

Certificated Active Employees

2020-2021
Academic Year

Benefits Health
Plan Information
Brochure

CERT

Contents

For your convenience, we've provided this table of contents for two purposes:

1. It provides you an overview of the document's contents and organization and,
2. It allows readers to go directly to a specific section of the document.

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Focus on Benefits

Here at Santa Ana Unified we believe that you are our most important asset. Helping you and your families achieve and maintain good health – physical, emotional, and financial – is the reason we offer you this

program. This year we are pleased to announce no changes to our plan coverages and minimal increases to plan cost. However, even though our plans are not changing, you may have different needs

than last year. Open Enrollment is your one-time each year to review your existing elections and make changes to your plans; add, drop, or enroll in flexible spending accounts with American Fidelity.



Plan Changes

Here are some medical and dental plan highlights for the 2020-2021 school year:

Medical Plan Highlights



**Blue Shield
Access+ HMO**

Rate Increase*

No changes to medical coverage

Members still receive V.S.P. vision coverage

Members still receive Express Scripts pharmacy coverage



**Blue Shield
Spectrum PPO**

Rate decrease*

No changes to medical coverage

Members still receive V.S.P. vision coverage

Members still receive Express Scripts pharmacy coverage



**Blue Shield
Trio A.C.O. HMO**

Lowest costing plan*

No changes to medical coverage

Members still receive V.S.P. vision coverage

Members still receive Express Scripts pharmacy coverage



**Kaiser Permanente
HMO**

Rate decrease*

No changes to medical coverage

Members still receive V.S.P. vision coverage

* Refer to your Rates on page 5

Dental Plan Highlights



**Delta Care U.S.A.
DHMO**

No rate Increase

No changes to dental coverage



**Delta Dental Incentive
DPPO**

Rate decrease

No changes to dental coverage



**Delta Dental
Network DPPO**

Rate decrease

No changes to dental coverage

While we have made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For detailed information about our plans, you should refer to your plan benefits booklets provided by your insurance provider or summary plan descriptions that are available on our website, www.sausd.us/benefits. The plan benefits booklets provided by your insurance provider determine how all benefits are paid.

The benefits explained in this summary are effective
July 1, 2020 through June 30, 2021.

Who Is Eligible

FULL-TIME EMPLOYEES

You are eligible to participate in our benefits program if you are an active permanent or probationary Certificated employee on a contract full-time.

This is only a summary of the eligibility criteria and is not intended to modify or surpass the requirement of the plan documents and/or the Union contract, and the plan documents/Union contract will rule in the event of any conflict between this summary and the plan documents/Union contract.

REDUCED-TIME EMPLOYEES

Certificated employees who voluntarily reduce their contract to less than full-time may receive benefits only if they pay for the difference if their reduced contract.

When Coverage Begins

Open Enrollment

Any Open Enrollment elections will begin July 1.

Open Enrollment has a window of opportunity, is usually two weeks long, and held near the end of the school year.

Open Enrollment announcements will be sent via email and postcard.

New Employees

The plans you choose as a new employee will give you coverage beginning the first day of the following month from your start date.

For example, if your start date is on August 14th, your coverage will begin on September 1st.

New Family Member

If you add a new family member, their coverage will begin the first of the following month; except for newborn children.

Newborn children will be added to your benefits effective their date of birth.

When You Can Enroll

Open Enrollment

Open Enrollment is usually held sometime in April or May and is the one-time each year you can make changes to your benefits without a qualifying event.

Qualifying Events

Make sure to notify our office right away if you have a qualifying event and need to make a change to your benefits.

These events include, but are not limited to, the birth or adoption of a baby or child, loss of other coverage, your eligibility for new coverage, a marriage, or a divorce. **You have 30-days to make your changes.**

Who You Can Cover

Spouses

The person you are legally married to under State law, including a same-sex spouse. A copy of the County issued marriage certificate is required to add your spouse.

Domestic Partners

With proof of a Declaration of Domestic Partnership filed with the California State Secretary. *Any premiums paid for by S.A.U.S.D. for your domestic partner will be deducted on an after-tax basis.*

Children

Including your Domestic Partner's children, adopted children, and/or stepchildren.

Any child over the age of 26 only if they are handicapped and proof of their handicap is provided to our office before, they turn 19 years old.

(See Article 11 of the C.B.A. for more details)

Any child named in a Qualified Medical Child Support Order (Q.M.C.S.O.), as defined by law.

Your children must be under 26 years old. They do not have to live with you or be enrolled in school. They can be married and living on their own.

Who You Cannot Cover

You may not enroll the following family members in our health insurance plans. Family members who are not eligible for our coverage include, but are not limited to:

Parents

Grandparents

Siblings

Rules for Changes

Other than Open Enrollment, you can only make changes to your benefits if you have a “qualified event” or a “special enrollment”. If you have a “qualified event” and are eligible to make a change to your benefits, you will be required to submit proof of that change or evidence of prior coverage.

There are four basic types of “qualifying events”. The following are examples, not a full list.

Loss of Health Coverage

If you lost your current coverage. This includes a job-related, individual*, and/or a student plan.

