



**CAJON VALLEY**  
UNION SCHOOL DISTRICT



**2020**

**EMPLOYEE BENEFITS GUIDE**

# EMPLOYEE BENEFITS ELIGIBILITY

Employee benefit eligibility is determined by the nature of your contract (full-time or part-time) and bargaining unit (Certificated, Classified, Administrative, or Supervisory). Additional information regarding eligibility for benefits is found in bargaining unit contracts. **When you become eligible for benefits, be sure you enroll yourself and the eligible dependents you wish to cover within 31 days. Otherwise, you must wait until the next open enrollment period.**

This is your opportunity to be sure you and your eligible dependents are enrolled. Legal documentation is required to add dependents (i.e. birth certificate, marriage license, California Declaration of Domestic partnership and tax affidavit, court ordered guardianship), and must be submitted with your enrollment form. Dependent children are eligible for coverage to age 26 on all medical and dental plans.

Part-time employees who choose to purchase insurance for their dependents will pay dependent premiums through payroll deductions. Deductions for dependent coverage are made in eleven equal deductions. **There are no longer double deductions from your June paycheck.**

EMPLOYER-Paid Benefits:	CVEA Certificated:			CSEA Classified:			CVAA/CVSA Admin/Supr	
	51%+	50%	< 50%	8 hr.	4-7.99 hr.	< 4 hr.	50%+	< 50%
EAP, MHN Employee Assistance Program	No	No	Yes	No	No	Yes	No	Yes
EAP, Optum Health (VEBA Kaiser & UHC enrollees)	Yes	Yes	No	Yes	Yes	No	Yes	No
Health, Dental (employee+dependents)	Yes	N/A	No	Yes	N/A	No	Yes	No
Health, Dental (employee, with dependents option)	N/A	Yes	No	N/A	Yes	No	N/A	N/A
Income protection	Yes	Yes	Yes (.40+ FTE)	Yes	Yes	Yes (15 hrs+/wk)	Yes	No

## EMPLOYEE-Paid Benefits:

Health premium co-pay (mandatory)	Yes	Yes	No	Yes	Yes	No	Yes	No
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## EMPLOYEE-Paid Services/Coverage:

ACH: Electronic Direct Payroll Deposit	Yes							
EyeMed Vision Benefit	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Hartford Term Life, Hyatt Legal	Yes	Yes	No	Yes	Yes	No	Yes	No
Health, Dental (dependents)	N/A	Yes	No	N/A	Yes	No	Yes	No
Investments (TSA 403b, 457b)	Yes							
Section 125 Flexible Benefits Plans	Yes	Yes	No	Yes	Yes	No	Yes	No
Unum/Provident Long-Term Care	Yes	Yes	No	Yes	Yes	No	Yes	No

# WHAT'S INSIDE...



**Represents California Schools Voluntary Employee Benefits Association (VEBA) programs.**

*Cajon Valley Union School District is a member of the California Schools Voluntary Employees Benefits Association (VEBA). VEBA is a joint labor-management trust formed for the purpose of purchasing health care benefits for school district employees and their families. The VEBA program provides health, wellness and advocacy benefits.*



**Represents San Diego County Office of Education Fringe Benefits Consortium (FBC) programs.**

*The Fringe Benefits Consortium (FBC) consists of 90 member districts including charter schools. The FBC offers its member districts a wide variety of fringe benefits for their employees at a lower cost than districts can get on their own or with other groups.*

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# HMO MEDICAL PLAN OPTIONS



## KAISER PERMANENTE® HMO



**Integrated Care Model** *Kaiser's truly integrated health care delivery system includes the health plan, doctors, hospitals, labs, and pharmacies all in one organization. While some other HMOs or medical groups may use similar wording to describe their health care services, they do not operate the same way.*



**How it Works** *Members enjoy the convenience of one-stop shopping because most Kaiser facilities feature a hospital, medical offices, labs and pharmacies all in one location.*

- **Medical information is readily available** when needed because all facilities are connected. It saves time and could save a life in an emergency.
- **Physicians and pharmacies are electronically linked** and this enhances patient safety by alerting caregivers to drug allergies or dangerous drug interactions.
- **Members save time** by using their computer or mobile device to contact their doctor with questions, order prescription refills and make appointments. by all Kaiser doctors.



### Kaiser Plans

	\$10/\$20/30-day Rx	Classified Plan \$10/\$10/100-day Rx
<b>Deductible</b> (individual/family)	None	None
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$1,500/\$3,000	\$1,500/\$3,000
<b>PCP Office Visit</b>	\$10 copay	\$10 copay
<b>Specialist Office Visit</b>	\$10 copay	\$10 copay
<b>Preventive Care</b>	No charge	No charge
<b>Inpatient Hospital Care</b>	No charge	No charge
<b>Mental Health Services</b> (outpatient/inpatient)	\$10 copay/ No charge	\$10 copay/ No charge
<b>Substance Abuse Services</b> (outpatient/inpatient)	\$10 copay/No charge	\$10 copay/No charge
<b>Outpatient Diagnostic Lab and Radiology</b> (standard procedures)	No charge	No charge
<b>Complex Radiology</b> (PET & MRI)	No charge	No charge
<b>Outpatient Surgery</b>	\$10 copay	\$10 copay
<b>Outpatient Physical/Rehabilitation Therapy</b> (PCP/Specialist)	\$10/\$10 copay	\$10/\$10 copay
<b>Urgent Care</b> (your medical group/other Kaiser facility)	\$10/\$10 copay	\$10/\$10 copay
<b>Emergency Room</b> (copay waived if admitted)	\$100 copay	\$50 copay
<b>Chiropractic Services*</b> Services provided through Optum Health (refer to page 6 for details)	\$10 copay	\$10 copay
<b>Prescription Drugs - Retail</b> (Kaiser Pharmacy) Generic/Brand Name Drugs	30-day supply \$10/\$20 copay	100-day supply \$10/\$10 copay
<b>Prescription Drugs - Mail Order</b> (up to 100-day supply through Kaiser's mail order service) Generic/Brand Name Drugs	\$20/\$40 copay	\$10/\$10 copay
<b>Prescription Drugs - Out-of-Pocket Maximum</b> (individual/family)	Included in medical	Included in medical



**Your PCP** Find a PCP at [kp.org](http://kp.org) ▶  
California – Southern ▶ Go

- **Each member chooses a PCP** who directs your care and will refer you to specialists or other providers when needed.
- **Your PCP and locations can be different than your covered dependents**—though you must all enroll in the Kaiser HMO plan.
- **Physicians have electronic access to evidence-based best practices** for treatment shared by all Kaiser doctors.





## UnitedHealthcare Performance HMO



**Plan Overview** *This plan helps you make informed decisions about the Primary Care Provider (PCP) you choose. All Medical groups are ranked on quality scores from the California Office of the Patient Advocate (visit opa.ca.gov) and what they charge for services and then placed in either Network 1 or 2. Copays vary by network: PCPs in Network 1 have the highest performance ratings and the lowest copays.*



**How to Enroll** *You and dependents must choose the same network—but your PCPs can be different.*

- **Choose Network 1 or 2** (choose your network carefully)
- **You can change PCPs within your network** but you cannot change networks during the year



**Your PCP** Go to [www.welcometouhc.com/csveba](http://www.welcometouhc.com/csveba) ▶ Scroll down and click “Search the network: CS VEBA Performance HMO – Network 1 or 2” ▶ Enter Zip Code ▶ On the next page, click the “X” in the top right corner.

- **Your PCP is your health care partner** (see your PCP for all medical concerns)
- **Your PCP must refer you to a Specialist** (otherwise you may have to pay the specialist’s cost)

### Performance HMO Plan A

	Network 1	Network 2
<b>Deductible</b> (individual/family)	None	None
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$1,500/\$3,000	\$3,000/\$6,000
<b>PCP Office Visit</b>	\$10 copay	\$20 copay
<b>Specialist Office Visit</b>	\$10 copay	\$20 copay
<b>Preventive Care</b>	No charge	No charge
<b>Inpatient Hospital Care</b>	No charge	No charge
<b>Mental Health Services</b> (outpatient/inpatient)	\$10 copay/No charge	\$20 copay/No charge
<b>Substance Abuse Services</b> (outpatient/inpatient)	No charge	No charge
<b>Outpatient Diagnostic Lab and Radiology</b> (standard procedures)	No charge	No charge
<b>Complex Radiology</b> (PET & MRI)	No charge	No charge
<b>Outpatient Surgery</b>	No charge	No charge
<b>Outpatient Physical/Rehabilitation Therapy</b> (PCP/Specialist)	\$10 copay/\$10 copay	\$20 copay/\$20 copay
<b>Urgent Care</b> (your medical group/other medical group)	\$10 copay/\$50 copay	\$20 copay/\$50 copay
<b>Emergency Room</b> (copay waived if admitted)	\$100 copay	\$100 copay
<b>Chiropractic Services*</b> Services provided through Optum Health (refer to page 7 for details)	\$10 copay	\$20 copay



**Quality of Care  
+ Reasonable Cost  
= Performance**

\*Services must be medically necessary and may be subject to prior authorization from Optum Health.

