

# 2020

## Employee Benefits Overview Guide

MEDICAL • DENTAL • VISION • LIFE/AD&D • FSA



## Bellflower Unified School District

CERTIFICATED: BTA Bargaining Unit Members



## Open Enrollment for BTA Bargaining Unit Members:

**Monday, September 9<sup>th</sup>  
through  
Friday, October 4<sup>th</sup>, 2019**

### **IMPORTANT: ACTION REQUIRED!**

- Employee's contribution rates will be changed for the upcoming plan year. Please refer to page 6.
- Employees must log into **EMPLOYEE ONLINE (EOL)** to make changes. Please refer to page 4 for more information.
- If you do not wish to make any changes during Open Enrollment, the coverage you had in 2019 will be carried into 2020 (with the exception of Opt-Outs and FSA participants – refer to the “Special Notices” on pages 3 & 4).

# 2020

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# About Your Employee Benefits...

## Contact Information

Below is a list of all of your benefits plans along with the group policy numbers, general customer service phone numbers and websites.

If you have any questions or concerns regarding your plans, you should first contact:

### Insurance Help Desk for Bellflower USD Employees

**Contact:** Char Lambert, Account Manager  
**OneSource**  
**Phone:** (310) 609-1917  
**Email:** [healthinsurance@busd.k12.ca.us](mailto:healthinsurance@busd.k12.ca.us)

Benefit	Group Number or Reference	Phone	Website
<b>Medical - Certificated</b>			
CalPERS Plans	n/a	(888) 225-7377	<a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a>
<b>Vision</b>			
VSP Signature	818418	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Dental</b>			
Delta Care HMO Plan	75604	(800) 422-4234	<a href="http://www.deltadentalca.org">www.deltadentalca.org</a>
Delta Dental PPO Plan	6697-0003		<a href="http://www.deltadentalca.org">www.deltadentalca.org</a>
<b>Life</b>			
Reliance Standard Life Insurance	180449	(800) 351-7500	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>
<b>Flexible Spending Accounts</b>			
McGriff Flexible Benefits	Bellflower USD	(800) 768-4873	<a href="http://www.mcgriffinsurance.com/flex">www.mcgriffinsurance.com/flex</a>
<b>Voluntary Life, Cancer &amp; Disability</b>			
Pacific Educators	Bellflower USD	(800) 722-3365	<a href="http://www.peinsurance.com">www.peinsurance.com</a>



# Eligibility

**Employees:** To participate as an “Employee” in the health plans of the District, individuals must be employed and paid for services by the Employer and meet the minimum requirements as negotiated by the District Collective Bargaining Units of District’s applicable rules.

**Dependents:** The definition of eligible dependents is impacted by government regulations and plan provisions. At the time of the printing of this guide, eligible dependents are defined as:

- Legally married spouses
- Qualified domestic partners
- Children up to age 26
- Stepchildren
- Legally adopted children
- Disabled children (Social Security determination required after age 26/no age maximum)
- Children of qualified Domestic Partnerships
- Any child for whom a Qualified Medical Child Support order that complies with all applicable laws has been issued (effective August 10, 1993)

Prior to enrolling anyone as your dependent, please verify that he or she qualifies under the plan rules.

If you are unsure whether a person qualifies as your dependent, call the **Insurance Help Desk** for assistance.

**Proof of dependent status:** Verification is required for all first time enrollees. All employees are required to submit proof of eligibility certifying that the individuals enrolled as dependents meet the eligibility requirements by providing one of the following documents at the time of their request.

## Spouse/Domestic Partners:

- Marriage certificate
- Domestic partnership state registration

## Children:

- Birth Certificate
- Employee Certification of Dependent





# About Your Employee Benefits...

## Enrollment

**When to Enroll:** Enrollments for newly eligible employees are due within 30 days of attainment of eligibility or date of hire. If enrolling any dependents, they must enroll in the same Medical, Dental and Vision option(s) as you choose for yourself.

When it is time for you to enroll, you will need to have names, Social Security numbers, and dates of birth for any dependents you wish to enroll and for your life insurance beneficiaries

**Open Enrollment:** Each year during September, the District will hold an annual election period called Open Enrollment. At that time, you may change between the coverage options or add/delete eligible dependents.

For those who Opt-Out of coverage, you will be required to re-enroll in the program during Open Enrollment OR enroll in benefits. The newly-elected options will be effective the following January 1 – December 31.

