

2024 BENEFITS GUIDE

January 1, 2024 – December 31, 2024



COVINA-VALLEY
UNIFIED SCHOOL DISTRICT

“Educational Excellence for Every Student, Every Day.”



WELCOME!



Covina-Valley Unified 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 best benefits for you and your family.

This guide summarizes your benefit options and is an excellent resource for choosing and enrolling for coverage. Please don't hesitate to contact the District Personnel Services department for more information about the benefits described here.

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Our benefits are effective January 1 through December 31 of each plan year



BENEFIT CONTACTS

Plan	Phone	Website
Medical Benefits		
Kaiser Permanente HMO	1-800-464-4000	https://my.kp.org/cseba
American Specialty Network (ASH) (Chiropractic and Acupuncture)	1-800-678-9133	www.ashlink.com
Blue Shield of California HMOs/PPO	1-855-724-7698	https://myoptions.blueshieldca.com/cseba
Shield Concierge	1-855-747-5800	N/A
Rx Spectrum (Trio ACO HMO)	1-855-747-5800	https://myoptions.blueshieldca.com/cseba/cseba/_/pharmacy_benefits
Rx Ultra Pharmacy (Access+ HMO and PPO)	1-855-747-5800	https://myoptions.blueshieldca.com/cseba/cseba/_/pharmacy_benefits (scroll down)
Teladoc	1-800-835-2362	www.teladoc.com/bsc
EPIC Hearing Healthcare	1-866-956-5400	www.EPICHearing.com
Dental Benefits		
MetLife DHMO	1-800-880-1800	www.metlife.com/mybenefits
Delta Dental PPO	1-888-335-8227	www.deltadentalins.com
Vision Benefits		
VSP	1-800-877-7195	www.vsp.com
Financial Protection Benefits		
Voya Financial Basic and Supplemental Life and AD&D Insurance	1-800-362-4465	www.voya.com
Tax Savings Benefits		
American Fidelity Health Care and Dependent Care Flexible Spending Accounts	1-800-654-8489	www.americanfidelity.com
Voluntary Benefits		
American Fidelity Accident, Cancer, Critical Illness, Disability, and Permanent Life Insurance	1-800-654-8489	www.americanfidelity.com
Life Balance Benefits		
Health Advocate EAP	1-866-799-2728	www.healthadvocate.com/cseba
EASE EAP	1-800-882-1341	www.lacoe.edu/ease
Care Solace	1-888-515-0595	www.caresolace.com/cvusdparents

Burnham Advocate: (800) 391-6812

The Burnham Advocate toll-free customer service help-line can provide assistance with insurance related issues when you are unable to resolve them directly with the insurance carriers. With the Burnham Advocate help-line, you will receive fast, skilled assistance with Medical, Dental and Vision provider issues, referral assistance, and claims management.



ELIGIBILITY & ENROLLMENT

Who May Enroll

C-VUSD Employees

- **Regular, full-time employees** working more than 30 hours per week are eligible to enroll in all benefits shown in this guide on their date of hire.
- **Part-time employees** working 20-30 hours per week are eligible to enroll in the following:
 - Kaiser or Blue Shield HMO medical plan
 - MetLife DHMO dental plan
 - VSP vision plan
 - Voya Basic and Supplemental Life and AD&D insurance
- **Retirees** may be eligible for a significant financial contribution by C-VUSD towards their health insurance upon retirement depending on the number of years worked for the District.

Qualified 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

Understand Who Is NOT a Qualified Dependent

Unless recognized as one of the qualified dependents listed above, individuals that are **NOT** eligible for C-VUSD coverage include:

- | | | | | |
|------------------|------------------------|---------------|----------------|----------|
| • Ex-spouse | • Parent | • Grandparent | • Aunt/uncle | • Cousin |
| • Sister/brother | • Girlfriend/boyfriend | • Grandchild | • Niece/nephew | |

Required Documents to Enroll Dependents in Health Benefits

You must provide the following documents to enroll your eligible dependents in a C-VUSD health plan

- **Spouse:** A copy of your most current IRS tax filing if married over one year; a copy of your marriage certificate if enrolling a spouse within one year of your marriage date
- **Domestic partner:** A copy of the filed Declaration of Domestic Partnership with the state of California
- **Children:** you must provide one of the following:
 - Government-issued birth certificate
 - Government-issued adoption certificate
 - Marriage certificate or equivalent of child's biological parent (step-children)

Enrolling an ineligible person as your dependent can result in paid claims being reprocessed and charged to you.



ELIGIBILITY & ENROLLMENT

When You May Enroll

- As a new hire, you may participate in the company's benefits on your date of hire. You must complete the enrollment process within 30 days of your hire date. If you do not enroll within 30 days, you will not be able to enroll until the next open enrollment unless you experience a qualifying life event.
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS
- You may enroll in Voluntary Life/AD&D insurance at any time, subject to proof of good health and carrier approval

Changes to Enrollment

Open Enrollment

During our annual open enrollment period, you may make new benefit elections for the following January 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

Important: Coverage for New Dependents

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have **30 days** to update your coverage. Please contact the Personnel Department immediately following a qualifying event. Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. 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.

Online Benefits Enrollment and Resources

To enroll in your benefits online, visit Benefitfocus at <https://cvusd.hrintouch.com>. You can also easily access or update your personal benefit information, and find Summaries of Benefits and Coverage (SBCs), plan documents, carrier contact information, and District Health & Welfare benefit updates.



MEDICAL BENEFITS

Medical Plan Overview

C-VUSD offers four medical plans to choose from. The tables below and on the next page highlight some of the key differences between between the four plans.

Medical Plan Overview	Kaiser HMO	Blue Shield Trio ACO HMO	Blue Shield Access+ HMO	Blue Shield PPO	
	In-Network Only	In-Network Only	In-Network Only	In-Network	Out-of-Network
Access					
Network Information	Includes all providers/facilities within Kaiser Permanente	A smaller, selected group of providers who work together to ensure you get the right health care	Access to the full Blue Shield of CA Access+ HMO network	You receive the highest level of coverage when you access care through providers in the Blue Shield of CA PPO Network	
Network Providers are Connected and Work Together	Yes	Yes	No	No	
Provider Choice	Providers and facilities must be part of Kaiser Permanente	Providers and facilities must be part of the Trio ACO network	Providers and facilities must be part of the Trio ACO network	You can access any providers and facilities you wish; you receive the highest level of coverage when you access care through providers in the Blue Shield of CA PPO Network	
Primary Care Physician to Provide/Coordinate Care Required	Yes	Yes	Yes	No	
Coverage Available outside the Network	Only in case of emergency	Only in case of emergency	Only in case of emergency	Yes; services accessed out of network require you to pay more of the cost and you are responsible for paying costs above "Reasonable and Customary" (R&C) as determined by Blue Shield of CA	
Cost Factors					
Employee Cost Sharing	Premium, copay	Premium, copay	Premium, copay	Premium, deductible, copays, coinsurance	
Employee Premiums	\$\$	\$	\$\$	\$\$\$\$	
Coinsurance (You Pay)	None	None	None	10%	30%
Deductible	None	None	None	Individual: \$250 Family: \$500	Individual: \$500 Family: \$1,000
Out-of-Pocket Maximum	Individual: \$1,500 Family: \$3,000	Individual: \$500 Family: \$1,500	Individual: \$500 Family: \$1,500	Individual: \$2,000 Family: \$4,000	Individual: \$5,000 Family: \$10,000



