

2024

Management



EMPLOYEE BENEFITS GUIDE



Coachella Valley Unified School District is proud to offer a benefits program that provides flexibility for the diverse and changing needs of our employees. The District offers employees and their family members a full range of benefits. You choose the options that best meet your needs. This brochure provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact the Risk Management Department.

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CVUSD Benefits



View Your Benefits Information Online

You can view your benefits information whenever you want, from home or anyplace where you have internet access. Just visit the Coachella Valley USD intranet at

[www.cvusd.us/District /Human Resources/ Risk Management](http://www.cvusd.us/District/HumanResources/RiskManagement).

You'll find a wealth of benefits-related documents on the intranet, such as:

- Summary of Benefits and Coverage (SBC)
- Annual Notices
- Carrier Benefit Summaries
- Evidence of Coverage Booklets
- Claim Forms
- And Much More!

Who May Enroll

All regular full-time employees working at least 20 hours per week and their eligible dependents may participate in Coachella Valley USD's benefits program. Your eligible dependents include:

- Legally married spouse
- Registered domestic partner
- Children under age 26 regardless of student or marital status

Documentation Required to Add Dependents

- To add dependents up to age 26, a copy of a birth certificate is required
- To add a spouse, a copy of the marriage license and a copy of your most recent 1040 tax form is required
- To add a domestic partner, a copy of the Declaration of Domestic Partnership filed with the state is required

This documentation must be submitted to the Risk Management Department in order for insurance coverage to begin.

When You Can Enroll

Eligible employees may enroll at the following times:

- As a new hire, you should enroll in the District's medical, dental and vision on the first day of the following month **if you are hired between the 1st or the 15th of the month. For employees who are hired between the 16th and the 30th/31st** of the month, your benefits will become effective the 1st of the month following 30 days.
- As a new hire, you will automatically be enrolled in the company-paid basic life.
- During annual open enrollment.
- Within 30 days of a qualified change in family status as defined by the IRS (see changes to enrollment).

Paying For Your Coverage

The Basic Life and AD&D benefits are provided at no cost to you and are paid entirely by Coachella Valley USD. You and Coachella Valley USD share in the cost of the Medical, Dental and Vision benefits you select. Please refer to the "Health Rates Sheet" provided by the District to determine your cost. The Hartford voluntary Life/AD&D and other benefits you elect will be paid by you at discounted group rates.

Changes To Enrollment

Our benefit plans are effective October 1st through September 30th. There is an annual open enrollment period each year, during which you can make new benefit elections for the following October 1st effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualified change in family status as defined by the IRS. Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP



Important Note on Qualifying Events

Coverage for a new spouse or newborn child is not automatic. If you experience a change in family status, you have 30 days to update your coverage. Please contact the Risk Management Department immediately to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the family status change, you must wait until the next annual open enrollment period to update your coverage.

Medical Plan Options

Coachella Valley USD provides you with several plans to choose from:

Kaiser HMO Plan

With the Kaiser Health Maintenance Organization (HMO), you must choose a primary care physician (PCP) within the Kaiser network. All of your care must be directed through your PCP and through a Kaiser facility. Any specialty care you need will be coordinated through your PCP and will generally require an authorization. You will receive benefits only if you use the doctors, clinics and hospitals that belong to the Kaiser medical group, except in the case of an emergency.

Anthem HMO Plans

When you enroll in an Anthem Health Maintenance Organization (HMO), you must select a Primary Care Physician (PCP) who coordinates and manages your health care services. Your PCP provides routine care and refers you to specialists when necessary. You may choose a different PCP for each family member. Non-PCP referred services are not eligible for coverage under the Anthem HMO , except in emergency situations.

Anthem PPO Plans

When you enroll in an Anthem Preferred Provider Organization (PPO), you have the freedom to choose your doctor without using a Primary Care Physician (PCP) and you may self-refer to specialists. You may use a PPO provider whose negotiated rates provide richer levels of benefits with claim forms filed by the providers. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims..