If you are no longer eligible for Medicare, Medicaid, or C.H.I.P.

When you turn 26 years old and lose your coverage through your parent’s plan.

Changes in Household

Like getting married or a divorce.

Having a baby or adopting a child.

Experiencing a death in your family.

Changes in Residence

If you move to a different ZIP Code or County that affects your access to network providers.

Other Qualifying Events

Changes in your employment that affect the coverage you qualify for.

A change in your eligibility for Medicare or Medicaid.

A court order, including a Qualified Medical Child Support Order (Q.M.C.S.O.).

Two rules apply when making changes to your benefits during the year:

1. Any change you make must relate with the change in status, **AND**
2. You must notify our office and make the change before or within 30-days of the date the “qualified event” occurs

You are responsible for notifying our office of your dependent(s) that become **INELIGIBLE** due to a divorce or, if they become an overage dependent, before or within 30-days of the “qualified event”. Failure to do so may jeopardize your dependent’s right to COBRA Continuation Coverage.

* A loss of individual coverage due to nonpayment of premiums is not a qualifying event.

Coordination of Benefits

Available to married Certificated and Management benefits eligible employees only.

Coordinating Medical How It Works

One of the married couple waives their benefits and their spouse covers them and their dependents.

The Incentive

No medical premium is paid by either employee. The medical cost is waived for both of you and SAUSD covers the cost.

Dual Coverage How It Works

Both of the married couple enroll in their benefits. One spouse pays the higher medical rate, such as family or two-party, and the other spouse pays the single medical rate.

The Incentive

Co-payments and medical services are covered at 100%. If you are enrolled in the Blue Shield PPO, you have to meet both your medical and prescription deductibles before any services are covered at 100%.

Telephone Appointments

Blue Shield Members

Heal™ and Teladoc™ let you see a doctor at a time and place that is best for you.

Heal™ is only available for Blue Shield PPO members in Los Angeles, Orange County, San Francisco, Oakland, Berkeley, San Diego, and the Peninsula to San Jose.

The cost to use Heal™ is the same as your plan's copay and Teladoc™ has a \$5 copay for both HMO and PPO members.



8 a.m. to 8 p.m. daily
Phone: (844) 644-4325
(PPO Members Only)



Phone: (800) 835-2362
teladoc.com/bsc
Smartphone app also available

Kaiser Permanente Members

Get care from a doctor where they are. If you have a minor health condition or need a follow-up, you may be able to talk to a doctor by video or phone.

Before you can use Kaiser's video or telephone appointment service, you need an in-person appointment and need to register on kp.org before you can receive a video or phone appointment.








Monday through Friday
7 a.m. to 7 p.m.
Phone: (833) KP4CARE (574-2273)

All S.A.U.S.D. employees pay for their medical insurance coverage. **Be sure to look at the appropriate chart for your specific rates.** Your contributions for health insurance are deducted on a month-to-month basis, are pre-tax, and calculated each pay period, which effectively lowers your tax liability.

Rates are effective: July 1, 2020 through June 30, 2021

Rates for Certificated Employees Hired BEFORE July 1, 2018

	 Blue Shield Access+ HMO	 Blue Shield Spectrum PPO	 Blue Shield Trio A.C.O. HMO	 Kaiser Permanente HMO
Medical Rates				
Single Employee only				
Total Plan Cost	\$818.86	\$1,091.27	\$587.85	\$657.11
S.A.U.S.D. Pays	- \$753.35	- \$927.57	- \$576.10	- \$617.69
Employee Pays	\$65.51	\$163.70	\$11.75	\$39.42
Two-Party Employee +1 dependent				
Total Plan Cost	\$1,693.50	\$2,266.82	\$1,214.28	\$1,309.51
S.A.U.S.D. Pays	- \$1,558.02	- \$1,926.80	- \$1,189.99	- \$1,230.94
Employee Pays	\$135.48	\$340.02	\$24.29	\$78.57
Family Employee +2 or more dependents				
Total Plan Cost	\$2,439.41	\$3,255.53	\$1,750.37	\$1,857.65
S.A.U.S.D. Pays	- \$2,244.26	- \$2,767.20	- \$1,715.36	- \$1,746.19
Employee Pays	\$195.15	\$488.33	\$35.01	\$111.46

Dental Rates		
 Delta Care U.S.A. DHMO	 Delta Dental Incentive DPPO	 Delta Dental Network DPPO
\$21.32	\$67.70	\$54.16
- \$21.32	- \$67.70	- \$54.16
\$0.00	\$0.00	\$0.00
\$35.20	\$188.19	\$150.55
- \$35.20	- \$61.91	- \$55.51
\$0.00	\$126.28	\$95.04
\$52.02	\$255.99	\$204.75
- \$52.02	- \$61.92	- \$55.51
\$0.00	\$194.08	\$149.24

