



benefits

**Certificated
COBRA
Subscriber**

2022-2023 Academic Year

CERTIFICATED COBRA SUBSCRIBER

Benefits Health Plan Information Brochure

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Scanable with
Smartphone camera



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Focus on Benefits

We at the Santa Ana Unified School District believe you are our most important asset. Helping you and your family achieve and maintain good health - physical, emotional, and financial - is the reason we offer you this comprehensive health benefits program.



This school year we are pleased to announce no changes to your plan coverages and minimal to your plan cost. However, even though your plans have not changed significantly, you may have different needs than last year.

Open Enrollment is your one-time each year to review your existing elections and make changes to your plans. Add or drop dependents, change plans, or enroll in flexible spending accounts with American Fidelity each year.

Plan Changes

Here are some medical and dental plan highlights for the 2022-2023 academic year.

Medical Plan Changes



Blue Shield
Access+
HMO

Rate update

No changes to medical coverage.

Members still receive VSP vision coverage.

Members still receive Express Scripts pharmacy coverage.



Blue Shield
Spectrum
PPO

Rate update

No changes to medical coverage.

Members still receive VSP vision coverage.

Members still receive Express Scripts pharmacy coverage.



Blue Shield
Trio ACO
HMO

Rate update

No changes to medical coverage.

Members still receive VSP vision coverage.

Members still receive Express Scripts pharmacy coverage.



Kaiser
Permanente
HMO

Rate update

No changes to medical coverage.

Members still receive VSP vision coverage.

*Refer to the Rates Summary on page 12.

Dental Plan Changes



Delta Care
USA
DHMO

Rate update

No changes to dental coverage.



Delta Dental
Incentive
DPPO

Rate update

No changes to dental coverage.



Delta Dental
Network DPPO

Rate update

No changes to dental coverage.

While we have made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For detailed information about our plans, you should refer to your plan benefits booklets provided by your insurance provider or summary plan descriptions that are available on our website, www.sausd.us/benefits. The plan benefits booklets provided by your insurance provider determine how all benefits are paid.

The benefits explained in this summary are effective
July 1, 2022 through June 30, 2023

Who Is Eligible

You are eligible to participate in our COBRA plans if you meet the qualifications specified in your COBRA notification (a **COBRA notification is automatically generated and sent to each qualified participant**).

This is only a summary of the eligibility criteria and is not intended to modify or surpass the requirement of the plan documents and/or the Union contract, and the plan documents/Union contract will govern in the event of any conflict between this summary and the plan documents/Union contract.

When Your Coverage Will Begin

Any **Open Enrollment** elections will begin July 1. Open Enrollment is a window of opportunity, is usually two weeks long, and held near the end of the school year.

Open Enrollment announcements will be sent via email and postcard.

If you add a **New Family Member** their coverage will begin on the first day of the following month, except for newborn children. Newborn children will be added to your benefits effective their date of birth.

You have 30-days from your marriage or your newborn's birth date to enroll your new family member.

You Can Enroll During...

Open Enrollment is usually held sometime in April or May and is the one-time each year you can make changes to your benefits without a qualifying event.

Make sure to notify our office right away if you have a **Qualifying Event** and need to make a change to your benefits.

Qualifying events include, but are not limited to, the birth or adoption of a baby or child, loss of other coverage, your eligibility for new coverage, a marriage, or a divorce. You have 30-days to make your changes.

You Can Cover...

Your **Spouse** (the person you are legally married to under State law) including a same-sex spouse. A copy of the County issued marriage certificate is required to add your spouse.

Domestic Partners with proof of a Declaration of Domestic Partnership filed with the California State Secretary. Any premiums paid for by SAUSD for your domestic partner will be deducted on an after-tax basis.

Children including your Domestic Partner's children, adopted children, and/or stepchildren.

Any child over the age of 26 only if they are handicapped and proof of their handicap is provided to our office before they turn 19 years old. **(See Article 11.2.6 of the C.B.A. for more details)**

Any child named in a Qualified Medical Child Support Order (Q.M.C.S.O.), as defined by law.

Your children must be under 26 years old. They do not have to live with you or be enrolled in school. They can be married and living on their own.

You Cannot Cover...

Family members who are not eligible to be enrolled under your SAUSD health insurance plan include, but are not limited to, your **Parents, Grandparents** or **Siblings**.

Rules for Changes

Other than Open Enrollment you can only make changes to your benefits if you have a “**qualified event**” or a “**special enrollment**”. If you have a “**qualified event**” and are eligible to make a change to your benefits you will be required to submit proof of that change or evidence of prior coverage.