Online, Mobile and Phone Access

Manage your care online by registering at www.kp.org or www.anthem.com/ca/sisc. You can locate network providers, manage your claims, obtain health and wellness information and much more.

Once you've registered, download the app for your plan, available on the App Store and Google Play, for on-the-go convenience.

For customer service call:

- Kaiser HMO: (800) 464-4000
- Anthem HMO and PPO plans: (800) 825-5541



Medical Plan Highlights

	Kaiser HMO Rx 10-10	Anthem Premier HMO 10 Rx 7-25
	Network	Network
Lifetime Maximum Benefit	Unlimited	Unlimited
Office Visit Copay		
– Primary Care Physician	No charge	\$10 Copay
– Specialist Office Visit	No charge	\$10 Copay
Out-of-Pocket Maximum		
– Individual / Family	\$1,500 / \$3,000	\$1,000 / \$2,000
Hospitalization		
– Inpatient	No charge	No charge
– Outpatient	No charge	No charge
Lab and X-Ray	No charge	No charge
Emergency Services (copay waived if admitted)	\$100 Copay	\$100 Copay
Urgent Care	No charge	\$10 Copay
Preventive Care	No charge	No charge
Chiropractic	\$10 Copay	\$10 Copay
	Max 30 Visits/Year combined w/acupuncture	Max 30 Visits/Year combined w/acupuncture
Prescription Drugs - Copay	100 Day Supply	30 Day Supply
– Generic Formulary	\$10	\$7 (\$0 @ Costco)
– Brand Name Formulary	\$10	\$25
– Out-of-Pocket Maximum	Included in Medical	\$1,500 / \$2,500
– Mail Order (90 Day Supply)	\$10 up to 100 day supply	\$0 / \$50 @ Costco

- This sheet is only a brief summary of benefits that reflects In-Network benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions
- Out-of-Pocket Maximum on Anthem HMO Plans **do not** include prescription drug copays
- Kaiser HMO Out-of-Pocket Maximum **does** include prescription drug copays

Medical Plan Highlights

	Anthem PPO 100-A \$10, Rx 7-25	Anthem PPO 100-A \$20, Rx 9-35
	In-Network	In-Network
Lifetime Maximum Benefit	Unlimited	Unlimited
Deductible (Annual)		
– Individual / Family	\$0 / \$0	\$0 / \$0
Co-Insurance (Plan Pays)	100%	100%
Office Visit Copay		
– Primary Care Physician	\$10 Copay (\$0 copay, first 3 PCP visits)	\$20 Copay (\$0 copay, first 3 PCP visits)
– Specialist Office Visit	\$10 Copay	\$20 Copay
Out-of-Pocket Maximum		
– Individual / Family	\$1,000 / \$3,000*	\$1,000 / \$3,000*
Hospitalization		
– Inpatient	No charge	No charge
– Outpatient	No charge	No charge
Lab and X-Ray	No charge	No charge
Emergency Services (copay waived if admitted)	\$100 Copay	\$100 Copay
Urgent Care	\$10 Copay	\$20 Copay
Preventive Care	No charge	No charge
Chiropractic	No charge	No charge
	Limits apply	Limits apply
Prescription Drugs - Copay	30 Day Supply	30 Day Supply
– Generic Formulary	\$7 (\$0 @ Costco)	\$9 (\$0 @ Costco)
– Brand Name Formulary	\$25	\$35
– Out-of-Pocket Maximum	\$1,500 / \$2,500	\$2,500 / \$3,500
Brand/Specialty Deductible	none	none
– Mail Order (90 Day Supply)	\$0 / \$60 @ Costco	\$0 / \$90 @ Costco

- This sheet is only a brief summary of benefits that reflects In-Network benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions
- Non-PPO Provider Fee: The Plan pays 100% of the fee schedule. The member is responsible for all amounts exceeding the fee schedule
- Out-of-Pocket Maximum on Anthem PPO and HMO Plans **do not** include prescription drug copays

* PPO Providers Only: Member copayments, deductibles and coinsurance for PPO contracted providers as well as emergency medical care with a non-PPO provider apply to the PPO out-of-pocket maximums.