Rates for Certificated Employees Hired AFTER July 1, 2018

Single Employee only				
Total Plan Cost	\$818.86	\$1,091.27	\$587.85	\$657.11
S.A.U.S.D. Pays	- \$576.10	- \$576.10	- \$576.10	- \$576.10
Employee Pays	\$242.76	\$515.17	\$11.75	\$81.01
Two-Party Employee +1 dependent				
Total Plan Cost	\$1,693.50	\$2,266.82	\$1,214.28	\$1,309.51
S.A.U.S.D. Pays	- \$1,189.99	- \$1,189.99	- \$1,189.99	- \$1,189.99
Employee Pays	\$503.51	\$1,076.83	\$24.29	\$119.52
Family Employee +2 or more dependents				
Total Plan Cost	\$2,439.41	\$3,255.53	\$1,750.37	\$1,857.65
S.A.U.S.D. Pays	- \$1,715.36	- \$1,715.36	- \$1,715.36	- \$1,715.36
Employee Pays	\$724.05	\$1,540.17	\$35.01	\$142.29

\$21.32	\$67.70	\$54.16
- \$21.32	- \$67.70	- \$54.16
\$0.00	\$0.00	\$0.00
\$35.20	\$188.19	\$150.55
- \$35.20	- \$61.91	- \$55.51
\$0.00	\$126.28	\$95.04
\$52.02	\$255.99	\$204.75
- \$52.02	- \$61.91	- \$55.51
\$0.00	\$194.08	\$149.24

Blue Shield rates include: Medical, Express Scripts pharmacy, and V.S.P. vision coverage




Kaiser Permanente rates include: Medical, Kaiser pharmacy, and V.S.P. vision coverage

Certificated employees hired after July 1, 2018 pay their contracted percentage for the lowest costing medical HMO for two consecutive years. After the two years, they pay the lower hired before July 1, 2018 rates. For more information about contracted percentages, you should refer to the SAEA contract.

Medical HMO Plans



Medical coverage provides you with benefits that keep you healthy like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. The following chart shows the medical HMO plans offered to S.A.U.S.D. employees.

<p>Blue Shield Trio A.C.O. HMO Same Coverage as Access+ HMO Smaller Blue Shield HMO Network Lower Employee Cost</p>	vs.	<p>Blue Shield Access+ HMO Same Coverage as Trio A.C.O. HMO Full Blue Shield HMO Network Higher Employee Cost</p>
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	 Blue Shield Trio A.C.O. HMO	 Blue Shield Access+ HMO	 Kaiser Permanente HMO		
Rates	All Employees	Employees Hired Before 07/01/18	Employees Hired After 07/01/18	Employees Hired Before 07/01/18	& Employees Hired After 07/01/18
Single <i>Employee Only</i>	\$11.75	\$65.51	\$242.76	\$39.42	\$81.01
Two-Party <i>Employee +1 dependent</i>	\$24.29	\$135.48	\$503.51	\$78.57	\$119.52
Family <i>Employee +2 or more dependents</i>	\$35.01	\$195.15	\$724.05	\$111.46	\$142.29
Calendar Year Deductible	None			None	
Calendar Year Out-of-Pocket Maximum	\$2,000 per person \$4,000 per family			\$1,500 per person \$3,000 per family	
Lifetime Benefit Maximum	Unlimited			Unlimited	
Office Visits	Primary Provider \$20 Copay Specialist Office Visit \$20 Copay <i>When you are referred by your primary provider</i> Trio \$20 Copay / Access+ \$30 Copay <i>When you self-refer within your provider group</i>			\$20 Copay \$20 Copay	
Preventive Services Chiropractic Care	Plan Pays 100% \$10 <i>Up to 30 visits per year</i>			Plan Pays 100% Not Covered	
Labs and X-Rays	Plan Pays 100%			Plan Pays 100%	
Hospitalization	Inpatient \$250 Copay <i>Per Admission</i> Outpatient Surgery Plan Pays 100%			\$250 Copay <i>Per Admission</i> \$20 Copay	
Emergency Services	Urgent Care \$20 Copay Emergency Room \$150 Copay <i>Waived if admitted</i>			\$20 Copay \$150 Copay <i>Waived if admitted</i>	

Prescription Coverage with Medical HMO Plans

If you enroll in any of our medical plans, you and your dependents will receive prescription coverage. The following chart shows the prescription coverage included with our medical HMO plans.

	Blue Shield Trio A.C.O. HMO and Access+ HMO 	Kaiser Permanente HMO 
	Express Scripts*	Kaiser Pharmacy
Prescription Calendar Year Deductible	\$150 per person <i>For a brand name Rx</i>	None
Calendar Year Out-of-Pocket Maximum	\$4,600 per person \$9,200 per family	Combined with medical
Pharmacy Copays		
Generic	\$10 Copay	\$10 Copay
Preferred Brand Name	\$25 Copay <i>After Rx deductible of \$150 per person</i>	\$20 Copay
Non-Preferred Brand Name	\$40 Copay <i>After Rx deductible of \$150 per person</i>	Not Applicable
Supply Limit	30 Days	30 Days
Mail Order Copays		
Generic	\$20 Copay	\$20 Copay
Preferred Brand Name	\$50 Copay <i>After Rx deductible of \$150 per person</i>	\$40 Copay
Non-Preferred Brand Name	\$80 Copay <i>After Rx deductible of \$150 per person</i>	Not Applicable
Supply Limit	90 Days	100 Days

*Express Scripts Advantage Plus Utilization Management Program

Express Scripts uses these strategies to help manage the high-cost and high-utilization of specialty and non-specialty medications.

