

## WELCOME

We are pleased to offer a comprehensive array of quality benefits. This brochure was designed to answer some of the basic questions you may have about your benefits. Please read it carefully along with any supplemental materials you receive.

## When Coverage Begins

**You must complete the enrollment process within 30 days of your date of hire.** Coverage is effective the first day of the month following your hire date.

## Eligibility

You may enroll your eligible family members under the plan you choose for yourself. Eligible family members include:

- **Your legally married spouse**
- **Registered Domestic Partner or their children**
- **Child (Biological, Step, Adopted, or Guardianship)**

### REQUIRED DOCUMENTS AT TIME OF ENROLLMENT

**Spouse:** First page of the previous year Federal Tax Return showing married filing status.

**Registered Domestic Partner:** California Certificate of Domestic Partnership issued by the Secretary of State.

**Child:** Government Issued Birth certificate.

**Stepchild:** Government Issued Birth certificate and first page of the previous year Federal Tax Return showing married filing status.

**Adopted Child:** Government Issued Birth Certificate and Adoption Certificate, if applicable.

**Child Guardianship:** Court Order of Legal Guardianship.

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**Benefit Website:** [www.cnusd.k12.ca.us](http://www.cnusd.k12.ca.us)

**Departments – Business - Benefits**

## Choose Carefully!

Due to IRS regulation, you cannot change your elections until the next Annual Open Enrollment period, unless you have a Qualifying Event during the year. Following are examples of the most common Qualifying Events:

- Marriage or Divorce
- Birth or Adoption of a child
- Death of a Spouse or dependent
- Change in child custody
- Change in coverage election made by your spouse during his/her employer's Open Enrollment
- You gain or lose coverage under your spouse's plan

**To make changes to your benefit elections, you MUST contact the Benefits Department within 30 days of the Qualifying Event (including newborns).** Be prepared to show documentation of the event such as marriage certificate, birth certificate, divorce decree, or loss of other coverage letter. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

## Medical Plans

The chart below provides a high-level overview of your medical plan options. For the full Explanation of Coverage (EOC), please visit our website.

Benefits	Anthem Premier HMO	Anthem Classic HMO	Anthem Classic PPO 20		Anthem HSA	
	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible (per calendar year)</b>						
Individual/Family	None	None	\$300 individual \$600 family		\$1,500 individual \$3,000 family	
<b>Out-of-Pocket Maximum (per calendar year)</b>						
Individual/Family	\$1,000 \$2,000	\$2,000 \$4,000	\$1,000 \$3,000		\$3,000 \$6,000	
Office Visits	\$10	\$20	\$20	Billed for charges	10%	Billed for charges
Office Visits Specialist	\$10	\$40	\$20	Billed for charges	10%	Billed for charges
Outpatient Lab & X-Ray	No Charge	No Charge	20%	Not covered	10%	Not covered
Complex Imaging (MRI, CT Scan, PET Scan)	\$100 copay	\$100 copay	20%	Billed for charges	10%	Billed for charges
Chiropractic	\$10	\$10	20%	Not covered	10%	Not covered
Ambulance	\$100 per trip	\$100 per trip	20%		10%	
Emergency Room	\$100	\$100	\$100 + 20%		\$100 + 10%	
<b>Hospital</b>						
Inpatient (per admission)	No Charge	\$250	20%	0%(up to 600 day)	10%	0%(up to 600 day)
Outpatient	No Charge	\$125	20%	50% of max allowed	10%	50% of max allowed
Durable Medical Equipment	20%	20%	20%	Not covered	10%	Not Covered
<b>Prescription Drugs (Retail Pharmacy – up to 30-day supply)</b>						
Generic	\$7 copay	\$7 copay	\$7copay		\$9 generic	
Brand – Formulary	\$25 copay	\$25 copay	\$25 copay		\$35 copay	

### HMO Plan

With the HMO Plan, you select a Primary Care Physician from the participating network of providers who will coordinate your healthcare needs including referrals to specialists and approving further medical treatment. Services received outside of the HMO are not covered, except in the case of emergency care.

### PPO Plan

The PPO Plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in-network. The calendar year deductible must be met before certain services are covered.

The chart below provides a high-level overview of your medical plan options. For the full Explanation of Coverage (EOC), please visit our website.