Medical Plan Highlights

	Anthem PPO 100-B \$20 Rx 9-35	Anthem PPO 100-C \$20 Rx 9-35
	In-Network	In-Network
Lifetime Maximum Benefit	Unlimited	Unlimited
Deductible (Annual)		
– Individual / Family	\$100 / \$300	\$200 / \$400
Co-Insurance (Plan Pays)	100%	100%
Office Visit Copay		
– Primary Care Physician	\$20 Copay (\$0 copay, first 3 PCP visits)	\$20 Copay (\$0 copay, first 3 PCP visits)
– Specialist Office Visit	\$20 Copay	\$20 Copay
Out-of-Pocket Maximum		
– Individual / Family	\$1,000 / \$3,000*	\$1,000 / \$3,000*
Hospitalization		
– Inpatient	No charge	No charge
– Outpatient	No charge	No charge
Lab and X-Ray	No charge	No charge
Emergency Services (copay waived if admitted)	\$100 Copay	\$100 Copay
Urgent Care	\$20 Copay	\$20 Copay
Preventive Care	No charge	No charge
Chiropractic	No charge	No charge
	Limits apply	Limits apply
Prescription Drugs - Copay	30 Day Supply	30 Day Supply
– Generic Formulary	\$9 (\$0 @ Costco)	\$9 (\$0 @ Costco)
– Brand Name Formulary	\$35	\$35
– Out-of-Pocket Maximum	\$2,500 / \$3,500	\$2,500 / \$3,500
Brand/Specialty Deductible	none	none
– Mail Order (90 Day Supply)	\$0 / \$90 @ Costco	\$0 / \$90 @ Costco

- This sheet is only a brief summary of benefits that reflects In-Network benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions
- Non-PPO Provider Fee: The Plan pays 100% of the fee schedule. The member is responsible for all amounts exceeding the fee schedule
- Out-of-Pocket Maximum on Anthem PPO and HMO Plans **do not** include prescription drug copays

* PPO Providers Only: Member copayments, deductibles and coinsurance for PPO contracted providers as well as emergency medical care with a non-PPO provider apply to the PPO out-of-pocket maximums.

Additional Health Benefits: All Coachella Valley USD Medical Plan Members

In addition to your medical coverage, you also receive the following benefits when you enroll in any Coachella Valley USD medical plan (through SISC):



Telemedicine Benefits

Phone and/or video visits are an excellent option for convenient, accessible care when you don't need a doctor to see you in person. They are also a good choice when away from home or if you need short term prescription drug refills. Coachella Valley USD provides telemedicine coverage with all medical plans.

Kaiser Members: Phone and Video Visits

- Log in to your Kaiser account at www.kp.org to make a free phone or video appointment with your doctor or call (800) 464-4000
- For phone visits, the doctor will call you at the time of the appointment
- For video visits, go to <https://mydoctor.kaiserpermanente.org/ncal/videovisit/#>, click Join your visit and log in

Anthem Members: MDLIVE

- MDLIVE gives you access to doctors 24/7 via phone or secure video for non-emergency medical conditions.
- MDLIVE doctors have 15 years experience practicing medicine on average.
- Pediatricians are on call.
- You can access behavioral health therapy and psychiatrist visits through MDLive
- Access MDLIVE at (888) 632-2738, visit mdlive.com/sisc or download the app from the App Store or Google Play



Common Conditions Treated by MDLIVE

General Care			Pediatric Care
Allergies	Fever	Respiratory Infections	Cold & Flu
Asthma	Headache	Sinus Infections	Constipation
Bronchitis	Infections	Skin Infections	Ear Infections
Cold & Flu	Insect Bites	Sore Throat	Nausea
Diarrhea	Joint Aches	Urinary Tract Infections	Pink Eye
Ear Infections	Rashes	And More!	And More!