Network 1		
High Quality, Reasonable Price	O.P.A Score	Cost
Sharp Rees-Stealy Medical Centers	****	Reasonable
Sharp Community MG (Chula Vista, Coronado, Graybill, Grossmont, Inland North, and Metro San Diego)	***	Reasonable
Primary Care Associated MG (Cassidy and Encinitas)	***	Reasonable
Arch Health Partners	***	Reasonable
Encompass MG	***	Lowest
Children’s PMG	***	Higher

Network 2		
Lower Quality or Higher Costs	O.P.A Score	Cost
Mercy PMG	***	Higher
Greater Tri-Cities IP.	**	Lowest
Mid-County PMG	**	Reasonable
Multi-Cultural MG	**	Lowest
San Diego PMG	**	Higher
Children’s PMG	***	Higher

**Measuring Quality:** The Office of the Patient Advocate’s (OPA) scores show how well medical groups meet nationally recognized standards for providing their patients with care. Visit the OPA at [www.opa.ca.gov](http://www.opa.ca.gov) for more information.

**Measuring Cost:** Cost information is based on actual costs paid by the insurance company for VEBA members.

Must meet these Performance Requirements to be included in Network 1	Performance Key	
	O.P.A Quality Score	Cost
	****	Excellent Higher
	***	Good Lowest
	**	Fair Reasonable
*	Poor Highest	





## UnitedHealthcare Signature Value HMO Plans



**Alliance Network Overview** *The Signature Value Alliance HMO Plans' participating Medical Groups have been selected based on their technological sophistication and consistent level of quality performance (see box below for participating Medical Groups in San Diego County). UHC relies on the State of California's Office of the Patient Advocate (OPA) quality report cards for information on the participating medical groups which can be found at [www.opa.ca.gov](http://www.opa.ca.gov).*



**Accessing Care** *With the Alliance Network, you have access to quality rated physician groups who will work with you to make informed decisions about your health and help you save money.*

- You and your family must ALL enroll in the same Alliance Plan for the entire year.
- Your Primary Care Physician (PCP) will be your first source for care and will coordinate any specialty or additional care needed. You and your family members must choose a PCP from the participating Alliance Network medical groups.
- You and your family members can select different PCPs and/or medical groups and change at any time during the year.



**Find a Provider** *Go to [www.welcometouhc.com/csveba](http://www.welcometouhc.com/csveba) ▶ Scroll down and click "Search the network: Signature Value™ Alliance" ▶ Enter Zip Code ▶ On the next page, click the "X" in the top right corner.*

### Signature Value HMO Plans

### Alliance HMO 20/30

### (Not available for CVSA) Alliance HMO with HRA

Signature Value HMO Plans	Alliance HMO 20/30	(Not available for CVSA) Alliance HMO with HRA
<b>Deductible</b> (individual/family)	None	\$2,000/\$2,000
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$3,000/\$6,000	\$3,000/\$6,000
<b>PCP Office Visit</b>	\$20 copay	\$35 copay
<b>Specialist Office Visit</b>	\$30 copay	\$50 copay
<b>Preventive Care</b>	No charge	No charge
<b>Inpatient Hospital Care</b>	\$500 copay	Deductible + 20%
<b>Mental Health Services</b> (outpatient/inpatient)	\$20 copay/\$500 copay	\$40 copay/Deductible + 20%
<b>Substance Abuse Services</b> (outpatient/inpatient)	No charge	No charge
<b>Outpatient Diagnostic Lab and Radiology</b> (standard procedures)	No charge	No charge
<b>Complex Radiology</b> (PET & MRI)	\$200 copay	Deductible + 20%
<b>Outpatient Surgery</b>	\$250 copay	Deductible + 20%
<b>Outpatient Physical/Rehabilitation Therapy</b> (PCP/Specialist)	\$20 copay	\$35 copay
<b>Urgent Care</b> (your medical group/other medical group)	\$20 copay/\$75 copay	\$35 copay/Deductible + 20%
<b>Emergency Room</b> (copay waived if admitted)	\$150 copay	Deductible + \$300 copay
<b>Chiropractic Services*</b> Services provided through Optum Health (refer to page 7 for details)	\$20 copay	\$30 copay

*\*Services must be medically necessary and may be subject to prior authorization from Optum Health.*

### The Alliance Network

is comprised of the following Medical Groups:

- **Mercy Physicians Medical Group**
- **Primary Care Associated Medical Group**
- **Scripps Clinic**
- **Scripps Coastal Medical Center**
- **UCSD Medical Center**
- **Rady Children's**

For a full listing of participating providers and physician groups near you, please refer to the Alliance Provider Directory or search the as shown above under "Find a Provider."

### Health Reimbursement Account (HRA) *When you enroll in the Signature Value™ Alliance HMO \$1,200 HRA plan you are also given a \$1,200 HRA to use for your qualified, out-of-pocket medical expenses.*



- Employee is given two debit cards loaded with \$1,200 for reimbursable medical expenses, for immediate use.
- The HRA plan combines a high-deductible health plan with a VEBA funded account that helps you meet your deductible.
- Eligible HRA expenses include medical expenses, pharmacy & chiropractic coverage.
- Use your HRA for copayments and co-insurance.
- Your unused HRA balance can be rolled over for the following calendar year up to \$500.



## UnitedHealthcare Journey HMO Plans



**Harmony Network Overview** *The Harmony network is focused on the physician-patient relationship and is designed to be affordable, integrating quality clinical care with technology, tools and resources to help improve the patient experience—as well as outcomes guiding patients to care and resources that help promote better health outcomes and lower (see box below for participating Medical Groups in San Diego County).*



**Accessing Care** *With the Harmony Network, you have access to a distinct network of quality rated physician groups who will work with you to make informed decisions about your health and help you save money.*

- You and your family must ALL enroll in the same plan for the entire year.
- Your Primary Care Physician (PCP) will be your first source for care and will coordinate any specialty or additional care needed. You and your family members must choose a PCP from the participating Harmony Network medical groups.
- You and your family members can select different PCPs and/or medical groups and change at any time during the year.



**Find a Provider** Go to [www.welcometouhc.com/csveba](http://www.welcometouhc.com/csveba) ▶ Scroll down and click “Search the network: Signature Value™ Harmony” ▶ Enter Zip Code ▶ On the next page, click the “X” in the top right corner.

(Not available for CVAA or CVEA)

### Journey Plans

	Alliance HMO with HRA	Harmony HMO with HRA
<b>Deductible</b> (individual/family)	\$2,000/\$4,000	\$2,000/\$4,000
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$3,500/\$7,000	\$3,500/\$7,000
<b>PCP Office Visit</b>	\$25 copay	\$25 copay
<b>Specialist Office Visit</b>	\$40 copay	\$40 copay
<b>Preventive Care</b>	No charge	No charge
<b>Inpatient Hospital Care</b>	Deductible + 20%	Deductible + 20%
<b>Mental Health Services</b> (outpatient/inpatient)	\$25 copay/Deductible + 20%	\$25 copay/Deductible + 20%
<b>Substance Abuse Services</b> (outpatient/inpatient)	No charge	No charge
<b>Outpatient Diagnostic Lab and Radiology</b> (standard procedures)	No charge	No charge
<b>Complex Radiology</b> (PET & MRI)	\$100 copay	\$100 copay
<b>Outpatient Surgery</b>	Deductible +20%	Deductible +20%
<b>Outpatient Physical/Rehabilitation Therapy</b> (PCP/Specialist)	\$25 copay	\$25 copay
<b>Urgent Care</b> (your medical group/other medical group)	\$25 copay/\$50 copay	\$25 copay/\$50 copay
<b>Emergency Room</b> (copay waived if admitted)	Deductible +20%	Deductible +20%
<b>Chiropractic Services*</b> Services provided through Optum Health (refer to page 6 for details)	\$30 copay	\$30 copay

\*Services must be medically necessary and may be subject to prior authorization from Optum Health.

When you enroll in the **Journey Alliance HMO** with HRA plan you are also given the following HRA funds.

**Employee only coverage:** \$350/year  
**Employee + one dependent:** \$700/year  
**Employee + family:** \$1,100/year

- The HRA is a VEBA funded account that helps you meet your deductible and other expenses when accessing care including medical expenses, pharmacy & chiropractic coverage.
- **ANY unused HRA balance can be rolled over for the following calendar year and is portable.**

When you enroll in the **Journey Harmony HMO** with HRA plan you are also given the following HRA funds.

**Employee only coverage:** \$800/year  
**Employee + one dependent:** \$1,600/year  
**Employee + family:** \$2,200/year

- The HRA is a VEBA funded account that helps you meet your deductible and other expenses when accessing care including medical expenses, pharmacy & chiropractic coverage.
- **ANY unused HRA balance can be rolled over for the following calendar year and is portable.**

The Harmony Network includes these Medical Groups: ■ Sharp Rees-Stealy ■ Sharp Community Medical Group ■ UCSD

# PPO MEDICAL PLAN OPTION



## Nexus ACO PPO



**Plan Overview** *The Nexus Accountable Care Organization (ACO) Preferred Provider Organization (PPO) medical plan requires that each family member designates a Primary Care Physician, however members have the freedom to choose any recognized provider or hospital when accessing care. Keep in mind, there are significant cost advantages when utilizing the Nexus ACO providers (Tier 1) and Select Plus PPO providers (Tier 2). The amounts facilities charge for standard services can vary greatly based on where that service is delivered.*



**Freedom of Choice** *empowering you to use higher quality, more efficient providers and rewarding you by costing less.*

- **Tier 1 – Nexus ACO Providers** are high quality providers in Sharp Rees-Stealy and Sharp Community medical groups.
- **Select Plus Network** offers broad access to discounted health care services and no balance billing.
- **Out-of-Network Providers** set their own prices and you may be responsible for and balance billed for amounts higher than the Select Plus PPO negotiated rate.



