



**VIEWPOINT
SCHOOL**

EMPLOYEE BENEFITS BROCHURE

2023-2024

Anthem[®]



**CENTERED
INSURANCE SOLUTIONS**

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Who is Eligible for Health Care Benefits?

All regular full-time employees, and part-time employees who work a minimum of 30 hours per week on a regular basis are eligible to enroll in the medical, dental and vision plans. These health plans along with our retirement plans are the cornerstone of Viewpoint's total benefits package.

Substitutes, temporary, seasonal and on-call employees may be eligible to participate in some of Viewpoint's health care benefits. In accordance with the Federal Health Care Reform Law, and solely for the purpose of determining eligibility under the school's health benefits plans, a substitute, temporary, seasonal, or on-call employee's benefits eligibility will be determined on a case-by-case basis. Viewpoint uses a methodology to determine full-time, part-time or variable hour status for eligibility that follows the guidelines issued by the Federal Government. If you are deemed eligible to participate in one or more of Viewpoint's health benefit plans, the benefits which you are eligible to receive will commence on the first of the month following your date of hire.

When Can You Enroll?

New Hires / Newly Eligible for Benefits

When you are first hired or become eligible for benefits, you have 31 days to enroll in benefits. If you do not enroll within that time period, you will not be eligible for benefits again until the next Open Enrollment period unless you have a Qualifying Event.

Open Enrollment

During Open Enrollment, you will have the opportunity to make changes to your benefits. You must enroll by the Open Enrollment deadline for your benefits to be effective on October 1st. You will not be able to change your elections until the next year's Open Enrollment period, unless you have a qualifying Event.

Qualifying Event / Making Benefit Changes During the Year

If you have a Qualifying Event, you will be able to change your benefits before the next Open Enrollment period. You must notify Human Resources within 31 day of the Qualifying Event.*

***You have 31 days from the Qualifying Event to notify Human Resources to change your benefits. All benefit changes must be consistent with the change caused by the Qualifying Event. For example, if you have a baby, you must add your newborn to your policy when making plan or carrier changes.**

To enroll or make changes,
please visit the ADP portal at:
www.workforcenow.adp.com

Examples of Qualifying Events Include:

- ◆ Change in marital status (marriage, divorce, legal separation)
- ◆ Change in number of dependent children (birth, adoption)
- ◆ Change in employment status (full-time to part-time)
- ◆ Change to dependent status (child reaches maximum age)
- ◆ Change to eligibility status (change in hours, job loss, getting a new job or becoming entitled to Medicare or Medicaid)

Who Qualifies as My Eligible Dependent?

- ◆ Your legal spouse
- ◆ Your registered domestic partner
- ◆ Your children up to age 26, regardless of student and marital status
- ◆ Adopted child(ren) for whom you are a court appointed legal guardian
- ◆ Children who become mentally or physically disabled and are incapable of self-support (periodic proof of disability required)

ANTHEM BLUE CROSS

HMO Plans: If you choose either of the Anthem Blue Cross HMO plans, you must elect a primary care physician who will manage your care and refer you to a specialist when it is needed. Most services are covered 100% after you pay a copayment.

PPO Plans: If you choose either of the Anthem Blue Cross PPO plans (Full PPO or HSA PPO plan), you should choose a physician; however, you do not need to see that physician first as you have direct access to specialists. You may choose to have your treatment provided by a PPO provider (that is in-network) and receive a higher level of benefit with a lower out-of-pocket cost to you. You may also choose to go outside the network; however, benefits are reimbursed at a lower level and you may have higher out-of-pocket costs.

Please reference chart on Page 4

MEDICARE ELIGIBLE (AGE 65 AND ABOVE): Upon turning 65 years of age, you will no longer be eligible to contribute funds in to your Health Savings Account (HSA). You can continue to use funds accrued prior to your 65th birthday for qualified medical expenses. It is your responsibility to inquire about other Medicare rules. Please consult HR or the medicare.gov website.