Nurse Support

Coachella Valley USD provides 24/7/365 Nurse support with all medical plans at no cost to you. Nurses can help:

- Determine if you need to see a doctor either in-person or via telemedicine
- Recommend home health care when appropriate
- Get the answer to health questions for you and your family

Kaiser: Advice Nurse

- Call (800) 464-4000 to speak to a Kaiser Advice Nurse at any time

Anthem: 24-Hour Nurse HelpLine

- Call (800) 700-9184 to speak to a registered nurse or to access the Anthem AudioHealth Library

Additional Health Benefits: All Coachella Valley USD Medical Plan Members

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New for 2024! Quest Wellness Screening

All SISC medical plan members are eligible for a free wellness screening through Quest Diagnostics. This biometric screening can provide important insights into your health risks. When you complete this screening, you will know your health numbers and can connect with your doctor to help manage health risks and prevent chronic disease.



Quest Diagnostics has more than 2,250 Patient Service Centers nationwide where you can get your screening. Here's how to schedule an appointment:

- Go to [My.QuestForHealth.com](https://my.questforhealth.com).
- Use Registration Key: SISC2024.
- In the **Wellness Screening** section, under Patient Service Center, select **Schedule a Screening**,
- If you schedule as a walk-in, you may be required to make an appointment upon check-in.
- You will receive an email when your results are ready to view online.

If you'd like to speak with Quest, you can reach them at **(855) 623-9355**.

Please note, any member awards will be distributed to the email used at registration within 30 days of the completed appointment.



Teladoc Medical Experts: Expert Second Opinions

- A free, 100% confidential benefit available to all Coachella Valley USD health plan members
- Unlimited access to a top physician if you or a family member receive a difficult diagnosis
- Your Physician Case Manager is backed by a team of leading doctors around the world, and the team collaborates to determine/confirm the correct diagnosis and the optimal plan for treatment
- Your Physician Case Manager helps navigate the ins and outs of the health care system, making care more efficient and helping ease stress
- Receive on-demand support in understanding the course of treatment, what to expect and what the likely results are
- Access Teladoc Medical Experts at **(855) 380-7828** or visit teladoc.com/SISC



Discounted Gym Memberships

- With the Active & Fit Direct program, you can choose from over 9,000 participating fitness centers and YMCAs nationwide for a much lower cost than you would pay on your own
- Use the online fitness tracking feature, which uses a variety of wearable devices and apps

Kaiser Members

- 1) Visit kp.org/choosehealthy
- 2) Select either Northern or Southern California
- 3) Standard Fitness Membership: \$28/month

Anthem Members

- 1) Log into www.anthem.com/ca/sisc
- 2) Click "Discounts"
- 3) Visit "Special Offers"



Kaiser



Anthem

Additional Health Benefits: Kaiser Members

In addition to your medical coverage, you also receive the following benefits when you enroll in the Coachella Valley USD Kaiser plan.



Healthy Lifestyle Programs

- You have access to an array of free programs designed to support you in cultivating good health, fitness and well being.
- To learn more and/or join any of them, go to kp.org/healthylifestyles.



Healthy Lifestyle Programs for Chronic Conditions

These programs are designed to support people living with chronic conditions or health issues. Go to kp.org/healthylifestyles to join them.

- **Care for Diabetes:** Receive support in managing diabetes to help you lead a healthier, more satisfying life.
- **Care for Your Health:** A customized plan to help you handle medications and treatments, and deal with daily challenges
- **Care for Pain:** A personalized pain management plan can help you enjoy life to the fullest while dealing effectively with your chronic pain.



Wellness Coaching

Partner with a wellness coach (available in both English and Spanish) at no cost to you. Programs are available to help you:

- Manage your weight
- Quit tobacco
- Reduce stress
- Increase activity
- Eat healthier

Call (866) 862-4295 to get started.