Benefits	Kaiser High In-Network	Kaiser Low In-Network
<b>Deductible</b> <i>(per calendar year)</i>		
Individual/Family	None	None
<b>Out-of-Pocket Maximum</b> <i>(per calendar year)</i>		
Individual/Family	\$1,500 \$3,000	\$1,500 \$3,000
<b>Covered Services</b> <i>(Includes Mental Health &amp; Substance Abuse)</i>		
Office Visits	\$10 copay	\$20 copay
Office Visits Specialist	\$10 copay	\$20 copay
Outpatient Lab & X-Ray	No Charge	No Charge
Complex Imaging (MRI, CT Scan, PET Scan)	No Charge	\$50 copay
Chiropractic	\$10 copay	\$10
Ambulance	\$50 per trip	\$50 per trip
Emergency Room	\$100 copay	\$100 copay
<b>Hospital</b>		
Inpatient <i>(per admission)</i>	No charge	No charge
Outpatient	\$10 copay	\$10 copay
Durable Medical Equipment	20%	20%
<b>Prescription Drugs</b> <i>(up to 100 day supply)</i>		
Generic	\$10 copay/100-day supply	\$10 copay/30-day supply \$20 copay/100-day supply
Brand – Formulary	\$10 copay/100-day supply	\$30 copay/30-day supply \$60 copay/60-day supply \$90 copay/100-day supply

## Dental Plans

Benefits	Delta Dental PPO Plan		Delta Care HMO
	In-Network	Out-of-Network	In-Network
<b>Deductible</b> ( <i>per calendar year</i> )			
Individual/Family	\$25/\$75	\$25/\$75	None
<b>Maximum Annual Benefit</b> ( <i>per calendar year</i> )			
Per Person	\$1,500	\$1,500	No Maximum
<b>Covered Services</b>			
Diagnostic & Preventative (exam, x-rays, two-cleanings)	100%	80%	Member pays applicable co-payments
Basic Care (fillings, simple extractions, sealants)	90%	80%	Member pays applicable co-payments
Endodontics (root canals) Covered under Basic Services	90%	80%	Member pays applicable co-payments
Periodontics (gum treatment) Covered under Basic Services	80%	60%	Member pays applicable co-payments
Oral Surgery Covered under Basic Services	90%	80%	Member pays applicable co-payments
Major Services Crowns, inlays, onlays and cast restorations, bridges, and dentures	80%	60%	Member pays applicable co-payments Implant not covered
Implant Benefits	60%	50%	Not covered
<b>Orthodontic</b>			
Adults and dependent children	50%	50%	Pre-treatment \$350
Orthodontic Maximum	\$1,000 Lifetime	\$1,000 Lifetime	Member pays between \$1,600-\$1,800
<b>Night Guard Benefit</b>			
Night Guard Benefit	Plan pays 50% (up to \$500 lifetime max per person)		Not covered
<b>Dental Accident Benefit</b>			
Dental Accident Benefits	100% Separate \$1,000 max per person each calendar year		Member pays applicable co-payments



## Vision Plan

Benefits	Medical Eye Services (MES)		Vision Service Plan (VSP)
	In-Network	Out-of-Network	
<b>Exam</b> <i>(once every 12-months)</i>			
Comprehensive Exam	Paid in full	up to \$40	Paid in full
<b>Lenses</b> <i>(once every 24-months)</i>			<b>Lenses</b> <i>(once ever 12-months)</i>
Single Vision	Paid in full	Up to \$30	Paid in Full
Bifocal	Paid in full	Up to \$50	
Trifocal	Paid in full	Up to \$65	
Lenticular	Paid in full	Up to \$125	
Progressive Lenses	Up to \$89.50	Up to \$65	
<b>Frames</b> <i>(once every 24-months)</i>			<b>Frames</b> <i>(once every 12-months)</i>
Frames	Up to \$150 Retail	Up to \$40	Up to \$120 Retail
<b>Contact Lenses</b>			
Cosmetic	Up to \$150	Up to \$40	Up to \$120
Medically Necessary	Paid in full	Up to \$250	Paid in full

## Life/AD&D Insurance

**Life Insurance** provides your named beneficiary/ies with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment. In the event your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

### Basic Life/AD&D (District-paid)

This benefit is provided at **NO COST** to you through Minnesota Life.