There are four basic types of qualifying events. The following are examples and not a full list.

Loss of Health Coverage

If you lose your current coverage, including job-based, individual, and/or a student plan.

(Coverage cannot be lost due to non-payment of premiums)

If you are no longer eligible for Medicare, Medicaid, or C.H.I.P.

When you turn 26 years old and lose your coverage through your parent’s plan.

Changes in Household

Like getting married or a divorce.

Having a baby or adoption of a child.

Experiencing a death in your family.

Changes in Residence

If you move to a different ZIP Code or County that affects your access to network providers.

Other Qualifying Events

Changes in your income, such as going from full-time to part-time employment, that affects the coverage you qualify for.

A change in eligibility for Medicare or Medicaid.

A court order, including a Qualified Medical child Support Order (Q.M.C.S.O.).

Two rules apply when making changes to your benefits during the year:

1. Any change you make must be consistent with the change in status, **AND**
2. You must notify our office and make the change before or **within 30-days** of the date the event occurs.

You are responsible for notifying our office of your dependent(s) that become **ineligible** due to a divorce or if they become an overage dependent before or within 30-days of the event. Failure to do so may jeopardize your dependent’s right to COBRA Continuation Coverage.

Telephone Appointments

Blue Shield Members

Heal™ and Teladoc™ let you see a doctor at a time and place that is best for you.

Heal™ is only available for Blue Shield PPO members in Los Angeles, Orange County, San Francisco, Oakland, Berkeley, San Diego, and the Peninsula to San Jose.

The cost for Heal™ is the same as your plan’s Copay and Teladoc™ has a \$5 Copay for both HMO and PPO members.



8 a.m. to 8 p.m. daily
Phone: (844) 644-4325



Phone: (800) 835-2362

www.teladoc.com/bsc

Smartphone app also available

Kaiser Permanente Members

Get care from a doctor where they are. If you have a minor health condition or need a follow-up, you may be able to talk to a doctor by video or phone.

You need an in-person appointment and need to register on kp.org before you can receive a video or phone appointment.



Kaiser Member Services

Monday through Friday
7 a.m. to 7 p.m.
Phone: (833) KP4CARE (574-2273)

Medical HMO Coverage

Medical coverage provides you with benefits that keep you healthy like Preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. The following chart shows the medical HMO plans offered to SAUSD COBRA subscribers.

Blue Shield Trio ACO HMO

Same coverage as Access+ HMO
Smaller Blue Shield HMO Network
Lower Employee Cost

versus

Blue Shield Access+ HMO

Same coverage as Trio ACO HMO
Full Blue Shield HMO Network
Higher Employee Cost

Blue Shield Trio ACO HMO

Blue Shield Access+ HMO

Kaiser Permanente HMO

Rates for Certificated COBRA Subscribers

	Blue Shield Trio ACO HMO	Blue Shield Access+ HMO	Kaiser Permanente HMO
Single Cost for Subscriber only	\$535.64 <small>per month</small>	\$773.36 <small>per month</small>	\$675.47 <small>per month</small>
Two-Party Cost for Subscriber +1 dependent	\$1,107.17 <small>per month</small>	\$1,600.30 <small>per month</small>	\$1,347.30 <small>per month</small>
Family Cost for Subscriber +2 or more dependents	\$1,595.35 <small>per month</small>	\$2,304.40 <small>per month</small>	\$1,910.05 <small>per month</small>

Coverage Summary

	Blue Shield Trio ACO HMO	Kaiser Permanente HMO
Calendar Year Deductible	None	None
Calendar Year Out-of-Pocket Maximum	\$2,000 per person \$4,000 per family	\$1,500 per person \$3,000 per family
Lifetime Benefit Maximum	Unlimited	Unlimited
Office Visits		
Primary Provider	\$20 copay	\$20 copay
Specialist Office Visit	\$20 copay <small>When you are referred by your primary provider</small>	\$20 copay
	Trio \$20 copay / Access+ \$30 copay <small>When you self-refer with your provider group</small>	
Preventive Services	Plan pays 100%	Plan pays 100%
Chiropractic Care	\$10 <small>Up to 30 visits per year</small>	Not Covered
Labs and X-rays	Plan pays 100%	Plan pays 100%
Hospitalization		
Inpatient	\$250 copay <small>Per admission</small>	\$250 copay <small>Per admission</small>
Outpatient Surgery	Plan pays 100%	\$20 copay <small>Per procedure</small>
Emergency Services		
Urgent Care	\$20 copay	\$20 copay
Emergency Room	\$150 copay <small>Waived if admitted</small>	\$150 copay <small>Waived if admitted</small>

Medical HMO Prescription Coverage

If you enroll in any of our medical plans you and your dependents will receive prescription coverage. The following chart shows the prescription coverage offered with our medical HMO plans.