ChooseHealthy Discounts

- This program offers a directory of complementary care, an online store, fitness club discounts, savings on health products and services, and more.
- When you register for ChooseHealthy, you'll also receive a free annual Premium Membership (a \$69.95 value). This membership gives you access to online resources and tools to help you achieve your health and fitness goals. You can develop a personalized exercise or meal plan, track your progress, and more.
- To get started, go to kp.org/choosehealthy or call (877) 335-2746.

Additional Health Benefits: Anthem Members

In addition to your health coverage, you also receive the following benefits when you enroll in a Coachella Valley USD Anthem plan:



24/7 Virtual Primary Care Doctor - *Eden Health*

- Virtually connect with a primary care physician to manage all your physical and mental healthcare needs. Eden providers diagnose conditions, manage prescriptions, refer to specialists, and answer follow up questions using video visits or live chat.

- Anthem PPO members
- Scan the QR code to download the Eden Health app, and register for your Eden Health membership.



The App Store



Google Play



Personal Health Coaching *Vida Health*

- Anthem Blue Cross plan members have access to one-on-one health coaching, therapy, chronic condition management, health trackers and other tools and resources online or via phone.

- Anthem HMO & PPO members
- Call (855) 442-5885
- Visit vida.com/sisc



Free Generic Medications *Costco Prescription Discounts*

- Anthem plan members can receive free generic medications at Costco in addition to standard Costco discount pricing on other prescription drugs (narcotics, pain relievers and cough syrup with pain reliever are not eligible for the free generic medication offer).
- 90 day supplies of free generic medications are available through the Costco mail order program.
- Costco membership is not required.

- Anthem HMO & PPO members
- Call (800) 774-2678 (press 1)
- Visit Costco.com



Physical Therapy for Back or Joint Pain *Hinge Health*

- Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.

- Anthem PPO members only
- Call (855) 902-2777
- Visit hingehealth.com/sisc



Additional Health Benefits: Anthem Members

In addition to your health coverage, you also receive the following benefits when you enroll in a Coachella Valley USD Anthem plan:



24/7 Access to Virtual Maternity & Postpartum Support *Maven*

- Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialists coaches and other maternity providers to help deal with pregnancy and postpartum concerns.

- Anthem PPO members only
- Call (855) 442-5885
- Visit mavenclinic.com/join/sisc



Hip, Knee, and Spine Surgical Benefit *Carrum Health*

- Carrum Health is a special surgery benefit that provides exclusive access to “Centers of Excellence.” These hospitals and doctors provide for an improved patient experience and top quality, more affordable care. Eligible procedures include; hip replacement, knee replacement, cervical spinal fusion and lumbar spinal fusion. **This benefit is exclusive to Scripps Hospital and must be accessed through Carrum Health. This is only for PPO plans.**

- Anthem PPO members only
- Call (888) 855-7806
- Visit carrumhealth.com/sisc



Enhanced Cancer Benefit *Contigo Health*

- If you receive a cancer diagnosis, this benefit provides an in-person evaluation with confirmation of diagnosis and development of a customized treatment plan at no charge. Benefit includes care coordination services with at home provider, transportation, and more.

- Anthem PPO members only
- Call (877) 220-3556
- Visit sisc.contigohealth.com



Diabetes Prevention *Lark Diabetes Prevention Program*

Anthem Blue Cross has partnered with Lark to offer a diabetes prevention program that can help PPO members determine if you're at risk for prediabetes and if needed, take steps to address it.

- You can participate in this program at no extra cost as part of your SISC health plan.
- As part of the program, you will also receive a wireless scale that uploads your information to the app automatically so you can easily track your progress and share it with your coach.
- Go to enroll.lark.com/anthem and take a quick one-minute survey to see if you could benefit from Lark's diabetes prevention program.

