

Employee Benefits Guide

JULY 1, 2025 - JUNE 30, 2026

*CLASSIFIED, CONFIDENTIAL,
PSYCHOLOGIST & MANAGEMENT*



Welcome!

Victor Elementary School District is proud to offer comprehensive, high-quality benefits at a reasonable cost. We've designed our benefits to give you choices so you can pick the benefits that are best for you and your family.

VESD benefits are broken into two major categories:

Core Benefits	Benefit Choices
Plans and programs automatically available to you at no cost	Plans and programs you can elect to join or purchase



This package contains 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 Personnel Department—Genesis Pleitez gpleitez@vesd.net

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Eligibility & Enrollment

Who may enroll

VESD Employees

- Classified Contract and Management employees working 6 hours or more / 30 hours or more per week

Dependents

- Your legally married spouse
- Your registered domestic partner (as defined by the state of California)
- Your children, stepchildren or children of your registered domestic partner to age 26, regardless of marital or student status
- Any children for whom you are required to provide coverage under a Qualified Medical Child Support Order
- Your unmarried children, step-children or children of your registered domestic partner of any age, if they are incapable of self-care due to a physical or mental disability

When you may enroll

As an Eligible Employee

- As a new hire, you may participate in VESD's benefits on the first day of the month following your date of hire
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS

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Your spouse, domestic partner and children can be enrolled in our Medical, Dental, Vision and Voluntary Supplemental Life AD&D insurance plans.



Benefits Plan Year
July 1 - June 30

Victor Elementary School District
covers 100% of Core Benefits for All
Full-Time Employees

Eligibility & Enrollment

Changes to enrollment

Open Enrollment

During our annual open enrollment period, you may make new benefit elections for the following July 1st effective date.

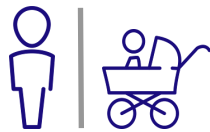
Qualifying Event

Once you make your benefit elections, you cannot change them throughout the year unless you experience a qualifying event as defined by the IRS.

Examples include, but are not limited to:



Marriage, divorce, legal separation, or annulment



Birth, adoption, or death of a child or spouse



Qualified Medical Child Support Order (QMCSO)



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)



Eligibility for a federal or state premium assistance program under Medicare, Medicaid, or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. If you do not update your coverage within 30 days of the qualifying event, you must wait until the next annual open enrollment period to update your coverage. For questions, please contact the Personnel Department.

One-On-One Virtual Consultations for Medical Benefits

CSEBA, in partnership with Blue Shield and Kaiser, offers you the opportunity to speak directly with our carrier partners regarding your medical coverage. You can ask questions such as:

- Which plan is right for you?
- Access to providers or specialists?
- How do I continue any care in progress if I change plans?
- What happens to my prescriptions if I change plans?

To learn more, scan or click the QR codes to the right.



Blue Shield



Kaiser

Understanding Your Medical Benefits

Kaiser Permanente | HMO Plan

With the Kaiser Permanente Health Maintenance Organization (HMO) plan, you must obtain services at a Kaiser Permanente facility, except in the case of emergency. All of your care must be directed through your selected doctor, but you can choose and change your doctor at any time, for any reason. Kaiser Permanente integrates all elements of healthcare such as physicians, medical centers, pharmacy, and administration in one convenient facility. In addition, Kaiser Permanente offers online tools so you can email your doctor's office, make appointments, refill prescriptions, and more.

Blue Shield | HMO Plans

With the HMO plans, you must choose a primary care physician (PCP) or medical group within the network. Please note that networks may vary between HMO plans. All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics, and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.

The **Trio accountable care organization (ACO) HMO plan** may be the most cost-effective plan. As a high performing HMO network, it's affordable and predictable—low copays, no deductibles and almost no claims forms. It also offers better coordination among doctors and hospitals, preferred pharmacy cost-sharing, and more.

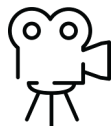
Blue Shield | PPO Plan

The Blue Shield Preferred Provider Organization (PPO) plan allows you to direct your own care. If you receive care from a physician who is a member of the Blue Shield network, a greater percentage of the entire cost will be paid by the insurance plan. However, you are not limited to the physicians within the network and you may self-refer to specialists. If you obtain services using a non-network provider, please note that you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims.



