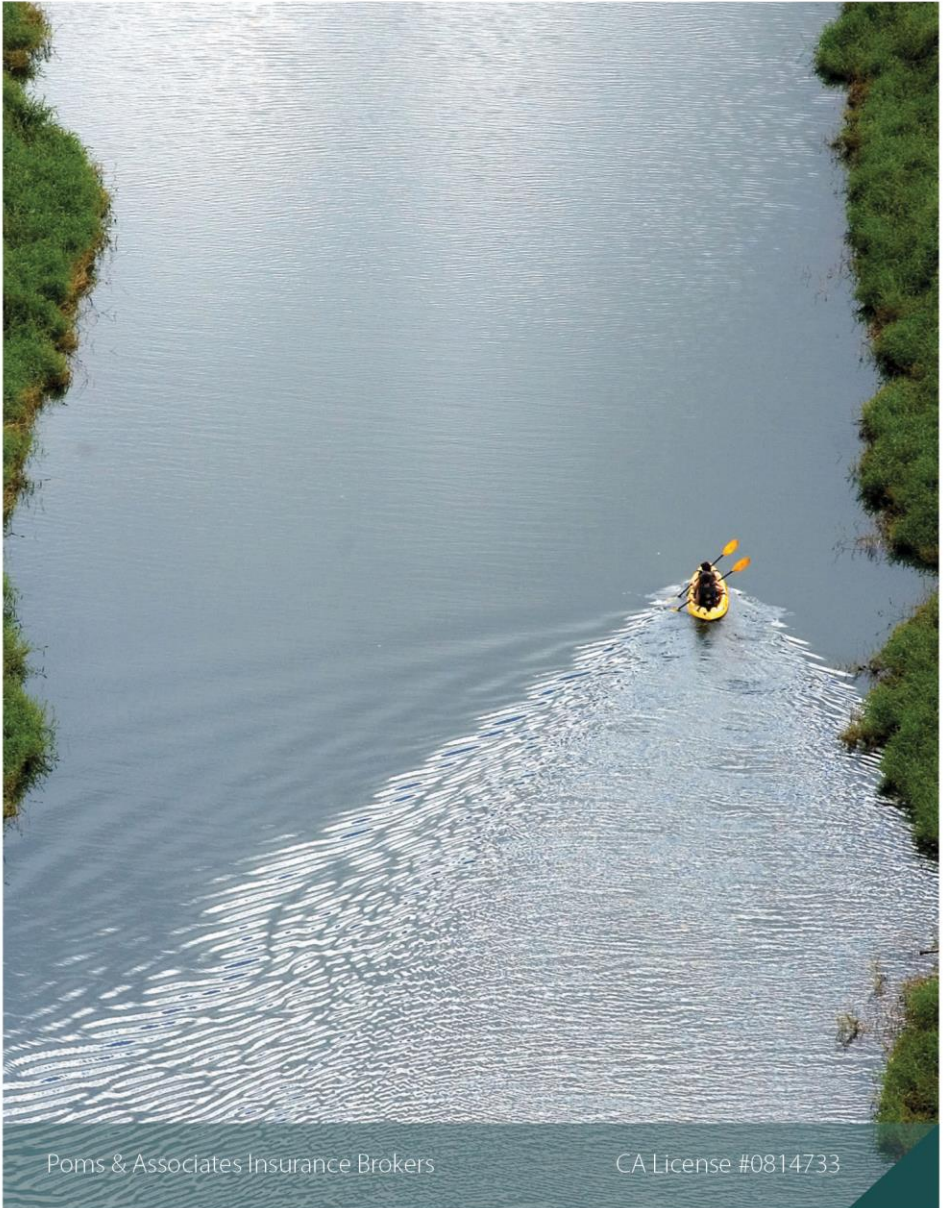




Conejo Valley Unified School District  
Benefits Administration  
*School Sites*

**EMPLOYEE BENEFITS**

**2017-2018**





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# CONTACTS



# District Office

1400 East Janss Road  
Thousand Oaks, CA 91362

Name/Title	Phone Number	Fax Number
Liz Jacobs – Benefits Technician e-mail: <a href="mailto:ejacobs@conejousd.org">ejacobs@conejousd.org</a>	(805) 497-9511 x473	(805) 497-2581