Blue Shield Trio ACO HMO

Blue Shield Access+ HMO

Kaiser Permanente HMO

Express Scripts*

Kaiser Pharmacy

Coverage Summary

Calendar Year Deductible	\$150 per person for brand name Rx	None
Calendar Year Out-of-Pocket Maximum	\$4,600 per person \$9,200 per family	Combined with medical
Pharmacy Copays		
Generic	\$10 copay	\$10 copay
Preferred Brand Name	\$36 copay After Rx deductible of \$150 per person	\$20 copay
Non-Preferred Brand Name	\$40 copay After Tx deductible of \$150 per person	Not Applicable
Supply Limit	30 days	30 days
Mail Order Copays		
Generic	\$20 copay	\$20 copay
Preferred Brand Name	\$50 copay After Rx deductible of \$150 per person	\$40 copay
Non-Preferred Brand Name	\$80 copay After Tx deductible of \$150 per person	Not Applicable
Supply Limit	90 days	100 days

*Express Scripts Advantage Plus Utilization Management Program

Express Scripts uses these strategies to help manage the high-cost and high-utilization of specialty and non-specialty medications.

Employees may be required to participate in the following programs when filling their prescriptions:

Drug Quantity Management

Drug quantity management is required for medications prescribed “**as needed**” for which the days of supply cannot be inferred from the prescription (**migraine medications, inhalers, creams, ointments**).

Step-Therapy

Step-therapy is required for most non-specialty drugs, including therapies for **diabetes, high-blood pressure, depression, and ulcers**.

Prior Authorization

Prior authorization is required for most **specialty drugs**.

Medical PPO Coverage

Medical coverage provides you with benefits that keep you healthy like Preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. The following chart shows the medical PPO plan offered to SAUSD employees.

Blue Shield Spectrum PPO

Rates for Certificated COBRA Subscribers

Single Cost for Subscriber only	\$977.11 ^{per} month
Two-Party Cost for Subscriber +1 dependent	\$2,030.36 ^{per} month
Family Cost for Subscriber +2 or more dependents	\$2,915.39 ^{per} month

Coverage Summary

	In-Network Coverage	Out-of-Network Coverage
Calendar Year Deductible	\$300 per person \$600 per family	\$600 per person \$1,200 per family
Calendar Year Out-of-Pocket Maximum	\$2,800 per person \$5,600 per family	\$4,600 per person \$9,200 per family
Lifetime Benefit Maximum	Unlimited	Unlimited
Office Visits		
Primary Provider	\$20 copay	Plan pays 60%*
Specialist Office Visit	\$20 copay	Plan pays 60%*
Preventive Services	Plan pays 100%	Not Covered
Chiropractic Care	Plan pays 80%* Up to 50 visits per year	Plan pays 60%*
Labs and X-rays	Plan pays 80%*	Plan pays 60%*
Hospitalization		
Inpatient	Plan pays 80%*	Plan pays 60%*
Outpatient Surgery	Plan pays 90%*	Plan pays 60%*
Emergency Services		
Urgent Care	\$20 copay	Plan pays 60%*
Emergency Room	\$150 copay Waived if admitted +20% physician services fee*	\$150 copay Waived if admitted +20% physician services fee*

*After Deductible

Medical PPO Prescription Coverage

If you enroll in any of our medical plans you and your dependents will receive prescription coverage. The following chart shows the prescription coverage offered with our medical PPO plan.

Blue Shield Spectrum PPO

Express Scripts*

Coverage Summary

	In-Network Coverage	Out-of-Network Coverage
Calendar Year Deductible	\$150 per person For brand name Rx	Not Applicable
Calendar Year Out-of-Pocket Maximum	\$3,800 per person \$7,600 per family	Not Applicable Not Applicable
Pharmacy Copays		
Generic	\$10 copay	Not Covered
Preferred Brand Name	\$25 copay ¹ After Rx deductible of \$150 per person	Not Covered
Non-Preferred Brand Name	\$40 copay ¹ After Rx deductible of \$150 per person	Not Covered
Supply Limit	30 days	Not Applicable
Mail Order Copays		
Generic	\$30 copay	Not Covered
Preferred Brand Name	\$50 copay ¹ After Rx deductible of \$150 per person	Not Covered
Non-Preferred Brand Name	\$80 copay ¹ After Rx deductible of \$150 per person	Not Covered
Supply Limit	90 days	Not Applicable

¹After Deductible

*Express Scripts Advantage Plus Utilization Management Program

Express Scripts uses these strategies to help manage the high-cost and high-utilization of specialty and non-specialty medications.