Finding a Medical Provider

- **Kaiser Permanente HMO:** Call 800-464-4000 or visit <https://my.kp.org/CSEBA>.
- **Blue Shield HMOs: and PPOs:** Call 855-747-5800 or visit www.blueshieldca.com/CSEBA and refer to the plan network (see the plan summaries on pages 8-9 for the network name for each plan)



Educational Video

Health Insurance Terms

<http://video.burnhambenefits.com/terms>

Summary of Benefits and Coverage

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 VESD. Please refer to the SBC and carrier contracts provided by VESD's medical plans for additional plan details.

Understanding Your Medical Benefits

Blue Shield Concierge

All CSEBA members have access to the Shield Concierge, a team of registered nurses, health coaches, social workers, pharmacy technicians, pharmacists, and customer service representatives.

The Shield Concierge can help you with:

- Locating a new doctor or specialist
- Coordinating your care for an existing health condition or if you are about to undergo surgery
- Transferring your prescriptions or medical records
- Helping you understand your plan benefits
- Getting answers to your drug and medication questions
- Answering questions about your doctor's instructions

Hours: Monday—Friday 7:00am to 7:00pm Pacific Time
(855) 747-5800

EPIC Hearing Aid Benefit

All CSEBA members can save on hearing aids through EPIC:

- Choose from 2,000+ hearing aid models and styles from the industry's top brands
- Get virtual care with hearing aids delivered directly to your door or in-person care at 7,000+ hearing providers nationwide
- Experience innovative technology including Relate™, EPIC's private-labeled hearing aid brand

To learn more visit EPIChearing.com or call (866) 956-5400, TTY 711

Tips on Using Your Medical 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.

Preventive care benefits are covered at no charge to you (in-network only for the PPO plan). Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and most importantly... potentially save your life! Take advantage of these no cost benefits now to hopefully avoid major illnesses and costs 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 Virtual Visit:** These are the best choice 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.

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

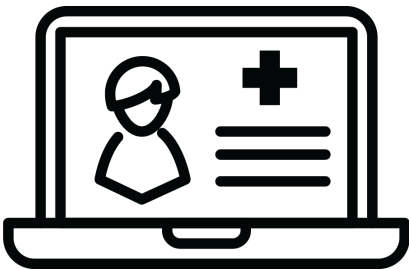
If you take medications on a long term basis, the mail order prescription drug benefit can save you money. For the cost of two copays, Kaiser members can receive a 100-day supply of medications, and Blue Shield of California members can receive a 90-day supply of medications.

Virtual Visits

The care you need— when you need it

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now you don't have to.

All VESD medical plans give you access to virtual visits which allow you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy.



How to Access Virtual Visits

Blue Shield | Teladoc

Signing up is quick, easy, and free to do. Be sure to enter your insurance information since Teladoc is a covered benefit under our Blue Shield plans.

Call (800) 835-2362
Online: www.blueshieldca.com/teladoc
Download the Blue Shield App

Kaiser Permanente

Phone and video doctor visits are available by appointment

Call 24/7 at (833) 574-2273
Online: www.kp.org
Download the Kaiser App

Kp.org/getcare for additional information

Good For	Not Good For
• Colds, fever, and flu • Allergies • Sore throat • Headache • Stomach ache • Conjunctivitis • Bronchitis • Fever • Diarrhea • Skin issues • Acne • UTIs • Managing chronic illness • COVID 19 concerns • and more!	• Anything that requires a hands-on exam • Anything requiring a test • Cancer or other complex conditions • Chronic conditions • Sprains, broken bones, or injuries requiring bandaging

Here's How it Works:

Connecting to a US board certified doctor with your computer, phone, or mobile device is easy!



