Conejo Valley Unified School District

Benefits Administration

*School Sites*

# EMPLOYEE BENEFITS 2023-2024

*Poms & Associates Insurance Brokers, LLC | CA License #0814733*

# Table of Contents

# CONTACTS

# District Office

750 Mitchell Road
Newbury Park, CA 91320

| Name/Title | Phone Number | Fax Number |
|---|---|---|
| **Liz Grigsby– Benefits Specialist**<br>e-mail: *egrigsby@conejousd.org* | (805) 498-4557<br>x7411 | N/A |

**District Benefits Website: *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

| 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*

| Name/Title | Phone Number | Fax Number |
|---|---|---|
| **Customer Service Call Center** | (800) 759-3030 | N/A |
| **CarelonRx Pharmacy/ Pre-Authorizations** | (833) 261-2460 | N/A |
| **CarelonRx – Mail Order Service** | (833) 261-2460 | N/A |

# Kaiser Permanente

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

| Name/Title | Phone Number | Fax Number |
|---|---|---|
| **Administrative support for Members**<br>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**<br>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 |

# MEDICAL INSURANCE

# Anthem Blue Cross HMO

| | |
|---|---|
| **Plan:** | HMO |
| **Carrier:** | Anthem Blue Cross |
| **Policy Number:** | 275928 |
| **Plan Renewal Date:** | 7/1/2024 |
| **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** | |
| ***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 PPO

| | |
|---|---|
| **Plan:** | PPO |
| **Carrier:** | Anthem Blue Cross |
| **Policy Number:** | 275928 |
| **Plan Renewal Date:** | 7/01/2024 |
| **Dependent Age Limit:** | Until age 26 |

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

| | | |
|---|---|---|
| **Alcohol & Substance Abuse** | | |
| Inpatient | 80% | 40% |
| Outpatient | 80% | 40% |
| **Wellness** | | |
| Routine Physical Exams | No Charge | Member pays: 60% + $25 copay |
| Well Child | No Charge | Member pays: 60% + $25 copay |
| **Vision** | | |
| Exams | Not covered | |
| Frames | | |
| Lenses | | |
| **Other Services** | | |
| Skilled Nursing Facility | 80% | 80% |
| Durable Med. Equipment | 80% | 40% |

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# Kaiser

| | |
|---|---|
| **Plan:** | HMO |
| **Carrier:** | Kaiser Permanente |
| **Policy Number:** | 101877 |
| **Plan Renewal Date:** | 7/1/2024 |
| **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** | |
| *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 | $30 per visit |
| Group session | $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 Bronze Plan

| | |
|---|---|
| **Plan:** | Bronze HMO |
| **Carrier:** | Kaiser Permanente |
| **Policy Number:** | 101877 |
| **Plan Renewal Date:** | 7/1/2024 |
| **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 | $50 per visit |
| Group session | $5 per visit |
| **Other Services** | |
| Skilled Nursing Facility | 40% (up to 100 days per calendar year) |
| Durable Medical Equipment | 40% |
| Ambulance | 40% |

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# DENTAL INSURANCE

# Delta Dental

| | |
|---|---|
| **Carrier:** | Delta Dental |
| **Policy Number:** | 1349 |
| **Plan Renewal Date:** | 7/1/2024 |
| **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 |

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# VISION INSURANCE

# VSP

| | | |
|---|---|---|
| **Carrier:** | VSP | |
| **Policy Number:** | 12146862 | |
| **Plan Renewal Date:** | 7/1/2024 | |
| **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 & Materials | Covered in full | $210 Reimbursement |
| **Elective** | | |
| Professional Fees & Materials | $100 Allowance | $105 Allowance |
| **Covered Contact Lenses** | | |
| Professional Fees & Materials | Covered in full | $210 Reimbursement |