Employees may be required to participate in the following programs when filling their prescriptions:

Drug Quantity Management

Drug quantity management is required for medications prescribed “**as needed**” for which the days of supply cannot be inferred from the prescription (**migraine medications, inhalers, creams, ointments**).

Step-Therapy

Step-therapy is required for most non-specialty drugs, including therapies for **diabetes, high-blood pressure, depression, and ulcers**.

Prior Authorization

Prior authorization is required for most **specialty drugs**.

Dental PPO Coverage

SAUSD gives you a choice of two dental PPO plans. When you enroll in a Delta Dental DPPO plan, you have the choice of visiting any dentist you choose, **including in-network preferred providers and non-network premier providers**. Members receive the highest level of benefits when they visit an in-network preferred provider.

Contact Delta Dental at (866) 499-3001 or visit their website at www.deltadentalins.com to find to provider near you.

Delta Dental Incentive DPPO* Delta Dental Network DPPO

Rates for Certificated COBRA Subscribers

Single Cost for Subscriber only	\$55.54 ^{per month}	\$46.50 ^{per month}
Two-Party Cost for Subscriber +1 dependent	\$154.37 ^{per month}	\$129.28 ^{per month}
Family Cost for Subscriber +2 or more dependents	\$209.99 ^{per month}	\$175.83 ^{per month}

Coverage Summary

	In-Network Preferred Providers	Out-of-Network Premier Providers	In-Network Preferred Providers	Out-of-Network Premier Providers
Calendar Year Deductible	None	\$25 per person \$75 per family Waived for diagnostic and preventive	None	None
Calendar Year Benefit Maximum	\$2,000 per person	\$1,500 per person	\$2,250 per person	\$1,200 per person
Waiting Period	None	None	None	None
Diagnostic and Preventive	Plan pays 70-100%	Plan pays 70-100%	Plan pays 100%	Plan pays 100%
Basic Services				
Fillings	Plan pays 70-100%	Plan pays 70-100% After deductible	Plan pays 100%	Plan pays 50%
Root Canals	Plan pays 70-100%	Plan pays 70-100% After deductible	Plan pays 100%	Plan pays 100%
Major Services				
Prosthodontics	Plan pays 50%	Plan pays 50% After deductible	Plan pays 50%	Plan pays 50%
Other Major Services	Plan pays 70-100%	Plan pays 70-100% After deductible	Plan pays 100%	Plan pays 50%
Orthodontia Services				
Orthodontia Lifetime Maximum Dependents	Plan pays 50% \$500 Covered	Plan pays 50% \$500 Covered	Plan pays 50% \$1,500 Covered	Plan pays 50% \$1,500 Covered
<small>*The Incentive plan pays 70% for the first year of coverage. This percentage increases by 10% each year to a max of 100% if you use the coverage for one full routine exam at least once a year. If you do not use the plan for one full routine exam at least once a year, your percentage will remain at the level you reached the previous year.</small>				

Dental HMO Coverage

Delta Care is a dental HMO plan and automatically assigns you and your dependents a dentist when you enroll. You can always change your dentist by calling Delta Care at (800) 422-4234 and letting them know the office you prefer within their DHMO network.

Delta Care USA DHMO

Rates for Certificated COBRA Subscribers

Single Cost for Subscriber only	\$18.13 ^{per} month
Two-Party Cost for Subscriber +1 dependent	\$29.92 ^{per} month
Family Cost for Subscriber +2 or more dependents	\$44.22 ^{per} month

Coverage Summary

Calendar Year Deductible	None
Calendar Year Benefit Maximum	Unlimited
Waiting Period	None
Diagnostic and Preventive	\$0 - \$45 copay
Basic Services	
Fillings	Plan pays 100%
Root Canals	Plan pays 100%
Major Services	
Prosthodontics	Not Applicable
Other Major Services	\$0 - \$95 copay Then the plan pays 100%
Orthodontia Services	
Orthodontia	\$1,700 - \$1,900 copay Your copay covers up to 24 months of active treatment
Lifetime Maximum	Unlimited
Dependents	Covered

Copays vary by the type of services you receive. To receive a list of Delta Care's fee schedule, you should contact Delta Care at (800) 422-4234 and request a copy of the plan's contract.