Employees may be required to participate in the following programs when filling their prescriptions:

- Drug Quantity Management** Drug quantity management is required for medications prescribed “as needed” for which the days of supply cannot be inferred from the prescription ([migraine medications](#), [inhalers](#), [creams](#), [ointments](#)).
- Step-Therapy** Step-therapy is required for most non-specialty drugs, including therapies for [diabetes](#), [high-blood pressure](#), [depression](#), and [ulcers](#).
- Prior Authorization** Prior authorization is required for most [specialty drugs](#).

Medical PPO Plan

Medical coverage provides you with benefits that keep you healthy like, Preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. The following chart shows the medical PPO plan offered to SAUSD employees.



Blue Shield Spectrum PPO

Rates	Employees Hired Before 07/01/18	Employees Hired After 07/01/18
	Single <i>Employee Only</i>	\$163.70
Two-Party <i>Employee +1 dependent</i>	\$340.02	\$1,076.83
Family <i>Employee +2 or more dependents</i>	\$488.33	\$1,540.17

	In-Network Coverage	Out-of-Network Coverage
Calendar Year Deductible	\$300 per person \$600 per family	\$600 per person \$1,200 per family
Calendar Year Out-of-Pocket Maximum	\$2,800 per person \$5,600 per family	\$4,600 per person \$9,600 per family
Lifetime Benefit Maximum	Unlimited	Unlimited
Office Visits		
Primary Provider	\$20 Copay	Plan pays 60%*
Specialist Office Visit	\$20 Copay	Plan pays 60%*
Preventive Services	Plan pays 100%	Not Covered
Chiropractic Care	Plan pays 80%* <i>Up to 50 visits per year</i>	Plan pays 60%*
Labs and X-Rays	Plan pays 80%*	Plan pays 60%*
Hospitalization		
Inpatient	Plan pays 80%*	Plan pays 60%*
Outpatient Surgery	Plan pays 80%*	Plan pays 60%*
Emergency Services		
Urgent Care	\$20 Copay	Plan pays 60%*
Emergency Room	\$150 Copay <i>Waived if admitted</i>	\$150 Copay <i>Waived if admitted</i>
	+ 10% Physician Services*	+ 10% Physician Services*

*After Deductible

Prescription Coverage with Medical PPO Plan

If you enroll in any of our medical plans you and your dependents will receive prescription coverage. The following chart shows the prescription coverage offered with our medical PPO plan.

Blue Shield Spectrum PPO



Express Scripts¹

	In-Network Coverage	Out-of-Network Coverage
Prescription Calendar Year Deductible	\$150 per person <i>For a brand name Rx</i>	\$150 per person <i>For a brand name Rx</i>
Calendar Year Out-of-Pocket Maximum	\$3,800 per person \$7,600 per family	\$2,000 per person \$4,000 per family
Pharmacy Copays		
Generic	\$10 Copay	\$10 Copay <i>Then plan pays 75%</i>
Preferred Brand Name	\$25 Copay* <i>After Rx deductible of \$150 per person</i>	\$25 Copay* <i>After Rx deductible of \$150 per person, then plan pays 75%</i>
Non-Preferred Brand Name	\$40 Copay* <i>After Rx deductible of \$150 per person</i>	\$40 Copay* <i>After Rx deductible of \$150 per person, then plan pays 75%</i>
Supply Limit	30 Days	30 Days
Mail Order Copays		
Generic	\$20 Copay	Not Covered
Preferred Brand Name	\$50 Copay* <i>After Rx deductible of \$150 per person</i>	Not Covered
Non-Preferred Brand Name	\$80 Copay* <i>After Rx deductible of \$150 per person</i>	Not Covered
Supply Limit	90 Days	Not Applicable

*After Deductible

¹Express Scripts Advantage Plus Utilization Management Program

Express Scripts uses these strategies to help manage the high-cost and high-utilization of specialty and non-specialty medications.

Employees may be required to participate in the following programs when filling their prescriptions:

- Drug Quantity Management** Drug quantity management is required for medications prescribed “as needed” for which the days of supply cannot be inferred from the prescription ([migraine medications](#), [inhalers](#), [creams](#), [ointments](#)).
- Step-Therapy** Step-therapy is required for most non-specialty drugs, including therapies for [diabetes](#), [high-blood pressure](#), [depression](#), and [ulcers](#).
- Prior Authorization** Prior authorization is required for most [specialty drugs](#).

Dental PPO Plans

S.A.U.S.D. gives you a choice of two dental PPO plans. When you enroll in a Delta Dental DPPO plan, you have the choice of visiting any dentist you choose, including [in-network preferred providers](#) and [non-network premier providers](#). You receive the highest level of benefits when you visit an [in-network preferred provider](#).

Contact Delta Dental at (800) 499-3001 or visit their website at www.deltadentalins.com to find to dentist near you.



