Conejo Valley Unified School District Benefits Administration • School Sites EMPLOYEE BENEFITS 2024-2025

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CONTACTS

District Office

750 Mitchell Road Newbury Park, CA 91320

Name/Title	Phone Number	Fax Number
Liz Grigsby– Benefits Specialist	(805)498-4557	N/A
e-mail: <u>egrigsby@conejousd.org</u>	x7411	
District Benefits Website: <u>www.conjeousd.org</u>		
Click on Departments > Human Resources > Employee Benefits		

Anthem Blue Cross - HMO

801 South Figueroa Street, 5th Floor Los Angeles, CA 90017 Group Number/Purchaser ID: 275928 www.anthem.com

Name/Title	Phone Number	Fax Number
Customer Service Call Center	(833)913-2237	N/A
CarelonRx Pharmacy/ Pre-Authorizations	(833)261-2460	N/A
CarelonRx – Mail Order Service	(833)261-2460	N/A

Anthem Blue Cross - PPO

801 South Figueroa Street, 5th Floor Los Angeles, CA 90017 Group Number/Purchaser ID: 275928 www.anthem.com

www.serveyourx.com

Name/Title	Phone Number	Fax Number
Customer Service Call Center	(800)759-3030	N/A
ServeYouRx	(800)759-3203	N/A

Kaiser Permanente

3100 Thornton Ave., 4th Floor Burbank, CA 91504 Group Number/Purchaser ID: 101877 <u>www.kaiserpermanente.org</u>

Name/Title	Phone Number	Fax Number
Administrative support for Members Hours: 7am – 7pm, seven days a week	(800)464-4000	N/A

Delta Dental

12898 Towne Center Drive Cerritos, CA 90703 Group Number/Purchaser ID: 1349 www.deltadentalca.org

Name/Title	Phone Number	Fax Number
Customer Service	(800)765-6003	N/A

VSP

111 West Ocean Blvd., Suite 1625 Long Beach, CA 90802 Group Number/Purchaser ID: 12146862

www.vsp.com

Name/Title	Phone Number	Fax Number
Customer Service Questions regarding plan coverage and eligibility	(800) VSP-7195	N/A

Standard Life Insurance Company

P.O. Box 4744 Portland, OR 96208 Group Number/Purchaser ID: 503030-3000 www.standard.com

Name/Title	Phone Number	Fax Number
Life Benefits	800-628-8600	N/A
Customer Service	888-937-4783	N/A

American Fidelity

36310 Inland Valley Dr. Suite 100 Wildomar, CA 92595

www.americanfidelity.com

Name/Title	Phone Number	Fax Number
Anthony Magallanes anthony.magallanes@americanfidelity.com	(800) 365-9180	N/A
SergioTolossa Sergio.Tolossa@americanfidelity.com	(800) 365-9180	N/A
Wendy Waring Wendy.Waring@americanfidelity.com	(800) 365-9180	N/A
Edwin Akopian Edwin.Akopian@americanfidelity.com	(800)365-9180	N/A
Branch Office	(800)365-9180	N/A

MEDICAL INSURANCE

Anthem Blue Cross F	IMO	
Plan:	НМО	
Carrier:	Anthem Blue Cross	
Policy Number:	275928	
Plan Renewal Date:	7/1/2025	
Dependent Age Limit:	Until age 26	
Deductible		
Individual	N/A	
Family	N/A	
Hospital Admission	N/A	
Annual Copay Maximum		
Individual	\$1,000	
Family	\$2,000	
Hospital Services		
Room & Board	No Charge	
Surgery	No Charge	
Emergency	\$100 (waived if admitted)	
Physician Services		
Office Visit	\$30	
Hospital Visit	No Charge	
Diagnostic X-Ray & Lab	No Charge	
Extended Care		
Home Health (up to 100 visits/yr)	No Charge	
Out-patient Physical Therapy	\$30 per visit	
Hospice	No Charge	
Prescription Drugs (Carelon)		
Retail (30-day supply)		
Generic	\$15	
Brand	\$30	
Brand- Non Formulary	\$50	
Mail Order (90-day supply)		
Generic	\$30	
Brand	\$60	
Brand – Non Formulary	\$100	

