



Corona-Norco Unified School District 2019-20 Employee Benefits

Classified & Supervisory Employees ONLY New Hire

Please read all information carefully!

**Plan year runs from October 1, 2019
through September 30, 2020**

CORONA-NORCO UNIFIED SCHOOL DISTRICT

CHECKLIST

Required Forms to Enroll

- Medical Plan Election Form
- Medical Enrollment Form – Kaiser or SISC Anthem Blue Cross *
 - Medical Waiver Form – Only permitted if employee works less than 7.2 hours per day.
 - Premium Only Plan – Full-time employees can enroll in a premium only plan with a SISC enrollment form and verification of other active coverage.
- Dental – Delta Dental enrollment form
- Vision – Medical Eye Services (MES) or Vision Service Plan (VSP) enrollment form
- Minnesota Life Enrollment and Beneficiary Form
- Disability Acknowledgement Form

*Classified employees that are eligible to fully waive medical coverage (less than 7.2 hours) can use up to \$100 in credit towards voluntary life insurance. Employees have **30 calendar days** from hire date to submit completed insurance forms.

If you are adding a spouse and/or children, you must provide copies of the required eligibility documents.

Spouse: First page of last tax return (1040, 1040A, 1040EZ)

Child (to age 26): Birth Certificate naming employee or spouse as a parent

Please contact the Benefits Office with any questions at: (951)736-5026.

Dependent Eligibility Document List

REQUIRED Documents to Enroll Dependents

(Please submit copies only AND black out all financial and social security information)

Dependent Type	Required Documents
Spouse Legally married husband or wife as defined by state law who is a US citizen or legal resident of the US	<i>If married filing jointly – first page only of the last year’s Federal Tax Return (1040,1040A, 1040EZ, 8879, or 4868</i> <i>If married filing separately – first page only of the last year’s Federal Tax Return with SPOUSE listed</i>
Domestic Partner Partners as confirmed by the	California Certificate of Domestic Partnership issued by the Secretary of State
Child – Biological Direct biological descendants	Government issued birth certificate
Child – Step Direct biological descendants from a spouse’s prior family un-	Government issued birth certificate AND marriage certificate
Child – Adopted Legally adopted children under age 26	Government issued adoption certificate AND government issued birth certificate
Child – Guardianship Persons under the age of 18 whom you have legal guardianship	Court order of legal guardianship

Dependents Eligible for Coverage		Dependents NOT Eligible for Coverage	
Spouse	Child – Adopted	Ex-Spouse	Grandchildren
Domestic Partner	Child – Guardianship	Siblings	Aunt/Uncles
Child – Biological		Parents	Niece/Nephews
Child - Step		Grandparents	Cousins

CSEA Anthem Medical Plans

PLAN FEATURES	ANTHEM PREMIER HMO CSEA	ANTHEM CLASSIC HMO CSEA	ANTHEM CLASSIC PPO 20 CSEA		ANTHEM CLASSIC PPO 40 CSEA	
			PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider
Calendar Year Deductible						
Individual	None	None	\$300		\$3,000	
Family			\$600		\$6,000	
Calendar Year Co-Pay Max (excluding Prescription Drug)						
Individual	\$1,000	\$2,000	\$1,000		\$4,000	
Family	\$2,000	\$4,000	\$3,000		\$8,000	
Hospital						
Inpatient Copay (per admission)	No charge	\$250 copay	20%	0% (up to \$600/day)	20%	0% (up to \$600/day)
Outpatient Facility / Surgery Services	No charge	\$125 copay	20%	50% of max allowable	20%	50% of max allowable
Emergency Services						
Emergency Room	\$100 copay	\$100 copay	\$100 visit/+20%		\$100 copay+20%	
Ambulance	\$100 per trip	\$100 per trip	20%		20%	
Physician Services (Includes Mental Health and Substance Abuse)						
Office Visits - Primary	\$10 copay	\$20 copay	\$20 copay	Billed for charges	\$40 copay	Billed for charges
Office Visits - Specialist	\$10 copay	\$40 copay	\$20 copay	Billed for charges	\$40 copay	Billed for charges
Urgent Care Visits (Out of service area)	\$10 copay	\$20 copay	\$20 copay	Billed for charges	\$40 copay	Billed for charges
Diagnostic X-Ray/Lab						
Lab and X-Ray	No charge	No charge	20%	Not covered	20%	Not Covered
Advanced Imaging (CT, MRI, PET)	\$100 copay	\$100 copay	20%	Billed for charges	20%	Billed for charges
Prescription Drugs						
Retail Pharmacy						
Generic (up to 30-day supply)	\$7 copay	\$10 copay	\$7 copay		\$10 copay	
Brand - Formulary (up to 30-day supply)	\$25 copay	\$35 copay Rx Deductible: \$200 Single \$500 Family	\$25 copay		\$35 copay Rx Deductible: \$200 single/\$500 family	
Mail Order Pharmacy						
Generic (up to 90-day supply)	\$0 copay	\$0 copay	\$0 copay		\$0 copay	
Brand - Formulary (up to 90-day supply)	\$60 copay	\$90 copay	\$60 copay		\$90 copay Rx Deductible: \$200 single/\$500 family	
Durable Medical Equipment						
DME	20%	20%	20%	Not Covered	20%	Not Covered
Infertility Testing/Treatment						
Infertility Services	Not Covered	Not Covered	Not covered		Not covered	
Chiropractic/Acupuncture						
Office Visit	\$10 copay	\$10 copay	20%	Not Covered	20%	Not Covered
# of combined visits per year (max)	30 per year	30 per year	12 Visits a Calendar Year		12 Visits a Calendar Year	
Tenthly Deductions (October 2019—Sept. 2020)						
Single	\$834.00	\$764.40	\$859.20		\$604.80	
Employee + One (Spouse or Child)	\$1,621.00	\$1,458.00	\$1,670.40		\$1,174.80	
Family	\$2,266.80	\$2,044.80	\$2,337.60		\$1,642.80	