**Making Changes During the Year:** The choices during your initial enrollment period and during Open Enrollment remain in effect for the entire plan year. Once enrolled, you must wait until the next Open Enrollment period to make changes unless you

have a qualified change in family status as defined by the IRS including:

- Change in marital status (marriage or divorce, etc.)
- Change in number of dependents (birth, adoption, death, etc.)
- Change in spouse and/or dependent child's eligibility under an employer's plan that results in an involuntary loss of coverage.
- Change in employment status that changes eligibility status
- Change in eligibility for a state program such as Medicaid

Any benefit change needed due to a qualifying event must be made within 30 days of the event (or within 60 days of a loss or gain of Medicaid/CHIP coverage). Proper documentation of the qualifying event must be provided or you will not be able to make a change until the next Open Enrollment period.

Benefit changes must be consistent with and due to your change in status. For example, if you have a newborn child, you may not also add other dependents that you did not previously cover. If you need assistance determining what changes are allowed, contact the **Insurance Help Desk**.

## Special Notices:

**“Opt-Out” of Medical insurance will continue to be an option for 2020.** If you choose this option, you will receive a tenthly stipend in the amount of **\$250 for Medical only or \$280 for Medical, Dental and Vision**. If you are currently enrolled in this program and would like to continue, [you must re-enroll](#) annually.

**In order to Opt-Out, please complete the following steps:**

- ✓ Complete the District's "OPT-OUT" form and return to the Payroll Department at the District Office. These forms are not to be sent through District Mail.
- ✓ Go online and select the Opt-Out option in the **EOL** system (refer to the instructions on page 4).

# Online Enrollment

## EMPLOYEE ONLINE (EOL)

Powered by **SUNGARD**

EMPLOYEE ONLINE (EOL) powered by SunGard® is the District's intranet product that gives you the ability to change or view specific employment-related personal data. Keep the following intranet address in your favorites: <https://bel-eo.businessplus.powerschool.com/ifas7/emponline>

Some advantages of **EOL** are that you can:

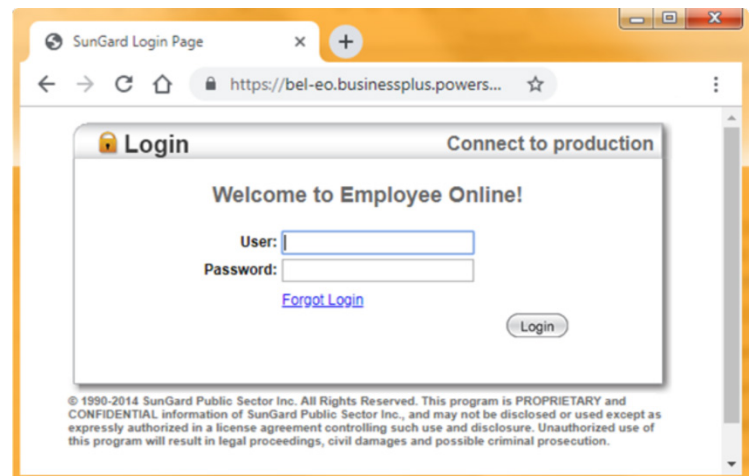
- Add or change emergency contacts
- View personal information
- View and print check stubs
- Complete Open Enrollment elections through **EOL**

To ensure your privacy we have selected a unique password for you to use when you first access **EOL**. When you access this site you will be required to enter both your **EMPLOYEE ID number and your INITIAL PASSWORD:**

**Your Full SSN (no dashes)**

The system will prompt you to change your initial password when you first log in. Your new password must be 6 to 12 characters in length and include both alpha and numeric characters (no spaces or special characters like !,/ @#) . Once you have created a new password, you will be prompted to re-enter your employee id number and new password. Remember to keep this in a safe place! The system will only allow three attempts to match your password to your employee ID number. Otherwise it will lock you out and require you to email [sungardsupport@busd.k12.ca.us](mailto:sungardsupport@busd.k12.ca.us) to have your account re-set.

**Open Enrollment Changes** Certificated employees must log into **EOL** if they have changes to make during Open Enrollment. If you do not make any changes online during the Open Enrollment window, the coverages you had in 2019 will be carried into 2020 unless you are an Opt-Out or participate in the Flexible Spending Account (FSA).



### Opt-Outs and FSA participants must submit new election forms annually!

**MAKING A CHANGE?** In addition to your online enrollment, if you are adding, deleting or making a plan change to your DENTAL and VISION coverage, **you must also complete the *Benefit Enrollment Change Form – Certificated*** and if you are making any changes to your MEDICAL benefits, **you must also complete the *CalPERS Enrollment Change Form***. **All change forms must be returned to the Payroll Department at the District office within the Open Enrollment period.** You may use your current plans through December 31, 2019 only. Your new plans take effect January 1, 2020. If you change plans, you'll receive new ID cards from your new provider. Remember: without a qualifying event, you may not change your elections outside of Open Enrollment. Also, your medical group no longer contracting with your health plan isn't a qualifying event.