MEDICAL BENEFITS

Medical Plan Overview

Medical Plan Overview	Kaiser HMO	Blue Shield Trio ACO HMO	Blue Shield Access+ HMO	Blue Shield PPO	
	In-Network Only	In-Network Only	In-Network Only	In-Network	Out-of-Network
Health Services	You Pay	You Pay	You Pay	You Pay	
Doctor Visit Copay – Preventive Care – Primary Care Physician – Specialist – Urgent Care – Virtual Visits	No charge \$10 copay \$10 copay \$10 copay No charge	No charge \$10 copay \$10 copay (\$20 if self-referred) \$10 copay Teladoc: No charge	No charge \$10 copay \$10 copay (\$20 if self-referred) \$10 copay Teladoc: \$5 copay	No charge Deductible, 10% Deductible, 10% Deductible, 10% Teladoc: \$5 copay	Deductible, 30% Deductible, 30% Deductible, 30% Deductible, 30% Not covered
Emergency Facility	\$50 copay	\$50 copay	\$50 copay	Deductible, 10%	
Lab and X-Ray – Diagnostic – Complex Imaging	No charge No charge	No charge No charge	No charge No charge	Deductible, 10% Deductible, 10%	Deductible, 30% Deductible, 30%
Outpatient Surgery	\$10 copay	No charge	No charge	Deductible, 10%	Deductible, 30%
Inpatient Hospitalization	No charge	No charge	No charge	Deductible, 10%	Deductible, 30% (Benefit max: \$600/day)
Chiropractic and Acupuncture	\$10 copay (30 visits/year)	\$10 copay (30 visits/year)	\$10 copay (30 visits/year)	Deductible, 10% (Chiropractic: 24 visits/year Acupuncture: 12 visits/year)	Deductible, 30%
Prescription Drugs	You Pay	You Pay	You Pay	You Pay	
Generic / Tier 1	\$10 copay	\$10 copay	\$10 copay	\$10 copay	Same copays as in-network plus 25% after deductible
Brand / Tier 2	\$20 copay	\$20 copay	\$20 copay	\$20 copay	
Brand Non Formulary / Tier 3	\$20 copay	Not covered	\$35 copay	\$35 copay	
Specialty / Tier 4	\$20 copay	\$20 copay	\$35 copay	\$35 copay	





MEDICAL BENEFITS

Choosing a Health Plan

One-On-One Virtual Consultations for Medical Benefits

The C-VUSD medical plans are provided through the California Schools Employee Benefits Association (CSEBA). The Association (CSEBA) allows you to speak directly with Kaiser Permanente and Blue Shield of California 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.

Understand What Our Health Plans Have to Offer

Kaiser Permanente HMO

Learn about the advantages of the Kaiser Permanente HMO plan by visiting <https://select.kaiserpermanente.org/CSEBA-JPA-Microsite>.

Blue Shield Medical Plans

Visit <https://myoptions.blueshieldca.com/cseba> to learn about all the resources available to you when you enroll in a Blue Shield medical plan.

How to Find In-Network Providers (And Save Money!)



To find Kaiser providers and facilities:

- Visit www.kp.org, click on Doctors & Locations
- Select Region: California - Southern
- Search by ZIP code, provider type, place or name
- Select HMO under Health Plan



To find a provider who participates in the Blue Shield of California network:

- **Trio ACO** and **Access+ HMO** plans:
 - Visit www.blueshieldca.com/networkhmo
- **PPO** plan:
 - Visit www.blueshieldca.com/networkppo
 - Search by ZIP code, provider type or name.
 - Select a provider for information on their training, specialties, languages spoken, and address



MEDICAL BENEFITS

Choosing a Health Plan

Which is Best for You — an HMO or a PPO?

Consider these questions and watch the video shown below to help choose the best plan for you and your family.

How much money do you want to spend out of your paycheck for your health plan premium?

Compare the employee premium cost (located on the District website under Personnel Services / Benefits) for the HMO and PPO plans. HMO premiums generally cost the least, while PPOs tend to cost the most.

If you already have a doctor and are changing plans, does your doctor participate in the plan's network?

For HMOs, your doctor needs to be in-network for you to access care from them. With PPOs, you can receive care from any doctor you wish, but you have the highest level of coverage when you access services from in-network doctors.

It's important to keep in mind that when you obtain services from an out-of-network provider, your coinsurance percentage is based on Reasonable and Customary (R&C) Fees as determined by Blue Shield of California. Any out-of-network charges above allowed coinsurance amounts are called **balance billing**. If incurred, balance billing charges are your responsibility and do not apply to the annual out-of-pocket maximum (the limit on how much you pay for covered services in a given year).

Do you have dependents that live outside the geographic areas covered by a health plan?

HMOs only provide coverage through network providers. Only emergency services are covered if you have a dependent who lives outside the area covered by an HMO network.

If you want medical coverage for a dependent who lives outside an HMO network's geographic area, consider a PPO plan as a solution. A PPO plan can provide coverage anywhere in the country.

Do you travel often?

Because HMOs only cover emergency services when you are outside the area covered by the network, consider how likely you are to need care when away from home. An HMO can be a good fit if you don't expect to need care while away from home. On the other hand, if chances are good that you will need more regular care while away from home (if, for example, you have a chronic condition or participate in high-risk sports), a PPO may be your best option.

Do you expect to need specialist care?

If you are managing a chronic or unusual condition, an HMO can provide ease in choosing specialists and seeing them right away. On the other hand, a PPO can give you greater choice in the specialists that you do see. It's

Video: PPO vs. HMO

Learn how PPOs and HMOs differ and how to determine which best fits the needs of you and your family at <https://flimp.live/PPO-vs-HMO>.



MEDICAL BENEFITS

Highlights: Kaiser HMO

Find Kaiser Providers

To locate Kaiser providers and facilities, please visit <https://my.kp.org/cseba> or call 1-800-464-4000.