Mental Health		
Inpatient	No Charge	
Outpatient	\$30 copay	
Alcohol & Substance Abuse		
Inpatient	No Charge	
Outpatient	\$30 copay	
Detox	No Charge	
Wellness		
Periodic Health Evaluations	No Charge	
Routine Immunizations	No Charge	
Hearing Screening	No Charge	
Vision		
Exams	No Charge	
Frames	Not covered	
Lenses	Not covered	
Other Services		
Skilled Nursing Facility	No Charge	
Durable Medical Equipment	20% of allowed charges,	
	max \$5,000/calendar yr	
Ambulance	No Charge	
Chiropractic	\$30 per visit, 20 visit calendar yr.	
	max	
This benefit schedule is for comparison purposes only. It is not a contract.		
It is not intended to be all inclusive. For complete details on exclusions and limitations, refer to the plan booklets.		

Anthem Blue Cross PPOPlan:PPOCarrier:Anthem Blue CrossPolicy Number:275928Plan Renewal Date:7/01/2025Dependent AgeUntil age 26Liffetime MaximumUnlimitedDeductibleIndividualIndividual\$500Family\$1,250Annual Out-of- Pocket MaximumIndividual\$2,000Family\$1,250Stopper Struct (Site Wist)Member pays: 60%Office Visit80%40%Surgery80%Board80%Surgery80%Board\$100/memberFrescription Drugs (ServeYouRx)DeductibleSurgerice\$15 up to 30-day supplyBrand\$30 up to 30-day supplyBrand\$30 up to 90-day supplyBrand\$60 up to 90-day supply <th< th=""><th></th><th></th><th></th></th<>			
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Mental HealthInpatient80%40%			
Inpatient 80% 40%			· • · · · · · •
•		80%	40%
	•	80%	40%

Alcohol &		
Substance Abuse		
Inpatient	80%	40%
Outpatient	80%	40%
Wellness		
Routine Physical	No Charge	Member pays: 60%
Exams		+ \$25 copay
	No Charge	Member pays: 60%
Well Child		+ \$25 copay
Vision		
Exams		
Frames	Not covered	
Lenses		
Other Services		
Skilled Nursing	80%	80%
Facility	80%	40%
Durable Med.		
Equipment		
This benefit schedu	le is for comparison pur	poses only. It is not a
	contract.	- •
		ete details on exclusions
and limit	ations, refer to the plan	booklets.

Kaiser HMO

Kaiser HMU		
Plan:	НМО	
Carrier:	Kaiser Permanente	
Policy Number:	101877	
Plan Renewal Date:	7/1/2025	
Dependent Age Limit:	Until age 26	
Deductible		
Individual	N/A	
Family	N/A	
Hospital Admission	N/A	
Annual Copay Maximum		
Individual	\$1,500	
Family	\$3,000	
Hospital Services		
Room & Board	No Charge	
Outpatient Surgery	No Charge	
Emergency	\$100 per visit (does not apply if admitted)	
Physician Services		
Office Visit	\$30 per visit	
Hospital Visit	No Charge	
Diagnostic X-Ray & Lab	No Charge	
Extended Care		
Home Health	No Charge (up to 100 visits per calendar	
Out-patient	year)	
Physical-Therapy	\$30 per visit	
Hospice		
	No Charge	
Alcohol & Substance		
Abuse	No Charge	
Inpatient (Detox Only)		
Outpatient	\$30 per visit	
Individual session	\$5 per visit	
Group session		
Wellness		
Routine Physical Exam	No Charge	

Routine Immunizations	No Charge	
	-	
Hearing Screening	No Charge	
Prescription Drugs		
<u>Retail- 30-day supply</u>	<u>A</u>	
Generic	\$15	
Brand	\$30	
<u>Mail Order- 90-day supply</u>		
Generic	\$30	
Brand	\$60	
Vision		
Exam	No Charge	
Frames	Not covered	
Lenses	Not covered	
Mental Health		
Inpatient	No Charge (up to 45 days per calendar	
Outpatient	year)	
Individual session		
Group session	\$30 per visit \$15 per visit	
Other Services		
Skilled Nursing Facility	No Charge (up to 100 days per calendar	
Durable Medical year)		
Equipment	20%	
Ambulance	\$50 per trip	
This benefit schedule is f	or comparison purposes only. It is not a contract.	
	clusive. For complete details on exclusions as, refer to the plan booklets.	