# CalPERS Medical Plans

## Evaluate Your Options

<https://my.calpers.ca.gov/>

Log in to your my|CalPERS account (link above) from your desktop or mobile device to explore your health plan options. my|CalPERS allows you to access customized health information and has tools and resources to help you with your Open Enrollment decisions.

Use the **Search Health Plans tool** to find the best health plan option tailored to you and your dependents. You can compare monthly premiums, find plans your doctor participates in, and compare benefits and costs for each plan.

### Plans & Rates:

<https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates> Compare health plan options, find Evidence of Coverage and Summary of Benefits publications, access provider websites, and research networks of doctors and covered services.

### Health Benefit Summary:

<https://www.calpers.ca.gov/docs/forms-publications/2020-health-benefit-summary.pdf> Compare covered services, co-payments, and benefits for each CalPERS health plan. **A side-by-side comparison of the plan options available to BUSD employees is also included in this booklet on pages 7 and 8.**

### Guide to Choosing A Health Plan:

<https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/guide-choosing-health-plan> While CalPERS provides a variety of health plans, only you can decide which one is the best for you and your family. The right health plan for you will be the one that best fits your specific situation. Follow the steps provided to discover your options and make a health plan change, if desired.

## Plan Costs

Each year, CalPERS updates the plan premiums on their website. To view the health plan premium rates go to:

<https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates#collapse-4>

Choose the “2020” tab plan year and expand the “Public Agency & School Members” button:

**Rates & Employer Contributions**

View [How CalPERS Sets Health Rates](#) to get details on the rates and plans process.

2019
<b>2020</b>
<b>+ State &amp; CSU Members</b>
<b>+ Public Agency &amp; School Members</b>

Regardless of where you live, all BUSD employees are enrolled in the **Region 3**: Los Angeles, Riverside, and San Bernardino county rates.

### BUSD Employer Contributions

Effective January 1, 2020, the District’s annual contribution to your health care premiums are :

Enrollment Status	Annually	Monthly	10thly
Employee Only	\$6,733	\$561.08	\$673.30
Employee + One	\$12,118	\$1,009.83	\$1,211.80
Employee + Family	\$16,157	\$1,346.42	\$1,615.70

The corresponding 10thly payroll deductions for each plan effective for the 2020 plan year can be found on the following page.



## Employee Contributions

Employee Only Coverage		
Plan	Employee Annual Contribution	Employee 10thly Deduction
Anthem HMO Select	\$706.16	\$70.62
Anthem HMO Traditional	\$4,098.56	\$409.86
Blue Shield Access+ HMO	\$3,025.04	\$302.50
Blue Shield Trio ACO HMO	\$766.16	\$76.62
HealthNet SmartCare	\$1,048.04	\$104.80
Kaiser Permanente	\$1,239.68	\$123.97
PERS Choice	\$1,790.48	\$179.05
PERS Select	\$0.00	\$0.00
PERS Care	\$4,440.44	\$444.04
United HealthCare HMO	\$1,286.72	\$128.67

Employee + 1 Coverage		
Plan	Employee Annual Contribution	Employee 10thly Deduction
Anthem HMO Select	\$2,760.32	\$276.03
Anthem HMO Traditional	\$9,545.12	\$954.51
Blue Shield Access+ HMO	\$7,398.08	\$739.81
Blue Shield Trio ACO HMO	\$2,880.32	\$288.03
HealthNet SmartCare	\$3,444.08	\$344.41
Kaiser Permanente	\$3,827.36	\$382.74
PERS Choice	\$4,928.96	\$492.90
PERS Select	\$0.00	\$0.00
PERS Care	\$10,228.88	\$1,022.89
United HealthCare HMO	\$3,921.44	\$392.14

Employee + Family Coverage		
Plan	Employee Annual Contribution	Employee 10thly Deduction
Anthem HMO Select	\$3,184.84	\$318.48
Anthem HMO Traditional	\$12,005.08	\$1,200.51
Blue Shield Access+ HMO	\$9,213.88	\$921.39
Blue Shield Trio ACO HMO	\$3,340.84	\$334.08
HealthNet SmartCare	\$4,073.68	\$407.37
Kaiser Permanente	\$4,571.92	\$457.19
PERS Choice	\$6,004.00	\$600.40
PERS Select	\$0.00	\$0.00
PERS Care	\$12,893.92	\$1,289.39
United HealthCare HMO	\$4,694.32	\$469.43