Anthem – HMO Plans

BENEFIT	SELECT HMO	PREMIER HMO
DEDUCTIBLE		
<i>Individual</i>	None	None
<i>Family</i>	None	None
MAXIMUM CO-PAY LIMIT		
<i>Individual</i>	\$1,500	\$1,500
<i>Family</i>	\$3,000	\$3,000
<i>Lifetime Maximum</i>	Unlimited	Unlimited
PHYSICIAN SERVICES		
<i>Office Visits: Primary / Specialist</i>	\$20 copay	\$20 copay
<i>Preventative Care</i>	No charge	No charge
<i>Chiropractic Care</i>	\$20 copay, 20 per year	\$20 copay, 20 per year
<i>Advanced Imaging MRI's, CT and PET Scan</i>	\$100 copay	\$100 copay
HOSPITAL SERVICES		
<i>In-Patient Hospital</i>	No charge	No charge
<i>Ambulatory Surgery Center / Out-Patient Hospital</i>	No charge	No charge
<i>Emergency Room</i>	\$100 copay	\$100 copay
MENTAL HEALTH		
<i>Outpatient Services</i>	\$20 copay	\$20 copay
PRESCRIPTION DRUGS		
<i>Tier 1a</i>	\$5 copay	\$5 copay
<i>Tier 1b</i>	\$15 copay	\$15 copay
<i>Tier 2</i>	\$30 copay	\$30 copay
<i>Tier 3</i>	\$50 copay	\$50 copay
<i>Tier 4</i>	30% up to \$250	30% up to \$250

To view a full summary of benefits, click on the plan name below:

[Select HMO Plan](#)

[Premier HMO Plan](#)

Anthem — PPO Plans

BENEFIT	PPO HSA		CLASSIC PPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE				
<i>Individual</i>	\$3,000	\$9,000	\$750	\$2,250
<i>Family</i>	\$6,000	\$18,000	\$2,250	\$6,750
MAXIMUM CO-PAY LIMIT				
<i>Individual</i>	\$5,000	\$15,000	\$5,000	\$15,000
<i>Family</i>	\$10,000	\$30,000	\$10,000	\$30,000
<i>Lifetime Maximum</i>	Unlimited	Unlimited	Unlimited	Unlimited
PHYSICIAN SERVICES				
<i>Office Visits: Primary / Specialist</i>	20% after deductible	40% after deductible	\$30 / \$50 copay	40% after deductible
<i>Preventative Care</i>	No charge	40% after deductible	No charge	40% after deductible
<i>Chiropractic Care</i>	20% 30 per year	40% after deductible	\$30 copay, 30 per year	40% after deductible
<i>Advanced Imaging MRI's, CT and PET Scan</i>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
HOSPITAL SERVICES				
<i>In-Patient Hospital</i>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<i>Ambulatory Surgery Center / Out-Patient Hospital</i>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<i>Emergency Room</i>	20% after deductible	Covered as In-Network	\$150 copay +20%	Covered as In-Network
MENTAL HEALTH				
<i>Outpatient Services</i>	20% after deductible	40% after deductible	\$30 copay	40% after deductible
PRESCRIPTION DRUGS				
<i>Tier 1a / Tier 1b</i>	\$5 / \$15 copay	40% up to \$250	\$5 / \$20 copay	50% up to \$250
<i>Tier 2 / Tier 3</i>	\$40 / \$60 copay	40% up to \$250	\$30 / \$50 copay	50% up to \$250
<i>Tier 4</i>	30% up to \$250	40% up to \$250	30% up to \$250	50% up to \$250

To view a full summary of benefits, click on the plan name below:

[HSA Plan](#) [Classic PPO Plan](#)

RATES EFFECTIVE OCTOBER 1, 2023

All regular full-time employees, and part-time employees who work a minimum of 30 hours per week on a regular basis are eligible to enroll in medical, dental and vision plans. See Human Resources for more information.

*MONTHLY PREMIUMS FOR EMPLOYEES RECEIVING
24 PAYCHECKS PER YEAR

MEDICAL PLAN OPTIONS

Coverage Level	Select HMO (Base Plan)	Premier HMO	PPO HSA	Classic PPO
Employee Only	\$0.00	\$58.00	\$78.00	\$446.00
Employee + Spouse	\$784.00	\$910.00	\$998.00	\$1,768.00
Employee + Child(ren)	\$572.00	\$674.00	\$750.00	\$1,376.00
Employee + Family	\$1,176.00	\$1,354.00	\$1,482.00	\$2,562.00

DENTAL PLAN OPTIONS

Coverage Level	MetLife HMO	MetLife PPO
Employee Only	\$0.00	\$22.00
Employee + Spouse	\$12.00	\$74.00
Employee + Child(ren)	\$14.00	\$120.00
Employee + Family	\$20.00	\$152.00

VISION PLAN OPTIONS

Coverage Level	MetLife VSP
Employee Only	\$0.00
Employee + Spouse	\$8.00
Employee + Child(ren)	\$6.00
Employee + Family	\$10.00

HOSPITAL INDEMNITY PLAN OPTIONS

Coverage Level	Low Plan	High Plan
Employee Only	\$15.80	\$24.89
Employee + Spouse	\$34.29	\$53.95
Employee + Child(ren)	\$26.77	\$41.92
Employee + Family	\$47.43	\$74.30

RATES EFFECTIVE OCTOBER 1, 2023

All regular full-time employees, and part-time employees who work a minimum of 30 hours per week on a regular basis are eligible to enroll in medical, dental and vision plans. See Human Resources for more information.