Benefit Amount	\$250,000 (Includes a matching AD&D benefit)
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### Supplemental Life/AD&D (Employee-paid)

<b>Employee</b> Term Life	Up to \$500,000 maximum	Elect in \$10,000 increments
<b>Spouse</b> Term Life	Up to \$250,000 maximum (not to exceed employee coverage)	Elect in \$10,000 increments
<b>Child</b> Term Life	Elect \$10,000, \$15,000 or \$20,000	One premium insures all dependent children from birth to age 26.
<b>Voluntary AD&amp;D</b> Employee or Family	Up to \$500,000 maximum	Elect in \$10,000 increments

## Employee Assistance Program (EAP)

Life is full of challenges and sometimes balancing it is difficult. Corona-Norco Unified School District is proud to provide a **confidential** program dedicating to supporting the emotional health and well-being of our employees and families. The EAP is provided at **NO COST** to you and can help with the following issues, among others:

- Stress, anxiety or depression
- Relationship problems
- Substance abuse
- Grief and Loss
- Legal Issues
- Mental Health
- Child or Elder Care Issues

### **Anthem 360 Health**

Assistance for you or anyone living in your household.  
Up to six (6) visit with a counselor per year, per issue.  
Unlimited toll-free phone and online access 24/7.

Call (800) 999-7222 or check out online at [AnthemEAP.com](http://AnthemEAP.com) Online Access Code: SISC



## Voluntary Products

**American Fidelity** offers Flexible Spending plans, Disability, Cancer, Life and Accident Insurance.

[www.afadvantage.com](http://www.afadvantage.com) or call (800) 365-9180, ext. 0

**Pacific Educators** offers Disability and Life Insurance.

[www.peinsurance.com](http://www.peinsurance.com) or call (800) 722-3365

## Value Added Benefits

**Advance Medical:** Expert second opinion serve to ensure members receive the right treatment at no cost. Call (855) 201-9925 or visit [advance-medical.net/SISC](http://advance-medical.net/SISC)

**Carrum Health Alternative Surgery Option:** SISC Anthem PPO members have the option to use Carrum Health as a free joint, spine and orthopedic surgery benefit. Call (888) 855-7806

**Kaiser Minute Clinics:** Stay healthy on the go! Kaiser members can visit the nearest MinuteClinic at CVS pharmacies when traveling. Call (951) 268-3900 or visit [www.kp.org/travel](http://www.kp.org/travel)

**MDLive:** Anthem members have 24/7 Access to a Doctor by Phone or Online. Call 800-657-6169 or check out benefits online at [members.mdlive.com/sisc/](http://members.mdlive.com/sisc/)

**Solera:** Anthem members have access to online diabetes prevention program. Call 844-612-2949 or email [support@solera4me.com](mailto:support@solera4me.com)

**Target Clinics:** Kaiser Members can get quality care on their next Target run.

Visit: [www.kp.org.scal/targetclinic](http://www.kp.org.scal/targetclinic)

**Virtual Care:** A virtual visit lets you see and talk to your doctor from your mobile device or computer.

UHC Memebers: [doctorondemand.com](http://doctorondemand.com) Kaiser Members: [kp.org/getcare](http://kp.org/getcare)

Free Generic Medications: (Anthem HMO and PPO Members Only) Free generic medication through Costco and through Costco Mail Order. Call 800-774-2678

## Cost of Benefits

Your contributions for your benefits are automatically deducted from your paycheck on a monthly basis (skipping July and August). Please refer to the separate insert rate sheet for your contributions. You can also calculate your cost by using our online Benefit Cost Calculator.

## Contact Information

Carriers	Website	Phone #
<b>Anthem Blue Cross</b>	Anthem.com/ca/sisc	(800) 825-5541
<b>Delta Dental HMO</b>	Deltadentalins.com	(800) 422-4234
<b>Delta Dental PPO</b>	Deltadentalins.com	(800) 765-6003
<b>Navitus Rx (Anthem Plans)</b>	Navitus.com	(866) 333-2757
<b>Kaiser</b>	My.kp.org	(800) 464-4000
<b>MES Vision</b>	MESVision.com	(800) 877-6372
<b>VSP Vision</b>	vsp.com	(800) 877-7195

## Benefit Website

Visit: [www.cnusd.k12.ca.us](http://www.cnusd.k12.ca.us) – go to my Departments – Business – Employee Benefits.

## Questions?

If you have additional questions, you may also contact the Benefits Department at (951) 736-5026.





YOUR HEALTH YOUR FAMILY YOUR LIFE

# BENEFITS

**2020-21 Enrollment Guide**



**October 1 – September 30, 2021**