Sign up online to use day, night, weekends, and holidays



Click on your selected doctor to review your health issues



The doctor will review your health history, answer questions, assess your condition and even prescribe medications if needed

Medical Plan Highlights

	CSEBA Kaiser \$20 HMO Plan 8	CSEBA Blue Shield Access+ HMO Plan 1C	CSEBA Blue Shield Trio HMO Plan 1C
	Kaiser Permanente	Access+ HMO Network	Trio HMO Network
Plan Differences			
Network Size	★★	★★★	★
Access to Providers	Managed by Your PCP	Managed by Your PCP	Managed by Your PCP
Calendar Year Deductible			
- Individual	\$0	\$0	\$0
- Family	\$0	\$0	\$0
Out-of-Pocket Maximum			
- Individual	\$1,500	\$500	\$500
- Family	\$3,000	\$1,500	\$1,500
Coinsurance (Plan Pays)	100%	100%	100%
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Health Benefits	You Pay	You Pay	You Pay
Office Visit Copay			
- Preventive Care	No Charge	No Charge	No Charge
- Primary Care Physician	\$20 Copay	\$10 Copay	\$10 Copay
- Specialist	\$20 Copay	\$10 / \$20 Copay	\$10 / \$20 Copay
- Urgent Care	\$20 Copay	\$10 Copay	\$10 Copay
- Virtual Visits	No charge	\$5 Copay	No Charge
Hospitalization			
- Inpatient	No Charge	No Charge	No Charge
- Outpatient Surgery	\$20 Copay	No Charge	No Charge
Lab and X-Ray			
- Diagnostic	No Charge	No Charge	No Charge
- Complex	No Charge	No Charge	No Charge
Emergency Services	\$100 Copay	\$50 Copay	\$50 Copay
Chiropractic/ Acupuncture	\$10 Copay 30 Visits Combined	\$10 Copay 30 Visits Combined	\$10 Copay 30 Visits Combined
Retail Pharmacy	You Pay	You Pay	You Pay*
Tier 1 / Generic	\$10	\$5	\$0 / \$5
Tier 2 / Formulary	\$20	\$10	\$5 / \$10
Tier 3 / Non-Form	n/a	\$25	Not Covered
Tier 4 / Specialty	\$20	\$25	\$10 / \$10
Supply Limit	30-day supply	30-day supply	30-day supply
Mail Order Pharmacy	You Pay	You Pay	You Pay
Tier 1 / Generic	\$20	\$10	\$10
Tier 2 / Formulary	\$40	\$20	\$20
Tier 3 / Non-Form	n/a	\$50	Not Covered
Tier 4 / Specialty	n/a	\$50	\$20
Supply Limit	100-day supply	90-day supply	90-day supply

* The Blue Shield Trio HMO features a value-based tier drug benefit for the following categories: Asthma, Diabetes, High Blood Pressure, and High Cholesterol. To learn more and to access the Blue Shield Plus Drug Formulary, visit blueshieldca.com/pharmacy.

Medical Plan Highlights

	CSEBA Blue Shield 90/70 PPO Plan 3	
	In-Network	Out-of-Network
Plan Differences		
Network Size	★★★★	★★★★
Access to Providers	Managed by You	Managed by You
Calendar Year Deductible - Individual - Family	\$250 \$500	\$250 \$500
Out-of-Pocket Maximum - Individual - Family	\$2,500 \$5,000	\$4,500 \$9,000
Coinsurance (Plan Pays)	90%	70%
Lifetime Maximum Benefit	Unlimited	Unlimited
Health Benefits	You Pay	You Pay
Office Visit Copay - Preventive Care - Primary Care Physician - Specialist - Urgent Care - Virtual Visits	No Charge \$10 Copay \$10 Copay \$10 Copay \$5 Copay	Deductible, 30% Deductible, 30% Deductible, 30% Deductible, 30% Not Covered
Hospitalization - Inpatient - Outpatient Surgery	Deductible, 10% Deductible, 10%	Deductible, 30% Deductible, 30%
Lab and X-Ray - Diagnostic - Complex	Deductible, 10% Deductible, 10%	Deductible, 30% Deductible, 30%
Emergency Services	\$100 Copay + 10%	
Chiropractic	Deductible, 10%	Deductible, 30%
	Max 24 Visits/Year	
Acupuncture	Deductible, 10%	Deductible, 30%
	Max 12 Visits/Year	
Retail Pharmacy	You Pay	
Tier 1 / Generic	\$10	\$10+25%
Tier 2 / Formulary	\$20	\$20+25%
Tier 3 / Non-Form	\$35	\$35+25%
Tier 4 / Specialty	\$35	\$35+25%
Supply Limit	30-day supply	
Mail Order Pharmacy	You Pay	You Pay
Tier 1 / Generic	\$20	Not covered
Tier 2 / Formulary	\$40	Not covered
Tier 3 / Non-Form	\$70	Not covered
Tier 4 / Specialty	\$70	Not covered
Supply Limit	90-day supply	