District Benefits Website: [www.conjeousd.org](http://www.conjeousd.org)

Click on Departments > Human Resources > Employee Benefits

## Anthem Blue Cross - HMO

801 South Figueroa Street, 5th Floor  
Los Angeles, CA 90017  
Group Number/Purchaser ID: 275928  
[www.anthem.com](http://www.anthem.com)

Name/Title	Phone Number	Fax Number
Customer Service Call Center	(800) 759-3030	N/A
Pharmacy/Pre-Authorizations	(800) 700-2541	N/A
Express Scripts – Mail Order Service	(866) 297-1013	N/A

# Anthem Blue Cross - PPO

801 South Figueroa Street, 5th Floor  
Los Angeles, CA 90017  
Group Number/Purchaser ID: 275928  
[www.anthem.com](http://www.anthem.com)

Name/Title	Phone Number	Fax Number
Customer Service Call Center	(800) 759-3030	N/A

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# Kaiser

3100 Thornton Ave., 4th Floor  
Burbank, CA 91504  
Group Number/Purchaser ID: 101877  
[www.kaiserpermanente.org](http://www.kaiserpermanente.org)

Name/Title	Phone Number	Fax Number
Administrative support for Members Hours: 7am – 7pm, seven days a week	(800) 464-4000	N/A

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# Delta Dental

12898 Towne Center Drive  
Cerritos, CA 90703  
Group Number/Purchaser ID: 1349  
[www.deltadentalca.org](http://www.deltadentalca.org)

Name/Title	Phone Number	Fax Number
Customer Service	(800) 765-6003	N/A

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# VSP

111 West Ocean Blvd., Suite 1625  
Long Beach, CA 90802  
Group Number/Purchaser ID: 12146862  
[www.vsp.com](http://www.vsp.com)

Name/Title	Phone Number	Fax Number
<b>Customer Service</b>		
Questions regarding plan coverage & eligibility	(800) VSP-7195	N/A

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## Standard Life Insurance Company

P.O. Box 4744  
Portland, OR 96208  
Group Number/Purchaser ID: 503030-3000  
[www.standard.com](http://www.standard.com)

Name/Title	Phone Number	Fax Number
<b>Life Benefits</b>	800-628-8600	N/A
<b>Customer Service</b>	888-937-4783	N/A

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# MEDICAL INSURANCE



# Anthem Blue Cross HMO

<b>Plan:</b>	HMO
<b>Carrier:</b>	Anthem Blue Cross
<b>Policy Number:</b>	275928
<b>Plan Renewal Date:</b>	7/1/2018
<b>Dependent Age Limit:</b>	Until age 26

## Deductible

Individual	N/A
Family	N/A
Hospital Admission	N/A

## Annual Copay Maximum

Individual	\$1,000
Family	\$2,000

## Hospital Services

Room & Board	No Charge
Surgery	No Charge
Emergency	\$100 (waived if admitted)

## Physician Services

Office Visit	\$30
Hospital Visit	No Charge
Diagnostic X-Ray & Lab	No Charge

## Extended Care

Home Health (up to 100 visits/yr)	No Charge
Out-patient Physical Therapy	\$30 per visit
Hospice	No Charge

## Prescription Drugs

### Retail (30-day supply)

Generic	\$15
Brand	\$30
Brand- Non Formulary	\$50

### Mail Order (90-day supply)

Generic	\$30
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Brand	\$60
Brand – Non Formulary	\$100
<b>Mental Health</b>	
Inpatient	No Charge
Outpatient	\$30 copay
<b>Alcohol &amp; Substance Abuse</b>	
Inpatient	No Charge
Outpatient	\$30 copay
Detox	No Charge
<b>Wellness</b>	
Periodic Health Evaluations	No Charge
Routine Immunizations	No Charge
Hearing Screening	No Charge
<b>Vision</b>	
Exams	No Charge
Frames	Not covered
Lenses	Not covered
<b>Other Services</b>	
Skilled Nursing Facility	No Charge
Durable Medical Equipment	20% of allowed charges, max \$5,000/calendar yr
Ambulance	No Charge
Chiropractic	\$30 per visit, 20 visit calendar yr. max
<p>This benefit schedule is for comparison purposes only. It is not a contract. It is not intended to be all inclusive. For complete details on exclusions and limitations, refer to the plan booklets.</p>	