Kaiser Mobile App

The app gives you a simple, secure way to manage your health all in one place, from wherever you are. The Kaiser mobile app lets you:

- Email your doctor's office with nonurgent questions
- Schedule, view, and cancel routine appointments
- Fill or refill most prescriptions,
- View your medical history and most lab test results
- Choose a doctor by browsing online doctor profiles
- Find facilities and pharmacies near you

To access the Kaiser mobile app:

1. Register on [kp.org](https://my.kp.org)
2. Download the Kaiser mobile app at the App Store or Google Play. Open the mobile app on your phone and sign on using the credentials created in step 1.



Kaiser Permanente HMO

In-Network Only

Cost Factors	
Employee Cost Sharing	Premium, copays
Employee Premiums	\$
Coinsurance (You Pay)	N/A
Lifetime Maximum Benefit	Unlimited
Calendar Year Deductible <ul style="list-style-type: none"> - Individual - Family 	None None
Out-of-Pocket Maximum <ul style="list-style-type: none"> - Individual - Family 	\$1,500 \$3,000
Health Services	You Pay
Office Visit Copay <ul style="list-style-type: none"> - Preventive Care - Primary Care Physician - Specialist - Urgent Care - Virtual Visits 	No charge \$10 copay \$10 copay \$10 copay No charge
Inpatient Hospitalization	No charge
Outpatient Surgery	No charge
Lab and X-Ray <ul style="list-style-type: none"> - Diagnostic - Complex (MRI/PET) 	No charge No charge
Emergency Facility	\$50 copay (waived if admitted)
Ambulance	No charge
Chiropractic and Acupuncture ¹	\$10 copay Max 30 visits/year
Mental Health/Addiction Care <ul style="list-style-type: none"> - Outpatient: Individual Visit - Outpatient: Group Visit - Inpatient 	\$10 copay \$5 copay No charge
Prescription Drugs	You Pay
Retail Pharmacy (100-day supply)	\$10/\$20 per prescription
Mail Order (100-day supply)	\$10/\$20 per prescription
Specialty (30-day supply)	\$20 per prescription

¹ Chiropractic and Acupuncture services must be accessed through American Specialty Network (ASH) at 1-800-678-9133 or www.ashlink.com.



MEDICAL BENEFITS

Highlights: Kaiser HMO



Virtual Visits

Virtual visits let you see and talk to a doctor from your mobile device or computer about health concerns at no cost. Phone and video doctor visits are available by appointment.

- Log in to your online Kaiser account at www.kp.org to make a free phone or video appointment with your doctor or call 1-800-464-4000
- For phone visits, the doctor will call you at the time of the appointment
- For video visits, go to <https://mydoctor.kaiserpermanente.org/ncal/videovisit/#>, click Join your visit and log in

E-visits

If you don't want to take the time for a virtual visit or to go to your doctor's office, you can get fast, convenient care with an e-visit, including medical advice, tests, and prescriptions. Simply log in to your www.kp.org account and select **e-visit** under the **appointment center**.

Healthy Extras

Your Kaiser HMO plan comes with healthy resources, many of which are free to Kaiser members. Other programs and courses are available at a special rate. These healthy extras can help you stay informed about healthier lifestyles — mind, body, and spirit.

To access your Kaiser healthy extras, go to <https://my.kp.org/cseba/healthy-extra>:

- Get physician-reviewed health information on a wide array of health topics.
- Discounts on fitness services and products (you can access these from the link above; the direct link is <https://healthy.kaiserpermanente.org/health-wellness/fitness-deal>).
 - **ClassPass** lets you work out from anywhere with unlimited streaming classes on yoga, dance, cardio, boxing, Pilates, boot camp, and more.
 - **Active & Fit Direct** gives you access to thousands of gyms with one membership. You can visit any of the 11,000 participating fitness centers in the nationwide Active&Fit Direct network. Participating gyms may include Gold's Gym, Curves, Anytime Fitness, and more.
 - **Discounts on fitness, health, and wellness products**, such as activity trackers (Fitbit, Garmin, and more), workout apparel (Skechers, 2XU, PRO Compression, and more).
- **Wellness programs and classes**, both in-person and online, either free to Kaiser members or offered at discounted rates.
- **Learn about prescription and over-the-counter drugs and supplements** — including how they work, possible side effects, and more.
- Partner with a **wellness coach** (available in both English and Spanish) at no cost to you. Call 1-866-862-4295 to get started. Programs are available to help you manage your weight, quit tobacco, reduce stress, increase activity, and eat healthier.
- Receive **25% discounts** on complementary care, including massage, acupuncture, and chiropractic.



MEDICAL BENEFITS

Kaiser Mental Health Resources



Kaiser Self-Care Mental Wellness Resources

In addition to the mental health coverage you receive through the Kaiser HMO health plan, there is a broad range of self-care resources available to you, including apps (described below), audio activities, articles, and more. These resources are designed to help you thrive, body, mind, and spirit.

You can access self-care resources at <https://kp.org/selfcare>.



Mental Wellness Apps

Kaiser offers three apps to help support your mental/emotional wellbeing at <https://kp.org/selfcareapps>.

Calm

Calm is the #1 app for meditation, mental resilience, and sleep — designed to help lower stress, reduce anxiety, and more. Kaiser Permanente members can access all the great features of Calm at no cost, including:

- The Daily Calm, exploring a fresh mindful theme each day
- More than 100 guided meditations
- Sleep Stories to soothe you into deeper and better sleep
- Video lessons on mindful movement and gentle stretching

Ginger

Ginger is available to all Kaiser members at no cost for up to 90 days. The Ginger app offers immediate 1 on 1 support for coping with many common challenges such as anxiety, stress, low mood, issues with work or relationships and more. With Ginger, you can:

- Text with a coach anytime, anywhere, 24/7
- Discuss goals, share challenges, and create an action plan with your coach
- Get personalized, interactive skill-building tools from a library of more than 200 activities
- View recaps from each texting session, track progress, and work your coach to adjust your action plans

myStrength

The myStrength app is a personalized program that helps you improve your awareness and change behaviors. Kaiser Permanente members can explore interactive activities, in-the-moment coping tools, community support, and more at no cost.