For additional medical plan details refer to your Summary of Benefits

Blue Shield of California Networks

Network Comparison

IPA List by County — Provider data below is a snapshot of the network as of 12/2022

IPA	County	Trio HMO	Access+ HMO
Alliance Desert Physicians	San Bernardino	✓	✓
Alpha Care Medical Group — Victor Valley	San Bernardino	✓	✓
Beaver Medical Group	San Bernardino	✓	✓
Chaffey Medical Group	San Bernardino	✓	✓
Choice Medical Group Apple Valley	San Bernardino		✓
Choice Medical Group Barstow	San Bernardino		✓
Desert Valley Medical Group	San Bernardino		✓
Fenix Medical Group	San Bernardino	✓	✓
Heritage Victor Valley Medical Group	San Bernardino		✓
Lasalle Medical Associates — Coachella Valley	San Bernardino		✓
Lasalle Medical Associates — Riverside	San Bernardino		✓
Lasalle Medical Associates — San Bernardino	San Bernardino		✓
Loma Linda University Health Care	San Bernardino		✓
My Family Medical Group	San Bernardino		✓
Optum Care Network — Desert Cities	San Bernardino	✓	✓
Optum Care Network — Moreno Valley	San Bernardino	✓	✓
Optum Care Network — Citrus Valley	San Bernardino	✓	✓
Optum Care Network — Inland Valley	San Bernardino	✓	✓
Optum Care Network — Redlands	San Bernardino	✓	✓
Optum Care Network — San Bernardino	San Bernardino	✓	✓
Pinnacle Medical Group	San Bernardino	✓	✓
Primecare Medical Group of Chino Valley Inc	San Bernardino	✓	✓
Providence Affiliated Physicians St. Mary	San Bernardino	✓	✓
Redlands Yucaipa Medical Group	San Bernardino	✓	✓
St. Mary High Desert Medical Group	San Bernardino	✓	✓

***This tool is for estimating only.** Blue Shield of California networks may change without notice. For a list of hospitals available in the Blue Shield networks, please use Blue Shield's Find a Doctor tool at blueshieldca.com. Blue Shield of California is an independent member of the Blue Shield Association.

Mental Health Resources

Kaiser Permanente / Blue Shield | In-Network Mental Health Benefits*

Our medical insurance providers are ready to help you get the support you need. With our medical plans' networks of Behavioral Health providers (therapists, psychologists, psychiatrists), you can access your covered mental health benefits for short or long-term issues.

Medical Plan	Inpatient	Outpatient Visits	Virtual Mental Health Visits
Kaiser HMO	No charge	\$20 Copay	Our VESD plans allow you to receive behavioral and mental health virtual care for those times you'd like to seek counseling from the comfort of your home. Kaiser Permanente: Log in to www.kp.org or call 800-464-4000. Blue Shield: Log on to www.blueshieldca.com/teladoc or call 800-835-2362
Blue Shield HMO	No charge	\$10 Copay	
Blue Shield Trio HMO	No charge	\$10 Copay	
Blue Shield PPO	Deductible, 10%	\$10 Copay	

*Non-network mental health benefits are also available. Refer to the SBCs for details.