Kaiser HMO: Bro	nze Plan	
Plan:	Bronze HMO	
Carrier:	Kaiser Permanente	
Policy Number:	101877	
Plan Renewal Date:	7/1/2025	
Dependent Age Limit:	Until age 26	
Deductible		
Individual	\$4,500	
Family	\$9,000	
Annual Copay Maximum		
Individual	\$6,000	
Family	\$12,000	
Hospital Services		
Room & Board	40%	
Outpatient Surgery	40%	
Emergency	\$250 per visit (does not apply if	
	admitted)	
Physician Services		
Office Visit	\$50 per visit	
Hospital Visit	40%	
Diagnostic X-Ray & Lab	40%	
Extended Care		
Home Health	No Charge (up to 100 visits per calendar	
Out-patient Physical-	year)	
Therapy	\$50 per visit	
Hospice		
	No Charge	
Alcohol & Substance		
Abuse	40%	
Inpatient (Detox Only)		
Outpatient	\$50 per visit	
Individual session	\$5 per visit	
Group session		
Wellness		
Routine Physical Exam	No Charge	

Routine Immunizations	No Charge	
Hearing Screening	No Charge	
Prescription Drugs		
<u>Retail- 30-day supply</u>		
Generic	\$15	
Brand	\$35	
<u>Mail Order- 90-day supply</u>		
Generic	\$30	
Brand	\$70	
Vision		
Exam	No Charge	
Frames	Not covered	
Lenses	Not covered	
Mental Health		
Inpatient	No Charge (up to 45 days per calendar	
Outpatient	year)	
Individual session		
Group session	\$50 per visit \$5 per visit	
Other Services		
Skilled Nursing Facility	40% (up to 100 days per calendar year)	
Durable Medical	40%	
Equipment	40%	
Ambulance		
This benefit schedule is fo	or comparison purposes only. It is not a	
	contract. clusive. For complete details on exclusions s, refer to the plan booklets.	

DENTAL INSURANCE

Delta Dental		
Carrier:	Delta Dental	
Policy Number:	1349	
Plan Renewal Date:	7/1/2025	
Dependent Age Limit:	Until age 19 or 26, if full-time student	
Annual Maximum	\$1,700 In network/ \$1,500 Out of Network	
Calendar Year Deductible		
Individual	N/A	
Family	N/A	
Preventive & Diagnostic:		
Office Exams	70% - 100%	
Cleanings	70% - 100%	
X-Rays	70% - 100%	
Basic Services		
Basic Restorative	70% - 100%	
Endodontics	70% - 100%	
Major Restoration		
Prosthodontics	50%	
Implants	50%	
Orthodontia (Child only)		
Maximum	50% to \$1,000 lifetime max. per person	
This benefit schedule is for co	omparison purposes only. It is not a contract.	

This benefit schedule is for comparison purposes only. It is not a contract. It is not intended to be all inclusive. For complete details on exclusions and limitations, refer to the plan booklets.

VISION INSURANCE

VSP		
Carrier:	VSP	
Policy Number:	12146862	
Plan Renewal Date:	7/1/2025	
Dependent Age Limit:	Until age 19 or 26, if full-time student	
	Provider	Non- Provider
Vision Care Services:	Every 12	months
Vision Examination	Covered in full	\$45
		Reimbursement
Vision Care Materials:	Every 24 months	
Lenses:		
Single Vision	Covered in full	\$45
		Reimbursement
Bifocal	Covered in full	\$65
		Reimbursement
Frames:	\$150 Allowance	\$45
		Reimbursement
Contact Lenses:	Every 24 months	
Visually Necessary		
Professional Fees &	Covered in full	\$210
Materials		Reimbursement
Elective		
Professional Fees &	\$100 Allowance	\$105 Allowance
Materials		
Covered Contact Lenses		
Professional Fees &	Covered in full	\$210
Materials		Reimbursement
This benefit schedule is	for comparison purpose contract.	es only. It is not a
It is not intended to be all i and limitatio	nclusive. For complete ons, refer to the plan boo	

LIFE INSURANCE

Carrier:	Standard Insurance Company
Policy Numbers:	503030-3000
Plan Renewal Date:	7/1/2025
Term	Life
Schedule of Life Insurance	
Basic Life & AD&D (Under 70)	\$50,000
Basic Life AD&D (Over 70)	\$25,000
Basic Dep. Life & AD&D	\$1,500
Buy-up option:	
Supplemental Life & AD&D	\$50,000
Supplemental Plus Life & AD&D	\$50,000