	Delta Dental Incentive DPPO*		Delta Dental Network DPPO	
Rates	Employees Hired Before or After 10/14/08		Employees Hired Before or After 10/14/08	
Single <i>Employee Only</i>	\$0.00		\$0.00	
Two-Party <i>Employee +1 dependent</i>	\$126.28		\$95.04	
Family <i>Employee +2 or more dependents</i>	\$194.08		\$149.24	
	<i>In-Network Preferred Providers</i>	<i>Out of Network Premier Providers</i>	<i>In-Network Preferred Providers</i>	<i>Out of Network Premier Providers</i>
Calendar Year Deductible	None	\$25 per person \$75 per family <i>Waived for diagnostic and Preventive</i>	None	None
Calendar Year Benefit Maximum	\$2,000 per person	\$1,500 per person	\$2,000 per person	\$1,200 per person
Waiting Period	None	None	None	None
Diagnostic and Preventive	Plan pays 70-100%	Plan pays 70-100%	Plan pays 100%	Plan pays 50%
Basic Services				
Fillings	Plan pays 70-100%	Plan pays 70-100% <i>After Deductible</i>	Plan pays 100%	Plan pays 50%
Root Canals	Plan pays 70-100%	Plan pays 70-100% <i>After Deductible</i>	Plan pays 100%	Plan pays 50%
Major Services				
Prosthodontics	Plan pays 50%	Plan pays 50% <i>After Deductible</i>	Plan pays 50%	Plan pays 50%
Other Major Services	Plan pays 70-100%	Plan pays 70-100% <i>After Deductible</i>	Plan pays 100%	Plan pays 50%
Orthodontia Services				
Orthodontia	Plan pays 50%	Plan pays 50%	Plan pays 50%	Plan pays 50%
Lifetime Maximum	\$500	\$500	\$1,000	\$1,000
Adults & Children	Covered	Covered	Covered	Covered

*The Incentive plan pays 70% for the first year of coverage. This percentage increases by 10% each year to a max of 100% only if you use the coverage for one full routine exam at least once a year. If you do not use the plan for one full routine exam at least once a year, your percentage will remain at the level you reached the previous year.



Dental HMO Plan

Delta Care is a dental HMO plan and automatically assigns you and your dependents a dentist when you enroll. You can always change your dentist by contacting Delta Care at (800) 422-4234 and advising them of the office you prefer to visit within their DHMO network.



Delta Care U.S.A. DHMO

Rates	<i>Employees Hired Before or After 10/14/08</i>
Single <i>Employee Only</i>	\$0.00
Two-Party <i>Employee +1 dependent</i>	\$0.00
Family <i>Employee +2 or more dependents</i>	\$0.00
Calendar Year Deductible	None
Calendar Year Benefit Maximum	Unlimited
Waiting Period	None
Diagnostic and Preventive	\$0 - \$45 Copay
Basic Services	
Fillings	Plan pays 100%
Root Canals	Plan pays 100%
Diagnostic and Preventive	Plan pays 100%
Major Services	
Prosthodontics	N/A
Other Major Services	\$0 - \$195 Copay <i>Then the plan pays 100%</i>
Orthodontia Services	
Orthodontia	\$1,700 - \$1,900 Copay <i>Your copay covers up to 24 months of active treatment</i>
Lifetime Max	Unlimited
Dependents	Covered

Your copays vary by the type of services you receive. To receive a list of Delta Care's fee schedule, you should contact Delta Care at (800) 422-4234 and request a copy of the plan's contract.

Vision Coverage

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions. Vision coverage is bundled with our medical plans. If you enroll in a medical plan, you are automatically enrolled in vision coverage.

All S.A.U.S.D. employees and their enrolled family members, including Kaiser members, receive vision benefits from Vision Service Plan (V.S.P.).

	V.S.P.	
	In-Network	Out-Of-Network
Office Visit		
	\$15 Copay <i>Then the plan pays 100%</i>	Plan pays up to \$45
Frequency	Every 12 months	Every 12 months
Eyeglass Lenses		
Single Vision Lens	Plan pays 100% <i>Of basic lens</i>	Plan pays up to \$30
Bifocal Lens	Plan pays 100% <i>Of basic lens</i>	Plan pays up to \$50
Trifocal Lens	Plan pays 100% <i>Of basic lens</i>	Plan pays up to \$65
Frequency	Every 12 months	Every 12 months
Frames		
Allowance	Plan pays up to \$130 <i>On select frames</i>	Plan pays up to \$70
	Plan pays up to \$150 <i>On featured frames</i>	
Frequency	Every 24 months	Every 24 months
Contacts		
Allowance	Plan pays up to \$130 <i>With up to \$60 Copay for fitting and evaluation</i>	Plan pays up to \$105
Frequency	Every 12 months	Every 12 months

V.S.P. has a large network of optometrist you can choose from for your vision needs. Visit VSP.com to find a V.S.P. provider near you.

Life Insurance Coverage

Our loved ones depend on our income for support. Having life and accidental death insurance can help protect your family's financial security. All S.A.U.S.D. employees

are automatically enrolled in the no-cost, basic life insurance program provided by The Standard. Basic life insurance pays your designated

beneficiaries a lump sum if you pass away. The cost of the coverage is paid in-full by S.A.U.S.D.