**Find a Provider** *Each family member needs to select a Primary Care Physician.*

Go to [www.umar.com](http://www.umar.com) ▶ Click "Find a Provider" ▶ **Tier 1:** Choose "UnitedHealthcare NexusACO Network " ▶ **Tier 2:** Choose "UnitedHealthcare Select Plus Network " ▶ Enter Zip Code

(Not available for CVSA)

### Nexus ACO PPO

	Tier 1 - ACO	Tier 2 - Select Plus	Out-of-Network
<b>Deductible</b> (individual/family - shared between network level)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
<b>Medical Out-of-Pocket Maximum</b> (individual/family - shared)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
<b>PCP Office Visit</b>	\$30 copay	Deductible + 20%	Deductible + 50%
<b>Specialist Office Visit</b>	\$50 copay	Deductible + 20%	Deductible + 50%
<b>Preventive Care</b>	No charge	No charge	Not covered
<b>Inpatient Hospital Care</b>	Deductible + 20%	Deductible + 20%	Deductible + 50%
<b>Mental Health Services</b> (outpatient/inpatient)	\$30 copay/Ded + 20%	\$30 copay/Ded + 20%	Deductible + 50%
<b>Substance Abuse Services</b> (outpatient/inpatient)	\$30 copay/Ded + 20%	\$30 copay/Ded + 20%	Deductible + 50%
<b>Outpatient Diagnostic Lab and Radiology</b> (standard procedures) (Freestanding Facility or Physician's Office) (Hospital-based Lab or Radiology)	No charge 20% (deductible waived)	No charge 20% (deductible waived)	Deductible + 50%
<b>Complex Radiology</b> (PET & MRI) (Freestanding Facility of Physician Office Outpatient) (Hospital-based Lab or Radiology)	(Deductible + 20%) (Ded + \$100 + 20%)	(Deductible + 20%) (Ded + \$100 + 20%)	Deductible + 50%
<b>Outpatient Surgery</b> (Ambulatory Surgery Center or Physician's Office) (Outpatient Hospital-based Surgical Center)	Deductible + \$100 + 20%	Deductible + \$100 + 20%	Deductible + 50% Pre-authorization is required
<b>Outpatient Physical/Rehabilitation Therapy</b> (PCP/Specialist)	\$30 copay	\$30 copay	Deductible + 50%
<b>Urgent Care</b> (your medical group/other medical group)	\$50 copay	\$50 copay	Deductible + 50%
<b>Emergency Room</b> (copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay
<b>Chiropractic Services*</b> Services provided through Optum Health (refer to page 7 for details)	\$30 copay	\$30 copay	Deductible + 50%



# PRESCRIPTION DRUG PLAN



There are several ways to find network pharmacies and cost information about drugs that are available over-the-counter.

- Go to [www.VEBAonline.com](http://www.VEBAonline.com) ▶ *Members* ▶ *Active Employees* ▶ *Choose your plan* ▶ *Click Express Scripts Weblink*
- call Customer Service: 800-918-8011
- Register online at: [www.Express-Scripts.com](http://www.Express-Scripts.com) or download the Express Scripts app



You must show your **Express Scripts ID** card when you go to the pharmacy.

**Do NOT show your UHC ID card** at the pharmacy, that card is only for doctor and hospital visits.

You get 2 ID Cards in the mail for your entire family. If needed, you can print additional ID cards when you register at [www.express-scripts.com](http://www.express-scripts.com).

## Plan Overview

If you are enrolled in the one of the UHC HMO plans or the UMR Nexus ACO PPO plan, your prescription drug benefits are through Express Scripts (ESI). Within the ESI network, some pharmacies have negotiated special pricing establishing smaller, more cost effective options. Your prescription drug plan will reward you with lower copays when for using these more cost-effective pharmacies.



## Smart90 Network *Rite Aid* ▶ *Costco* ▶

### *Express Scripps Mail Order Pharmacy*

You will pay 1 standard copay for up to a 30-day supply of short-term drugs or receive up to a 90-day supply of maintenance drugs for 2 copays.

**Members also enjoy zero copays for generic hypertension drugs and oral hypoglycemic at Smart90 or mail order!**



## ESI Advantage Network (EAN)

### *Supermarkets* ▶ *Drug Stores* ▶

#### *Many Independent Pharmacies*

Provides access to more than 200 locations in San Diego where you will pay standard copays for up to a 30-day supply of short-term drugs.



## All Other ESI Network Pharmacies

### *Walgreens* ▶ *CVS* ▶ *Some Independents*

Choosing to fill your prescription here will result in paying the standard copay plus an additional \$5 per prescription.

## Copays for UHC Medical Plans:



### Performance HMO Plan A Network 1

**Short-Term Drugs** (up to 30-day supply)

**Maintenance Drugs** (up to 90-day supply)<sup>\*\*\*</sup>

**Out-of-Pocket Maximum** (individual/family)

### Network 2

**Short-Term Drugs** (up to 30-day supply)

**Maintenance Drugs** (up to 90-day supply)<sup>\*\*\*</sup>

**Out-of-Pocket Maximum** (individual/family)

### Signature Value HMOs, Journey HMOs & Nexus PPO Plan

**Short-Term Drugs** (up to 30-day supply)

**Maintenance Drugs** (up to 90-day supply)<sup>\*\*\*</sup>

**Rx Out-of-Pocket Maximum** (individual/family)

	Smart90			EAN			Other ESI		
	Generic*	Preferred Brand	Non-Preferred Brand**	Generic	Preferred Brand	Non-Preferred Brand**	Generic	Preferred Brand	Non-Preferred Brand**
<b>Short-Term Drugs</b> (up to 30-day supply)	\$5	\$25	50%	\$5	\$25	50%	\$10	\$30	50%
<b>Maintenance Drugs</b> (up to 90-day supply) <sup>***</sup>	\$10	\$50	50%	\$10	\$50	50%	not available		
<b>Out-of-Pocket Maximum</b> (individual/family)	\$3,000/\$6,000 (shared between all pharmacy benefit levels)								
<b>Short-Term Drugs</b> (up to 30-day supply)	\$10	\$30	50%	\$10	\$30	50%	\$15	\$35	50%
<b>Maintenance Drugs</b> (up to 90-day supply) <sup>***</sup>	\$20	\$60	50%	\$20	\$60	50%	not available		
<b>Out-of-Pocket Maximum</b> (individual/family)	\$3,000/\$6,000 (shared between all pharmacy benefit levels)								
<b>Short-Term Drugs</b> (up to 30-day supply)	\$10	\$30	50%	\$10	\$30	50%	\$15	\$35	50%
<b>Maintenance Drugs</b> (up to 90-day supply) <sup>***</sup>	\$20	\$60	50%	\$20	\$60	50%	not available		
<b>Rx Out-of-Pocket Maximum</b> (individual/family)	\$1,600/\$3,200 (shared between all pharmacy benefit levels)								

### Important:

*If you choose a brand-name drug when a generic is available, you will pay the generic copay plus the difference in cost between the generic and brand-name even if your doctor writes "dispense as written."*

\* Zero copays for generic hypertension drugs and oral hypoglycemic at Smart90 or mail order.

\*\* Short-term drugs are subject to \$40 minimum and \$175 maximum and maintenance are subject to \$80 minimum and \$350 maximum.

\*\*\* The 4th and following fills of maintenance drugs must be through a Smart90 pharmacy or Express Scripts Home Delivery to avoid a penalty of two times the short-term drug copay.



## Your Benefits

As part of VEBA, you receive chiropractic benefits as long as you receive care from participating OptumHealth Physical Health of California (OptumHealth) providers.

Your benefits include:

- Unlimited visits (subject to medical necessity)
- Copays that align with your PCP office visit copay
- X-rays as authorized
- 100% coverage for durable medical equipment up to \$50
- No PCP referral necessary (ongoing treatment may require a referral from OptumHealth)



## Copays for VEBA Medical Plans:

These copays apply when using an OptumHealth Network Provider.

Chiropractic Services	Kaiser HMO		Performance HMOs		Signature Value HMOs		Journey HMOs	
	Network 1	Network 2	Alliance 20/30	Alliance with HRA	Alliance w/HRA	Harmony w/HRA	Nexus PPO	
	\$10 copay	\$10 copay	\$20 copay	\$20 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay



## Find a Network Provider

Only OptumHealth chiropractors are eligible for reimbursement under the plan. So, before you receive services, please verify that your chiropractor participates with OptumHealth.

