SEE WHAT'S INSIDE...

The comparison chart shows what you pay under the medical plans. Use the chart to compare plan benefits to help you choose the right plan for you and your family during the annual open enrollment period. The information contained in this document can be referenced throughout the 2024/2025 school year. Be sure to review your open enrollment materials and the Benefits Department website for additional information, including premium rates.

For Summary Illustration and Comparison Purposes Only. Please refer to each company's plan documents to verify eligibility, benefits and conditions for coverage. These summary illustrations and comparisons are NOT to be relied upon, and are NOT binding as to the Company's benefits.

HEALTH BENEFITS 2025/2026

VSP VISION BENEFITS	Copay	Frequency
Wellvision Exam	$10	12 Months
Frames Allowance	$150	12 Months
Featured Frames Allowance	$170	12 Months
Walmart/Sams/Costco Frames Allowance	$80	12 Months
Savings over Allowance	20%	12 Months
LENSES (INSTEAD OF CONTACTS)		
Single vision, lined bifocal and lined trifocal	Included in Exam Copay	12 Months
Polycarbonate lenses for dependent children	Included in Exam Copay	12 Months
Tinted Lenses	$0	12 Months
Standard Progressive lenses	$0	12 Months
Premium Progressive lenses	$40 - $50	12 Months
Custom progressive lenses	$95 - $120	12 Months
Average savings - Other lens enhancements	30%	12 Months
CONTACTS (INSTEAD OF LENSES IN GLASSES)		
Contact Lens Allowance	$150	12 Months
Contact Lens Exam (Fitting & Evaluation)	Up to $40	12 Months

KAISER VISION BENEFITS	
Eyeglasses or Contacts every 24 Months	$300 Allowance

CHIROPRACTIC AND ACUPUNCTURE CARE

Colton JUSD in partnership with CSEBA offers a combined chiropractic/acupuncture benefit on all HMO plans for just a $10 copay, up to a combined maximum of 30 visits per member per calendar year (January – December) through American Specialty Health Plans of California, Inc (ASH). This is a self-referred benefit, so you do not need a referral from your doctor.

PPO Plan and Tandem PPO Plan 8	Participating Provider	Non-Participating
Chiropractic Services - (limited to 24 visits per calendar year)	10%	30%
Acupuncture - Services for disease, illness or injury - (limited to 12 visits per calendar year)	10%	30%

DELTA DENTAL PPO	IN-NETWORK	OUT-OF-NETWORK
Deductible (Individual/Family)	None	None
Calendar Year Benefit Maximum	$2,000	$1,500
DIAGNOSTIC & PREVENTATIVE		
Exams (2), Cleanings (4) and X-Rays	70% - 100%	70% - 100%
Cleanings & Floride Treatment	70% - 100%	70% - 100%
BASIC SERVICES		
Basic Restorative (Fillings, etc.)	70% - 100%	70% - 100%
Endodontics, Periodontics, Oral Surgery	70% - 100%	70% - 100%
MAJOR SERVICES		
Crowns, Inlays, Onlays, Cast Restorations	70% - 100%	70% - 100%
PROSTHODONTICS		
Bridges, Dentures	70%	50%
ORTHODONTICS (DEPENDENT CHILDREN)		
Diagnostic, Active, Retention Treatment	50%	50%
Orthodontic Lifetime Maximum	$1,000	$1,000

DELTACARE USA HMO	In-Network	Out-of-Network
Deductible (Individual/Family)	None	Not Covered
Calendar Year Benefit Maximum	None	Not Covered

Copays for services on the DeltaCare USA HMO vary, please refer to the DeltaCare USA copay schedule for additional information.

X-Ray Limitations:

- Benefit is limited to two of any bitewing x-ray procedures within a calendar year.
- One full mouth series of intra-oral films within a 3 year period from the last date performed.

Open enrollment is your once-a-year opportunity to make changes to your health benefits. Open Enrollment is important for everyone, not just those employees who are making changes or signing up for the first time. Some of the top reasons to review your benefits during Open Enrollment are:

- Check to see if there are changes to your plan: New regulations may affect your insurance and/or benefits.
- Open Enrollment gives you the opportunity to review any plan changes to make sure your current plan is still the best choice for you and your family.
- Check the dollar amounts in your Savings or Spending Accounts: Make sure your contributions accurately reflect your needs for the upcoming plan year so that you'll be reimbursed for all the money you put into your account, or to maximize your savings.
- Make sure your dependents are still eligible: There are specific rules for dependent eligibility. Continually enrolling a dependent who is no longer eligible is considered fraud. Make sure your dependents are still eligible and know when they will lose eligibility so you can make other arrangements.
- Explore new programs and opportunities: CSEBA evaluates benefit offerings annually to ensure they are relevant and meet members' needs. They often roll out new benefits and programs that meet the changing needs of members. By reviewing open enrollment materials, you can take advantage of any new programs and opportunities available to you.
- Browse Other Plans: As you move through different stages in life, you may have different needs that your insurance plan can cover. The plan you were on last year may have worked for you then, but you and your family may have experienced a life-changing event and your current plan may not be the best fit anymore.
- Be sure that you are enrolled in the plan that will do the most for you and your family.
- Dependents Moving Out of State: Do you have children who are going away to college or moving out of state? It is important to review your current plan to see what benefits are available to your dependents while away at school or if living out of the State of California.

BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

Colton JUSD provides $25,000 Basic Life Insurance coverage and Accidental Death and Dismemberment insurance.