Coverage Amount

\$40,000

Beneficiary Reminder

Make sure you have named a beneficiary for your S.A.U.S.D. life insurance benefit by completing our Life Insurance Form.

Flexible Spending Accounts

S.A.U.S.D. offers a great way to save money over the course of the year with flexible spending accounts. These accounts let you put aside a portion of your salary, on a pre-tax basis, into reimbursement accounts. You can use the money in these accounts to pay for eligible medical and dental expenses.

Plan carefully when you enroll in flexible spending accounts. You may carry over \$500 into the next school year but will forfeit any unused money over the \$500 at the end of the plan year. The end of the plan year for S.A.U.S.D. is June 30th each year.

Healthcare Spending Account

This account will reimburse you with pre-tax dollars for healthcare expenses not reimbursed under your family's healthcare plans.

The maximum you may contribute to this account per year is \$2,750. S.A.U.S.D.'s plan year goes based on the academic calendar which begins July 1st and ends on June 30th each school year.

Flex Debit Card

The flex debit card looks and works just like a credit/debit card.

When you pay for an allowable expense, such as a doctor's visit or a trip to the pharmacy, you can use this card and avoid having to wait for reimbursement checks.

Contact American Fidelity for details.



American Fidelity

Phone: (800) 365-9180

www.americanfidelity.com

Dependent Care Account

This account will reimburse you with pre-tax dollars for daycare expenses for your children and other qualified dependents.

The maximum you may contribute to this account per year is \$5,000. S.A.U.S.D.'s plan year goes based on the academic calendar which begins July 1st and ends June 30th each school year.

Qualified dependents for this account include your children who are under the age of 13, who you have primary custody of, and other dependents of any age who are physically or mentally unable to care for themselves and who qualify.

Note

You may use the Federal childcare tax credit and the dependent care spending account however; your federal credit will be offset by any amount deferred into the dependent care plan.

Healthcare F.S.A. Online Store

The F.S.A. online store offers a large selection of products you can purchase with your flex debit card. It takes the guesswork out of what is and what is not eligible for purchase with your F.S.A. card.

The F.S.A. store allows you to:

- Use your flex debit card, or any major credit card, to purchase F.S.A. eligible products
- Purchase over-the-counter products by uploading your prescription, and
- Order eligible products at your convenience and have them delivered to your doorstep

If you can use your flex card on the online F.S.A. store, you do not have to submit any receipts since the I.R.S. approves of all the items available on the F.S.A. online store.



Visit www.fsastore.com to start shopping.

Voluntary Benefits

During your initial enrollment period, or Open Enrollment, you should consider the voluntary benefits available to you and decide if you want to enroll or make changes to your current elections.

These voluntary benefits include the following insurances:

Accident Insurance

Available through American Fidelity

Accident Insurance pays benefits directly to you helping you cover any unpaid medical expenses due to a covered accident.

There are over 30 plan benefits available and coverage may extend to your family.

Disability Insurance

Available through American Fidelity and The Standard;

Disability Insurance protects your income if you do not work due to a covered injury or sickness.

It provides steady benefits to cover expenses by covering a percentage of your gross monthly income.

Cancer Insurance

Available through American Fidelity and Washington National;

Cancer Insurance helps ease the impact on your finances should you or a family member be diagnosed with Cancer.

Benefit payments are made directly to you to pay for expenses life copayments, hospital stays, house and car payments.

Voluntary Life Insurance

Available through American Fidelity and The Standard;

Voluntary Life Insurance provides peace of mind knowing it will help take care of your family after you are gone.

Ensuring your family is financially protected in the event of a loss is an important way of caring for their needs.

You pay the full cost of these voluntary insurances and enroll directly through the respective insurance providers.



American Fidelity

www.americanfidelity.com

(800) 365-9180

American Fidelity plans include:

Accident Insurance

Cancer Insurance

Disability Insurance

Voluntary Life Insurance



The Standard

www.standard.com

(800) 522-0406

The Standard plans include:

Disability Insurance

Voluntary Life Insurance



Washington National

www.washingtonnational.com

(888) 754-3406

Washington National plans include:

Cancer Insurance

Employee Assistance Programs (E.A.P.)

It is the District's goal to offer employees and their families programs, resources, and activities to support and encourage healthy lifestyles. These resources include relational, nutritional, physical, and emotional wellbeing.

Blue Shield Life Referrals 24/7

Because we want our employees to have a well-balanced life, Blue Shield members receive E.A.P. benefits through Blue Shield's Life Referrals 24/7 program.

This program provides referrals to professional counselors for up to three (3) free face-to-face confidential visits every 6-months and live 60-minute telephone consultations.

You can access this program 24 hours-365 days to help you resolve emotional, health, family, and work issues.

This benefit is included in your Blue Shield medical plan and is available to all household members.

Blue Shield Life Referrals 24/7

(800) 985-2405

Kaiser Behavioral Health

Kaiser takes care of the whole you. Your personal physician coordinates your care with a mental health specialist, or team, that can diagnose mental health issues that affect your health and well-being.