Your health plan coverage gives you access to more than 3,000 network providers in California. There are 3 easy ways to find a contracted provider near you:

1. Go to [www.myoptumhealthphysicalhealthofca.com](http://www.myoptumhealthphysicalhealthofca.com). To find a network provider, look for "VEBA" in the list in the column headed "Participating Provider for."
2. Call OptumHealth Member Services at 1.800.428.6337 (5am to 5pm PT, M-F)
3. Call the provider directly to schedule an appointment, and verify they are part of the OptumHealth network for VEBA.

## How do my benefits work? *At the time of your appointment:*

Your provider will verify your eligibility using your OptumHealth ID card and you pay a copay. If you don't have an ID card you can still access services by telling your provider you are a VEBA member and to verify your benefits with OptumHealth.

Your provider may have you complete a Patient Summary Form that enables you to share information about your condition. When submitted to Optum, you and your provider may receive a recovery milestone document that represents a number of treatments most patients with a similar condition have recovered. This is not an authorized number or a limit on the number of treatments available. It simply helps your provider set a point when your condition should be reviewed again to determine the level of improvement you have made. If you need additional treatment, your provider will advise you and OptumHealth.





## SIMNSA Cross-Border HMO Medical Plan



**Plan Overview** *Sistemas Medicos Nacionales, S.A. de C.V. (SIMNSA) is California's first licensed HMO plan authorized to contract with California employers to provide health benefits and services in Mexico. SIMNSA is a comprehensive health care service plan is one of the leading HMO programs in Northern Mexico and the network extends through the border cities of Tijuana, Tecate and Mexicali. In addition, the plan:*

- Provides employees with a very **affordable and culturally sensitive** across-the-border health plan option
- Is **licensed by the California Department of Managed Health Care**, subject to Knox-Keene Act
- Requires that **routine services must be received in Mexico**
- Provides worldwide **emergency and urgent care services**
- Has **medical providers in Tijuana, Mexicali and Tecate** including over 200 physicians along the U.S.-Mexico Border, two SIMNSA medical clinics in close proximity to the U.S. border
- Access to **Interlab**, one of the most modern and technologically advanced laboratories in Mexico
- Is subject to **Health Care Reform** mandates including no copays for extensive list of preventive care services
- **Meets ACA requirements** of a Minimum Value Plan and Essential Health Benefits
- Includes other **VEBA benefits** (Best Doctors, EAP, Wellness Programs)



**Who Can Join SIMNSA Health Plan** *Employees and their eligible dependents who live in San Diego county or Tijuana and meet the following definition of "Mexican National" may enroll in the SIMNSA HMO plan:*

- **A person born in Mexico**
- **A person born in another country with a Mexican father or a Mexican mother, or both**
- **A foreign woman or man who marries a Mexican man or woman and lives in Mexico**
- **A foreigner who becomes naturalized in Mexico**



### SIMNSA Website [www.simnsa.com](http://www.simnsa.com)

Visit the website for more information, including:

- **List of Providers**
- **Benefits Summary**
- **Evidence of Coverage**
- **Forms**
- **Wellness Information**

### SIMNSA Advantages

- Clinics are open 7 days a week
- Grupo MEDYCA in Tijuana is open until midnight
- No appointments necessary, walk-ins are welcome
- Clinic wait time is reduced by use of an electronic monitoring system/employee
- Patients can cross back FASTER using the medical pass lane
- No PCP election required

### HMO Plan 5/5

	SIMNSA
<b>Deductible</b> (individual/family - shared between network level)	None
<b>Medical Out-of-Pocket Maximum</b> (individual/family - shared)	\$6,350/\$12,700
<b>PCP Office Visit</b>	\$5 copay
<b>Specialist Office Visit</b>	\$5 copay
<b>Preventive Care</b>	No charge
<b>Inpatient Hospital Care</b>	No charge
<b>Mental Health Services</b> (outpatient/inpatient)	\$5 copay/No charge
<b>Substance Abuse Services</b> (outpatient/inpatient)	\$5 copay/No charge
<b>Outpatient Diagnostic Lab and Radiology</b> (standard procedures)	No charge
<b>Complex Radiology</b> (PET & MRI)	No charge
<b>Outpatient Surgery</b>	No charge
<b>Outpatient Physical/Rehabilitation Therapy</b> (PCP/Specialist)	\$10 copay
<b>Urgent Care</b> (your medical group/other medical group)	\$25/\$50 copay
<b>Emergency Room</b> (copay waived if admitted)	\$250 copay
<b>Retail Prescription Drugs</b> (Generic/Brand/Non-Preferred)	\$5 copay
<b>Mail Order Prescription Drugs</b> (Generic/Brand/Non-Preferred)	Not Covered

- Online medical records
- SENTRI pass reimbursement program
- Transportation available in Mexicali
- Massage therapy and Acupuncture available at the new SIMNSA building
- Spa services are discounted for members
- "One stop" medical clinic where all services can be rendered
- Members have access to online appointment scheduling system



## Health & Fitness Challenges

Health & Fitness Challenges are a series of fitness programs that run from 6 to 8 weeks. Each challenge creates health awareness and promotes behavior change through a variety of activities.



## Health Coaching

Confidential service designed to help manage certain health risks with nutrition, fitness and behavior modification. Receive weekly phone call and/or email coaching to set goals and develop strategies.



## Healthy Rewards!

Earn up to \$100 per year in wellness points to redeem at the online store that has a variety of items including gift cards for health food, sporting goods, office/school supplies; personal training, cooking classes; exercise equipment and more!



## Healthy Discounts

UnitedHealth Allies® health discount program to help you and your family save up to 50% on a wide range of health-related products and services. Call 1.800.860.8773 or create an account at [www.unitedhealthallies.com](http://www.unitedhealthallies.com).



## Employee Assistance Program (EAP)

Employees and their families who enroll in also receive confidential EAP services through OptumHealth. When you call, you will be connected with a licensed EAP counselor who will help you determine the most appropriate type of assistance needed. The EAP offers a wide range of services including 5 free face-to-face counseling sessions or a referral to community resources.

### Counseling Services

- Depression
- Stress
- Co-worker conflicts
- Grief and loss
- Marital or family issues
- Alcohol/substance abuse
- ADHD assessment

### Legal Consultation

*Free 30 minute legal consultation*

- Wills, trusts and estates
- Divorce & custody
- Small claims
- Personal injury
- Real estate transactions
- Drunk driving and criminal offenses

### Dependent Care Referrals...

- Child care, summer & day camps
- Elder care & home health care
- Tips on interviewing and monitoring caregivers
- Relocation & adoption information

### Financial Consultation

Get help with family budget planning or managing your debt from a financial professional.



## VEBA Advocacy Services

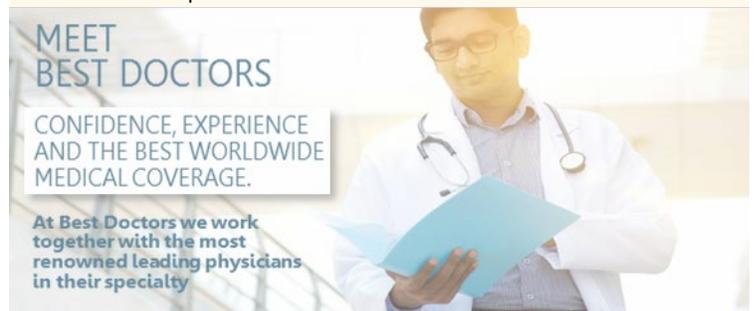
**Call 866-904-0910**

Monday – Friday, 8am-5pm  
except major holidays

**Email [info@vebaonline.com](mailto:info@vebaonline.com)**

### Contact Your VEBA Advocate if you:

- Have questions about your patient rights
- Are facing a serious medical issue and don't know what to do.
- Need help or more information to resolve a medical quality or access problem that you can't resolve through your provider or health care plan.



**Best Doctors® Program** The Best Doctors® program provides free consultation with medical experts if you have a question about your health or are diagnosed with a serious, complex or rare medical condition. Best Doctors® will review your care, confirm your diagnosis and recommend treatment. The program can also assist your doctor with an accurate diagnosis or treatment program.

**EAP is available 24/7  
365 days/year**

**Call 1.888.625.4809**  
**[www.liveandworkwell.com](http://www.liveandworkwell.com)**  
Access code: veba

## EAP for Part-Time Employees

If you are a non-benefit eligible part-time employee (less than 50%), you and your family have access to the MHN EAP. This program offers assistance with personal, job related, alcohol, drug, emotional, family, and/or marital problems. You are entitled to 3 face-to-face sessions, telephonic or web-video consultations for problem-solving support per incident, per plan period. Separate limits apply for work-life consultations.



**Call 1.800.227.1060**  
**[www.members.mhn.com](http://www.members.mhn.com)**  
Access code: parttime



## DELTA DENTAL® Premier® Incentive PPO Plan

**Plan Overview** The Delta Dental Premier® Incentive PPO Plan pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 60% of the PPO contract allowance for major services during the first year of eligibility. The coinsurance percentage increases by 10% each year (to a maximum of 100%) for each enrollee that visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

### Freedom of Choice

Find a provider at [deltadentalins.com](http://deltadentalins.com) ▶ Find a dentist ▶ Delta Dental PPO or Delta Dental Premier

When it's time for service, you can visit any licensed dentist under this plan, but you'll maximize plan value by selecting a Delta Dental PPO dentist.