- Anthem PPO members only
- Visit enroll.lark.com/anthem



Tips on Getting the Most from Your Health Benefits

1 Ask Questions

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.

2 Utilize your Free Preventive Care Benefits to Stay Healthy

In-network preventive care benefits are covered at no charge to you. Take advantage of these no cost benefits now to hopefully avoid major illnesses and the costs they bring in the future.

3 Get the Right Health Care and Save Money

Choosing the right care for your medical situation will help save you money out-of-pocket:

- **Doctor's Office Visit or Telemedicine** visit: These are the best choices for non-urgent medical issues.
- **Urgent Care:** This is the best choice for non-life threatening medical issues that require immediate in-person care when you can't get an appointment for a Doctor's Office Visit.
- **Emergency Room:** You should use the Emergency Room for life threatening emergencies, or for other issues that require immediate in-person medical care outside Urgent Care hours.

4 Use Generic Drugs When Available

The best way to save on prescriptions is to use generic medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay.

Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established, frequently used medications that do not require expensive advertising.

Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

5 Use the Mail-Order Prescription Drug Benefit for Maintenance Medications

If you take medications on a long term basis, the mail order prescription drug benefit can save you money.



Video: Understand Medical Plan Terms

This quick video is fun to watch and help give you a better understanding of how our medical plans work:
<http://video.burnhambenefits.com/terms>.



Delta Dental Plans

With all three Delta Dental plans, you may visit an in-network dentist and benefit from the negotiated rate or visit a non-network dentist. With non-network dentists you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

The Delta Dental Incentive Plan pays 70% of the PPO contract allowance for new members. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the calendar year.

	Delta Dental Incentive Plan		Delta Dental PPO Plan		Delta Dental PPO Plan	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Calendar Year Maximum	\$1,700 per person	\$1,500 per person	\$2,500 per person		\$2,500 per person	
Deductible (Annual)	None		None		None	
Preventive (Plan Pays) Exams, X-Rays, Cleanings	70% - 100%	70% - 100%	100%	50%	100%	50%
Basic Services (Plan Pays) Fillings, Oral Surgery, Endodontics, Periodontics	70% - 100%	70% - 100%	100%	50%	100%	50%
Major Services (Plan Pays) Crowns, Prosthetics	50%	50%	100%	50%	100%	50%
Implants (Plan Pays) - Calendar Year Maximum	Not covered	Not covered	Not covered	Not covered	50%	50%
					separate \$1,500 maximum per person each calendar year	
Dental Accident Benefits	100% (separate \$1,000 maximum per person)		100% (separate \$1,000 maximum per person each calendar year)		100% (separate \$1,000 maximum per person each calendar year)	
Orthodontia						
– Covered Members	Not Covered		Children & Adults		Children & Adults	
– Coinsurance	N/A		80%		80%	
	N/A		\$3,000		\$3,000	

Remember...

Use Contracted Network Providers When Possible.

Contracted network providers have rate agreements with insurance companies for services rendered. If you use a non-network provider, your out-of-pocket expenses will be higher and you may be subject to balance billing.

Ask for a Predetermination of Benefits.

It's recommended you ask your dentist for a predetermination if charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

Have Dental Checkups Regularly.

Routine dental visits not only preserve your smile; they can provide an opportunity for the early detection of serious diseases such as diabetes.

Vision Service Plan (VSP)

The VSP vision plan provides professional vision care and high quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with VSP.

Note: VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes 37,000 access points nationwide. Most of the U.S. population lives within four miles of a VSP provider.

To find a VSP provider, go to www.vsp.com or call (800) 877-7195.