Depending on your needs, you can choose from a wide range of services:

- Call or email your doctor
- Make non-urgent appointments
- Make therapy appointments
- Make counseling appointments
- Talk to an advice nurse
- Speak with a wellness coach
- Enroll to take a class

Kaiser Behavioral Health Hotline

(800) 900-3277

Wellness Coaching

(866) 402-4320

Wellness Resources

Throughout the year SAUSD collaborates with various wellness vendors such as Gemini Timing for the 5k walk/run, Feet First and their Amazing Race, and HealthyWage with their team challenges.

Visit the Employee Wellness website at www.sausd.us/ahaltheiru for more resources and event information.

Discounts

Blue Shield Members

Your wellness is very important to us. Our Blue Shield members receive a wide range of discount programs that can help you save money and better take care of yourself.

Visit www.blueshieldca.com/sausd to access various member tools like plan information, fitness and exercise membership discounts, and alternative care resources.

You must be a registered user with Blue Shield online to access these great additional wellness resources.

Kaiser Members

Visit kp.org to access information on living healthy, managing conditions and diseases, and to obtain information about natural medicines and remedies.

Kaiser also offers customized plans for healthier living, classes, and various specialty health services.

Visit www.kp.org/choosehealthy for more information about available services including various discounts.

Key Terms

Medical/General Terms

Allowable Charge

The most an in-network provider can charge you for an office visit or service.

Balancing Billing

Non-network providers are allowed to charge you more than the plan's allowable charge. This is called balance billing.

Coinsurance

The cost between you and the insurance company. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70%, you are responsible for the remaining 30% of the cost.

Copay

The fee you pay to a provider at the time of service.

Deductible

The amount you must pay out-of-pocket for expenses before the insurance company will cover any benefits costs for the year (except for preventive care and other services where the deductible is waived).

Explanation of Benefits (E.O.B.)

The statement you receive from the insurance carrier that explains how much the provider billed, how much the plan paid (if any), and how much money you owe (if any). In general, you should not pay a bill from your provider (except Copays) until you have received and reviewed your E.O.B.

Family Deductible

The maximum dollar amount any one family will pay out in individual deductibles in a year.

Individual Deductible

The dollar amount a member must pay each year before the plan will pay benefits for covered services.

In-Network

Services received from providers (doctors, hospitals, etc.) who are part of your health plan's network. In-network services generally cost you less than out-of-network services.

Out-of-Network

Services received from your providers (doctors, hospitals, etc.) who are not a part of your health plan's network. Out-of-network services generally cost more than in-network services. With some plans, such as HMOs and E.P.O.s, out-of-network services are not covered.

Out-of-Pocket

Healthcare costs you pay using your own money, whether from your bank account, credit card, health reimbursement account (H.R.A.), health savings account (H.S.A.), or flexible spending account (F.S.A.).

Out-of-Pocket Maximum

The most you would pay out-of-pocket for covered services in a year. Once you reach your out-of-pocket maximum, the plan covers 100% of eligible expenses.

Preventive Care

A routine exam, usually yearly, that may include a physical exam, immunizations, and test for certain health conditions.

Prescription Terms

Brand Name Drug

A drug sold under its trademarked name. A generic version of the drug may be available.

Generic Drug

A drug that has the same active ingredients as a brand name drug but is sold under a different name. Generics only become available after the patent expires on a brand name drug. For example, Tylenol is a brand name pain reliever commonly sold under its generic name Acetaminophen.

Dispense as Written (D.A.W.)

A prescription that does not allow for substitution of an equivalent generic or similar brand drug.

Maintenance Medications

Medications taken on a regular basis for an ongoing condition such as high cholesterol, high blood pressure, asthma, etc. Oral contraceptives are also considered a maintenance medication.

Non-Preferred Brand Drug

A brand name drug for which alternatives are available from either the plan's preferred brand drug or generic drug list. There is generally a higher copayment for non-preferred brand drugs.

Preferred Brand Drug

A brand name drug that the plan has selected for its preferred drug list. Preferred drugs are generally chosen based on a combination of clinical effectiveness and cost.

Specialty Pharmacy

Provides special drugs for complex conditions such as multiple sclerosis, cancer, and H.I.V./A.I.D.S.

Step Therapy

The practice of starting to treat a medical condition with the most cost effective and safest drug therapy and progressing to other costlier or risky therapy, only if necessary.

Dental Terms

Basic Services

Generally, includes coverage for fillings and oral surgery.

Diagnostic and Preventive Services

Generally, includes routine cleanings, oral exams, x-rays, sealants, and fluoride treatments.

Endodontics

Commonly known as root canal therapy.

Implants

An artificial tooth root that is surgically placed into your jaw to hold a replacement tooth or bridge. Many dental plans do not cover implants.

Major Services

Generally, includes restorative dental work such as crowns, bridges, dentures, inlays, and onlays.

Orthodontia

Some dental plans offer orthodontia services for children (and sometimes adults too) to treat alignments of the teeth. Orthodontia services are typically limited to a lifetime maximum.

Periodontics

Diagnosis and treatment of gum disease.

Pre-Treatment Estimate

An estimate of how much the plan will pay for treatment. A pre-treatment estimate is not a guarantee of payment.



