Employee Benefits

Classified

October 2016 – September 2017

COACHELLA VALLEY UNIFIED SCHOOL DISTRICT

Contents

Coachella Valley Unified School District takes pride in offering a benefit 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 Human Resources Department.

Enrollment Information

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 files with the state is required

This documentation must be submitted to the Human Resources 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

Medical, dental, vision and basic life benefits are provided at no cost to you and are paid entirely by Coachella Valley USD. The Prudential voluntary life/AD&D and American Fidelity benefits you elect will be paid by you at discounted group rates.

Intranet Log-in

You can access your benefits information whenever you want, from home or any place where you have internet access, by visiting the Coachella Valley USD's intranet. You'll find documents posted such as the Summary of Benefits and Coverage (SBC), annual notices, carrier benefit summaries, evidence of coverage booklets, claim forms, and much more.

Enrollment Information

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, or annulment
- Birth or adoption of a child, legal guardianship
- 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

Note

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 Human Resources 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.

Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. 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.

Note

To view Coachella Valley USD's annual notice packet, please contact the Human Resources Department.

Medical Insurance

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 Plan

When you enroll in the 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. For information on pharmacies and the formulary, please visit www.anthem.com/ca.

Anthem PPO Plan

When you enroll in the Anthem PPO, you have the freedom to choose your doctor without using a Primary Care Physician (PCP) and you may self-refer to specialist. 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. For information on pharmacies and the formulary, please visit www.caremark.com.

⇒ **Out-of-Network: When using non-PPO providers you may be responsible for paying additional non-participating provider charges. Pre-authorization is required where it applies**

Alere's Health Management Program:

PPO members and dependents with qualifying chronic conditions are eligible to participate in Alere's Health Management Program. This program will provide you with the facts you need to know about your condition to help you slow disease progression, lessen the effects, and help you live a healthier life. It's personal, private and it's available to you at no additional cost. Start today by calling (877) 864-1327.

MDLIVE:

PPO members and dependents can call MDLIVE for 24/7/365 access to board-certified doctors by online video, phone or secure email for a $5 copay. Contact MDLIVE if you are considering the ER or urgent care for a non-emergency medical issues, if your primary care physician is not available or if you are traveling. MDLIVE providers practice primary care, pediatrics, family and emergency medicine, and have incorporated MDLIVE into their practice to provide convenient access to quality care. Start today by calling (888) 632-2738 or registering at www.mdlive.com/cvt.

Finding a Medical Provider

Anthem PPO and HMO members can go to www.anthem.com/ca or call (800) 288-6921 to find a provider near you. Kaiser members can go to www.kaiserpermanente.org or call (800) 464-4000 to locate a nearby Kaiser physician and/or facility.

Medical Insurance

Plan Features	Kaiser HMO 1	Anthem HMO 1	Anthem PPO 2A
	Network		**Network**
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Deductible (Annual) - Individual / Family	$0 / $0	$0 / $0	$0 / $0
Co-Insurance (Plan Pays)	100%	100%	100%
Office Visit Copay - Primary Care Physician - Specialist Office Visit	$10 Copay $10 Copay	$10 Copay $30 Copay	$20 Copay $20 Copay
Out-of-Pocket Maximum - Individual / Family	$1,500 / $3,000	$1,000 / $2,000	$1,250 / $3,750
Hospitalization - Inpatient - Outpatient	100% $10 Copay	100% 100%	100% 100%
Outpatient Diagnostic Tests	100%	100%	100%
Emergency Services (copay waived if admitted)	$100 Copay	$100 Copay	$100 Copay
Urgent Care	$10 Copay	$10 Copay	$20 Copay
Preventive Care	100%	100%	100%
Chiropractic	*****$10 Copay	***$10 Copay	100%
	Max 40 Visits/Year	Max 30 Visits/Year	****Limits apply
Prescription Drugs - Copay - Generic Formulary - Brand Name Formulary - Brand Non-Formulary - Mail Order (90 Day Supply)	**30 Day Supply $5 Copay $10 Copay n/a $10/$20 (31-100 Day Supply)	*30 Day Supply $5 Copay $10 Copay $25 Copay $10/$20/$50	30 Day Supply $5 Copay $22 Copay n/a $10/$44

