



YOUR HEALTH YOUR FAMILY YOUR LIFE

BENEFITS

2020 Enrollment Guide



January 1 – December 31, 2020

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

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 Benefit 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	UHC Network 1	UHC Network 2	UHC Network 3	Signature Value	UHC PPO Plan	
	In-Network	In-Network	In-Network	In-Network	In-Network	Out-of-Network
Deductible (per calendar year)						
Individual/Family	None	None	None	\$500 \$1,500	\$500 \$1,500	
Out-of-Pocket Maximum (per calendar year)						
Individual/Family	\$1,500 \$3,000	\$3,000 \$6,000	\$3,000 \$6,000	\$3,000 \$6,000	\$2,000 \$4,000	\$4,000 \$8,000
Covered Services (Include Mental Health & Substance Abuse)						
Office Visits	\$10	\$20	\$35	\$20	\$20	50%
Office Visits Specialist	\$10	\$20	\$35	\$30	\$20	\$10
Outpatient Lab & X-Ray	No Charge	No Charge	No Charge	No Charge	No Charge	50%
Complex Imaging (MRI, CT Scan, PET Scan)	No Charge	No Charge	No Charge	\$200	20%	50%
Chiropractic	\$10	\$20	\$30	\$30	\$20	50%
Ambulance	No Charge	No Charge	No Charge	No Charge	20% (after deductible)	
Emergency Room	\$100	\$100	\$200	\$100	\$100	
Hospital						
Inpatient (per admission)	No Charge	No Charge	\$250	\$500	20%	50%
Outpatient	No Charge	No Charge	No Charge	\$100	20%	50%
Durable Medical Equipment	No Charge	No Charge	No Charge	No Charge	20%	50%
Prescription Drugs (Retail Pharmacy - \$5 extra co-pay when filled at non Express Advantage Pharmacy)						
Generic	\$15	\$15	\$15	\$20	\$15	
Brand - Formulary	\$30	\$30	\$30	\$35	\$30	
Non-Formulary	50%	50%	50%	50%	50%	
Mail Order (90-day supply)						
Generic	\$30	\$30	\$30	\$40	\$30	
Brand - Formulary	\$60	\$60	\$60	\$70	\$60	
Non-Formulary	50%	50%	50%	50%	50%	

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.

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	Kaiser \$20 In-Network	Kaiser \$30 In-Network
Deductible (per calendar year)		
Individual/Family	None	None
Out-of-Pocket Maximum (per calendar year)		
Individual/Family	\$1,500 \$3,000	\$1,500 \$3,000
Covered Services (Include Mental Health & Substance Abuse)		
Office Visits	\$20	\$30
Office Visits Specialist	\$20	\$30
Outpatient Lab & X-Ray	No Charge	No Charge
Complex Imaging (MRI, CT Scan, PET Scan)	No Charge	No Charge
Chiropractic	\$20	\$30
Ambulance	No Charge	\$150
Emergency Room	\$50	\$100
Hospital		
Inpatient (per admission)	No Charge	No Charge
Outpatient	\$20	\$30
Durable Medical Equipment	No Charge	20%
Prescription Drugs		
Generic	\$15	\$15
Brand - Formulary	\$30	\$30
Mail Order (100-day supply)		
Generic	\$30	\$30
Brand - Formulary	\$60	\$60

Dental Plans

Benefits	Delta Dental PPO Plan		Delta Care HMO
	In-Network	Out-of-Network	In-Network
Deductible (per calendar year)			
Individual/Family	\$50/\$150	\$50/150	None
Maximum Annual Benefit (per calendar year)			
Per Person	\$1,500	\$1,500	No Maximum
Covered Services			
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	90%	80%	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, dentures and implant	70%	60%	Member pays applicable co-payments Implant not covered
Orthodontic			
Adults and dependent children	50%	50%	Pre-treatment \$200
Orthodontic Maximum	\$1,000 Lifetime	\$1,000 Lifetime	Member pays between \$1,150-\$1,900
Dental Accident Benefit			
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)	
	In-Network	Out-of-Network
Exam (once every 12-months)		
Comprehensive Exam	Paid in full	up to \$40
Lenses (once every 24-months)		
Single Vision	Paid in Full	Up to \$30
Bifocal	Paid in Full	Up to \$50
Trifocal	Paid in Full	Up to \$65
Lenticular	Paid in Full	Up to \$125
Progressive	Up to \$89.50	Up to \$65
Frames (once every 24-months)		
Frames	Up to \$125 Retail	Up to \$40
Contact Lenses		
Cosmetic	Up to \$100	Up to \$100
Medically Necessary	Paid in Full	Up to \$250

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	\$45,000 (Includes a matching AD&D benefit)
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Supplemental Life/AD&D (Employee-paid)

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

Optum Health EAP Services

Assistance for you or anyone living in your household.
Up to five (5) visit with a counselor per year, per issue.
Unlimited toll-free phone and online access 24/7.

Call (888) 625-4809 or check out online at liveandworkwell.com Online Access Code: VEBA



Voluntary Products

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

www.afadvantage.com or call (800) 365-9180, ext. 0

Standard Life offers Disability and Life Insurance for Certificated Employees Only.

www.standard.com or call (800) 522-0406

Pacific Educators offers Disability and Life Insurance.

www.peinsurance.com or call (800) 722-3365

Value Added Benefits

VEBA Advocacy Service: When your doctor or health plan cannot help you, call VEBA Advocacy Office.

Call: (888) 276-0250 or email Advocacy@mcgregorinc.com

Best Doctors: Expert second opinion serve to ensure members receive the right treatment at no cost.

Call: (866-904-0910 or visit members.bestdoctors.com

Carrum Health: All deductibles and coinsurance for UHC PPO plan members waived for Spine, Orthopedic or Coronary Artery Bypass. Precertification required to avoid \$1,000 penalty.

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

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

Visit: www.kp.org.scal/targetclinic

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

UHC Memembers: doctorondemand.com Kaiser Members: kp.org/getcare

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 #
Delta Dental HMO	Deltadentalins.com	(800) 422-4234
Delta Dental PPO	Deltadentalins.com	(800) 765-6003
Express Scripts	Express-Scripts.com	(800) 918-8011
Kaiser	My.kp.org/VEBA	(800) 464-4000
MES Vision	MESVision.com	(800) 877-6372
Optum Health (Chiropractic)	MyOptumHealthPhysicalHealthofCA.com	(800) 428-6337
United Health Care	CSVEBA.welcometoUHC.com	(888) 586-6365

Benefit Website

Visit: www.cnusd.k12.ca.us - go to my Departments - Business - Employee Benefits.

Questions?

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