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# LIFE INSURANCE

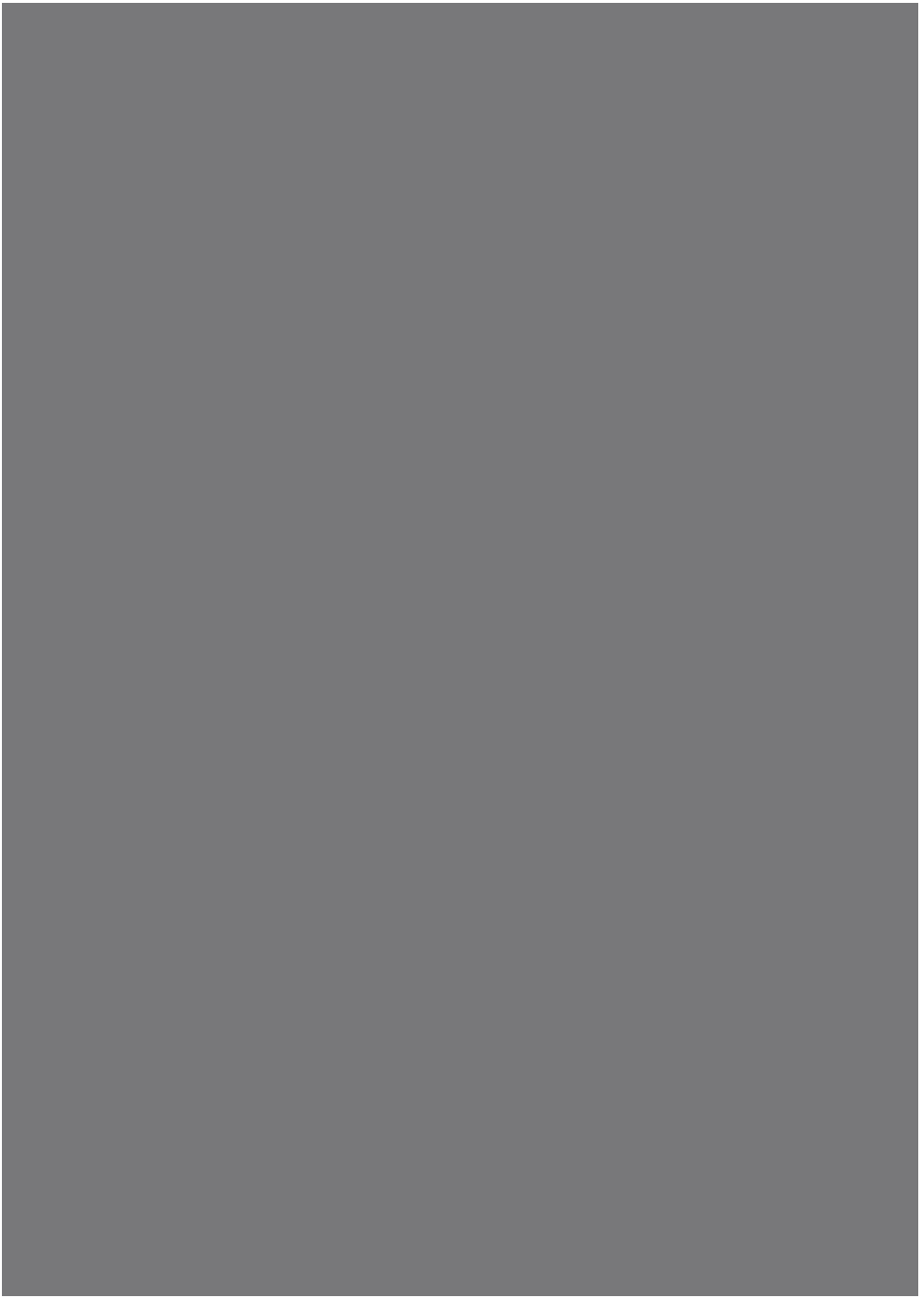
# Standard Insurance Company

| | |
|---|---|
| **Carrier:** | Standard Insurance Company |
| **Policy Numbers:** | 503030-3000 |
| **Plan Renewal Date:** | 7/1/2024 |

## 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 |

NOTES:



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