- **PPO Providers** have agreed to reduced contracted rates and can't "balance bill" you for additional fees.
- **Non-PPO "Premier" Dentists** offer broader access to dental care without the worry of balance billing.
- **Other Non-PPO Providers** set their own prices and you may be responsible for and balance billed for amounts higher than the plan allowance.

Network Access Level:		PPO		Non-PPO		PPO		Non-PPO		PPO		Non-PPO	
		Year 1	Year 2	Year 3	Years 4+	Year 1	Year 2	Year 3	Years 4+	Year 1	Year 2	Year 3	Years 4+
<b>Membership in Dental Plan</b>													
<b>Annual Maximum Benefits</b>		\$2,500											
<b>Calendar Year Deductible</b>		None											
<b>Preventive</b>	<b>Oral Exams</b>	30% of bill		20% of bill		10% of bill		No Charge					
	<b>X-Rays</b>	30% of bill		20% of bill		10% of bill		No Charge					
	<b>Cleanings (3 per calendar year)</b>	30% of bill		20% of bill		10% of bill		No Charge					
	<b>Fluoride Treatment</b>	30% of bill		20% of bill		10% of bill		No Charge					
	<b>Space Maintainers</b>	30% of bill		20% of bill		10% of bill		No Charge					
<b>Basic Services</b>	<b>Amalgam &amp; Composite Fillings</b>	30% of bill		20% of bill		10% of bill		No Charge					
	<b>Sealants</b>	30% of bill		20% of bill		10% of bill		No Charge					
	<b>Extractions &amp; Oral Surgery</b>	30% of bill		20% of bill		10% of bill		No Charge					
	<b>Gingivectomy</b>	30% of bill		20% of bill		10% of bill		No Charge					
	<b>Periodontal Scaling &amp; Planing</b>	30% of bill		20% of bill		10% of bill		No Charge					
	<b>Root Canals</b>	30% of bill		20% of bill		10% of bill		No Charge					
	<b>Crowns</b>	30% of bill		20% of bill		10% of bill		No Charge					
<b>Major</b>	<b>Inlays/Onlays</b>	30% of bill		20% of bill		10% of bill		No Charge					
	<b>Bridges</b>	40%	50%	40%	50%	40%	50%	40%	50%	40%	50%		
	<b>Dentures</b>	40%	50%	40%	50%	40%	50%	40%	50%	40%	50%		
<b>Orthodontics</b>	<b>Implants*</b>	40%	50%	40%	50%	40%	50%	40%	50%	40%	50%		
	<b>Pre-Orthodontic Examination</b>	Not Covered											
	<b>Orthodontic Retention</b>												
	<b>Diagnosis, Consult &amp; Banding</b>												
<b>Child or Adolescent to age 19</b>													
	<b>Adult</b>												

\*Implants (appliances inserted into bone or soft tissue in the jaw, usually to anchor a denture) are not covered by your plan. However, if implants are provided along with a covered prosthodontic appliance, Delta Dental will allow the cost of a standard partial or complete denture toward the cost of the implants and the prosthodontic appliances when the prosthetic appliance is completed. If Delta Dental makes such an allowance, they will not pay for any replacement for five years following the completion of the service.

## DeltaCare® USA DHMO Plan

**How it works** Find a provider at [deltadentalins.com](http://deltadentalins.com) ▶ Find a dentist ▶ DeltaCare USA

DeltaCare® USA is a Dental HMO (DHMO) plan which has network service locations and benefits in the San Diego area. Payment for regular dental care has substantial cost limitation and few dentists from which to choose. However, this plan covers a portion of orthodontic fees. Unmarried dependents may remain on your insurance to age 26. It is important to take your summary of benefits with you to your dentist appointment as a reference for the procedures that are covered.



Services	Amount you Pay
<b>Deductible</b>	None
<b>Preventive</b>	Exams, cleanings, x-rays - <b>\$0 copay</b>
<b>Basic Services</b>	Fillings - <b>from \$5 to \$95 copay</b> / Extractions - <b>from \$5 to \$120</b>
<b>Major Services</b>	Oral Surgery, root canal, crowns - <b>from \$30 copay to \$300 copay</b>
<b>Orthodontia</b>	Comprehensive treatment child - <b>\$1,700 copay</b> / Adult - <b>\$1,900 copay</b>
<b>Annual Maximum</b>	Unlimited

# VISION BENEFITS

Your vision benefits are offered through EyeMed, a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, your plan is designed to be easy-to-use and help you access the care you need.

## Using EyeMed is easy!

- You're on the ACCESS Network
- For a complete list of **in-network** providers near you, use their **Enhanced Provider Locator** on [www.eyemed.com](http://www.eyemed.com) or call **1.866.723.0596**.
- For Lasik providers, call 1.877.5LASER61

## Additional Discounts

- **40% off:** complete pair of prescription eyeglasses
- **20% off:** non-prescription sunglasses
- **20% off:** remaining balance beyond plan coverage



## Download the EyeMed Members App

It's the easy way to view your ID card, see benefit details and find a provider near you.

INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS

PEARLE  
VISION

OPTICAL

sears  
OPTICAL

JCPenney | optical



## Vision Care Services

	In-Network Member Cost	Out-of-Network Reimbursement
<b>Exam With Dilation as Necessary</b>	\$10 Copay	Up to \$49
<b>Frames</b>	\$0 Copay; \$130 allowance; 80% of charge over \$130	Up to \$60
<b>Standard Plastic Lenses</b>		
Single Vision	\$25 Copay	Up to \$35
Bifocal	\$25 Copay	Up to \$49
Trifocal	\$25 Copay	Up to \$74
Standard Progressive	\$90	Up to \$49
Premium Progressive	\$90, 80% of charge less \$120 allowance	Up to \$49
<b>Lens Options</b> (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate - Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
<b>Contact Lens Fit &amp; Follow-up</b> (Contact lens fit & two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-up	Up to \$55	N/A
Premium Contact Lens Fit & Follow-up	10% off retail	N/A
<b>Contact Lenses</b>		
Conventional	\$0 Copay; \$130 allowance; 85% of charge over \$130	Up to \$104
Disposable	\$0 Copay; \$130 allowance; plus balance over \$130	Up to \$104
Medically Necessary	No Cost	Up to \$200
<b>Laser Vision Correction</b>		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	

## ACH: Electronic Direct Payroll Deposit

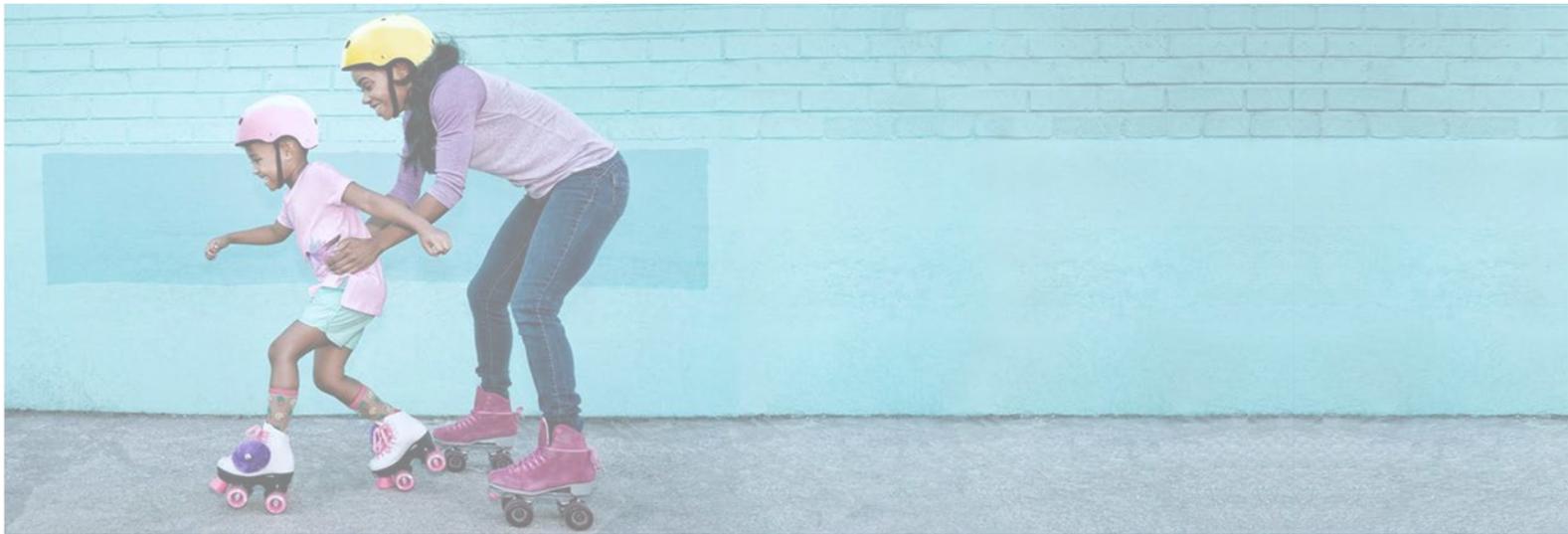
You may have your pay automatically deposited into your bank or credit union. Direct Deposit forms are available in the payroll department on CVUSD website under "Departments" then "Payroll" then "Payroll Forms" or by clicking the following link: <https://www.cajonvalley.net/cms/lib/CA01902277/Centricity/Domain/56/Direct%20Deposit%20Form.pdf>.