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CSEA Kaiser Medical Plans

Plan Features	KAISER HIGH PLAN	KAISER DHMO
Calendar Year Deductible		
Individual	None	\$1,000
Family		\$2,000
Calendar Year Co-Pay Max (excluding Prescription Drug)		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Hospital		
Inpatient Copay (per admission)	No charge	20% after deductible
Outpatient Facility / Surgery Services	\$20 copay	20% after deductible
Emergency Services		
Emergency Room	\$100 copay	20% after deductible
Ambulance	\$50 per trip	\$150 per trip
Physician Services (Includes Mental Health and Substance Abuse)		
Office Visits - Primary & Specialist	\$20 copay	\$20 copay
Urgent Care	\$20 copay	\$20 copay
Routine physical maintenance exams	No charge	No charge
Well-child preventive exams (to age 23 months)	No charge	No charge
Eye Exams	No charge (\$150 eyewear allowance every 24 mos)	No charge
Diagnostic X-Ray/Lab		
Lab and X-Ray	No charge	\$10 copay \$50 (MRI, CT, PET scans)
Prescription Drugs		
Retail Pharmacy		
Generic	\$10 copay up to 100 day	\$10-30 day \$20-60 day \$30-100 day
Brand - Formulary	\$20 copay up to 100 day	\$30-30 day \$60-60 day \$90-100 day
Mail Order Pharmacy		
Generic	\$10 up to 100 day supply	\$20-up to 100 day supply
Brand - Formulary	\$20 up to 100 day supply	\$60- up to 100 day supply
Durable Medical Equipment		
DME	20% Coinsurance	20% (deductible doesn't apply)
Hearing Aid	\$500 Allowance per device 1 device per ear every 36 months	\$500 Allowance per device 1 device per ear every 36 months
Infertility Testing/Treatment		
Infertility Services	50% Coinsurance	50% (deductible doesn't apply)
Chiropractic/Acupuncture		
Office Visit	\$10 copay/30 visits per year	\$10 copay/30 visits per year
Deductions (October 2019— Sept. 2020)		
Single:	\$709.20	\$627.60
Employee + One (Spouse or Child)	\$1,393.20	\$1,232.40
Family	\$1,950.00	\$1,725.60

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DELTA DENTAL PLANS

	Delta Dental PPO Plan		DeltaCare USA Plan
	Delta PPO In-Network Dentist	Non-PPO Out-of-Network Dentist	HMO Dentist
Maximum Annual Benefit	\$1,500 per person	\$1,500 per person	No annual maximum
Annual Deductible	\$25 per person \$75 per family (per calendar year)	\$25 per person \$75 per family (per calendar year)	Not Applicable
Diagnostic & Preventive Care (exams, x-rays, cleanings)	100%	80%	Member pays applicable co-payments
Basic Care (fillings, extractions)	90%	80%	Member pays applicable co-payments
Crowns, Jackets, Cast Restorations, Sealants, Endodontics, Bridges and Dentures	70%	60%	Member pays applicable co-payments
Dental IMPLANT Coverage	60%	50%	Member pays applicable co-payments
Orthodontia	Plan pays 50% (up to a \$1,000 lifetime maximum per person)	Plan pays 50% (up to a \$1,000 lifetime maximum per person)	Member pays from \$1600- \$1800 plus \$350 start up fee. See Schedule of Benefits.
Night Guard Benefits	100% (up to a \$500 lifetime maximum per person)	80% (up to a \$500 lifetime maximum per person)	N/A
Deductions (Oct. 2019–Sept. 2020)			
Single		\$56.52	\$28.57
Employee + Spouse		\$105.41	\$52.98
Employee + Child(ren)		\$105.67	\$53.35
Family		\$157.50	\$76.88