Free Mental Health and Wellness Apps

Ginger App: Available to Both Kaiser and Blue Shield Members

Ginger is on-demand, personalized mental health support for all of life's challenges. This program provides behavioral health coaching with therapists, and psychiatrists working as a team, available 7 days a week. It also includes 200+ activities with quick tips and guided audio to practice life skills.

To download the Ginger app:

- Blue Shield Members: <https://wellvolution.com/mentalhealth>
- Kaiser Members: <https://kp.org/selfcareapps>.

Calm and myStrength Apps: Available to Kaiser Members Only

Calm is a daily use application that uses meditation and mindfulness to help lower stress, reduce anxiety and improve sleep quality. Calm is available to Kaiser members and dependents (ages 9 and up).

MyStrength offers personalized programs with interactive activities, daily health trackers to monitor progress and in-the-moment coping tools. myStrength is available to Kaiser & Blue Shield members and dependents (ages 13 and up).

To download the Calm and myStrength apps, go to <https://kp.org/selfcareapps>.

Headspace App: Available to Blue Shield Members Only

Headspace is a meditation and sleep tool that teaches members how to meditate, relieve stress, and improve sleep. It consists of a library of 500+ guided meditations on sleep, grief, anxiety, compassion, and more. Additional features include sleep sounds, wind-down exercises, tension-releasing workouts, yoga, and music playlists. Headspace is available to Blue Shield Members and dependents (ages 18 and up).

To download the Headspace app, go to <https://wellvolution.com/mentalhealth>

Digital cognitive behavioral therapy (dCBT) program is an important self-paced tool you can use anytime, anywhere to improve your mental health, go to www.healthadvocate.com/members

Mental Health Resources

Free Mental Health and Wellness Apps

Headspace App

Available to Blue Shield Members Only

Headspace is a meditation and sleep tool that teaches members how to meditate, relieve stress, and improve sleep. It consists of a library of 500+ guided meditations on sleep, grief, anxiety, compassion, and more. Additional features include sleep sounds, wind-down exercises, tension-releasing workouts, yoga, and music playlists. Headspace is available to Blue Shield Members and dependents (ages 18 and up).

To download the Headspace app, go to <https://wellvolution.com/mentalhealth>

Health Advocate | Employee Assistance Program

This coverage is provided by VESD at no cost to you. The Employee Assistance Program (EAP) provides you and your eligible family members with free, confidential assistance to help with problems that may interfere with work or family responsibilities.



Accessing the EAP

Call (866) 799-2728 or visit www.healthadvocate.com/cseba

EAP Services

- 24/7 phone consultations with licensed mental health professionals and referrals to supportive resources
- Up to five face-to-face counseling sessions per issue per rolling calendar year for you and your household members
- Online programs to offer something different than traditional counseling
- Access to quick and confidential help from legal and financial experts



Educational Video

Mental Health FAQs

<https://flimp.live/>

[Burnham_Benefits_HRVideoLibrary](#)

The EAP can help with issues such as:



Stress, Anxiety
or Depression



Relationship Issues



Grief and Loss



Legal Assistance



Financial Services
and Referrals



Childcare Resources
and Referrals



Senior Care



Pet Care



Identity Theft



And More!

Health Advocate

Health Advocate is a program that provides you with experienced help when dealing with benefit related issues. Their team includes highly trained registered nurses, backed by a staff of medical directors and administrative experts. When you call Health Advocate for assistance you are assigned a Personal Health Advocate who takes responsibility for helping you to resolve problems. Here are a few of the ways that they help:



Not sure who to call or which benefit to use?

Call Health Advocate!



Diagnosed with a medical issue?

Count on Health Advocate to answer questions, research and explore treatment options, and coordinate services relating to your care.



Need to find a doctor or hospital?

Health Advocate can match you with the right quality providers, and even make an appointment at a time that works for your schedule!



Considering a second opinion?

Health Advocate will research and identify top experts and Centers of Excellence, arrange for the transfer of your medical records and test results, and arrange face-to-face appointments.



Medical bills, claims or benefit questions?

Health Advocate will review your medical bills to uncover possible errors or duplicate charges, and help resolve complicated claims and billing issues.