# Anthem Blue Cross PPO

<b>Plan:</b>	PPO
<b>Carrier:</b>	Anthem Blue Cross
<b>Policy Number:</b>	275928
<b>Plan Renewal Date:</b>	7/01/2018
<b>Dependent Age Limit:</b>	Until age 26

	PPO	Non-PPO
<b>Lifetime Maximum</b>		Unlimited
<b>Deductible</b>		
Individual	\$500	\$1,000
Family	\$1,250	\$3,000
<b>Annual Out of Pocket Maximum</b>		
Individual	\$2,000	\$8,000
Family	\$4,000	\$16,000
<b>Physician Services</b>		Member pays: 60%
Office Visit	80%	+ \$25 copay
<b>Hospital Services</b>		
Room & Board	80%	40%
Surgery	80%	40%
Emergency	80%, deduct. waived if admitted	80%, deduct. waived if admitted

## Prescription Drugs

Deductible \$100/member

### Retail

Generic \$15 up to 30-day supply

Brand \$30 up to 30-day supply

### Mail Order

Generic \$30 up to 90-day supply

Brand \$60 up to 90-day supply

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**Mental Health**

Inpatient	80%	40%
Outpatient	80%	40%

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**Alcohol & Substance****Abuse**

Inpatient	80%	40%
Outpatient	80%	40%

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**Wellness**

Routine Physical Exams	No Charge	Member pays: 60% + \$25 copay
Well Child	No Charge	Member pays: 60% + \$25 copay

---

**Vision**

Exams		
Frames		Not covered
Lenses		

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**Other Services**

Skilled Nursing Facility	80%	80%
Durable Med.	80%	40%
Equipment		

---

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# Kaiser

<b>Plan:</b>	HMO
<b>Carrier:</b>	Kaiser Permanente
<b>Policy Number:</b>	101877
<b>Plan Renewal Date:</b>	7/1/2018
<b>Dependent Age Limit:</b>	Until age 26

## Deductible

Individual	N/A
Family	N/A
Hospital Admission	N/A

## Annual Copay Maximum

Individual	\$1,500
Family	\$3,000

## Hospital Services

Room & Board	No Charge
Outpatient Surgery	No Charge
Emergency	\$100 per visit (does not apply if admitted)

## Physician Services

Office Visit	\$30 per visit
Hospital Visit	No Charge
Diagnostic X-Ray & Lab	No Charge

## Extended Care

Home Health	No Charge (up to 100 visits per calendar year)
Out-patient Physical-Therapy	\$30 per visit
Hospice	No Charge

## Alcohol & Substance Abuse

Inpatient (Detox Only)	No Charge
Outpatient Individual session	\$30 per visit
Outpatient Group session	\$5 per visit

## Wellness

Routine Physical Exam	No Charge
Routine Immunizations	No Charge
Hearing Screening	No Charge
<b>Prescription Drugs</b>	
<i>Retail- 30 day supply</i>	
Generic	\$15
Brand	\$30
<i>Mail Order- 90 day supply</i>	
Generic	\$30
Brand	\$60
<b>Vision</b>	
Exam	No Charge
Frames	Not covered
Lenses	Not covered
<b>Mental Health</b>	
Inpatient	No Charge (up to 45 days per calendar year)
Outpatient	
Individual session	\$30 per visit
Group session	\$15 per visit
<b>Other Services</b>	
Skilled Nursing Facility	No Charge (up to 100 days per calendar year)
Durable Medical Equipment	20%
Ambulance	\$50 per trip
<p>This benefit schedule is for comparison purposes only. It is not a contract. It is not intended to be all inclusive. For complete details on exclusions and limitations, refer to the plan booklets.</p>	

# Kaiser Bronze Plan

<b>Plan:</b>	Bronze HMO
<b>Carrier:</b>	Kaiser Permanente
<b>Policy Number:</b>	101877
<b>Plan Renewal Date:</b>	7/1/2018
<b>Dependent Age Limit:</b>	Until age 26