The earliest your ACH will start is the second payday after signing up. If you change or close your bank account, notify Payroll IMMEDIATELY to prevent problems with your payroll deposit. If you choose not to use ACH, your check will be available for pick up in the Payroll department on pay day. Paychecks not picked up in payroll are mailed home the following business day.

## ACSA Certificated Professional Dues

Association of California School Administrators (ACSA) dues can be submitted via payroll deduction.

Please contact your payroll technician at (619) 588-3070.



## Medical Insurance Waiver

The medical insurance waiver option is available to employees who have alternate health coverage and do not require to be enrolled in a District health plan. **You remain eligible for other District-paid benefits when you choose medical insurance waiver payments. Employees do not receive financial compensation when choosing to waive enrollment in a District health plan.**

Employees who wish to participate must complete and submit a Medical Insurance Opt-Out/Waiver form to the District's Payroll Department during open enrollment every year or within 31 days of experiencing a qualifying event. Proof of alternate health insurance coverage is required to determine eligibility for a waiver.



## Medical Insurance Opt-Out Payments

A \$1,200.00 annual incentive is paid to **employees who opt-out of medical insurance benefits for themselves and their entire family.** **You remain eligible for other District-paid benefits when you choose health opt-out payments.** This option is only available to those who are already receiving a medical insurance opt-out payment. The District's health insurance provider no longer permits opt-outs, and only those who have been receiving an opt-out payment are permitted to continue.

1. Employees must be currently receiving opt-out payments to exercise this option, and must submit documentation that verifies medical insurance through an outside entity every year. Once a "grandfathered" employee ceases to opt-out of medical benefits, they may not return to the opt-out status in the future.
2. Employees who wish to participate must complete and submit a Medical Insurance Opt-out/Waiver form to the District's Payroll Department during open enrollment every year. The medical insurance opt-out stipend will end December 31<sup>st</sup> if paperwork is not submitted.
3. No retro-active stipends will be paid for time prior to the date paperwork is received by the Payroll Department. Employees who do not submit the opt-out enrollment form and other required documentation within the open enrollment period, will receive stipend payments from the date the paperwork is received.

# EMPLOYEE CO-PREMIUMS

Eleven monthly medical insurance premiums are deducted from your paycheck during the months of August through June, as negotiated by each bargaining unit. If you are part-time and choose to pay for dependent coverage, premiums are also deducted in eleven monthly payments August through June. To determine your benefit eligibility, refer to the eligibility chart inside the front cover of this guide. Governing Board and Personnel Commission pay the CVAA rates. Retired employees pay the rate corresponding to their position at the time of retirement. Rates are shown below by bargaining unit.



**Full Time Co-Premium**  
(11 monthly payments)

**Part Time Co-Premium**  
(11 monthly payments)

Employee Only (Individual)    Employee + One Dependent or Spouse (2-party)    Employee + Two or More (Family)    Employee Only (Individual)    Employee + One Dependent or Spouse (2-party)    Employee + Two or More (Family)

## Cajon Valley Education Association - CVEA

	Employee Only (Individual)	Employee + One Dependent or Spouse (2-party)	Employee + Two or More (Family)	Employee Only (Individual)	Employee + One Dependent or Spouse (2-party)	Employee + Two or More (Family)
Kaiser 10/20/30-day Rx HMO	\$168.27	\$331.91	\$467.73	\$168.27	\$654.55	\$1,197.82
UHC Performance HMO (Network 1)	\$297.00	\$574.09	\$800.45	\$297.00	\$768.00	\$1,401.82
UHC Performance HMO (Network 2)	\$581.73	\$1,139.18	\$1,596.82	\$581.73	\$1,048.36	\$1,913.45
UHC Alliance HMO 20/30	\$312.27	\$593.73	\$821.18	\$312.27	\$772.36	\$1,407.27
UHC Signature Value Alliance \$1200	\$337.36	\$587.18	\$800.45	\$337.36	\$740.73	\$1,361.45
UHC PPO Nexus ACO Select 80/50	\$1,162.09	\$2,282.45	\$3,191.73	\$1,162.09	\$1,611.27	\$2,928.00
UHC Journey Harmony	\$172.64	\$329.73	\$449.18	\$172.64	\$648.00	\$1,174.91
SIMNSA HMO	\$65.73	\$114.82	\$169.09	\$65.73	\$196.36	\$413.45
Delta Dental PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$75.65	\$99.11
DeltaCare USA	\$0.00	\$0.00	\$0.00	\$0.00	\$12.01	\$24.76

## Cajon Valley Supervisors Association - CVSA

	Employee Only (Individual)	Employee + One Dependent or Spouse (2-party)	Employee + Two or More (Family)	No Part Time Employees		
Kaiser 10/20/30-day Rx HMO	\$367.04	\$591.20	\$678.20			
UHC Performance HMO (Network 1)	\$495.76	\$833.38	\$1,010.93			
UHC Performance HMO (Network 2)	\$780.49	\$1,398.47	\$1,807.30			
UHC Alliance HMO 20/30	\$511.04	\$853.01	\$1,031.66			
UHC Journey Harmony	\$371.40	\$589.01	\$659.66			
UHC Journey Alliance	\$403.04	\$633.74	\$731.66			
SIMNSA HMO	\$189.62	\$223.17	\$262.59			
Delta Dental PPO	\$0.00	\$0.00	\$0.00			
DeltaCare USA	\$0.00	\$0.00	\$0.00			

## California School Employees Association - CSEA

	Employee Only (Individual)	Employee + One Dependent or Spouse (2-party)	Employee + Two or More (Family)	Employee Only (Individual)	Employee + One Dependent or Spouse (2-party)	Employee + Two or More (Family)
Kaiser 10/10/100-day Rx HMO	\$172.36	\$340.09	\$479.45	\$172.36	\$670.91	\$1,228.36
UHC Performance HMO (Network 1)	\$200.45	\$392.45	\$550.91	\$200.45	\$768.00	\$1,401.82
UHC Performance HMO (Network 2)	\$569.45	\$1,114.64	\$1,561.64	\$569.45	\$1,048.36	\$1,913.45
UHC Alliance HMO 20/30	\$300.00	\$569.18	\$786.00	\$300.00	\$772.36	\$1,407.27
UHC Signature Value Alliance \$1200	\$325.09	\$562.64	\$765.27	\$325.09	\$740.73	\$1,361.45
UHC PPO Nexus ACO Select 80/50	\$1,149.82	\$2,257.91	\$3,156.55	\$1,149.82	\$1,611.27	\$2,928.00
UHC Journey Harmony	\$160.36	\$305.18	\$414.00	\$160.36	\$648.00	\$1,174.91
UHC Journey Alliance	\$192.00	\$349.91	\$486.00	\$192.00	\$661.09	\$1,215.27
SIMNSA HMO	\$65.73	\$114.82	\$169.09	\$65.73	\$196.36	\$413.45
Delta Dental PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$75.65	\$99.11
DeltaCare USA	\$0.00	\$0.00	\$0.00	\$0.00	\$12.01	\$24.76

## Cajon Valley Administrators Association - CVAA

	Employee Only (Individual)	Employee + One Dependent or Spouse (2-party)	Employee + Two or More (Family)	No Part Time Employees		
Kaiser 10/20/30-day Rx HMO	\$201.93	\$398.29	\$561.27			
UHC Performance HMO (Network 1)	\$330.65	\$640.47	\$894.00			
UHC Performance HMO (Network 2)	\$615.38	\$1,205.56	\$1,690.36			
UHC Alliance HMO 20/30	\$345.93	\$660.11	\$914.73			
UHC Signature Value Alliance \$1200	\$371.02	\$653.56	\$894.00			
UHC PPO Nexus ACO Select 80/50	\$1,195.75	\$2,348.84	\$3,285.27			
UHC Journey Harmony	\$206.29	\$396.11	\$542.73			
SIMNSA HMO	\$18.40	\$32.15	\$47.35			
Delta Dental PPO	\$0.00	\$0.00	\$0.00			
DeltaCare USA	\$0.00	\$0.00	\$0.00			

# INCOME PROTECTION



**Disability** Income Protection is disability insurance for non-administrative certificated and classified employees with contacts of at least 15 hours per week. The District provides this disability insurance for employees in lieu of State Disability Insurance (SDI). There is a 7 day waiting period during which the employee must be totally disabled and absent from work by order of a Physician. Income protection benefits have been designed to supplement employee income while on disability leave. The Payroll Department processes disability claim forms; it is the employee's responsibility to initiate the claim by contacting the Payroll Department.



