

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
<b>Liz Grigsby- Benefits Specialist</b> e-mail: <a href="mailto:egrigsby@conejeousd.org">egrigsby@conejeousd.org</a>	(805) 498-4557 x7411	N/A

**District Benefits Website:** [www.conjeousd.org](http://www.conjeousd.org)

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](http://www.anthem.com)

Name/Title	Phone Number	Fax Number
<b>Customer Service Call Center</b>	(833) 913-2237	N/A
<b>CarelonRx Pharmacy/ Pre-Authorizations</b>	(833) 261-2460	N/A
<b>CarelonRx - Mail Order Service</b>	(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](http://www.anthem.com)

[www.serveyourx.com](http://www.serveyourx.com)

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

# Kaiser Permanente

3100 Thornton Ave., 4th Floor  
Burbank, CA 91504

Group Number/Purchaser ID: 101877

[www.kaiserpermanente.org](http://www.kaiserpermanente.org)

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

# Delta Dental

12898 Towne Center Drive  
Cerritos, CA 90703

Group Number/Purchaser ID: 1349

[www.deltadentalca.org](http://www.deltadentalca.org)

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



# VSP

111 West Ocean Blvd., Suite 1625  
Long Beach, CA 90802  
Group Number/Purchaser ID: 12146862  
[www.vsp.com](http://www.vsp.com)

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

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## Standard Life Insurance Company

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

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

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# American Fidelity

36310 Inland Valley Dr. Suite 100  
Wildomar, CA 92595  
[www.americanfidelity.com](http://www.americanfidelity.com)

Name/Title	Phone Number	Fax Number
<b>Anthony Magallanes</b> <a href="mailto:anthony.magallanes@americanfidelity.com">anthony.magallanes@americanfidelity.com</a>	(800) 365-9180	N/A
<b>Sergio Tolossa</b> <a href="mailto:Sergio.Tolossa@americanfidelity.com">Sergio.Tolossa@americanfidelity.com</a>	(800) 365-9180	N/A
<b>Wendy Waring</b> <a href="mailto:Wendy.Waring@americanfidelity.com">Wendy.Waring@americanfidelity.com</a>	(800) 365-9180	N/A
<b>Edwin Akopian</b> <a href="mailto:Edwin.Akopian@americanfidelity.com">Edwin.Akopian@americanfidelity.com</a>	(800) 365-9180	N/A
<b>Branch Office</b>	(800) 365-9180	N/A

# MEDICAL INSURANCE

# Anthem Blue Cross HMO

<b>Plan:</b>	HMO
<b>Carrier:</b>	Anthem Blue Cross
<b>Policy Number:</b>	275928
<b>Plan Renewal Date:</b>	7/1/2025
<b>Dependent Age Limit:</b>	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

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**Mental Health**

Inpatient	No Charge
Outpatient	\$30 copay

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**Alcohol & Substance Abuse**

Inpatient	No Charge
Outpatient	\$30 copay
Detox	No Charge

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**Wellness**

Periodic Health Evaluations	No Charge
Routine Immunizations	No Charge
Hearing Screening	No Charge

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**Vision**

Exams	No Charge
Frames	Not covered
Lenses	Not covered

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**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

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*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.*

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# Anthem Blue Cross PPO

<b>Plan:</b>	PPO
<b>Carrier:</b>	Anthem Blue Cross
<b>Policy Number:</b>	275928
<b>Plan Renewal Date:</b>	7/01/2025
<b>Dependent Age Limit:</b>	Until age 26

	PPO	Non-PPO
<b>Lifetime Maximum</b>		Unlimited
<b>Deductible</b>		
Individual	\$500	\$1,000
Family	\$1,250	\$3,000
<b>Annual Out-of-Pocket Maximum</b>		
Individual	\$2,000	\$8,000
Family	\$4,000	\$16,000
<b>Physician Services</b>		Member pays: 60%
Office Visit	80%	+ \$25 copay
<b>Hospital Services</b>		
Room & Board	80%	40%
Surgery	80%	40%
Emergency	80%, deduct. waived if admitted	80%, deduct. waived if admitted
<b>Prescription Drugs (ServeYouRx)</b>		
Deductible		\$100/member
<u>Retail</u>		
Generic	\$15 up to 30-day supply	
Brand	\$30 up to 30-day supply	
<u>Mail Order</u>		
Generic	\$30 up to 90-day supply	
Brand	\$60 up to 90-day supply	
<b>Mental Health</b>		
Inpatient	80%	40%
Outpatient	80%	40%