	Vision Service Plan	
	In-Network	Non-Network
Examination	\$15 Copay	\$45 Benefit
Lenses		
– Single Vision	100%	\$45 Benefit
– Bifocal	100%	\$65 Benefit
– Trifocal	100%	\$85 Benefit
– Lenticular	100%	\$120 Benefit
– Polycarbonate Child	100%	Not Covered
– Polycarbonate Adult	\$31 Single Vision; \$35 Multi-focal	Not Covered
Frames	\$150 Benefit	\$70 Benefit
Contact Lenses (in lieu of frames/lenses)		
– Cosmetic / Elective	\$150 Benefit	\$105 Benefit
Frequency		
– Examination	Once Per Plan Year	
– Lenses	Once Per Plan Year	
– Frames	Once Per Plan Year	
– Contact Lenses	Once Per Plan Year	



SBCEO is pleased to provide employees and their families with a confidential Employee Assistance Programs (EAP) through SISC. This program is available 24/7/365 and provides significant support in a wide variety of areas.

Anthem Employee Assistance Program

Eligibility	Employees participating in SISC and their household members
Support and Counselling	<p>The Employee Assistance Program (EAP) provides confidential support in balancing a wide array of challenges in areas such as:</p> <ul style="list-style-type: none"> • Relationship difficulties • Managing change and stress • Legal and financial problems • Marriage, family or parenting concerns • And more <p>The EAP provides you with to 6 counselling sessions per issue per benefit year</p>
Identity Monitoring and Theft Resolution	<ul style="list-style-type: none"> • Free identity monitoring and theft resolution services through IDnotify • IDnotify customer care team is available 24/7/365, with robust knowledge in both credit and non-credit restoration, with CITRMS (Certified Identity Theft Risk Management Specialist), FCRA, and FACTA certifications. • Your IDnotify specialist will help you determine if an identity theft event has occurred and guide you through any necessary restoration activities.
Legal and Financial Resources	<ul style="list-style-type: none"> • Legal Assist: A library of articles on legal topics and issues • Legal Forms: 100 legal forms for a variety of family and consumer situations • State Specific Legal Forms: Advanced directives and instructions for each state • Estate Planning: Articles and resources to address estate planning questions • Financial Calculators: Will allow you to get answers and explore different options regarding home and personal financing, investing, and retirement • Pocketsmith Discount: PocketSmith Personal Financial Manager is an online tool that uses an innovative calendar-based approach to help employees quickly and easily manage their personal finances.
myStrength	<ul style="list-style-type: none"> • Helps you learn to reduce stress, anxiety, depression or substance abuse • Helps keep you motivated with engaging activities that help you learn new ideas
Seminars and Articles	<ul style="list-style-type: none"> • Online resources for a wide array of topics, including both a library of articles and on-demand seminars
Savings Center	<ul style="list-style-type: none"> • Discount shopping program that is provided through Perks At Work • Discounts of up to 25% on name brand, practical, and luxury items
How to Access EAP Benefits	<ul style="list-style-type: none"> • Call (800) 999-7222 • Visit anthemEAP.com (to log in, enter SISC as the program name).

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	
Carrier	MetLife
Plan Benefits	
– Life Insurance	\$10,000 coverage
– AD&D Insurance	Death benefit equals your Life Insurance benefit; partial benefits paid for accidents that result in serious injuries (e.g., loss of limbs or eyesight)
Employee Contribution	None; Coachella Valley USD pays the full cost for this coverage
Voluntary Life Insurance	
Carrier	Hartford
Plan Benefits	<p>In addition to the company provided Basic Life and AD&D benefits, you may elect to purchase additional Term Life and AD&D insurance at discounted group rates provided by Hartford. You pay for this coverage with after-tax dollars through convenient payroll deductions. You may elect coverage as follows:</p> <ul style="list-style-type: none"> • Employee: You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of \$500,000, not to exceed 5 times your annual salary. • Spouse: If you buy coverage for yourself, you may also purchase coverage for your eligible spouse. Benefits for your spouse are available in increments of \$5,000 to a maximum benefit of \$500,000 and may not exceed 100% of your employee election. • Child(ren): If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child (ren) in the following amounts: Age: live birth to 26 years: Flat \$2,500, \$5,000 or \$10,000.
Guarantee Issue	<p>Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you during your initial eligibility period (upon hire). Guarantee issue is available in the following amounts:</p> <ul style="list-style-type: none"> • Employee: The lesser of 2x your annual salary or \$100,000 • Spouse: \$20,000 • Child(ren): Entire benefit amount <p>If you are no longer in your initial eligibility period, you may enroll in Voluntary Life and AD&D insurance anytime during the year as long as you provide proof of good health. To provide proof of good health, you will be asked to complete a health questionnaire and are subject to insurance carrier approval. Hartford may approve or decline coverage based on a review of your health history.</p>
Employee Contribution	You pay the full cost for this coverage