*MONTHLY PREMIUMS FOR EMPLOYEES RECEIVING
20 PAYCHECKS PER YEAR

MEDICAL PLAN OPTIONS

Coverage Level	Select HMO (Base Plan)	Premier HMO	PPO HSA	Classic PPO
Employee Only	\$0.00	\$69.60	\$93.60	\$535.20
Employee + Spouse	\$940.80	\$1,092.00	\$1,197.60	\$2,121.60
Employee + Child(ren)	\$686.40	\$808.80	\$900.00	\$1,651.20
Employee + Family	\$1,411.20	\$1,624.80	\$1,778.40	\$3,074.40

DENTAL PLAN OPTIONS

Coverage Level	MetLife HMO	MetLife PPO
Employee Only	\$0.00	\$26.40
Employee + Spouse	\$14.40	\$88.80
Employee + Child(ren)	\$16.80	\$144.00
Employee + Family	\$24.00	\$182.40

VISION PLAN OPTIONS

Coverage Level	MetLife VSP
Employee Only	\$0.00
Employee + Spouse	\$9.60
Employee + Child(ren)	\$7.20
Employee + Family	\$12.00

HOSPITAL INDEMNITY PLAN OPTIONS

Coverage Level	Low Plan	High Plan
Employee Only	\$18.96	\$29.86
Employee + Spouse	\$41.15	\$64.74
Employee + Child(ren)	\$32.12	\$50.30
Employee + Family	\$56.92	\$89.16

This brochure is meant to be a brief overview of the benefit plans offered by Viewpoint School. This is not a policy. For a complete description of benefits and exclusions consult with the individual contract. In the event of a conflict between this overview and the contract, the contract will govern. Rates and costs are subject to change.



Dental Plans

HMO Plan: This plan provides dental care services at a fixed cost when you go to a dentist who is a member of Met85 / MetLife's HMO network. Similar to the medical HMO, the plan requires you and each of your covered dependents to choose a primary care dentist from MetLife's network of providers. You must receive all your non-emergency dental care from your Met85 HMO network dentist. You have the ability to change your dentist during the plan year by calling MetLife Member Services.

PPO Plan: This plan is a preferred provider program that gives you the option of receiving treatment from any licensed dental provider you choose. However, if you go to a dentist who is a member of MetLife's Preferred Dentist Program (PDP) network, you will receive a higher level of benefits and reduce your out-of-pocket costs. Benefits are subject to deductibles, co-insurance and annual maximums.

To view a full summary of benefits, click here:

[Dental HMO](#)

[Dental PPO](#)

Vision Plan

In-Network Benefits: There are no claims for you to file when you go to a participating vision specialist. You only pay your copay, when applicable, and any amount over your allowance at the time of service.

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage.
- Choose from a large network of ophthalmologists, optometrists and opticians from private practices to retailers like Costco Optical and Vision Works.

To view a full summary of benefits, click here:

[Vision](#)

Life Insurance Benefits

All active full-time employees working 30 or more hours per week on a regular basis are automatically enrolled at no cost to you.

Group Term Life Insurance Benefit Amount: 1 x earnings up to \$200,000

Your family or beneficiary will get the benefit amount if you pass away.

Accidental Death and Dismemberment Insurance Benefit Amount:

Same as basic life, this insurance pays a benefit to your beneficiary if your death is caused by an accident. You may also get part of this benefit if an accident results in the loss of sight, a limb, certain fingers or toes, speech, hearing or certain types of paralysis (not able to move part of your body).

To view a full summary of benefits, click here:

[Group Life](#)

Voluntary Supplemental Life Insurance and AD&D Benefit (this benefit is paid 100% by you):

You may purchase coverage in an amount from \$10,000 to \$500,000 or 5x your salary, whichever is less in increments of \$10,000. Your family or beneficiary will get this additional benefit amount if you pass away. If you chose a voluntary life benefit amount for more than \$100,000, you will need to have a personal health statement approved by MetLife. Your voluntary life benefit amount will be limited to \$100,000 if it's not approved by MetLife.

Voluntary Supplemental Life Coverage for Your Family (paid 100% by you):

You may also choose additional life coverage for your spouse and your children if you choose voluntary life for yourself. You may purchase coverage for your spouse in \$5,000 increments up to \$100,000. You may purchase coverage for your child(ren) (6 months to 26 years) in flat amounts of: \$1,000, \$2,000, \$4,000, \$5,000 and \$10,000. If you choose voluntary life coverage for your spouse of more than \$25,000, your spouse will need to have a personal health statement approved by MetLife. Your spouse's voluntary life benefit amount will be limited to \$25,000 if it's not approved by MetLife. Dependents coverage may not exceed 50% of the employee's benefit amount.