Support for the whole family!

Health Advocate is available to you, your spouse or domestic partner, dependents, parents, and parents-in-law.

Their years of experience make it easy. You need to make only one call or send an e-mail and your Personal Health Advocate will:

- Act quickly and effectively on your behalf.
- Protect your privacy and keep information strictly confidential.
- Find the best answers.
- Make any necessary follow-up arrangements.



Contacting Health Advocate

- **Telephone:** If you need assistance dealing with benefit-related issues, you can speak directly with a highly trained registered nurse by calling (866) 799-2728
- **Email:** answers@healthadvocate.com
- **Web:** www.healthadvocate.com/members
- **Mobile App:** Available for free at the Apple App Store or Google Play Store.

Dental Plans

CSEBA Delta Dental | PPO Plans

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network. When you utilize a network dentist, your out-of-pocket expenses will be less, however, you will usually pay the lowest amount for services when you visit a PPO dentist. If you obtain services using a non-network dentist, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims. The chart below provides a high-level overview of your dental plan.

In this incentive plan, Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 70% of the PPO contract allowance for major services during the first year of eligibility. 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 year. If an enrollee does not use the plan during the calendar year, there will be a 10% decrease from the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Dental Benefits	Delta Dental PPO (Actives)		Delta Dental PPO (Retirees)	
	Delta Dental PPO	Non-Network	Delta Dental PPO	Non-Network
Calendar Year Max. Benefit	\$2,000 / \$1,500		\$2,000 / \$1,500	
Annual Deductible - Individual - Family	None		None	
D&P Counts Towards Maximum	No		No	
Preventive Services	70% - 100%	70% - 100%*	70% - 100%	70% - 100%*
Basic Services	70% - 100%	70% - 100%*	70% - 100%	70% - 100%*
Major Services	70% - 100%	70% - 100%*	70% - 100%	70% - 100%*
Orthodontia - Child - Adult	50% / \$2,500 Lifetime Benefit Maximum		50% / \$2,500 Lifetime Benefit Maximum	
Implants	50%		50%	
Smileway	Yes		Yes	
Occlusal Guard Benefits - Lifetime Maximum	100% \$500		100% \$500	

*Dentists who are out-of-network have not agreed to pricing, and may bill you for the difference between what Delta Dental pays them and what the dentist usually charges.

Note:

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.



Finding a Dental Provider

Go to www.deltadental.com.

- Refer to the PPO network

Vision Plan

ACSIG Vision Service Plan (VSP) | Vision Plan

VESD provides vision coverage through VSP. You can see a VSP in-network provider or an out-of-network provider; however, your costs will be lower if you visit an in-network provider. If you visit an in-network provider you will be responsible for a copayment at the time of your service. If you receive services from an out-of-network doctor, you will pay all costs at the time of service and submit a claim for reimbursement.

Vision Benefits	Vision Service Plan (VSP) PPO	
	VSP Choice Network	Non-Network
Copay - Examination	\$10 Copay	N/A
Examination (Every 12 Months)	No Charge after Copay	Up to \$45 Reimbursement
Lenses (Every 12 Months) - Single Vision - Bifocal - Trifocal	Included in Prescription Glasses	Up to \$30 Reimbursement Up to \$50 Reimbursement Up to \$65 Reimbursement
Frames (Every 12 Months)	\$150 Benefit	Up to \$70 Reimbursement
Contact Lenses (Every 12 Months) - Cosmetic / Elective	(in lieu of frames and lenses)	
	\$150 Benefit	Up to \$105 Reimbursement
Frequency of Services - Exam/Lenses/Frames/Contacts	12/12/12/12 Months	12/12/12/12 Months



Finding a Vision Provider

Go to www.vsp.com. Refer to the VSP Choice network.



Additional Discounts Available

- **LASIK Benefit:** Average 15% off of the regular price or 5% off the promotional price, discounts only available from contracted facilities
- **Continued Eyewear Savings:** Extra \$20 to spend on features frame brands, go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements from any VSP provider within 12 months of your last WellVision exam

Life and AD&D

It's never fun to discuss life insurance. But you probably know that life insurance is something that you need to protect your loved ones in the event of your death. Things like funeral expenses, debt, and the cost of living, can all add up. Fortunately, life insurance can help lessen the financial burden and provide coverage to help pay for these types of expenses.