# HMO Medical Plan Options

HMO Basic Plan Options									
BENEFITS	Carrier	Kaiser	Blue Shield		Anthem Blue Cross		Health Net		UHC
	Network	HMO	Access+ HMO	Trio-ACO HMO	Select HMO	Traditional HMO	SmartCare	Salud y Mas	Alliance HMO
<b>Calendar Year Deductible</b>									
Individual/Family Maximum		N/A	N/A		N/A		N/A		N/A
<b>Maximum Calendar Year Copay (excluding pharmacy)</b>									
Individual/Family Maximum		\$1,500/\$3,000	\$1,500/\$3,000		\$1,500/\$3,000		\$1,500/\$3,000		\$1,500/\$3,000
<b>Hospital (including Mental Health and Substance Abuse)</b>									
Deductible (per admit)		N/A	N/A		N/A		N/A		N/A
Inpatient		No Charge	No Charge		No Charge		No Charge		No Charge
Outpatient Facility/Surgery		No Charge	No Charge		No Charge		No Charge		No Charge
<b>Emergency Services (copay waived if admitted as an inpatient or for observation as an outpatient)</b>									
Emergency Room Deductible		N/A	N/A		N/A		N/A		N/A
Emergency		\$50	\$50		\$50		\$50		\$50
Non-Emergency									
<b>Physician Services (including Mental Health and Substance Abuse)</b>									
Office Visits		\$15	\$15/\$30 Access +		\$15		\$15		\$15
Inpatient Visits		No Charge	No Charge		No Charge		No Charge		No Charge
Outpatient Visits		\$15	\$15		\$15		\$15		\$15
Urgent Care Visits		\$15	\$15		\$15		\$15		\$15
Preventive Services		No Charge	No Charge		No Charge		No Charge		No Charge
Surgery/Anesthesia		No Charge	No Charge		No Charge		No Charge		No Charge
<b>X-Ray/Lab</b>									
Routine Diagnostic		No Charge	No Charge		No Charge		No Charge		No Charge
Complex Imaging		No Charge	No Charge		No Charge		No Charge		No Charge
<b>Prescription Drugs</b>									
Deductible		N/A	N/A		N/A		N/A		N/A
Retail Pharmacy (up to 30 day supply)		Generic: \$5 Brand: \$20	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50		Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50		Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50		Generic: \$5 Brand: \$20 Non-Formulary: \$50
Retail Pharmacy Maintenance Drugs after 2nd fill (up to 30 day supply)		N/A	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand: \$40 Non-Formulary: \$100
Mail Order Pharmacy Maintenance Drugs (up to 90 day supply)		Generic: \$10 Brand: \$40	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand: \$40 Non-Formulary: \$100
Mail order maximum copay		N/A	\$1,000		\$1,000		\$1,000		\$1,000
<b>Durable Medical Equipment</b>									
		No Charge	No Charge		No Charge		No Charge		No Charge
<b>Infertility Testing/Treatment</b>									
Covered Charges		50%	50%		50%		50%		50%
<b>Occupational/Physical/Speech Therapy</b>									
Inpatient (hospital or skilled nursing facility)		No Charge	No Charge		No Charge		No Charge		No Charge
Outpatient (office or home visits)		\$15	\$15		\$15		\$15		\$15
Maximum visits per year		N/A	N/A		N/A		N/A		N/A
<b>Diabetes Services</b>									
Glucose monitors, test strip:		No Charge	No Charge		No Charge		No Charge		No Charge
Self-management training		\$15	\$15		\$15		\$15		\$15
<b>Acupuncture and Chiropractic</b>									
Office Visits		\$15	\$15		\$15		\$15		\$15
Maximum visits per year		20 (combined)	20 (combined)		20 (combined)		20 (combined)		20 (combined)