To view a full summary of benefits, click here:

[Supplemental Life](#)

Long-Term Disability Plan

We provide eligible employees with group Long-Term Disability coverage for those unexpected situations that may keep you from performing the daily responsibilities of your job. Your disability plan is available to help supplement your income when you are not able to continue employment for a certain period of time. If you can't work because of an injury or illness for an extended period of time, it's important that you have a source of income to meet your needs. Viewpoint School helps to provide this income by offering you a Long-Term Disability plan. If you are disabled according to the policy's definition, after 90 days, you may be eligible to receive a monthly benefit based on your basic monthly earnings. The plan will pay up to 60% of your pre-disability income up to a maximum of \$10,000 a month tax-free.

To view a full summary of benefits, click here:

[LTD](#)

Employee Assistance Program (EAP)

Viewpoint School offers an Employee Assistance Program through MetLife. **This benefit is provided at absolutely no cost to you**, and covers all your household family members. Through the EAP, you and your immediate family can use these services for issues such as marital and relationship, anxiety and depression, drug and alcohol addiction, and work related concerns. Services are free, confidential and available 24 hours a day. For more information call: **1-888-319-7819**.

Hospital Indemnity Plan

***Plan has no pre-existing conditions.**

Coverage to help pay for expenses such as hospitalization costs that may not be covered under your medical plan.

You'll have a choice of two comprehensive plans (called the Low Plan and High Plan) which provide lump sum cash payments directly to you, aside from what your medical plan pays to the doctor and hospital. Here are just some of the covered benefits and services: when an accident or illness puts you in the hospital, and ER visit, ICU confinement, inpatient rehabilitation and once a year health screening. MetLife offers group rates that you pay through payroll deductions, so you don't have to worry about writing a check or missing a payment! Please see the full benefit disclosers when you login.

To view a full summary of benefits, click here:

[Hospital Indemnity](#)

Retirement Account

Viewpoint offers a competitive retirement plan administered through TIAA, which provides you the opportunity to build retirement assets throughout your career at the School. After three months of regular continuous service at Viewpoint School, employees eligible to participate in the plan and who contribute 5% of their salary will receive a 5% match from Viewpoint. Years of service with eligible prior employers within the last 12 months will count toward the three month waiting period. Employees who are not eligible for the matching plan may immediately enroll in the Supplemental Retirement Plan (with no minimum contribution amount) at any time. Please see the Employee Handbook for full details on these plans and maximum yearly contributions per the IRS.



PROVIDER	COVERAGE TYPE	TELEPHONE	WEBSITE/E-MAIL
ANTHEM	Medical HMO	833-913-2236	www.anthem.com
ANTHEM	Medical PPO	800-888-8288	www.anthem.com
ANTHEM	24/7 Nurse Line	800-337-4770	www.anthem.com
ANTHEM	Pharmacy	833-261-2460	www.anthem.com
METLIFE VISION	Vision	855-638-3931	www.metlife.com/mybenefits
METLIFE DENTAL	Dental HMO	800-880-1800	www.metlife.com/mybenefits
METLIFE DENTAL	Dental PPO	800-438-6388	www.metlife.com/mybenefits
METLIFE	Long Term Disability	800-438-6388	www.metlife.com
METLIFE	Hospital Indemnity	800-438-6388	www.metlife.com
TIAA	Retirement	800-842-2776	www.tiaa.org
HEALTH EQUITY previously WAGeworks	Flexible Spending Account	800-654-6695	www.myspendingaccount.wageworks.com
MORGAN STANLEY FINANCIAL ADVISOR	Amir Martin	310-285-2602	amir.d.martin@ms.com
MORGAN STANLEY FINANCIAL ADVISOR	Sean Melendez	310-285-2600	sean.melendez@morganstanley.com
METLIFE	Employee Assistance Program	888-319-7819	www.metlifeap.lifeworks.com
HUMAN RESOURCES			
HEATHER KRUSE	Chief Human Resources Officer	818-591-6550	heather.kruse@viewpoint.org
STEPHANIE CRUZ	HR Supervisor	818-591-6554	stephanie.cruz@viewpoint.org
EVELYN PEREZ	HR Generalist	818-591-6559	evelyn.perez@viewpoint.org

Need Help?

For assistance with any benefit-related questions or claims issues, you may contact our broker team directly at the number or email listed below:

Customer Service: (805) 995-9600 | Se Habla Español
Stephanie Berger: (805) 995-9602 | SBerger@insuremecis.com
www.insuremecis.com