MetLife | Basic Life and AD&D

This coverage is provided by VESD at no cost to you.

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the district.

Accidental Death and Dismemberment (AD&D) coverage provides an additional benefit to your beneficiary if your death is due to a covered accident or injury.

Life benefits will reduce by certain percentages as you age, and will terminate when you leave the district or retire.

Basic Life and AD&D

All Employees:
\$50,000
Reduces by 35% at age 70



Choosing a Beneficiary

A beneficiary is a person or entity who you designate to receive your death benefits. Choosing a beneficiary and keeping your beneficiary up-to-date is an essential part of owning life insurance. Please remember to review your beneficiary designation as new situations arise, such as the birth or adoption of a child, marriage, or divorce. You may call the Personnel Department for a copy of the Beneficiary Designation Form as needed.

MetLife | Voluntary Life and AD&D

In addition to the district 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 MetLife. You pay for this coverage with after-tax dollars through convenient payroll deductions.

Voluntary Life and AD&D

Employee

Coverage may be purchased for yourself in increments of \$10,000 up to a maximum benefit of the lesser of 5x salary or \$300,000.

Spouse or Domestic Partner

If you buy coverage for yourself, you may also purchase coverage for your spouse or domestic partner in increments of \$5,000 up to a maximum benefit of \$150,000, not to exceed 50% of the employee's optional life benefit.

Child(ren)

If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren) - benefits for your child(ren) are available in the amount of \$5,000 for children up to the age of 26.

Rates

Deductions are **tenthly**. Based on your age bracket every July 1st, the rate will stay the same **or increase automatically**.

Life benefits will reduce by certain percentages as you age, and will terminate when you leave the district or retire.

Guarantee Issue

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:** Lesser of \$200,000 or 5x salary or \$300,000
- **Spouse or Domestic Partner:** \$25,000
- **Child(ren):** Entire benefit amount (\$5,000)

If you are no longer in your initial eligibility period, you may enroll in Voluntary Life insurance during open enrollment as long as you provide proof of good health. To provide proof of good health, you will be asked to complete a health questionnaire (Evidence of Insurability) and are subject to insurance carrier approval. MetLife may approve or decline coverage based on a review of your health history.

Annual Notices

VESD plans are partially arranged by VESD and governed by its plan rules and documents. ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. VESD distributes annual notices to new-hires, and each year during open enrollment. You may also request a copy by contacting the Personnel Department.

The following are a list of Annual Notices:

- **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 without a penalty.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by VESD's group health plan if the plan sponsor receives, uses or discloses protected health information from the 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):** This act contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** This act 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 VESD'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.

ACA

The Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Rhode Island, Vermont, or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay the penalty for the 2025 tax year – these states have an individual mandate requirement.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by VESD 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.

If you choose to purchase coverage through the marketplace, because VESD 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.

Carrier Contacts

	Phone	Website/Email
Kaiser Permanente		
HMO Member Services	800-464-4000	www.kp.org/cseba
Blue Shield		
HMO Member Services	855-747-5800	www.blueshieldca.com/cseba
PPO Member Services	855-747-5800	www.blueshieldca.com/cseba
CVS Caremark	866-346-7200	www.caremark.com
Teladoc	800-835-2362	www.teladoc.com/bsc
Blue Shield Concierge	855-747-5800	www.blueshieldca.com/cseba
Employee Support		
Health Advocate	866-799-2731	www.healthadvocate.com/membersanswers@healthadvocate.com
MetLife		
Basic Life/AD&D	800-438-6388	mybenefits.metlife.com
Delta Dental		
Member Services	888-335-8227	www.deltadentalins.com
VSP		
Member Services	800-877-7195	www.vsp.com



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This Employee Benefits Guide 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 guide 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 benefits program, please contact the Human Resources Department.

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