# PPO Medical Plan Options

PPO Basic Plan Options							
BENEFITS	Carrier	PERS Select		PERS Choice		PERSCare	
	Network	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
<b>Calendar Year Deductible (not transferable between plans)</b>							
Individual/Family Maximum		\$1,000/\$2,000		\$500/\$1,000		\$500/\$1,000	
<b>Maximum Calendar Year Copay (excluding pharmacy)</b>							
Individual/Family Maximum		\$3,000/\$6,000	N/A	\$3,000/\$6,000	N/A	\$2,000/\$4,000	N/A
<b>Hospital (including Mental Health and Substance Abuse)</b>							
Deductible (per admit)		N/A		N/A		\$250	
Inpatient		20%	40%	20%	40%	10%	40%
Outpatient Facility/Surgery		20%	40%	20%	40%	10%	40%
<b>Emergency Services (copay waived if admitted as an inpatient or for observation as an outpatient)</b>							
Emergency Room Deductible		\$50 (hospital ER charges only)		\$50 (hospital ER charges only)		\$50 (hospital ER charges only)	
Emergency		20%		20%		10%	
Non-Emergency		20%	40%	20%	40%	10%	40%
<b>Physician Services (including Mental Health and Substance Abuse)</b>							
Office Visits		\$10 PCP/\$35 Specialist	40%	\$20 PCP/\$35 Specialist	40%	\$20 PCP/\$35 Specialist	40%
Inpatient Visits		20%	40%	20%	40%	10%	40%
Outpatient Visits		\$10 PCP/\$35 Specialist	40%	\$20 PCP/\$35 Specialist	40%	\$20 PCP/\$35 Specialist	40%
Urgent Care Visits		\$35	40%	\$35	40%	\$35	40%
Preventive Services		No Charge	40%	No Charge	40%	No Charge	40%
Surgery/Anesthesia		20%	40%	20%	40%	10%	40%
<b>X-Ray/Lab</b>							
Routine Diagnostic		20%	40%	20%	40%	10%	40%
Complex Imaging		20%	40%	20%	40%	10%	40%
<b>Prescription Drugs</b>							
Deductible		N/A		N/A		N/A	
Retail Pharmacy (up to 30 day supply)		Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50		Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50		Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50	
Retail Pharmacy Maintenance Drugs after 2nd fill (up to 30 day supply)		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100	
Mail Order Pharmacy Maintenance Drugs (up to 90 day supply)		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100	
Mail order maximum copay		\$1,000		\$1,000		\$1,000	
<b>Durable Medical Equipment (pre-certification may be required)</b>							
		20%	40%	20%	40%	10%	40%
<b>Infertility Testing/Treatment</b>							
Covered Charges		Not Covered		Not Covered		Not Covered	
<b>Occupational/Physical/Speech Therapy</b>							
Inpatient (hospital/skilled nursing facility)		No Charge		No Charge		No Charge	
Outpatient (office or home visits)		20%	40% (20% OT)	20%	40% (20% OT)	10%	40% (10% OT)
Maximum visits per year		Pre-certification required for >24 visits		Pre-certification required for >24 visits		Pre-certification required for >24 visits	
<b>Diabetes Services</b>							
Glucose monitors, test strips		Coverage Varies		Coverage Varies		Coverage Varies	
Self-management training		\$20	40%	\$20	40%	\$10 PCP/\$35 Specialist	40%
<b>Acupuncture and Chiropractic</b>							
Office Visits		\$15	40%	20%	40%	\$15	40%
Maximum visits per year		20 (combined)		20 (combined)		20 (combined)	



# Vision Plan

## Your Vision Benefits

You are automatically enrolled in Vision Service Plan with each medical plan. This plan provides a yearly examination and glasses if needed for a \$10 deductible payment, and discounted prices for Laser Vision Correction.

**Using your VSP benefit is easy** Create an account at [www.vsp.com](http://www.vsp.com) and review your benefit information.

**Find an eye doctor who's right for you.** Visit [www.vsp.com](http://www.vsp.com) or call 800.877.7195.

The decision is yours to make—with the largest national network of private-practice doctors, it's easy to find the in-network doctor who's right for you. At your appointment, tell them you have VSP. There's no ID card necessary. That's it! There's no claim forms required when seeing a VSP provider.

**Best Eye Care** You'll get the highest level of care, including a WellVision Exam®— the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

**Choice in Eyewear** From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more. Visit [www.vsp.com](http://www.vsp.com) to find a Premier Program location brands. Plus, save up to 40% on popular lens enhancements. Prefer to shop online? Check out all of the brands at [www.eyeconic.com](http://www.eyeconic.com)®, VSP's preferred online store.

Benefit	Description	Copay
Network	Coverage with your VSP Provider	
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on eyes and overall wellness</li> <li>Every 12 months</li> </ul>	\$10 for exam and glasses
<b>Prescription Eyewear</b>		
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection</li> <li>\$170 allowance for featured brands</li> <li>20% savings on the amount over your allowance</li> <li>Every 12 months</li> </ul>	Combined with exam
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every 12 months</li> </ul>	Combined with exam
<b>Lense Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Tints/Photochromic adaptive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings on other lense enhancements</li> </ul>	\$0 \$0 \$80-\$90 \$120-\$160 35-40%
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$120 allowance for contacts exam/fitting</li> <li>15% savings on a contact lense exam</li> <li>Every 12 months</li> </ul>	\$0
<b>Extra Savings</b>		
<b>Glasses and Sunglasses</b>	<ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://www.vsp.com/specialoffers">www.vsp.com/specialoffers</a> for details.</li> <li>30% savings on additional glasses and sunglasses, from the same VSP provider on the same day as your exam. Or get 20% from any VSP provider within 12 months of your</li> </ul>	
<b>Retinal Screening</b>	<ul style="list-style-type: none"> <li>Up to \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>	
<b>Laser Vision Correction</b>	<ul style="list-style-type: none"> <li>Average 15% off regular price or 5% off promotional price</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>	
<b>Your Coverage with Out-of-Network Providers</b>		
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.		