VISION PLANS



MEDICAL EYE SERVICES (MES)

Benefits	Participating Provider	Non-Participating Provider
Examination Co-payment	\$0	\$0
Comprehensive Examination Once in a 12 month period	Paid in full	Up to \$40
Lenses (per pair) - Once in a 12 month period	<i>Up to 61 mm eye size</i>	
Single Vision	Paid in full	Up to \$30
Bifocal	Paid in full	Up to \$50
Trifocal	Paid in full	Up to \$65
Lenticular	Paid in full	Up to \$125
Progressive Lenses	Up to \$89.50	Up to \$65
Frames - Once in a 24 month period	Up to \$150* Retail	Up to \$40
Contact Lenses (per pair)		
Cosmetic or Convenience	Up to \$150	Up to \$100
Medically Necessary	Paid in full	Up to \$250
Tenthly Rates: Deductions (Oct. 2019 - Sept.2020)		
Single		\$7.11
Employee + One (Spouse or Child)		\$14.27
Employee + Family		\$18.36

VISION SERVICE PLAN (VSP)

Your Coverage from a VSP Doctor

WellVision Examevery 12 months

Prescription Glasses

Lensesevery 12 months

- Single vision, lined bifocal, lined trifocal lenses and tints.
- Polycarbonate lenses for dependent children.

Frameevery 12 months

- \$120.00 allowance for a wide selection of frames
- 20% off the amount over your allowance

~OR~

Contact Lens Care

- **No copay every 12 months**

\$120.00 allowance for contacts and the contact lens exam (fitting and evaluation).

- 15% off cost of contact lens exam (fitting and evaluation)

Extra Discounts and Savings

Glasses and Sunglasses

- Average 35 - 40% savings on all non-covered lens options
- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

Your Co-pays

Exam & Prescription Glasses **\$25.00**

Contacts **No copay applies**

Your Coverage with Other Providers

Out of Network Coverage

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor

Exam..... Up to \$50	Lined Bifocal Lenses..... Up to \$75
Contacts..... Up to \$105	Lined Trifocal Lenses..... Up to \$100
Frame..... Up to \$70	Progressive Lenses..... Up to \$75
Single Vision Lenses..... Up to \$50	Tints..... Up to \$5

Tenthly Rates: Deductions (Oct. 2019 - Sept. 2020)

Single	\$9.88
Employee + One (Spouse or Child)	\$20.64
Employee + Family	\$29.65

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

ADDITIONAL VOLUNTARY PLANS

Please bring your most recent paystub with you to assist in salary calculations and determining current plan enrollments



American Fidelity is CSEA Endorsed

American Fidelity offers Section 125 flexible spending plans, disability, cancer, and accident plans. Employees can also meet with American Fidelity for Life insurance.

Website: www.afadvantage.com



Pacific Educators offers Disability and Life insurance plans. Employees can call (800) 722-3365 from 8:30am-5pm to set an appointment with a sales representative -or- discuss your benefits over the phone.

- Proud provider of voluntary benefits to Corona-Norco Unified School District since 1972.
- Sales representatives include Susana Furlong - Susana@PEInsurance.com
- Applications can be submitted online at: <http://peinsurance.com/california-school-personnel>
- Forms can be downloaded from their website at: <http://peinsurance.com/forms>

MINNESOTA LIFE

Minnesota Life Insurance Company is the District Sponsored Group Life plan. Employee can meet with a representative to enroll in supplemental term life insurance plans, child and spouse supplemental plans, and AD&D supplemental plans.

Additional services at no cost:

- Travel Assistance - www.lifebenefits.com/travel or call 855-516-5433.
- Legal Services and Will Preparation: www.lifeworks.com username: will password: preparation
- Legacy Planning: www.legacyplanningservices.com

Call 800-392-7295 for questions about your benefits.

403 (b) / 457 (b) RETIREMENT PLANNING

Employees can meet with an Investment Advisor through Empower. Visit www.fbcetire.com or call David Meade at (619)541-5808

Credit Unions offer additional benefits to school employees. Please stop by and meet with a representative to check out summer savers accounts.