PPO MEMEBERS—Please contact CVT @ www.cvtrust.org or (800) 288-9870 with questions on the following CVS/Caremark Pharmacy Benefits:

- **Mail Order**
- **CVS / Caremark Generic Versus Brand Drugs**
- **Generic Step Therapy**
- **Specialty Pharmacy Program**
- **Maintenance Medications**
- **Drug Limitations and Prior Authorizations**
- **Diabetic Supplies**
- **Performance Drug List**

* Anthem HMO—Specialty Drugs are Paid at 80% (Up to $100 copay maximum per prescription) 30 –Day Supply
** Kaiser HMO—$10/$20 prescription drug copay (31-60 Day Supply) & $15/$30 prescription drug copay (61-100 Day Supply)
*** Anthem HMO—Chiropractic benefits are offered through ASH
**** Anthem PPO—Non-Par Chiropractic Providers limited to a combined maximum of 13 visits per year
***** Kaiser HMO—Chiropractic Services offered through Chirometrics (max visits combined with acupuncture) In-Network benefits listed above. See Chirometrics summary for Out-of-Network benefits.

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents

Medical Insurance

Tips For Using Your Medical Benefits

1. **Ask questions when in doubt.**
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.**
Preventive care benefits are covered at no charge to you. Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and most importantly… save your life! Take advantage of these no cost benefits now to hopefully avoid major illnesses and costs in the future.

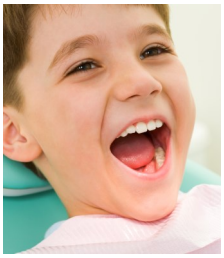
3. **Use urgent care centers versus hospital emergency rooms whenever possible.**
Frequently, patients seek the services of the hospital emergency department for ailments or injuries that could be treated more economically, and just as effectively, at an urgent care center. It is not always easy to determine when you should choose urgent care over the hospital emergency department. The following lists offer some guidance, but are not necessarily all-inclusive.

Examples of URGENT CARE situations	Examples of EMERGENCY situations
Any illness or injury that would prompt you to see your primary care physician INCLUDING BUT NOT LIMITED TO: • Accidents and falls • Sprains and broken bones • Back problems • Breathing difficulties • Abdominal pain • Minor bleeding/cuts • High fever • Vomiting, diarrhea or dehydration • Severe sore throat or cough • Mild to moderate asthma	Any accident or illness that may lead to loss of life or limb, serious medical complication or permanent disability INCLUDING BUT NOT LIMITED TO: • Chest pain* • Seizures • Shock • No pulse • Unconscious or catatonic state • Sudden dizziness, loss of coordination or balance • Severe abdominal pain • Severe or uncontrollable bleeding • Broken bones or compound fractures • Severe difficulty breathing or shortness of breath • Spinal cord or back injury • Severe burns • Major head injuries • Ingestion of poisons or obstructive objects • Animal, snake or human bites

*If you believe you may be experiencing a heart attack, call 911 immediately! Do not drive yourself to the emergency room!

4. **Use generic and over the counter drugs when available.**
The best way to save on prescriptions is to use generic or over the counter 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 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.**
The mail order pharmacy is a fast, easy and convenient way to save time and money on your maintenance medications. You can order additional supplies of medication at a discount. See carrier provisions for details.



Dental Insurance

PPO Dental Plan

With the Delta Dental Preferred Provider Organization (PPO) dental plan, you may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a PPO dentist, your out-of-pocket expenses will be less. You may also obtain services using a non-network dentist; however, 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 will pay 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.

Finding a Dental Provider

Go to www.deltadentalins.com or call (866) 499-3001 to find a provider near you.

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

Tips For Using Your Dental Benefits

1. **Use contracted network providers when possible.**
Under the PPO plan, 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.

2. **Ask for a predetermination of benefits.**
We strongly recommend you ask your dentist for a predetermination if total 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.

3. **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 Insurance

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.

Plan Features	Carrier Name PPO Plan	
	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	

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.

Finding a Vision Provider

Go to www.vsp.com or call (800) 877-7195 to find a provider near you. Refer to the VSP Choice network when prompted.