# Dental Plans

## Evaluate Your Options

Good health includes healthy teeth and gums. As an employee of Bellflower Unified School District, you have the option of two dental plans with Delta Dental – DeltaCare DHMO and Delta Dental PPO Incentive. Below is a brief description of how the programs work and on the following page you will find a side-by-side comparison and the benefits for each of the provider access levels.

To find list of dentists in your area, search the Delta Dental directories at [www.deltadentalca.org](http://www.deltadentalca.org).

### DeltaCare DHMO Plan

The DeltaCare Dental Health Maintenance Organization (DHMO) program is designed to encourage members to visit the dentist regularly to maintain their dental health. When you enroll, you select a contracted dentist or dental group to provide services. Your selected dentist will take care of all your dental care needs. If you require treatment from a specialist, your dentist will handle the referral for you. Dental services that are not performed by your selected dentist, or are not covered under provisions for emergency care, must be preauthorized by Delta Dental to be covered by your DeltaCare program.

Under the DeltaCare program, most services are covered at no cost, while some have set copays. Both adult and child orthodontics are covered on this plan. There are no deductibles or benefit maximums (except for accidental injury) and out-of-pocket costs are clearly defined. After enrollment, you will receive a membership packet that includes an identification card and an Evidence of Coverage with a "Description of Benefits and Copayments." Also included in this packet is the name, address and phone number of your selected dentist.

### Delta Dental PPO Incentive Plan

The Delta Dental Preferred Provider Organization (PPO) program allows you to save on out-of-pocket expenses when you visit a Delta Dental network dentist but it also allows you the flexibility to visit any licensed dentist of your choice, and your family members may select different dentists. However, out-of-pocket costs will likely be considerably higher when you visit a non-network dentist. This plan does have an annual deductible and maximum benefit.

To make the most of your benefits and pay the lowest out-of-pocket costs, you will want to utilize a Delta Dental PPO network dentist. If you choose a dentist who is not in the PPO network, your next best choice is a Delta Dental Premier dentist. Although their fees are higher than PPO dentists, Delta Dental Premier dentists cannot charge more than their Delta-allowed fees. If you choose to see a non-Delta Dental dentist, you will not receive this cost protection and other conveniences.

This is an **Incentive PPO** that covers 70% of most services your first year of enrollment and increases 10% each subsequent year until the plan pays 100% in the fourth year after the annual deductible has been met. This plan does not cover Orthodontics.





# Benefits Comparison

BENEFITS	Network	DELTACARE DHMO PLAN	PPO INCENTIVE PLAN											
		DHMO	PPO Dentist				Premier Dentist				Non-Network			
			Year 1	Year 2	Year 3	Year 4+	Year 1	Year 2	Year 3	Year 4+	Year 1	Year 2	Year 3	Year 4+
<b>Annual Deductibles (calendar year)</b>														
Individual/Family		N/A	\$0				\$25 /\$75				\$25 /\$75			
<b>Annual Benefits Maximum (calendar year)</b>														
Individual/Family Maximum		N/A	\$2,000 per person				\$1,500 per person				\$1,500 per person			
<b>Diagnostic and Preventive Services (no deductible applies to these services)</b>														
Oral examinations, 2 cleanings/year, x-rays, examinations of tissue biopsy,		No charge for covered services	Plan pays 70%	Plan pays 80%	Plan pays 90%	Plan pays 100%	Plan pays 70%	Plan pays 80%	Plan pays 90%	Plan pays 100%	Plan pays 70%	Plan pays 80%	Plan pays 90%	Plan pays 100%
<b>Basic Benefits</b> <span style="float: right;">+balance billed</span>														
Oral surgery (non-impacted extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants		No charge for covered services	Plan pays 70%	Plan pays 80%	Plan pays 90%	Plan pays 100%	Plan pays 70%	Plan pays 80%	Plan pays 90%	Plan pays 100%	Plan pays 70%	Plan pays 80%	Plan pays 90%	Plan pays 100%
<b>Crowns and other cast restorations)</b> <span style="float: right;">+balance billed</span>														
Refer to Evidence of Coverage for limitations on these benefits		No charge for covered services	Plan pays 70%	Plan pays 80%	Plan pays 90%	Plan pays 100%	Plan pays 70%	Plan pays 80%	Plan pays 90%	Plan pays 100%	Plan pays 70%	Plan pays 80%	Plan pays 90%	Plan pays 100%
<b>Prosthetic Benefits</b> <span style="float: right;">+balance billed</span>														
Bridges, partial dentures, full dentures		No charge for covered services	Plan pays 50%				Plan pays 50%				Plan pays 50%			
<b>Orthodontic Benefits</b> <span style="float: right;">+balance billed</span>														
Adults		\$1,600	Not Covered				Not Covered				Not Covered			
Children		\$1,800	Not Covered				Not Covered				Not Covered			
Lifetime maximum benefit		N/A	Not Covered				Not Covered				Not Covered			
<b>Dental Accident Benefits</b>														
Separate \$1,000 maximum benefit per person per calendar year		No charge (\$1,600 maximum benefit per person per calendar year)	No charge (\$1,000 maximum benefit per person per calendar year)				No charge (\$1,000 maximum benefit per person per calendar year)				No charge (\$1,000 maximum benefit per person per calendar year)			