- Mindfulness and meditation activities
- Tailored programs for managing depression, stress, anxiety, and more
- Tools for setting goals and preferences, tracking current emotional states and ongoing life events, and viewing your progress



MEDICAL BENEFITS

Highlights: Blue Shield HMOs



	Blue Shield Trio ACO HMO	Blue Shield Access+ HMO
	In-Network Only	In-Network Only
Cost Factors		
Employee Cost Sharing	Premium, copays	Premium, copays
Employee Premiums	\$	\$\$
Coinsurance (You Pay)	N/A	N/A
Lifetime Maximum Benefit	Unlimited	Unlimited
Calendar Year Deductible – Individual – Family	None None	None None
Out-of-Pocket Maximum – Individual – Family	\$500 \$1,500	\$500 \$1,500
Health Services	You Pay	You Pay
Office Visit Copay – Preventive Care – Primary Care Physician – Specialist – Urgent Care – Virtual Visits	No charge \$10 copay \$10 copay (\$20 if self-referred) \$10 copay Teladoc: no charge	No charge \$10 copay \$10 copay (\$20 if self-referred) \$10 copay Teladoc: \$5 copay
Inpatient Hospitalization	No charge	No charge
Outpatient Surgery	No charge	No charge
Lab and X-Ray – Diagnostic – Complex (MRI/PET)	No charge No charge	No charge No charge
Emergency Facility	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)
Ambulance	No charge	No charge
Chiropractic and Acupuncture ¹	\$10 copay Max 30 visits/year	\$10 copay Max 30 visits/year
Mental Health/Addiction Care – Outpatient – Inpatient	\$10 copay (\$20 if self-referred) No charge	\$10 copay (\$20 if self-referred) No charge

¹ Chiropractic and Acupuncture services must be accessed through American Specialty Network (ASH) at 1-800-678-9133 or www.ashlink.com.



MEDICAL BENEFITS

Highlights: Blue Shield PPO



	Blue Shield PPO	
	In-Network	Out-of-Network
Cost Factors		
Employee Cost Sharing	Premium, deductible, copays, coinsurance	
Employee Premiums	\$\$\$	
Coinsurance (You Pay)	10%	30%
Lifetime Maximum Benefit	Unlimited	Unlimited
Calendar Year Deductible – Individual – Family	\$250 \$500	\$500 \$1,000
Out-of-Pocket Maximum – Individual – Family	\$2,000 \$4,000	\$5,000 \$10,000
Health Services	You Pay	
Office Visit – Preventive Care – Primary Care Physician – Specialist – Urgent Care – Virtual Visits	No charge Deductible, 10% Deductible, 10% Deductible, 10% Teladoc: \$5 copay	Deductible, 30% Deductible, 30% Deductible, 30% Deductible, 30% N/A
Inpatient Hospitalization	Deductible, 10%	Deductible, 30% (Benefit max: \$600/day)
Outpatient Surgery	Deductible, 10%	Deductible, 30%
Lab and X-Ray – Diagnostic – Complex (MRI/PET)	Deductible, 10% Deductible, 10%	Deductible, 30% Deductible, 30%
Emergency Facility	Deductible, 10%	
Ambulance	Deductible, 20%	
Chiropractic and Acupuncture ¹	Deductible, 10% 12 visits combined in-and out-of-network max per year	Deductible, 30%
Mental Health/Addiction Care – Outpatient – Inpatient	Deductible, 10% Deductible, 10%	Deductible, 30% Deductible, 30%

¹ Chiropractic and Acupuncture services must be accessed through American Specialty Network (ASH) at 800-678-9133 or www.ashlink.com.



MEDICAL BENEFITS

Highlights: Blue Shield Pharmacy Benefits



Rx Spectrum Pharmacy Benefits: Trio ACO HMO Only

The Rx Spectrum network is exclusive for the Trio ACO HMO and offers cost savings when you fill a prescription at a preferred (Level A) pharmacy, which includes:

- CVS
- Costco
- Safeway
- Vons

You can also access coverage when using non-preferred network pharmacies, but may have to pay a higher copay for your prescriptions, depending on the prescription tier that you purchase. RxSpectrum also allows you to purchase up to a 90-day supply of maintenance medications from any participating network pharmacy.

To find an Rx Spectrum pharmacy, access lists of covered medications, and learn more about your prescription drug benefits, visit https://myoptions.blueshieldca.com/cseba/cseba/_pharmacy_benefits.

Value-Based Tier Drug Benefit

The Trio ACO HMO features a value-based tier drug benefit. Value-based tier drugs are select drugs, both generic and brand name preventive drugs for conditions such as high blood pressure, high cholesterol, diabetes, and asthma and are available at no charge. To view the current list of covered Value-Based Tier drugs, visit

Rx Benefits	Retail Pharmacy (up to 30-day supply)		Retail Pharmacy (up to 90-day supply)		Mail Service Pharmacy (up to 90-day supply)
Blue Shield Trio ACO HMO	Level A	Level B	Level A	Level B	CVS Caremark
Contraceptives Drugs/Devices	No charge	No charge	No charge	No charge	No charge
Value Based Tier Drugs	No charge	No charge	No charge	No charge	No charge
Tier 1	No charge	\$10	No charge	\$30	\$20
Tier 2	\$10	\$20	\$30	\$60	\$40
Tier 3	Not covered	Not covered	Not covered	Not covered	Not covered
Tier 4*	\$20	\$20	\$60	\$60	\$40

* Preauthorization for specialty drugs, including self administered injectables, is required. Failure to obtain preauthorization may result in non-payment of benefits. **Specialty drugs must be obtained at CVS Caremark.** You can obtain up to a 30-day supply at CVS Caremark retail pharmacies and a 90-day supply through CVS Caremark mail service. To locate a pharmacy or order specialty drugs, visit www.cvsspecialty.com or call 1-800-237-2767.





MEDICAL BENEFITS

Highlights: Blue Shield Pharmacy Benefits



Rx Ultra Pharmacy Benefits: Access+ HMO and PPO

If you are enrolled in the Access+ HMO or PPO, your prescription drug benefits are accessed through the Rx Ultra network. You can obtain prescription drugs at any participating network pharmacy at the copays/coinsurance shown in the charts below. You can also obtain up to a 90-day supply of maintenance medications from any participating network pharmacy.

To find an Rx Ultra pharmacy, access lists of covered medications, and learn more about your prescription drug benefits, visit https://myoptions.blueshieldca.com/cseba/cseba/_pharmacy_benefits.

Rx Benefits	Retail Pharmacy (up to 30-day supply)		Retail Pharmacy (up to 90-day supply)		Mail Service Pharmacy (up to 90-day supply)	
Blue Shield Access+ HMO Rx Ultra Network	Participating		Participating		CVS Caremark	
Contraceptives Drugs/Devices	No charge		No charge		No charge	
Tier 1	\$10		\$30		\$20	
Tier 2	\$20		\$60		\$40	
Tier 3	\$35		\$105		\$70	
Tier 4*	\$35		\$105		\$70	
Blue Shield PPO Rx Ultra Network	Participating	Non-Participating	Participating	Non-Participating	CVS Caremark	Non-Participating
Contraceptives Drugs/Devices	No charge	Not covered	No charge	Not covered	No charge	Not covered
Tier 1	\$10	25% + \$10	\$30	Not covered	\$20	Not covered
Tier 2	\$20	25% + \$20	\$60	Not covered	\$40	Not covered
Tier 3	\$35	25% + \$35	\$105	Not covered	\$70	Not covered
Tier 4*	\$35	25% + \$35	\$105	Not covered	\$70	Not covered

* Preauthorization for specialty drugs, including self administered injectables, is required. Failure to obtain preauthorization may result in non-payment of benefits. **Specialty drugs must be obtained at CVS Caremark.** You can obtain up to a 30-day supply at CVS Caremark retail pharmacies and a 90-day supply through CVS Caremark mail service. To locate a pharmacy or order specialty drugs, visit www.cvsspecialty.com or call 1-800-237-2767.