Employee Assistance Program

The Employee Assistance Program (EAP) through ValueOptions provides employees and their family members with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities and obligations. Services Include:

- Counseling Sessions: Employees and their family members can receive up to **6 counseling sessions** per person, per year (maximum of 2 episodes/courses of treatment)
- Telephone Referrals: Services are available 24 hours a day, 7 days a week via a toll-free nationwide number
- Work/Life Services: Specialist refer employees to options and provide support, guidance, and informational material to empower them to make informed choices about child care, elder care and assistance with other daily life issues
- Legal-Financial Solutions: Referral services, a free 30 minute legal consultation (either face-to-face or telephonic) and a 25% discount if further services are needed
- Achieve Solutions Website Access: A dynamic online resource with information, tools and other resources on more than 200 topics, including depression, stress, anxiety, alcohol, marriage, grief and loss, child/elder care and work/life balance

Accessing the EAP

To access EAP benefits, go to www.achievesolutions.net/cvt or you may call (877) 397-1032 to be immediately connected to an EAP counselor.

Note

Consider updating your beneficiary designation if you have experienced a life changing event such as marriage, divorce, the birth of children, etc. Call the Human Resources Department for a copy of the Beneficiary Designation Form as needed.

Basic Life and AD&D Insurance

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the company. Coachella Valley USD pays for coverage, offered through Prudential, in the amount of $10,000. If your death is due to a covered accident or injury, your beneficiary will receive an additional amount through Accidental Death and Dismemberment (AD&D) coverage.

Voluntary Life and AD&D Insurance

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 Prudential. You pay for this coverage with after-tax dollars through convenient payroll deductions.

Employee
You may purchase coverage for yourself in increments of $10,000 up to a maximum benefit of $300,000, 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 $300,000 and may not exceed 50% 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 25 years: Flat $2,500, $5,000 or $10,000

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:

- Employee = The lesser of 2x your annual salary or $100,000
- Spouse = $20,000
- Child(ren) = Entire benefit amount

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. Prudential may approve or decline coverage based on a review of your health history.

Note

If you are unable to resolve your issues or questions with the insurance carriers, please contact the Human Resources Department.

Resources and Contacts

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment.

California's Valued Trust (CVT)	
Member Services	(800) 288-9870
CVT Website	www.cvtrust.org
Medical - Anthem PPO	
PPO Member Services	(800) 234-4333
PPO Member Services Website	www.anthem.com/ca/cvt
PPO Member Services (Non-CA EEs only)	(800) 810-2583
PPO Member Services (Non-CA EEs only) Website	www.bluecares.com
PPO Pre-Admission	(800) 274-7767
CVS Caremark Pharmacy & Mail Order	(888) 354-6390 (under 65)
CVS Caremark Pharmacy & Mail Order Website	www.caremark.com (under 65)
CVS Caremark / SilverScript Pharmacy & Mail Order	(888) 620-1756 (over 65)
CVS Caremark / SilverScript Pharmacy & Mail Order Website	www.silverscript.com (over 65)
ALERE (Health Management Program)	(877) 864-1327
MDLIVE	(888) 632-2738
MDLIVE Website	www.mdlive.com/cvt
Medical - Anthem HMO	
HMO Member Services	(800) 234-4333
HMO Member Services Website	www.anthem.com/ca/cvt
HMO Member Services (Non-CA EEs only)	(800) 810-2583
HMO Member Services (Non-CA EEs only) Website	www.bluecares.com
HMO Pre-Admission	(800) 274-7767
Express Scripts Pharmacy	(800) 824-0898
Express Scripts Pharmacy Website	www.anthem.com/ca
Medical - Kaiser	
HMO Member Services	(800) 464-4000
Carrier Website	www.kaiserpermanente.org
Chirometrics—Chiropractic Member Services	(877) 519-8839
Dental - Delta Dental	
Member Services	(866) 499-3001
Carrier Website	www.deltadentalins.com
Vision - VSP	
Member Services	(800) 877-7195
Carrier Website	www.vsp.com
Life and AD&D - Prudential	
Life and AD&D Member Services	(800) 524-0542
Carrier Website	www.prudential.com
Employee Assistance Program - Value Options	
Counselor Services	(877) 397-1032
Carrier Website	www.achievesolutions.net/cvt

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. 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!

Notes

2211 Michelson Drive, Suite 1200 | Irvine, California 92612
Telephone: (949) 833-2983 | Fax: (949) 833-9549

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 Human Resources Department.