Plan Notices and Documents

Current Health Plan Notices

S.A.U.S.D. must provide these notices to our plan participants on an annual basis. These health plan notices are also available on our website at www.sausd.us/benefits.

The notices include:

Medicare Part D Notice	Women’s Health and Cancer Rights Act	Newborn’s and Mother’s Health Protection Act
Notice of the option to access prescription drug coverage for Medicare eligible individuals.	Notice of the available benefits to those that will or have undergone a mastectomy.	Notice of the right of mothers and newborns to stay in the hospital 48-96 hours after delivery.
H.I.P.A.A. Notice of Special Enrollment Rights	Notice of Choice of Providers	Children’s Health Insurance Program Reauthorization Act
Notice of when you can enroll yourself and/or dependents in health coverage outside of Open Enrollment.	Notice of the plan’s requirement that you name a primary care physician (P.C.P.).	Notice of the availability of premium assistance for Medicaid eligible dependents.

Current Plan Documents

These are important documents, for our health plans and retirement plans, and are available on our website at www.sausd.us/benefits.

These documents include:

Summary Plan Descriptions (S.P.D.)

This document is the legal document for describing benefits provided under our plan, as well as plan rights and obligations to participants and beneficiaries. The S.P.D., for each of our plans in explained this brochure, are available on our website at www.sausd.us/benefits on the Evidence of Coverage page.

Summary of Benefits and Coverage (S.B.C.)

We are required to provide the following documents by the Affordable Care Act (A.C.A.). The S.B.C. presents benefit plan features in a standardized format. The following S.B.C.s are available on our website at www.sausd.us/benefits on the Coverage Summaries page.

[Blue Shield Access+ HMO](#)

[Blue Shield Spectrum PPO](#)

[Blue Shield Trio A.C.O. HMO](#)

[Kaiser Permanente HMO](#)

Paper copies of these documents and notices are available as requested. If you would like a paper copy, contact our office at (714) 558-5686 or via email at benefits@sausd.us.

Statement of Material Modifications

This brochure constitutes a summary of material modifications (S.M.M.) to the Santa Ana Unified School District benefits plans. This brochure does not supplement and/or replace certain information in the S.P.D. Retain it for future reference along with your S.P.D. Please share these materials with your covered dependents.

Provider Directory

A

American Fidelity

Phone: (800) 365-9180

www.americanfidelity.com

Assistance with your flexible spending accounts.

Also, for assistance with your voluntary insurances including accident, cancer, critical illness, disability, and voluntary life.

American Specialty Health

Phone: (800) 848-3555

www.ashcompanies.com

Chiropractic services for Blue Shield members.

B

Blue Shield of California

Trio Members: (855) 747-5800

Access+/PPO Members: (800) 393-6130

www.blueshieldca.com/sausd

Medical provider for Blue Shield members.

Blue Shield Heal™

Phone: (844) 644-4325

getheal.com

Telephone appointments for Blue Shield PPO members only.

Blue Shield Life Referrals 24/7

Phone: (800) 985-2405

www.blueshieldca.com/sausd

Employee assistance program for Blue Shield members.

Blue Shield Mental Health

Phone: (877) 263-9952

www.blueshieldca.com/sausd

Mental health services for Blue Shield members.

Blue Shield Teladoc™

Phone: (800) 835-2362

member.teladoc.com/bsc

Phone of video consultations for Blue Shield members, except 65 Plus.

C

C.S.E.A.

Phone: (714) 532-3766

www.csea.com/web

Employee union for eligible Classified personnel.

D

Delta Dental

Phone: (866) 499-3001

www.deltadentalins.com

Dental provider for Incentive and Network members.

Delta Care U.S.A.

Phone: (800) 422-4234

www.deltadentalins.com

Dental provider for Delta Care members.

E

Express Scripts

Phone: (877) 474-1136

express-scripts.com

Pharmacy provider for Blue Shield members, except 65 Plus.

K

Kaiser Permanente

Phone: (833) KP4-CARE
574-2273

www.kp.org

Medical provider for Kaiser members.

Kaiser Permanente Behavioral Health

Phone: (800) 900-3277

www.kp.org

Mental health services for all Kaiser members.

Kaiser Permanente Wellness Coaching

Phone: (866) 402-4320

www.kp.org

Employee assistance programs for Kaiser members.

P

P.E.R.S.

Phone: (888) 225-7377

www.calpers.com

Employee retirement system for Classified personnel.

S

S.A.E.A.

Phone: (714) 542-6758

www.santaanaeducators.com

Employee union for eligible Certificated personnel.

Schools First Federal Credit Union

Phone: (714) 258-4000

www.schoolsfirst.org

third-party administrator for additional retirement accounts.

S.T.R.S.

Phone: (800) 228-5453

www.calstrs.com

Employee retirement system for Certificated personnel.

V

V.S.P.

Phone: (800) 877-7195

www.vsp.com

Vision provider for all S.A.U.S.D. health plan members.

W

Washington National

Phone: (888) 754-3406

www.washingtonnational.com

Assistance with your supplemental cancer insurance.