ANY QUESTIONS? CONTACT THE BENEFITS DEPARTMENT AT BENEFITS@CJUSD.NET

OPEN ENROLLMENT RESOURCES

Benefitfocus Enrollment Portal	Colton Joint USD - Risk & Benefits Department	Blue Shield Microsite	Kaiser Microsite	Delta Dental - Member Home	VSP Microsite

All your Benefit resources in one place, download the CSEBA App!

CALIFORNIA SCHOOLS EMPLOYEE BENEFITS ASSOCIATION

MEDICAL PLANS COMPARISON FOR THE EMPLOYEES OF:

COLTON JOINT UNIFIED SCHOOL DISTRICT

BENEFITS	BLUE SHIELD HMO PLAN OPTIONS		KAISER PLAN OPTIONS		BLUE SHIELD PPO PLAN OPTIONS			
	Access + HMO 4	Trio HMO 4	Plan 6 w/Optical	Plan 12 w/Optical (All Management & Certificated Staff ONLY)	PPO 8		Tandem PPO 8	
					Participating Provider	Non- Participating	Participating Provider	Non-Participating Provider
Annual Deductible (per calendar year):	None	None	None	None	$500	$1,500	$500	$1,500
Maximum Out of Pocket (per calendar year):	$1,500/Individual $3,000/Family	$1,500/Individual $3,000/Family	$1,500/Individual $3,000/Family	$4,000/Individual $8,000/Family	$3,500/ Individual $7,000/Family	$7,000/Individual $14,000/Family	$3,500/ Individual $7,000/Family	$7,000/Individual $14,000/Family
PROFESSIONAL SERVICES								
Office Visit/Specialist	$10 Copay	$10 Copay	$10/visit	$30/visit	$20 Copay (deductible does not apply)	30%	$20 Copay (deductible does not apply)	30%
Teladoc Visit	$5 Copay	No Copay	No Copay	No Copay	$5 Copay (deductible does not apply)	Not Covered	$0 Copay (deductible does not apply)	Not Covered
Urgent Care	$10/visit	$10/visit	$10/visit	$30/visit	$20 Copay (deductible does not apply)	30%	$20 Copay (deductible does not apply)	30%
Preventative Care	No Copay	No Copay	No Copay	No Copay	No Copay	Not Covered	No Copay	Not Covered
HOSPITAL MEDICAL SERVICES								
Physician	No Copay	No Copay	No Copay	No Copay	10	30%	10	30%
Services Hospital	No Copay	No Copay	No Copay	$250/admit	%	30% up to $600/day + 100% of additional charges	%	30% up to $600/day + 100% of additional charges
OUTPATIENT SERVICES								
Outpatient Surgery Facility Lab	No Copay	No Copay	$10/procedure	$250/procedure	10%	30% (up to $350 max per day)	10%	30% (up to $350 max per day)
and X-Ray	No Copay	No Copay	No Copay	$10/encounter	10%	30% (up to $350 max per day)	10%	30% (up to $350 max per day)
Advanced Imaging (MRI, CT, PET)	$100/visit	$100/visit	No Copay	$50 per procedure	10%	30% (up to $350 max per day)	10%	30% (up to $350 max per day)
Durable Medical Equipment	20%	20%	No Copay	50%	10%	30%	10%	30%
Emergency Services Copay	$100/visit	$100/visit	$50 Copay	$150/visit	$150 Copay + 10%	$150 Copay + 10%	$150 Copay + 10%	$150 Copay + 10%
Ambulance Services Copay	$100/trip	$100/trip	No Copay	$150/trip	10%	10%	10%	10%
MENTAL HEALTH AND SUBSTANCE ABUSE								
Inpatient (Physician visit)	No Copay	No Copay	No Copay	$250/admit	10%	30%	10%	30%
Inpatient (Facility-based care)	No Copay	No Copay	No Copay	$250/admit	10%	30% of up to $600/day + 100% of additional charges	10%	30% of up to $600/day + 100% of additional charges
Outpatient (Physician visit)	$10/visit	$10/visit	$10/visit	$30/visit	$20 Copay (deductible does not apply)	30%	$20 Copay (deductible does not apply)	30%
Outpatient (Facility-based care)	No Copay	No Copay	No Copay	No Copay	10%	30% (up to $350 max per day)	10%	30%(up to $350 max per day)
PHARMACY BENEFITS								
Value-Based Tier Drugs	Not Covered	$0 Copay	N/A	N/A	Not Covered	Not Covered	$0 Copay (Deductible Does Not Apply)	Not Covered
Tier 1 (30 Day)	$5 Copay	Level A - $0 Copay Level B - $5 Copay	$10 Copay (100 day)	$15 Copay	$5 Copay	25% + $5 Copay	Level A - $0 Copay Level B - $5 Copay	25% +$5/prescription
Tier 2 (30 Day)	$25 Copay	Level A - $15 Copay Level B - $25 Copay	$20 Copay(100 day)	$30 Copay	$25 Copay	25% + $25 Copay	Level A - $15 Copay Level B - $25 Copay	25% + $25/prescription
Tier 3 (30 Day)	$40 Copay	Covered with Prior Authorization	Covered with prior authorization	Covered with prior authorization	$40 Copay	25% + $40 Copay	$40 Copay	25% + $40/prescription
Specialty (30 Day)	$40 Copay	$25 Copay	$20 Copay	$30 Copay	$40 Copay	25% + $40 Copay	$40 Copay	25% + $40/prescription
Mail Order (90 Day)	2x Retail	2x Retail	Match retail	2x retail	2x Retail	Not Covered	2x Retail	Not Covered