (Non-California residents only - 50% of Usual, Customary and Reasonable Charges to a maximum of \$300 per calendar year)

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.

*(continued on next page)*

**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.

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ENVISIONRX *PLUS* MEDICARE PART D PRESCRIPTION PLAN  
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