# VOLUNTARY PLANS



**Voluntary Life Insurance** *Employee-Paid Term Life is available for yourself and your eligible family members.*

- Employee:** Increments of \$10,000 up to \$300,000, not to exceed 5 times your annual earnings.
- Spouse:** 50% of employee voluntary life insurance, in increments of \$5,000, to a maximum of \$100,000. Coverage terminates at age 70. You may not elect coverage for your spouse if they are in active fulltime military service or is already covered as an employee under this policy.
- Child(ren):** If you elect voluntary life insurance for yourself, you can choose \$2,500, \$5,000, or \$10,000 for each child.
- Guaranteed Issue:** No medical questions necessary for employee coverage up to \$150,000, spouse coverage up to \$50,000 or for any amount of supplemental child life.



**Voluntary AD&D Insurance** *Employee-Paid AD&D insurance is available for yourself and your eligible family members.*

- Employee:** Increments of \$10,000 up to \$300,000, not to exceed 10 times your annual earnings.
- Spouse:** 60% of employee amount for Employee & Spouse only coverage; 50% if enrolled as Employee & Family.
- Child(ren):** 20% of employee amount per child for Employee & Child(ren) only coverage; 10% per child if enrolled as Employee & Family.
- Guaranteed Issue:** No medical questions necessary for Voluntary AD&D coverage.

**Long Term Care (LTC)** *Voluntary LTC is available for yourself and your eligible family members. To enroll call: 1-800-421-0344.*

-  **Full-time employees**
-  **Qualified retirees**
-  **Family Members** including spouse or registered domestic partner, parents/ in-laws and grandparents/in-law.

Nursing/LTC Facility Monthly Benefit:	\$1,000 to \$6,000
• Residential Care	60%
• Home Care	50%
• Family Home Care	50%
• Inflation Protection	Simple Growth Capped
• Facility Duration	2 Years, 4 Years or Unlimited
• Elimination Period	90 days

## Pre-Paid Legal Services



Some covered services are:

- living trusts
- living wills
- codicils
- civil litigation defense
- identity theft defense
- uncontested adoptions

If network attorneys are utilized, all covered services are paid in full and there are no deductibles, co-payments, or claim forms. If non-network attorneys are utilized, the member is reimbursed according to a set fee schedule.

Visit [www.legalplans.com](http://www.legalplans.com) (password 100010) and receive access to:

- complete list of covered services
- benefit definitions
- locate attorneys in your area.
- receive exclusive rates through the FBC that can be paid via payroll deduction.

**Client Service Center is available Monday – Friday 5 a.m. - 4 p.m. PST: 1-800-821-6400**



## Flexible Spending Account (FSA)



Have you considered an FSA (Section 125) plan? These plans allow for money to be taken out of your paycheck before taxes and set aside—so you don't pay taxes on the contributions. The money is then later used to reimburse you for your eligible health care and dependent care expenses. This is a great way to lower your tax liability and bring home more of your paycheck!

American Fidelity is the Flex 125 Benefit Plan Administrator. Employees interested in signing up for either a dependent day care account or a medical expense reimbursement account must meet with an American Fidelity representative to complete their 2020 enrollment form.

**How it works** *There are 2 separate accounts that you can contribute to – the Health Care Account and the Dependent Care Account. Each year during Open Enrollment you decide how much to set aside in your accounts for the following year. The amount you contribute to the accounts is divided up into equal payroll deductions made throughout the year. Keep in mind, the money set aside in these accounts must be used during the plan year or will be forfeited. No changes will be permitted at any time other than open enrollment unless there is an IRS qualified status change.*



**Eligible Expenses** *The IRS determines what expenses are eligible and ineligible. It's important to keep receipts and other supporting documentation related to your FSA expenses and reimbursement requests. The IRS requires appropriate documentation for all FSA reimbursements.*

- **Health Care Account:** You can set aside up to \$2,600 per year in the Health Care Account for your out-of-pocket expenses including copayments, deductibles, coinsurance, and some services that your medical, dental and vision plans may not cover. Below is a partial list of qualified expenses.
- **Dependent Care Account:** If you pay someone (a licensed professional) to care for your dependents while you work, you can contribute up to \$5,000 per year in the Dependent Care Account. Eligible expenses include before/after school care, au pair services, extended day programs, preschool or nursery school, summer day camp, and elder daycare.



**How do I Access My Funds?** *You may request reimbursement any time a qualified expense has been incurred. The service related to the expense needs only to have taken place; it need not be paid before requesting reimbursement. Submit Requests for Reimbursements only for eligible expenses (a) incurred during the applicable Plan Year, (b) incurred by eligible Plan Participants, (c) not reimbursed previously under this or any other benefits plan, and (d) not claimed as an income tax deduction. It is your responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible Requests for Reimbursement.*

- **Flex Card** works like a typical debit card, but is used as a credit card for eligible health and dependent care expenses, based on the funds available in your benefits account. Rather than paying out-of-pocket and waiting to be reimbursed, the Flex Card allows you to pay for eligible expenses when the service is provided (or when an eligible product is purchased).
- **Mobile App** provides the simplest and quickest method to request a reimbursement. Simply enter the required information as prompted and attach your receipt to the Request for Reimbursement by taking a photo using your mobile device camera.
- **Online** Request for Reimbursement is another easy way to submit for reimbursement requests along with substantiation.
- **Mail or Fax** in your personalized Request for Reimbursement form.

## Partial List of Health Care Account Qualified Expenses

- |   |                                     |
|---|-------------------------------------|
| • Acupuncture   | • In vitro fertilization            |
| • Alcohol & drug rehab                                    | • Laser eye surgery                 |
| • Anesthetist   | • Midwife                           |
| • Artificial limbs and teeth                              | • Optometrist                       |
| • Birth control pills                                     | • Outpatient care                   |
| • Chiropractor  | • Physical therapy                  |
| • Dental & orthodontia                                    | • Practical nurse                   |
| • Eye exams, prescription glasses, contacts lens solution | • Psychiatrist & Psychologist       |
| • Hearing aids and batteries                              | • Stop-smoking program              |
| • Insulin   | • Medical transportation            |
|   | • Weight loss programs and/or drugs |

[www.AmericanFidelity.com](http://www.AmericanFidelity.com)

American Fidelity offers online and mobile tools to help you manage your Flexible Spending Accounts!





## 403(b)/457(b) Plans

The FBC Deferred Compensation Program is a retirement program designed to help educators build and grow their savings in order to achieve their retirement dreams.

### What are 403(b), 457(b) & ROTH 403(b) plans?

Sections 403(b) and 457(b) of the IRS code allows employees of governmental organizations to save part of their income on a pre-tax basis. This lowers taxable income and helps long term savings grow faster. Contributions to the plan are invested in mutual funds, bond funds, or other investment vehicles and grow tax free until withdrawn.

The ROTH 403(b) plan enables you to save part of your income on an after tax basis. Your ROTH 403(b) Savings may be withdrawn tax-free.

### How much money can I defer into these plans?

For the 2019 tax year the elective deferral contribution limits for employees who participate in 403(b) and 457(b) plans has been set at \$19,000 by the IRS.

### What are “catch-up” contributions?

The catch-up contribution provision allows you to save up to an additional \$6,000 during the 2019 tax year if you are over age 50. Furthermore, if you have 15 years of service with the District, you may also be eligible to make an additional \$3,000 catch-up contribution to the 403(b) plan and if you are in your final 3 years prior to reaching Normal Retirement Age, you may be eligible to contribute up to an additional \$18,500 to the 457(b) plan.

### When can I withdraw the money?

You will be able to withdraw or rollover your 403(b) assets when you terminate employment, retire, reach 59 1/2 years of age or become 100% disabled. While you are still employed, you are also eligible to take out a plan loan and/or financial hardship or unforeseeable emergency withdrawal in certain circumstances.

### May I transfer money between the plans?

While employed, you may transfer your 403(b) or 457(b) assets to an account of the same type at a plan-approved vendor.

### How do I contribute to the plan?

You can contribute to the plan by payroll deduction and/or if you have an existing qualified retirement plan or hold a Tax-Deferred IRA, you may transfer or roll over that account into the plan.



There are many online resources and tools available to you that can help plan your retirement strategy. You will find plan and investment information including plan forms, account access, financial products overview and investment options at the FBC Retirement Resource Center:

[www.MyFBCretirement.com](http://www.MyFBCretirement.com)



### Retirement Resource Center

Click “Empower Retirement Portal” on the left side of the screen.

Learn about saving and investing topics, calculate your potential account growth and keep up-to-date with current issues and aspects related to retirement planning.

- **eLearning Seminars** provide you with on-demand access to a library of educational topics that can help you build and maintain your retirement strategy.
- **Tools and calculators** will help you meet your retirement goals by developing a personalized strategy. Within a few minutes of using the retirement planner you will be able to determine if your current plans for retirement will be sufficient to fund the expenses you anticipate having during retirement. The paycheck comparison calculator displays how paycheck contributions to your Plan affect your take-home pay.
- **Virtual Classroom** including video and workbooks that can help you make the best decisions for your unique retirement planning needs
- **Retiree Crossroads** provides additional resources for retirement whether you are preparing for retirement or have already embarked on your journey.