Mail Service Pharmacy

You can purchase up to a 90-day supply of covered maintenance drugs through CVS Caremark Mail Services pharmacy with no shipping charge. you take medications on a regular, long-term basis, you can save money by purchasing these drugs through mail services.

To access the mail service pharmacy, log into [Blue Shield of California](https://www.blueshieldca.com) to set up a mail service account. Once registered, send your prescription to CVS Caremark (or have your doctor send it electronically). You can enroll in the CVS Carmark Mail Service Pharmacy automatic refill program for automatic refills.



MEDICAL BENEFITS

Highlights: Blue Shield Plans



Find Providers and Learn More About Your Benefits

To learn more about all the benefits available to you with the Blue Shield of California plans and to find providers, visit <https://myoptions.blueshieldca.com/cseba> or call 1-855-724-7698.

Shield Concierge

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

When you call 1-855-747-5800, 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



Blue Shield of California Mobile App

The app gives you a simple, secure way to manage your health all in one place, from wherever you are. The Kaiser mobile app lets you:

- 24/7 doctor consults over video or phone
- Review your benefits and see your current plan usage
- Find doctors and facilities covered by your plan
- Get quick access to medical ID cards
- Submit out-of-network claims
- Track your recent medical claims
- View and pay your bills
- Access discount programs for dental, vision, and pharmacy

Download the Blue Shield of California app from the App Store or Google Play.



MEDICAL BENEFITS

Highlights: Blue Shield Plans



Virtual Visits — Teladoc



Teladoc virtual visits 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. Teladoc virtual visits are included with all Blue Shield of California medical plans. To access your Teladoc benefits:

- Download the Teladoc app (available at the App Store and Google Play) or go to www.teladoc.com/bsc
- Once you register for your Teladoc account, log in to make a doctor appointment; follow the instructions shown on the app
- You can also reach Teladoc at 1-800-TELADOC (835-2362)
- There is no charge to use Teladoc for the Trio ACO HMO; there is a \$5 copay for Access+ HMO and PPO plans



Teladoc can help you with everyday, non-emergency healthcare issues, including sinus problems, allergies, flu symptoms and much more. Teladoc helps skip the waiting room and the trip to urgent care.

Teladoc Mental Health Benefits

Blue Shield members can access Teladoc's national network of licensed therapists, psychiatrists and mental health professionals. You can get help with managing addiction, depression, stress, anxiety, domestic abuse and more! Whenever you need care, Teladoc providers are available 24/7/365 by phone or video.

Teladoc is available at no cost to Trio HMO members and HMO Access+ and PPO members have a \$5 copay per session.



MEDICAL BENEFITS

Highlights: Blue Shield Plans



Blue Shield Healthy Extras: Wellvolution

Employees and eligible dependents enrolled in a C-VUSD Blue Shield of California medical plan have access to Wellvolution. This benefit supports you in living your healthiest lifestyle and gives you access to tools and programs to help manage stress, lose weight, prevent disease or treat existing medical conditions. Wellvolution analyzes your health goals to create a plan for you, with digital tools and weekly action plans. It allows you to track and monitor progress toward your goals, with one-on-one support from experts when you need it.

Programs available through Wellvolution include:

- **Virta** helps support diabetes type 2 reversal
- **Betr** to help you reconnect to wellness by healing from the inside-out, using food-as-medicine. Betr helps you:
 - Effortless weight loss
 - Life changing energy
 - Calm mind and mood
 - Quality sleep
 - Pain free living
 - Improved gut health
- **Plate Joy** helps you eat your best with:
 - Custom meal plans that use over fifty data points to personalize a weekly menu that fits your preferences
 - Smart grocery lists help you keep track of what's in your kitchen to help reduce food waste and save money
 - Optional grocery delivery through Amazon Fresh and Instacart
- **WeightWatchers** offers a scientifically proven program for weight loss and wellness with digital, in-person and virtual workshops, and personal coaching solutions to help meet your goals. To access your Wellvolution



Wellvolution Mental Wellness Resources

Other programs offered through Wellvolution include **Ginger** for mental health and the **Headspace** app for wellbeing; see [page 21](#) for more details on these benefits.





MEDICAL BENEFITS

Blue Shield Mental Health Resources



Mental Wellness Resources for Blue Shield Plan Members

Your Blue Shield plan includes a wide range of mental health benefits. Whether you need to sleep better, manage anxiety, or get help with addiction, Blue Shield provides counseling, treatment, and programs to help manage your mental health.

Accessing Mental Health Benefits Through Your Blue Shield Health Plan

Your Blue Shield health plan provides coverage for mental health or substance abuse care in-person or wherever you are using your smartphone, tablet, or computer – all within the privacy of your own home.



To find a mental health provider:

1. Visit Find a Doctor for your plan
2. On the Find a Doctor tool, select **MENTAL HEALTH** and continue to visit the **MHSA network**
3. On the provider search page, select **BSC MHSA** as your “Benefit Plan” and **Non-Medicare Provider** under the “Provider List” drop down selection
4. Enter your location details, and select provider type, specialty, gender, ages treated, and any other criteria that are important to you. Then, select Search.

Note: To find a provider who offers virtual services, under Specialties, choose Telehealth.

Accessing Mental Health Benefits Through Teladoc

Blue Shield members have easy access to mental health care through Teladoc. Experience virtual therapy visits from a national network of licensed therapists, psychiatrists and mental health professionals — all from the comfort and privacy of your own home. This benefit is available to you 24/7/365 by phone or video. You can get help with managing addiction, depression, stress or anxiety, PTSD, domestic abuse, and much more.

Teladoc is available at no cost to Trio HMO members and HMO Access+ and PPO members have a \$5 copay per session.

Please see [page 18](#) for details on signing up for and using Teladoc.



MEDICAL BENEFITS

Blue Shield Mental Health Resources



Mental Wellness Apps

Blue Shield of California offers two apps to help support your mental/emotional wellbeing at <https://wellvolution.com/mentalhealth>

Ginger

Ginger is available to all Blue Shield members. The Ginger app offers immediate one on one support for coping with many common challenges such anxiety, stress, low mood, issues with work or relationships and more. With Ginger, you can:

- Text with a coach anytime, anywhere, 24/7
- Discuss goals, share challenges, and create an action plan with your coach
- Get personalized, interactive skill-building tools from a library of more than 200 activities
- View recaps from each texting session, track progress, and work your coach to adjust you action plans
- Video therapy and psychiatry sessions are available for the same copay as with your Blue Shield Health Plan.