Important Facts About Beneficiaries

Beneficiaries are individuals or entities that you select to receive benefits from your policy. If you do not have a beneficiary, benefits are paid to your estate. Here's what you need to know about beneficiaries:

- You can change your beneficiary designation at any time
- You may designate a sole beneficiary or multiple beneficiaries to receive payment in the percentage(s) allocated
- To select or change your Life Insurance beneficiary, call the Risk Management Department for a copy of the Beneficiary Designation Form

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact the Risk Management Department.

	Phone	Website
Kaiser HMO Plan	(800) 464-4000	www.kp.org
Anthem Medical Plans	(800) 825-5541	www.anthem.com/ca/sisc
Navitus Prescription Drugs	(800) 700-2541	www.navitus.com
MDLIVE	(888) 632-2738	mdlive.com/sisc
Teladoc Medical Experts	(800) 835-2362	Teladoc.com/SISC
Delta Dental Plans	(866) 499-3001	www.deltadentalins.com
Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
MetLife Life and AD&D Insurance	(813) 673-3871	Keenanlifepolicy@metlifeservice.com
Hartford Voluntary Life & AD&D Insurance	(800) 523-2233 (888) 563-1124	www.thehartford.com
Anthem Employee Assistance Program (EAP)	(800) 999-7222	www.anthemeadp.com Program name: SISC



The Burnham Advocate Help-Line: (800) 391-6812

The Burnham Advocate toll-free customer service help-line can provide assistance with insurance related issues when you are unable to resolve them directly with the insurance carriers listed above. With the Burnham Advocate help-line, you will receive fast, skilled assistance with Medical, Dental and Vision provider issues, referral assistance, and claims management.

Simply call the Burnham Advocate help-line at (800) 391-6812. For more complicated questions or claims issues, the Burnham claims specialist works as your insurance advocate, researching and resolving problems quickly and effectively. If further action is required, the Burnham Advocate will provide regular updates until the issues are resolved.

Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. To view Coachella Valley USD's annual notice packet, please contact the Risk Management Department.

The following is a brief summary of the annual notices:

- **Summary of Benefits and Coverage (SBC):** Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage. This new regulation is designed to help you better understand and evaluate your health insurance choices.
- **Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty. This notice also provides a written procedure for individuals to request and receive a Certificate of Creditable Coverage.
- **HIPAA 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.
- **Women's Health and Cancer Rights Act (WHCRA):** The Women's Health and Cancer Rights Act (WHCRA) contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy. The U.S. 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.
- **Newborns' and Mothers' Health Protection Act:** The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.
- **Special Enrollment Rights:** Plan participants are entitled to certain special enrollment rights outside of the company's open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.
- **Medicaid & Children's Health Insurance Program:** Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by Coachella Valley USD. Please refer to the SBC and carrier contracts provided by Anthem and Kaiser for additional plan details.

The Affordable Care Act and You

Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2022 tax year. In addition, several other states, including Massachusetts, New Jersey, and Vermont, as well as the District of Columbia, have reinstated an individual mandate requirement, and others are considering doing so. You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by Coachella Valley Unified School District or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

However, if you choose to purchase coverage through the marketplace, because Coachella Valley Unified School District's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis. For more information, go to www.healthcare.gov



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Learn more at www.burnhambenefits.com

This brochure provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this brochure are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Risk Management Department.