## Deductible

Individual	\$4,500
Family	\$9,000

## Annual Copay Maximum

Individual	\$6,000
Family	\$12,000

## Hospital Services

Room & Board	40%
Outpatient Surgery	40%
Emergency	\$250 per visit (does not apply if admitted)

## Physician Services

Office Visit	\$50 per visit
Hospital Visit	40%
Diagnostic X-Ray & Lab	40%

## Extended Care

Home Health	No Charge (up to 100 visits per calendar year)
Out-patient Physical-Therapy	\$50 per visit
Hospice	No Charge

## Alcohol & Substance Abuse

Inpatient (Detox Only)	40%
Outpatient	
Individual session	\$50 per visit
Group session	\$5 per visit

## Wellness

Routine Physical Exam	No Charge
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Routine Immunizations	No Charge
Hearing Screening	No Charge
<b>Prescription Drugs</b>	
<i>Retail- 30 day supply</i>	
Generic	\$15
Brand	\$35
<i>Mail Order- 90 day supply</i>	
Generic	\$30
Brand	\$70
<b>Vision</b>	
Exam	No Charge
Frames	Not covered
Lenses	Not covered
<b>Mental Health</b>	
Inpatient	No Charge (up to 45 days per calendar year)
Outpatient	
Individual session	\$50 per visit
Group session	\$5 per visit
<b>Other Services</b>	
Skilled Nursing Facility	40% (up to 100 days per calendar year)
Durable Medical Equipment	40%
Ambulance	40%

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# DENTAL INSURANCE



# Delta Dental

<b>Carrier:</b>	Delta Dental
<b>Policy Number:</b>	1349
<b>Plan Renewal Date:</b>	7/1/2018
<b>Dependent Age Limit:</b>	Until age 19 or 26, if full-time student

<b>Annual Maximum</b>	\$1,750 In network/ \$1,500 Out of Network
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## Calendar Year Deductible

Individual	N/A
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Family	N/A
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## Preventive & Diagnostic:

Office Exams	70% - 100%
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Cleanings	70% - 100%
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X-Rays	70% - 100%
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## Basic Services

Basic Restorative	70% - 100%
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Endodontics	70% - 100%
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## Major Restoration

Prosthodontics	50%
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<b>Implants</b>	50%
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## Orthodontia (Child only)

Maximum	50% to \$1,000 lifetime max. per person
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# VISION INSURANCE



# VSP

<b>Carrier:</b>	VSP	
<b>Policy Number:</b>	12146862	
<b>Plan Renewal Date:</b>	7/1/2018	
<b>Dependent Age Limit:</b>	Until age 19 or 26, if full-time student	
	<b>Provider</b>	<b>Non- Provider</b>
<b>Vision Care Services:</b>	<b>Every 12 months</b>	
Vision Examination	Covered in full	\$45 Reimbursement
<b>Vision Care Materials:</b>	<b>Every 24 months</b>	
<b>Lenses:</b>		
Single Vision	Covered in full	\$45 Reimbursement
Bifocal	Covered in full	\$65 Reimbursement
<b>Frames:</b>	\$150 Allowance	\$45 Reimbursement
<b>Contact Lenses:</b>	<b>Every 24 months</b>	
<b>Visually Necessary</b>		
Professional Fees & Materials	Covered in full	\$210 Reimbursement
<b>Elective</b>		
Professional Fees & Materials	\$100 Allowance	\$105 Allowance
<b>Covered Contact Lenses</b>		
Professional Fees & Materials	Covered in full	\$210 Reimbursement

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# LIFE INSURANCE



# Standard Insurance Company

**Carrier:** Standard Insurance Company

**Policy Numbers:** 503030-3000

**Plan Renewal Date:** 7/1/2018

## Term Life

### Schedule of Life Insurance

Basic Life & AD&D	\$50,000
Basic Dep. Life & AD&D	\$1,500
Buy-up option	\$5,000
Supplemental Life & AD&D	\$50,000
Supplemental Plus Life & AD&D	\$50,000

### Dependent Life Benefit:

\$1,500