*For a complete list of copayments, benefits description, and exclusions and limitations, please refer to the full benefit summaries for each plan.*



# Tax-Free Benefits

Bellflower Unified School District, partnered with McGriff Insurance Services, offers you the opportunity to participate in these tax-savings benefits through payroll deduction. With these plans, money is taken out of your paycheck before taxes—so you don't pay taxes on the contributions.

The elections you make will be effective January 1 through December 31, 2020 and offers the following benefits you may participate in (one or all). To participate, an enrollment form must be completed each year during the Open Enrollment period for both new and active employees.

**Medical Plan Premiums** If you participate in one of the BUSD medical plan options, your insurance premium payroll deductions are also made before taxes leaving you with more take home pay.

## Flexible Spending Accounts (FSA)

**Health Care FSA** can reimburse for health care expenses that are not covered, or are only partially covered, by your medical, dental and vision insurance plans including other eligible expenses. Each year during Open Enrollment, you decide how much you want to contribute to your Health Care FSA. Then, you use the money for your eligible health care expenses throughout the year. You will have immediate access to your annual contribution amount from the first day of the benefit year, before all scheduled contributions have been made. The maximum contribution for your Health Care FSA is \$2,700 per year.

**Dependent Care FSA** can be used to pay for qualified child care and/or caregivers for a disabled family member living in the household who is unable to care for themselves. Each year during Open Enrollment, you decide how much you want to contribute to your Dependent Care FSA. Then, you use the money for your eligible dependent care expenses throughout the year. Unlike the Health Care FSA, you can only access the money that is currently in the account. The maximum contribution for your Dependent Care FSA is \$5,000.







# Voluntary Benefits

## Life/AD&D Insurance

Providing economic security for your family if you die, become disabled, or experience an injury or illness is a major consideration in personal financial planning. Bellflower Unified School District provides you with an option of Voluntary Life Insurance. Employee will pay the premiums through payroll deductions.

Employees have the option of Voluntary Life Insurance through Reliance Standard with the following benefits and rates:

### Schedule of Benefits

**Employee and Spouse:** Increments of \$10,000 to a maximum of \$500,000

#### **Children:**

- 14 days but less than 6 months: \$1,000
- 6 mos. to Age 20\*: \$5,000, \$10,000, \$15,000 or \$20,000

*\*Child Life extends to age 23 if full-time student*

### Guarantee Issue Amounts:

**Employee under age 60:** \$100,000

**Employees age 60 to 70:** \$10,000

**Spouse under age 60:** \$50,000

**Children:** Any amount is guaranteed provided the employee and/or spouse is approved for coverage

**Evidence of Insurability** is required for amounts over Guarantee Issue during the initial enrollment period and for any amount for late entrants.

### Employee and Spouse Tenthly Rates (per \$10,000 of coverage)

Age	Rate
Under 30	\$0.60
30 – 34	\$1.00
35 – 39	\$1.10
40 – 44	\$1.30
45 – 49	\$1.80
50 – 54	\$3.10
55 – 59	\$5.20
60 – 64	\$8.10
65 – 69	\$15.50
70 +	\$25.00

### Dependent Rates (per family unit)

Coverage	Rate
\$5,000	\$1.00
\$10,000	\$2.00
\$15,000	\$3.00
\$20,000	\$4.00

### Example:

	Election	10thly Cost
Employee age 30	\$100,000	\$10.00
Spouse age 30	\$50,000	\$5.00
Children (2)	\$20,000	<u>\$4.00</u>
<b>Total:</b>		<b>\$19.00</b>





Voluntary Term Life, Disability and Cancer Insurance is also available through Pacific Educators. Pacific Educators is one of California's oldest and largest providers of employee benefits to education/school personnel focusing on providing the highest quality Life, Disability and Cancer Insurance available.

## Life/AD&D

### Term Life Insurance Option 1

- 6 plans to choose from to meet any budget.
- Premiums start at just \$4.50 a month.
- Spouses may be covered without employee.
- Family coverage is available and provides \$5,000 in coverage to all dependent children (6 months to 23 years) and spouse for only \$1 a month.

