

Oak Grove School District Summary of Benefits

Below is a summary of your District paid benefits. The following health and welfare benefits are effective from the first of the month following your date of hire. (District contribution toward medical benefit is based on bargaining unit and FTE). Plan comparisons are located on our website at www.OGSD.net under Departments/Business/Benefits.

Medical Options (Please read summary of benefits for detailed explanation of covered services) Medical coverage may be extended to IRS qualifying dependents		
Kaiser Traditional HMO (PLAN A)	Member Services 800-464-4000	Group 607593
\$15.00 Co-pay \$20.00 brand name / \$10.00 generic prescription co-pay		
Kaiser \$30.00 HMO (PLAN B)	Member Services 800-464-4000	Group 607593
\$30.00 Co-pay \$25.00 brand name / \$10.00 generic prescription co-pay		
Kaiser Deductible Plan (PLAN D)	Member Services 800-464-4000	Group 607593
\$20.00 Co-pay \$500.00-\$1000.00 Calendar year deductible		
Sutter HMO	Member Services 855-315-5800	Group 777038
\$20.00 Co-pay \$30.00 brand name / \$10.00 generic prescription co-pay at participating pharmacies		
United HMO	Member Services 800-624-8822	Group 922146
\$20.00 Co-pay \$30.00 brand name/\$15.00 generic prescription co-pay at participating pharmacies		
United PPO Traditional	Member Services 866-633-2446	Group 922146
\$20.00 / \$30.00 Co-pay \$400.00 Calendar year deductible per member \$20.00 brand name / \$7.00 generic prescription co-pay at participating pharmacies		
United PPO Plus	Member Services 866-633-2446	Group 922146
\$20.00 Co-pay \$1,000.00 Calendar year deductible per member \$20.00 brand name / \$7.00 generic prescription co-pay at participating pharmacies		
Delta Dental Premier / PPO	Member Services 866-499-3001	Group 906-0001
70/80/90/100% \$1500.00 per year annual max per person. An additional \$500 per year if provider is part of PPO group. Paid at 70% in your first enrollment year with 10% added to basic service benefit percentage at the beginning of each subsequent year up to 100%. You must visit or have treatment by a certified dentist annually in order to increase contribution percentage.		
Vision Service Plan	Member Services 800-877-7195	Group 30098994
\$10.00 Co-pay; \$130.00 contact lenses / frame allowance Exam each 12 months/ lenses each 12 months/ frames each 24 months		
Mutual of Omaha - Life Insurance / Accidental Death & Dismemberment (AD&D)		Policy #G000CDBF
All eligible employees are covered at \$10,000. AFSCME members receive an additional \$40,000 policy. Superintendent and Administrators receive an additional \$100,000 policy. Supervisors and Confidential receive an additional \$50,000 policy. Employees may choose to purchase additional voluntary coverage for self/dependents.		
Mutual of Omaha - LTD Disability		Policy #G000CDBF
All eligible employees are covered at 50% of monthly earnings with a maximum monthly benefit of \$1,800.00. Additional protection is available at 60% of earnings with a maximum monthly benefit of \$3000.* *Actual amount is based on individual salary, premium not to exceed \$6.00 per month.		
Employee Assistance Program – Mutual of Omaha	1-800-316-2796	Policy #G000CDBF
Provided by Mutual of Omaha. The EAP is an additional benefit. It is a program designed to offer a professional and confidential source of help for personal concerns. The EAP program is regulated by the CA Dept of Corporations as a specialized health plan.		

Oak Grove School District offers several voluntary benefit plans such as Income Protection and Life/Cancer insurance. You can also take advantage of our pretax Flex spending accounts. You may enroll in these plans during open enrollment in October of each year. Please call Benefits at x100231 for more information.