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**Alcohol &  
Substance Abuse**

Inpatient	80%	40%
Outpatient	80%	40%

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**Wellness**

Routine Physical Exams	No Charge	Member pays: 60% + \$25 copay
Well Child	No Charge	Member pays: 60% + \$25 copay

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**Vision**

Exams		
Frames		Not covered
Lenses		

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**Other Services**

Skilled Nursing Facility	80%	80%
Durable Med. Equipment	80%	40%

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# Kaiser HMO

<b>Plan:</b>	HMO
<b>Carrier:</b>	Kaiser Permanente
<b>Policy Number:</b>	101877
<b>Plan Renewal Date:</b>	7/1/2025
<b>Dependent Age Limit:</b>	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 year)
Out-patient	
Physical-Therapy	\$30 per visit
Hospice	No Charge

## Alcohol & Substance

<b>Abuse</b>	No Charge
Inpatient (Detox Only)	
Outpatient	\$30 per visit
Individual session	\$5 per visit
Group session	

## Wellness

Routine Physical Exam	No Charge
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Routine Immunizations	No Charge
Hearing Screening	No Charge

**Prescription Drugs**

Retail- 30-day supply

Generic	\$15
Brand	\$30

Mail Order- 90-day supply

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 year)
Outpatient	
Individual session	
Group session	\$30 per visit \$15 per visit

**Other Services**

Skilled Nursing Facility	No Charge (up to 100 days per calendar year)
Durable Medical	
Equipment	20%
Ambulance	\$50 per trip

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# Kaiser HMO: Bronze 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 year)

Out-patient Physical-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**

Retail- 30-day supply

Generic	\$15
Brand	\$35

Mail Order- 90-day supply

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 year)
Outpatient	
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	

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# DENTAL INSURANCE



# Delta Dental

<b>Carrier:</b>	Delta Dental
<b>Policy Number:</b>	1349
<b>Plan Renewal Date:</b>	7/1/2025
<b>Dependent Age Limit:</b>	Until age 19 or 26, if full-time student
<b>Annual Maximum</b>	\$1,700 In network/ \$1,500 Out of Network

## Calendar Year Deductible

Individual	N/A
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Family	N/A
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## Preventive & Diagnostic:

Office Exams	70% - 100%
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Cleanings	70% - 100%
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X-Rays	70% - 100%
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## Basic Services

Basic Restorative	70% - 100%
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Endodontics	70% - 100%
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## Major Restoration

Prosthodontics	50%
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<b>Implants</b>	50%
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## Orthodontia (Child only)

Maximum	50% to \$1,000 lifetime max. per person
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# VISION INSURANCE



# VSP

<b>Carrier:</b>	VSP
<b>Policy Number:</b>	12146862
<b>Plan Renewal Date:</b>	7/1/2025
<b>Dependent Age Limit:</b>	Until age 19 or 26, if full-time student

	Provider	Non- Provider
<b>Vision Care Services:</b>	<b>Every 12 months</b>	
Vision Examination	Covered in full	\$45 Reimbursement

<b>Vision Care Materials:</b>	<b>Every 24 months</b>	
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<b>Lenses:</b>		
Single Vision	Covered in full	\$45 Reimbursement
Bifocal	Covered in full	\$65 Reimbursement

<b>Frames:</b>	\$150 Allowance	\$45 Reimbursement
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<b>Contact Lenses:</b>	<b>Every 24 months</b>	
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<b>Visually Necessary</b>		
Professional Fees & Materials	Covered in full	\$210 Reimbursement

<b>Elective</b>		
Professional Fees & Materials	\$100 Allowance	\$105 Allowance

<b>Covered Contact Lenses</b>		
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Professional Fees & Materials	Covered in full	\$210 Reimbursement
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# LIFE INSURANCE



# Standard Insurance Company

**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