Headspace

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).





MEDICAL BENEFITS

EPIC Hearing Benefit

EPIC Hearing Healthcare

If you are enrolled in a C-VUSD medical plan, you have access to Amplify through EPIC Hearing Healthcare (a CSEBA benefit).



Hearing loss can happen at any age. Treating it early can help improve your overall wellbeing. It's estimated that 26 million people in the U.S. between ages 20 and 69 have hearing loss. With EPIC, you can get a hearing test and hearing aids.

Learn more about the many benefits available to you through this plan by calling [1-866-956-5400](tel:1-866-956-5400) or visiting www.EPIChearing.com.

Hearing Aid Choices

With EPIC, you can choose to how to get the hearing aids that are right for you. You can choose virtual care through Right4You (see below). You can also choose in-person care with nearly unlimited hearing aid choices available through a local hearing provider from EPIC's 7,000+ hearing aid providers.

You can choose from 2,000+ hearing aid models and styles from the industry's top brands, all at significant savings. You also have EPIC's private-labeled hearing aid brand, Relate™, available to you. This hearing aid features innovative technology, including:

- Recharging capabilities,
- Connection to two Bluetooth devices,
- Tap control, and
- A mobile app.

Right2You Virtual Care

This convenient option provides virtual appointments with a licensed EPIC hearing professional from the comfort of home, along with custom-programmed hearing aids delivered directly to your door with remote hearing aid adjustments. :

1. Call EPIC at [1-866-956-5400](tel:1-866-956-5400) to learn more.
2. Take a quick online hearing test at www.epichearing.com/hearingtest
3. Speak with a licensed hearing professional on the phone to review test results and discuss any additional necessary testing
4. Meet with an EPIC hearing professional to discuss hearing aid recommendations and to order Relate™ or Phonak hearing aids
5. Receive hearing aids delivered right to your doorstep, along with a virtual hearing aid fitting, and follow-up care



MEDICAL BENEFITS

Health Plan Tips

Get the Most from Your Health Plans

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.

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.

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:** This is the best choice for non-urgent medical issues.
- **Urgent Care:** This is the best choice for non-life threatening medical issues that require immediate 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 medical care outside Urgent Care hours.

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.

Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established, frequently used medications that do not require expensive advertising.

Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

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.

Save Money on Health Care Expenses With the FSA

When you use your Flexible Spending Account to pay for eligible, unreimbursed medical expenses, you reduce your taxable income and can save money on taxes. See [page 29](#) for more information.



MEDICAL BENEFITS

Health Plan Tips

Understand What an Explanation of Benefits (EOB) Is

When you are enrolled in a PPO plan, you will receive an Explanation of Benefits (EOB) after a claim is filed with your PPO plan. This document is an overview of the total charges from your provider visit and how much you and your health plan will have to pay. An EOB is **NOT A BILL**; however it does detail what to expect for the cost of your visit. You should review the invoice you get from your provider to see how it compares to the EOB.

Why is Your EOB Important?

Your EOB is a window into your medical billing history. Review it carefully to make sure you actually received the service being billed, that the amount your healthcare provider received and your share are correct, and that your diagnosis and procedure are correctly listed and coded. It's also important to make sure that your records reflect the same numbers that the EOB show, in terms of your progress toward your deductible and out-of-pocket maximum for the year.

Once you've met your deductible, your health plan will start paying for more of your care. And once you've met your out-of-pocket maximum, the plan will start paying 100% of your covered, in-network costs for the rest of

Quick Videos to Help You Understand Your Health Plan

How to Read an EOB

This quick video helps you understand how to read an EOB: <https://flimp.live/How-to-Read-EOB>.

Medical Plan Terms

This fast, easy-to-watch video, helps give you a better understanding on medical plans and explains how our medical plans work: <http://video.burnhambenefits.com/terms>.





DENTAL BENEFITS

C-VUSD offers two dental plans to choose from.

Delta Dental PPO Plan (30+ Hour Employees Only)



- This plan offers you the freedom and flexibility to use the dentist of your choice.
- You will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.
- If you obtain services using an out-of-network dentist, you are responsible for paying the difference between the covered amount and the actual charges, and you may be responsible for filing claims.

To find in-network providers:

- Delta Dental PPO: visit www.deltadentalins.com or call **1-888-335-8227**
- MetLife DHMO: visit www.metlife.com/mybenefits or call **1-800-880-1800**

MetLife DHMO Plan (20 - 30+ Hour Employees)



- With the MetLife Dental Health Maintenance Organization (DHMO) plan, you must choose a general dentist within the network.
- All of your care, such as routine check-ups and emergency situations, must be provided by your general dentist. If specialty care is needed, your general dentist will provide the necessary referral.
- For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO plan booklet.

Dental Plans	Delta Dental PPO		MetLife DHMO
	In-Network	Out-of-Network ¹	In-Network Only
Cost Factors			
Calendar Year Maximum Benefit	\$2,500	\$2,500	Unlimited
Annual Deductible	None	None	None
Dental Services	You Pay		You Pay
Preventive Services – Exam, Cleaning, X-rays	No charge	Any amount over contracted fee ¹	No charge
Basic and Major Services – Fillings, Posterior Composites, Sealants, Endodontics, Periodontics, Crowns, Inlays/ Onlays, Cast Restorations	20%	20% + amount over contracted fee ¹	No charge
Prosthodontic Services – Bridges, Dentures, Implants	30%	50% + amount over contracted fee ¹	No charge
Orthodontia – Child and Adult	50%	50% + amount over contracted fee ¹	\$1,100 copay
– Orthodontia Lifetime Maximum	\$2,000	\$2,000	Unlimited

¹ Out-of-network dentist have not agreed to in-network 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.



VISION BENEFITS

VSP Vision Plan

C-VUSD provides vision coverage through Vision Service Plan (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 copay 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.



To find in-network providers, visit www.vsp.com or call 1-800-877-7195.

Vision Plan	VSP PPO	
	In-Network (VSP Choice)	Out-of-Network ¹
Vision Services	You Pay	
Examination (Every 12 Months)	\$10 for exam and glasses	Any charge above \$45 allowance
Lenses (Every 12 Months) – Single Vision – Bifocal – Trifocal	No charge after exam copay No charge after exam copay No charge after exam copay	Any charge above \$30 allowance Any charge above \$50 allowance Any charge above \$65 allowance
Frames (Every 12 Months)	Any charge above \$150 allowance (\$170 allowance for featured frame brands)	Any charge above \$70 allowance
Contact Lenses (Every 12 months instead of glasses)	\$150 allowance	Any charge above \$105 allowance

Additional Discounts Available

LASIK and PRK Benefit: You are entitled to a 15% discount on the usual and customary fees for LASIK and PRK procedures, or a 5% discount on any promotional pricing, whichever is the greater benefit, through the US Laser Network.