## FBC Retirement Plan Advisor:

**Andrew Rizk**

**Phone: (858) 333-5542**

**Email: [Andrew.Rizk@Empower-Retirement.com](mailto:Andrew.Rizk@Empower-Retirement.com)**

*Retirement Specialists are salaried and noncommissioned, and will make no offer to sell any products, thereby maintaining focus strictly to the program.*





## Open Enrollment

Each year during Open Enrollment that occurs prior to the first day of the plan year, you will be offered the opportunity to change your benefit elections for the upcoming plan year. The District's open enrollment typically occurs during October and November and your elections take effect on January 1<sup>st</sup> and remain in place through December 31<sup>st</sup>. The coverage(s) you elect during Open Enrollment cannot be changed during the plan year unless you have a qualifying life event as recognized under IRS regulations (refer to the box below).

## Making Changes

Employees are responsible for notifying Human Resources of their benefit status. **Any benefits change due to a qualifying life event must be made within 30 days of the event** (or within 60 days with eligibility changes under Children's Health Insurance Program Act).

## Special Enrollment Rights

**Loss of Other Coverage** If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage under this plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this health plan.

## Qualifying Life Events

*The following changes in status or qualifying "Life Events" allow you to make a mid-year plan or benefits election change:*



Legal marital status including marriage, domestic partnership, death of spouse, divorce, legal separation, or annulment;



Number of dependent children including birth of a baby, adoption, placement for adoption or death of a dependent;



Employment status including termination or commencement of employment by the employee, spouse or dependent;



Work schedule including a reduction or increase in hours of employment by the employee, spouse or dependent, including a switch between part-time and full-time, or commencement or return from an unpaid leave of absence;



Dependent satisfies or ceases to satisfy the requirements for unmarried dependents including attainment of age, student status, or any similar circumstance as provided in the health plan under which the employee receives coverage;



Change in your residence or worksite, which causes a loss or gain in coverage for the employee, spouse or dependent;



Becoming eligible for or losing coverage under a state's premium assistance program through Medicaid/CHIP

**Remember!** You are responsible for notifying the Benefits Department within 30 days of any qualifying life event that would cause a change in benefit status including a COBRA eligibility change.

### Children's Health Insurance Program (CHIP) Notice

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. This notice provides information on how to contact your state Medicaid office to receive information on assistance.

### Employee Retirement Income Security Act (ERISA)

#### Compliance Statement of Rights

ERISA provides that a plan participant shall be entitled to receive information about his/her plan and benefits, continue group health plan coverage, prudent actions by plan fiduciaries, and enforce his/her rights.

### Grandfathered Plan Status

A grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan, means that a plan may not include certain consumer protections of the Affordable Care Act (ACA) that apply to other plans.

### Health Insurance Marketplace Coverage Options and Your Health Coverage

Beginning in 2014, there were new ways to buy health insurance: the Health Insurance Marketplace. This notice provides basic information about the Marketplace.

### Newborns' and Mothers' Health Protection Act (NMHPA)

The Newborns' and Mothers' Health Protection Act of 1996 affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.

### Notice of Privacy Practices

This notice is intended to inform employees of the privacy practices followed by your company's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.

### Notice of Special Enrollment Rights

Plan participants are entitled to certain special enrollment rights outside of the company open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or addition of a new dependent.

### Over-the-Counter (OTC) Drug Reimbursements for FSAs, HSAs and HRAs

Under the Health Care Reform law (PPACA), the cost of an OTC medicine or drug cannot be reimbursed from the account unless a prescription is obtained. The change does not affect insulin, even if purchased without a prescription, or other health care expenses such as medical devices, eyeglasses, contact lenses, co-pays and deductibles. The new standard applies only to purchases made on or after January 1, 2011.

A similar rule is in effect for Health Savings Accounts (HSAs).

For more information regarding FSAs, HSAs and HRAs, visit <http://www.irs.gov/publications/p969/index.html>.

### Patient Protection Notice

Your plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. Until you make this designation, the medical carrier designates one for you.

### Qualified Medical Child Support Orders

A 1993 amendment to ERISA requires employment-based group health plans to extend health care coverage to the children of a parent-employee who is divorced, separated or never married when ordered to do so by state authorities.

### Medicare Part D Disclosure Notice for Creditable or Non-creditable Coverage

Plans are required to provide each covered participant and dependent with a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty.

### Summary of Benefits and Coverage (SBC)

Under the ACA, health insurers and group health plans provide consumers with a document detailing, in plain language, simple and consistent information about health plan benefits and coverage. This summary document is intended to help consumers better understand the coverage they have and allow them to easily compare different coverage options. SBC's summarize the key features of the plan or coverage, such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions.

### Wellness Program Notice of Reasonable Alternative Standard

Your employer is committed to helping you achieve your best health. Rewards for participating in any wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under a wellness program, you might qualify for an opportunity to earn the same reward by different means.

### Women's Health and Cancer Rights Act (WHCRA)

The WHCRA contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy. The US Departments of Labor and Health and Human Services are in charge of this act of law, which applies to group health plans if the plans or coverage provide medical and surgical benefits for a mastectomy.

# DISTRICT BENEFITS CONTACTS...

Medical Plans	Phone	Website/Email	Reference
 <b>KAISER PERMANENTE</b> Member Services	<b>HMO</b> 800-464-4000	<a href="http://www.kp.org">www.kp.org</a>	Medical record # on Kaiser ID card
 <b>UnitedHealthcare</b> Member Services	<b>HMO</b> 800-624-8822	<a href="http://www.myuhc.com">www.myuhc.com</a>	UHC ID card
 <b>UMR</b> Member Services	<b>PPO</b> 800-826-9781	<a href="http://www.umn.com">www.umn.com</a>	UMR ID card
 <b>EXPRESS SCRIPTS</b> Pharmacy Benefits	<b>UHC Members</b> 800-918-8011	<a href="http://www.expressscripts.com">www.expressscripts.com</a>	ESI ID card
 <b>SIMNSA</b> Member Services	San Diego County 619-407-4082 Tijuana (0152)664-234747	<a href="http://www.simnsa.com">www.simnsa.com</a>	Medical record # on ID card
 <b>CALIFORNIA SCHOOLS VEBA</b> Health Benefits Administrator	<b>Advocacy Programs</b> 888-276-0250 <b>BEST Doctors®</b> 888-362-8677 619-278-0021	<a href="http://www.vebaonline.com">www.vebaonline.com</a> <a href="http://www.bestdoctors.com">www.bestdoctors.com</a> <a href="http://www.unitedhealthallies.com">www.unitedhealthallies.com</a>	CVUSD VEBA VEBA
 <b>OPTUM</b> Chiropractic & Acupuncture	800-428-6337	<a href="http://www.myoptumhealthphysicalhealthofca.com">www.myoptumhealthphysicalhealthofca.com</a>	VEBA
Employee Assistance Program (EAP)			
 <b>OPTUM</b> 24-7 Referrals	888-625-4809	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a>	access code: veba
 <b>MHN</b> A Health Net Company Part-time employees (less than 50%)	858-277-3273	<a href="http://www.members.mhn.com">www.members.mhn.com</a>	access code: parttime
Dental Plans			
 <b>DELTA DENTAL</b> PPO Member Services	800-765-6003	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	Group # 6714 ID# Member SSN
<b>DeltaCare® USA</b> DHMO Member Services	800-422-4234	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	71691-00250

Vision Plan	Phone	Website/Email	Reference
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866-723-0596

[www.eyemedvisioncare.com/members](http://www.eyemedvisioncare.com/members)

9764952

Member Services

Disability Plan	Phone	Website/Email	Reference
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800-522-0406

[www.standard.com/eforms/3379cta.pdf](http://www.standard.com/eforms/3379cta.pdf)

503035

Long Term Disability

Voluntary Plans	Phone	Website/Email	Reference
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800-523-2233

[www.thehartford.com](http://www.thehartford.com)

49786-0

Voluntary Life



Enrollment	800-227-4165
Member Services	800-421-0344
Claims	800-633-7479

105237-0013

[www.unuminfo.com/consortium](http://www.unuminfo.com/consortium)

Long Term Care



800-821-6400

[info.legalplans.com](mailto:info.legalplans.com)

access code: 1680005

Pre-Paid Legas Services



800-325-0654

[www.americanfidelity.com](http://www.americanfidelity.com)

CVUSD

Flexible Spending Account (FSA)



Andrew Rizk (858) 333-5542

[andrew.rizk@empower-retirement.com](mailto:andrew.rizk@empower-retirement.com)

CVUSD

[www.myFBCretirement.com](http://www.myFBCretirement.com)

Deferred Compensation



800-672-3494

[www.acsa.org](http://www.acsa.org)

CVUSD

Member Services

District Services	Phone	Website/Email	Reference
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619-588-3070

[do-payroll@cajonvalley.net](mailto:do-payroll@cajonvalley.net)

Payroll & Benefits Department



800-914-5096

[BenefitsAdvocate@McGriffInsurance.com](mailto:BenefitsAdvocate@McGriffInsurance.com)

CVUSD

Benefits Advocate

*The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer and the insurance carriers. The text contained in this booklet was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the booklet and the actual plan documents, the actual plan documents will prevail.*

*All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this booklet, contact the District Employee Benefits Department.*

Prepared by:

