



Corona-Norco Unified School District 2019 Employee Benefits

Certificated New Hire (non-management)

**Plan year runs from January 1, 2019
through December 31, 2019**



CORONA-NORCO UNIFIED SCHOOL DISTRICT

Important
Information

CHECKLIST

Required Forms to Enroll

- VEBA Medical Plan Enrollment Form
 - Medical Waiver Form (if waiving)
- Dental – Delta Dental HMO or PPO
- Vision – Medical Eye Services (MES)
- Minnesota Life Enrollment and Beneficiary Form
- Disability Acknowledgement Form

Employees have **30 calendar days** from hire date to submit completed insurance forms.

If you are adding dependent spouse and/or children, you must provide copies of the eligibility documents and social security numbers.

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:

Corona-Norco Unified School District

Benefits Office

(951) 736-5026

Dependent Eligibility Documents

REQUIRED Documents to Enroll Dependents

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

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

VEBA UNITED HEALTH CARE PLANS

Plan Features	VEBA PHMO Network 1	VEBA PHMO Network 2	VEBA PHMO Network 3	VEBA UHC HMO SVA (SignatureValue Advantage)	VEBA UHC PPO Select Plus (In Network)	VEBA UHC PPO Select Plus (Out of Network)
Calendar Year Deductible						
Individual	None	None	None	\$500	\$500	
Family				\$1,500	\$1,000	
Calendar Year Co-Pay Max (excluding Prescription Drug)						
Individual	\$3,000	\$3,000	\$3,000	\$3,000	\$2,000	\$4,000
Family	\$6,000	\$6,000	\$6,000	\$6,000	\$4,000	\$8,000
Hospital						
Inpatient Copay (per admission)	No charge	No charge	\$250 copay	\$500 copay	20% after deductible	50% after deductible
Outpatient Facility / Surgery Services	No charge	No charge	No charge	\$100 copay	20% after deductible	50% after deductible
Emergency Services						
Emergency Room	\$100 copay	\$100 copay	\$200 copay	\$100 copay	\$100 copay	
Ambulance	No charge	No charge	No charge	No charge	20% after deductible	
Physician Services (Includes Mental Health and Substance Abuse)						
Office Visits - Primary	\$10 copay	\$20 copay	\$35 copay	\$20 copay	\$20 copay	50% after deductible
Office Visits - Specialist	\$10 copay	\$20 copay	\$35 copay	\$30 copay	\$20 copay	50% after deductible
Urgent Care Visits (Part of Medical Group)	\$10 copay	\$20 copay	\$35 copay	\$20 copay	\$50 copay	50% after deductible
Urgent Care Visits (Out of service area)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	N/A	
Diagnostic X-Ray/Lab						
Lab and X-Ray	No charge	No charge	No charge	No charge	No charge	50% after deductible
Advanced Imaging (CT, MRI, PET)	No charge	No charge	No charge	\$200 copay	20% after deductible	50% after deductible
Prescription Drugs						
*Retail Pharmacy (\$5 extra pharmacy co-pay when filled at a non Express Advantage Network Pharmacy)						
Generic	\$15 copay*	\$15 copay*	\$15 copay*	\$20 copay*	\$15 copay	
Brand - Formulary	\$30 copay*	\$30 copay*	\$30 copay*	\$35 copay*	\$30 copay	
Non-Formulary	50%	50%	50%	50%	50% * no out of network Rx	
Mail Order Pharmacy (90 day supply)						
Generic	\$30 copay	\$30 copay	\$30 copay	\$40 copay	\$30 copay	
Brand - Formulary	\$60 copay	\$60 copay	\$60 copay	\$70 copay	\$60 copay	
Non-Formulary	50%	50%	50%	50%	50% copay	
Durable Medical Equipment						
DME	No charge	No charge	No charge	No charge	20% after deductible	50% after deductible
Infertility Testing/Treatment						
Infertility Services	Not covered	Not covered	Not covered	Not covered	Not covered	
Chiropractic *No Acupuncture on HMO Plans*					\$20 copay per visit (24 visits per year)	50% coinsurance after deductible is met
Office Visit	\$10 copay	\$20 copay	\$30 copay	\$30 copay		
# of visits per year (max)	Unlimited	Unlimited	Unlimited	Unlimited		
Tenthly rates: Deductions : Jan.—Dec 2018						
Single:	\$738.00	\$812.00	\$848.00	\$618.00	\$1,106.00	
Employee + Spouse	\$1,487.00	\$1,639.00	\$1,713.00	\$1,242.00	\$2,231.00	
Employee + Child(ren)	\$1,405.00	\$1,548.00	\$1,618.00	\$1,174.00	\$2,063.00	
Family	\$2,127.00	\$2,345.00	\$2,451.00	\$1,775.00	\$3,195.00	

THIS MATERIAL DOES NOT CREATE NOR CONFER ANY RIGHTS; IT IS ONLY A BRIEF OUTLINE OF THE PLANS AND IS NOT TO BE ACCEPTED OR CONSIDERED AS A SUBSTITUTE FOR THE PROVISIONS OF THE MASTER POLICIES.

VEBA KAISER PERMANENTE PLANS

Plan Features	VEBA Kaiser Standard \$20	VEBA Kaiser Standard \$30
Calendar Year Deductible		
Individual	None	None
Family		
Calendar Year Co-Pay Max (excluding Prescription Drug)		
Individual	\$1,500	\$1,500
Family	\$3,000	\$3,000
Hospital		
Inpatient Copay (per admission)	No charge	No charge
Outpatient Facility / Surgery Services	\$20 copay	\$30 copay
Emergency Services		
Emergency Room	\$50 copay	\$100 copay
Ambulance	No charge	\$150 copay
Physician Services (Includes Mental Health and Substance Abuse)		
Office Visits - Primary & Specialist	\$20 copay	\$30 copay
Urgent Care	\$20 copay	\$30 copay
Diagnostic X-Ray/Lab		
Lab and X-Ray	No charge	No charge
Prescription Drugs		
Retail Pharmacy		
Generic	\$15-30 day \$30-60 day \$45-100 day	\$15-30 day \$30-60 day \$45-100 day
Brand - Formulary	\$30-30 day \$60-60day \$90-100 day	\$30-30 day \$60-60 day \$90-100 day
Mail Order Pharmacy		
Generic	\$15-30 day \$30-100 day	\$15-30 day \$30-100 day
Brand - Formulary	\$30-30 day \$60-100 day	\$30-30 day \$60-100 day
Durable Medical Equipment		
DME	No charge	20%
Infertility Testing/Treatment		
Infertility Services	\$20 copay	50%
Chiropractic *No Acupuncture*		
Office Visit	\$20 copay	\$30 copay
# of visits per year (max)	Unlimited	Unlimited
Tenthly rates: Deductions Jan – Dec 18		
Single:	\$733.20	\$714.00
Employee + Spouse	\$1,546.80	\$1,509.60
Employee + Child(ren)	\$1,412.40	\$1,387.20
Family	\$1,984.80	\$1,936.80

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* Detailed information regarding explanation of all VEBA plans and Enrollment Instructions are posted on the District's Website.

DELTA DENTAL



More than 25,000 practicing dentists in California are Delta Dentists. Of these, 13,000 are PPO dentists. Although you are free to choose any dentist for treatment, you will save money by choosing a Delta PPO Dentist. This is because these dentists' fees are approved in advance by Delta. If you go to a non-PPO Dentist, Delta cannot assure you what percentage of the charged fee may be covered. Since the fees charged by non-PPO Dentists are typically higher, your share of the cost will be higher.

Dental Plan Highlights			
	Delta Dental PPO Plan		DeltaCare USA Plan
	Delta PPO In-Network Dentist	Non-PPO and Out-of-Network Dentist	HMO Dentist
Maximum Annual Benefit	\$1,500 per person	\$1,500 per person	No annual maximum
Annual Deductible	\$50 per person \$150 per family (per calendar year)	\$50 per person \$150 per family (per calendar year)	Not Applicable
Diagnostic & Preventive Care (exams, x-rays, cleanings)	Plan pays 100% of PPO approved fee	Plan pays 80% of Delta approved fee	Member pays applicable co-payments
Basic Care (fillings, extractions)	Plan pays 90% of PPO approved fee	Plan pays 80% of Delta approved fee	Member pays applicable co-payments
Crowns, Jackets, Cast Restorations, Sealants and Endodontics	Plan pays 70% of PPO approved fee	Plan pays 50% of Delta approved fee	Member pays applicable co-payments
Prosthetic Care (bridges, dentures) Implants	Plan pays 60% of PPO approved fee (up to a maximum allowance)	Plan pays 50% of Delta approved fee (up to a maximum allowance)	Member pays applicable co-payments
Orthodontia	Plan pays 50% of PPO approved fee (up to a \$1,000 lifetime maximum per person)	Plan pays 50% of Delta approved fee (up to a \$1,000 lifetime maximum per person)	Member pays from \$1600-\$1800 plus \$350 start up fee. See Schedule of Benefits.
Tenthly Rates: Deductions Jan - Dec 2018			
Single		\$61.25	\$27.80
Employee + Spouse		\$114.25	\$51.54
Employee + Child(ren)		\$113.54	\$51.90
Family		\$169.66	\$74.78



MES VISION PLAN

Medical Eye Services Vision Plan Highlights		
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 24 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 \$125* Retail	Up to \$40
Contact Lenses (per pair)		
Cosmetic or Convenience	Up to \$100	Up to \$100
Medically Necessary	Paid in full	Up to \$250
Tenthly Rates: Deductions Jan - Dec 2018		
Single		\$6.87
Employee + One (Spouse or Child)		\$13.79
Employee + Family		\$17.74



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



Standard Insurance Company offers life and disability plans.

Rollie Myrold | CTA Voluntary Benefits Consultant

Phone 800.522.0406 | Mobile 909.549.0180

Rollie.Myrold@standard.com | www.standard.com



Pacific Educators offers disability and life insurance plans.

Sales representatives include Susana Furlong – Susana@PEInsurance.com or

Jill Moore—Jill@PEInsurance.com. Forms can be downloaded from their

website at:

<http://www.peinsurance.com>



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



FBC Deferred
Compensation Program

Employees can meet with an Investment Advisor through Empower. David Meade (receives no commission) is a salaried employee of Empower.

www.fbcretire.com or call David Meade cell: 619-541-5805.