FINANCIAL PROTECTION BENEFITS

Basic Life and AD&D Insurance

Life insurance is an important resource to help protect your loved ones in the event of your death. Things like funeral expenses, debt, and the cost of living, can all add up. Life insurance can help lessen the financial burden and provide coverage to help pay for these types of expenses.

Voya Financial Basic Life and AD&D Insurance



C-VUSD provides you with Basic Life insurance coverage of \$30,000. This coverage protects your family or other beneficiaries in the event of your death while you are actively employed with the company.

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 (65% at age 65, 45% at age 70, 30% at age 75, and 20% at age 80), and will terminate when you leave the company or retire.

Additional Benefits Included with Life and AD&D Insurance

- **Travel assistance** when traveling more than 100 miles from your home, offering you emergency personal service, medical assistance services, and emergency transportation services.
- **Accelerated death benefit** if you are diagnosed with a terminal illness with a life expectancy under 12 months. You may collect 50% of your death benefit while you are living. All remaining benefits will be paid to your beneficiary upon death.
- **Waiver of premium** if you become totally disabled while an active employee and cannot work, you will not have to pay life insurance premiums for as long as you remain disabled up to the benefit termination.
- **Beneficiary support services** to help your beneficiaries with financial professionals and other support resources.
- **Conversion of Coverage if you terminate your employment.** You have the option to convert all or part of the amount of life insurance in force to an individual policy without evidence of insurability within 31 days of termination.
- **Continuation of Coverage (portability):** if you terminate your employment. You have the option to continue all or part of the amount of life/AD&D insurance in force on the date of termination by satisfactorily answering a few health questions. Employees must apply for portability within 31 days of employment.

Important Facts About Beneficiaries

Beneficiaries are individuals or entities that you select to receive benefits from your policy. If you do not have a beneficiary, benefits are paid to your estate. Here's what you need to know about beneficiaries:

- You can change your beneficiary designation at any time
- You may designate a sole beneficiary or multiple beneficiaries to receive payment in the percentage(s) allocated
- To select or change your Life Insurance beneficiary, contact the Personnel Services Department.



FINANCIAL PROTECTION BENEFITS

Supplemental Life and AD&D Insurance

Voya Financial Supplemental Life and AD&D

In addition to the company-provided Basic Life and AD&D coverage, you may elect to purchase additional Term Life and AD&D insurance at discounted group rates provided by Voya Financial. You pay for this coverage with after-tax dollars through convenient payroll deductions.



Benefit Option	Coverage Amount	Guaranteed Issue
Employee	\$10,000 increments up to \$500,000	\$200,000
Spouse	\$5,000 increments up to \$250,000 not to exceed 100% of employee coverage	\$50,000
Child(ren)	\$2,000 increments to \$10,000 \$500 if child is less than 6 months old	\$10,000

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: \$200,000
- Spouse or Domestic Partner: \$50,000
- Child(ren): Entire benefit amount (\$10,000)

If you are no longer in your initial eligibility period, you may enroll in Voluntary Life insurance anytime during the year 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. Voya Financial may approve or decline coverage based on a review of your health history.

Monthly Voluntary Life Insurance Rates	
Age of Employee or Spouse/ Domestic Partner	Per \$1,000 of Employee Coverage
Under age 35	\$0.060
35 – 39	\$0.084
40 – 44	\$0.132
45 – 49	\$0.204
50 – 54	\$0.348
55 – 59	\$0.588
60 – 64	\$0.816
65 – 69*	\$1.440
70 – 74*	\$2.976
75 – 79*	\$4.548
Monthly Child Life Rate Per \$1,000	
\$0.240	
Monthly AD&D Rate Per \$1,000	
\$0.036	

* Coverage decreases to 65% at age 65, to 45% at age 70, to 30% at age 75, and to 20% at age 80. Coverage terminates when you leave the company or retire, unless you convert to an individual policy.



TAX SAVINGS BENEFITS

American Fidelity Flexible Spending Accounts (FSA)



FSA Plan Year: January 1 - December 31

Flexible Spending Accounts (FSAs) are special tax-advantaged accounts used to pay for eligible out-of-pocket health care and dependent care expenses. If elected, your account(s) will be funded with tax-free dollars using convenient payroll deductions. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts.

If you are using an FSA debit card, you must save your receipts, in case American Fidelity needs a copy for verification. Per IRS guidelines, all receipts must be itemized to reflect what product or service was purchased.

Health Care FSA

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. You may defer up to \$3,050 pre-tax per year. Eligible expenses include:

- Coinsurance, Copays and Deductibles
- Medical care and Prescriptions
- Dental care and Orthodontia
- Eye Exams, Eyeglasses and Lasik Eye Surgery
- Eligible over-the-counter medications, COVID-19 PPE, and menstrual products

To shop for FSA-eligible products, and for a list of eligible expenses, go to www.fsastore.com.

Health Care FSA Grace Period

The Health Care FSA includes a 2.5 month grace period. Once the plan year ends, you can incur claims through March 15th and must submit claims for reimbursement no later than March 31st.

After the grace period, unused funds will be forfeited.

Dependent Care FSA

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. You may defer up to \$5,000 pre-tax per year. Eligible expenses include:

- Licensed nursery schools, qualified childcare centers, after school programs, summer camps (under age 13), preschool
- Adult daycare facilities

Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **Health Care FSA:** You must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year.
- **Dependent Care FSA:** Unused funds will NOT be returned to you or carried over to the following year. You



VOLUNTARY BENEFITS

You have the option to strengthen your coverage with American Fidelity voluntary plans. These plans can complement your health care coverage and customize your financial protection for yourself and your family. Benefits received from these plans are paid directly to you. Coverage is available for you, your spouse, and your qualified dependents.



To learn more about these voluntary plans, visit www.afadvantage.com or call 1-800-654-8489.

Plans to Complement Your Health Coverage

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. These benefits are paid directly to you. The plan includes benefits for accident emergency treatment, medical imaging, inpatient confinement, ambulance, wellness benefit, and a benefits enhancement rider that increases selected benefit amounts.

Cancer Insurance

If you are diagnosed with cancer, American Fidelity's Limited Benefit Cancer Insurance Plan pays benefits directly to you, and the money may be used however you need such as meals and lodging, spouse's lost income, transportation costs, special diets and housekeeping expenses.

Critical Illness Insurance

With critical illness insurance, you'll receive a 100% lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for treatment (e.g., experimental), prescriptions, travel, increased living expenses and more. The plan pays a lump sum directly to you if you experience eligible critical illness, such as heart attack, stroke, major organ failure, and/or major burns. The plan offers three lump sum benefit amounts to choose from and includes an annual health screening test benefit.