### Term Life Insurance Option 2

- Buy 1 to 14 units starting at just \$2 per unit.
- New employees can receive 1 unit of coverage guarantee issue if applied for within the first 120 days of employment.
- All unmarried dependent children up to age 25 are eligible for \$2,500 to \$10,000 of coverage.

### Other Life Insurance Policies

Pacific Educators can quote any amount of life insurance on a one-on-one basis. Their database scans thousands of "A" rated insurance companies to find the best premiums whether you're looking for \$50,000 or \$1,000,000 in Term, Universal or Whole Life, they can meet almost any need.

## Cancer Protection

This Cancer Protection Insurance Plan provides income should a covered member be diagnosed with some forms of cancer. You, your spouse and unmarried dependent children (under age 25), are eligible to apply. Acceptance is guaranteed to each family member who hasn't been medically treated or advised of cancer within 10 years. If you choose family coverage, all children born after your effective date will be automatically insured. Plus, there are additional features including mammograms and cervical cancer screening benefits without diagnosis of cancer.

There are 3 levels of coverage to choose from:

First 90 days of hospital stay the plan pays:	High	Mid	Low
Beginning with the first day of hospitalization	\$200/day	\$100/day	\$50/day
Miscellaneous hospital expenses	\$4,000	\$2,000	\$1,000
Attending Physician benefit	\$40/day	\$20/day	\$10/day
<b>10thly cost:</b>	<i>Extended benefits paid after 90 days and additional benefits payable.</i>		
Employee Only	\$25.16	\$13.32	\$8.72
Full Family	\$38.44	\$19.86	\$12.46

**FOR MORE INFORMATION INCLUDING, EXCLUSIONS & LIMITATIONS AND LIFE INSURANCE RATES** please call (800) 722-3365 or go to [www.peinsurance.com](http://www.peinsurance.com).



**Fidelity Security  
Life Insurance Company**



# Voluntary Benefits

## Disability Insurance



Bellflower USD offers all employees the option to purchase disability insurance through Pacific Educators and underwritten by Fidelity Security Life. Disability Insurance is designed to provide replacement income when employees are unable to work due to a covered sickness or injury as most school district employees do not participate in State Disability Insurance (SDI).

Some key features are:

- 100% full benefits in addition to sick leave, differential pay, STRS, and PERS benefits.
- Benefits paid for 12 months per year including off-track, summer, and vacation periods.
- Optional maternity benefits available
- Affordable premiums
- Tailor coverage to meet your needs

**Select a plan and monthly benefit which best fits your needs!** Because everyone's need for disability income insurance differs, you have a choice of monthly benefits and how long you want your benefits to continue. You may also choose between maternity and non-maternity coverage.

The benefits you select for this coverage, combined with any other disability income insurance policy benefits for which you are currently insured or have an application pending must not exceed **60% of your monthly earnings.**

THESE PLANS PAY YOU FULL BENEFITS IN ADDITION TO YOUR SICK LEAVE, SUBSTITUTE DIFFERENTIAL PAY, EXTENDED SICK LEAVE, STRS AND PERS. DISABILITY, AND ANY OTHER DISABILITY PLANS FOR WHICH YOU MAY BECOME ELIGIBLE AFTER THE EFFECTIVE DATE OF COVERAGE.

### 10thly Rates Per \$100 Monthly Benefit

#### Without Maternity Benefits

Waiting Period:	Age:	Benefits paid up to 1 year				Benefits paid up to 2 years			
		Under 40	40-49	50-59	60-69	Under 40	40-49	50-59	60-69
15 days		\$1.16	\$1.60	\$2.46	\$3.96	\$1.56	\$2.22	\$3.50	\$5.84
30 days		\$0.86	\$0.24	\$1.98	\$3.38	\$1.26	\$1.86	\$3.04	\$5.26
60 days		\$0.61	\$0.95	\$1.58	\$2.82	\$1.04	\$1.54	\$2.60	\$4.66

#### With Maternity Benefits

Waiting Period:	Age:	Benefits paid up to 1 year					Benefits paid up to 2 years						
		Under 30	30-34	35-39	40-49	50-59	60-69	Under 30	30-34	35-39	40-49	50-59	60-69
15 days		\$3.68	\$2.36	\$1.80	\$1.60	\$2.46	\$3.96	\$4.22	\$2.73	\$2.22	\$2.22	\$3.50	\$5.84
30 days		\$2.68	\$1.65	\$1.29	\$1.24	\$1.98	\$3.38	\$3.03	\$2.03	\$1.75	\$1.86	\$3.04	\$5.26
60 days		\$1.00	\$0.81	\$0.78	\$0.95	\$1.58	\$2.82	\$1.30	\$1.10	\$1.20	\$1.54	\$2.60	\$4.66



Fidelity Security Life Insurance Company



Prepared by:



*The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer and the insurance companies. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.*