Plans to Strengthen Your Financial Security

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. If your paycheck suddenly stopped, would you be prepared? If the answer is no, disability insurance may be a good option for you.

New Hires – All eligible employees within 13 months of hire date who currently do not have disability coverage can enroll up to Plan \$4,000 (within 2 levels of qualified salary bracket), not subject to Evidence of Insurability. All benefit amounts will be subject to the plan's preexisting condition limitation.

Permanent Life Insurance

Permanent life insurance is a form of whole life insurance that provides lifelong protection. Your life insurance benefit may help replace your income, allowing your family to meet many financial needs such as funeral costs, living expenses, and college funding. Some of the permanent life plan features include rates guaranteed to not increase, rates based on issue age, guaranteed cash value accumulation up to age 100, apply with minimal health questions and no medical tests.

The life insurance policy is your own, you take it with you if you leave C-VUSD at the same rate.



RETIREMENT RESOURCES

New! Free Retirement Resources

C-VUSD employees have access to free retirement planning and living resources through American Fidelity Retirement Services (AFRS). This benefit provides you with education and resources to help you prepare and live in retirement, such as:



- A retirement financial planning tool, calculators, and other resources.
- Help with Medicare plans
- Support for navigating the Healthcare Marketplace.
- Dental and vision plans
- Pet insurance
- Discount card packages

Age-appropriate American Fidelity policyholders will automatically receive information via email. If you are not an American Fidelity policyholder, but would like to learn more about this benefit, please visit the AFRS website at <https://retirement.americanfidelity.com>, call 1-405-416-2149 / 1-800-914-5940, or contact Brandi Martinez at brandi.martinez@americanfidelity.com.





LIFE BALANCE BENEFITS

Health Advocate EAP

Health Advocate Employee Assistance Plan

HealthAdvocateSM

All employees enrolled in a C-VUSD medical plan have access to the Health Advocate Employee Assistance Plan (EAP), which provides health plan advocacy and employee assistance. This program is available 24/7/365 and provides significant support in a wide variety of areas. To access your Health Advocate EAP benefits, call 1-866-799-2728. You can also visit www.healthadvocate.com/cseba. There is no cost to you for this benefit.

Employee Advocacy

Navigating the healthcare system can be a challenging task. Health Advocate provides unlimited access to dedicated Personal Health Advocates—health partners who can get to the bottom of a wide variety of healthcare and insurance-related issues.

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 has a Perfect Match Provider Locator. They 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?

Get help with complex claims! 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.

How to Access Health Advocate

Health Advocate's 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.

Get help by calling 1-866-799-2728 or visiting www.healthadvocate.com/cseba.



LIFE BALANCE BENEFITS

Health Advocate EAP

Employee Assistance

HealthAdvocate™

Employees enrolled in a C-VUSD medical plan and eligible family members can receive free, confidential assistance to help with with life creating balance. The EAP provides you with:

- 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



What Can Health Advocate Employee Assistance Help With?

The EAP can help with issues and needs 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!

MyHelp

Use Health Advocate's MyHelp to connect with a counselor anywhere, anytime, via text, phone, chat, and video. Care Managers work with you directly to help with personal, family, and life changes, 24/7/365.

Digital Cognitive Behavioral Therapy

Health Advocate also provides you with Digital Cognitive Behavioral Therapy (dCBT). This is a dynamic, technology-driven approach that allows you to develop skills and competencies that have a positive impact on health, wellbeing, and productivity.

Take Advantage of Your Health Advocate EAP Benefits

To access your Health Advocate EAP benefits, call 1-866-799-2728 or visit healthadvocate.com/members.



LIFE BALANCE BENEFITS

EASE EAP | Care Solace

EASE Employee Assistance Plan

In addition to the Health Advocate Employee Assistance Program (EAP), you can access the EASE EAP. EASE provides mental health counseling and referrals for work-related issues and personal concerns, such as health, relationships, family/parenting, stress, grief and loss, emotional issues, use of substances, and balancing work and family life.



The Los Angeles County Office of Education provides this benefit at no cost. The EASE EAP is available to all employees and their immediate family members. These benefits can help you mitigate current challenges, add additional protective layers to support faster resilience, and provide additional support through times of crisis.

EASE Features

- Professional counselors who can help with life's challenges
- Long-term assistance is available by connecting you to specialists, self-care groups, and other community services
- Psycho-educational workshops on stress management, anger management, communication, grief, and loss
- Mobile crisis response support, crisis counseling, and debriefing
- All services are available to you and your immediate family members
- Referrals for work-related issues and personal concerns such as health, family/parenting, finances, and stress.

To access your EASE benefits, call **1-800-882-1341** or visit www.lacoe.edu/ease.



Care Solace

Mental Health Care Coordination



Care Solace is a mental health care coordination service to help you and your family connect to quality care. If you need help finding resources for mental health or substance use issues, Care Solace will quickly and confidentially find available providers matched to your needs. Care Solace is an excellent resource for you and your family, paid for and provided by Covina Valley Unified School District.

Care Solace offers a multilingual team available 24/7/365 to help you understand options, call providers on your behalf, and schedule an appointment. With Care Solace, you can connect with providers that match your specific needs, including faith-based support, LGTBQI+, sexual violence, and trauma.

To access your Care Solace benefits, call **1-888-515-0595** or visit www.caresolace.com/cvusdparents.



IMPORTANT INFORMATION

Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. C-VUSD distributes annual notices to new-hires, and each year during open enrollment.



C-VUSD distributes annual notices to new-hires, and each year during open enrollment. You may also request a copy by contacting the District Personnel Services department, or download a copy from Benefitfocus.

The following is 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 when qualified without a penalty.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by C-VUSD's group 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 C-VUSD'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.





IMPORTANT INFORMATION



The Affordable Care Act (ACA) and You

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 2024 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 C-VUSD 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 C-VUSD's 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.

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, 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 C-VUSD. Please refer to the SBCs and carrier contracts provided by our health plan carriers for additional plan details. The SBCs are available at <https://myoptions.blueshieldca.com/cseba> and <https://select.kaiserpermanente.org/CSEBA-JPA-Microsite>.



It is understood that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between C-VUSD employees, heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or item, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. Kaiser members agree to give up our right to a jury trial and accept the use of binding arbitration and understand that the full arbitration provision is contained in the Evidence of Coverage. By enrolling in the C-VUSD Kaiser District Plan, it is understood that this action will serve as an agreement to the conditions provided in the Kaiser Foundation Health Plan Arbitration Agreement (above) and that by law this acceptance of this notice will have the same effect as a signature on paper form. Important Note: if you do not wish to accept or agree with this arbitration agreement above, you must meet with Human Resources to select a new Health Plan selection before the end of Open Enrollment.

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Learn more at www.burnhambenefits.com

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 benefit program, please contact the District Personnel Services department.