Vision Coverage

All SAUSD COBRA subscribers and family members enrolled in our medical plans, including Kaiser members, will receive vision benefits from Vision Service Plan (V.S.P.).

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.

VSP

Coverage Summary

	In-Network Coverage	Out-of-Network Coverage
Office Visits	\$15 copay Then the plan pays 100%	Plan pays up to \$45
Frequency	Every 12 months	Every 12 months
Eyeglass Lenses		
Single Vision Lens	Plan pays 100% ¹	Plan pays up to \$30
Bifocal Lens	Plan pays 100% ¹	Plan pays up to \$50
Trifocal Lens	Plan pays 100% ¹	Plan pays up to \$65
	¹ Of basic lens only	
Impact Lenses for Children	Plan pays 100%	Not Covered
Frequency	Every 12 months	Every 12 months
Lenses Enhancements		
Standard Progressive Lenses	Plan pays 100%	Plan pays up to \$50
Premium Progressive Lenses	\$95 - \$105 copay	Not Covered
Custom Progressive Lenses	\$150 - \$175	Not Covered
Frequency	Every 12 months	Every 12 months
Frames Allowance		
VSP Select Frames	Plan pays up to \$170 ²	Plan pays up to \$70
VSP Featured Frames	Plan pays up to \$150 ²	Not Applicable
	² +20% savings on the amount over your allowance	
Costco® Frames	Plan pays up to \$80	Not Applicable
Frequency	Every 24 months	Every 24 months
Contact Lenses		
Allowance	Plan pays up to \$150 With up to a \$60 copay for fitting and evaluation	Plan pays up to \$105
Frequency	Every 12 months	Every 12 months
Extra Savings		
Glasses and Sunglasses	20% discount on feature frames	Not Covered
Routine Retinal Screening	No more than a \$39 copay With wellness exam	Not Covered
Laser Vision Correction	15% discount off regular price 5% off promotional price	Not Covered
Frequency	Every 12 months	Not Applicable

V.S.P. has a large network of optometrist you can choose from for your vision needs. Visit www.vsp.com to find a V.S.P. provider near you.

Rates Summary

The following chart summarizes the monthly amounts SAUSD COBRA subscribers pay for the health insurance coverage.

COBRA subscribers are billed a month in advance, on the third Monday of every month, and their payments are due the second Friday of the following month.

Rates are effective July 1, 2022 through June 30, 2023

Monthly Rates for Certificated COBRA Subscribers

	Medical Rates				Dental Rates		
	Blue Shield Access+ HMO	Blue Shield Spectrum PPO	Blue Shield Trio ACO HMO	Kaiser Permanente HMO	Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO
Single (Cost Subscriber Only Coverage)							
Total Plan Cost	\$773.36	\$977.11	\$535.64	\$675.46	\$18.13	\$55.54	\$46.50
Two-Party (Cost for Subscriber +1 Dependent Coverage)							
Total Plan Cost	\$1,600.30	\$2,030.36	\$1,107.17	\$1,347.30	\$29.92	\$154.37	\$129.28
Family (Cost for Subscriber +2 or more Dependents Coverage)							
Total Plan Cost	\$2,304.40	\$2,915.39	\$1,595.35	\$1,910.05	\$44.22	\$209.99	\$175.83

Blue Shield rates include medical coverage, Express Scripts pharmacy coverage, and VSP vision coverage.
Kaiser rates include medical coverage, Kaiser pharmacy coverage, and VSP vision coverage.

Employee Assistance Programs (EAP)

It is the District's goal to offer employees and their families programs, resources, and activities to support and encourage healthy lifestyles. These resources include relational, nutritional, physical, and emotional wellbeing.

Blue Shield Life Referrals 24/7

Because we want our employees to have a well-balanced life, Blue Shield members will receive E.A.P. benefits through Blue Shield's Life Referrals 24/7 program.

This program provides referrals to professional counselors for up to three (3) free face-to-face confidential visits every 6-months and live 60-minute telephone consultations.

You can access this program 24 hours, 365 days to help you resolve emotional, health, family, and work issues.

This benefit is included in your Blue Shield medical plan and is available to all household members.

Blue Shield Life Referrals 24/7

(800) 985-2405

Kaiser Behavioral Health

Kaiser takes care of the whole you. Your personal physician coordinates your care with a mental health specialist, or team, that can diagnose mental health issues that affect your health and well-being.

Depending on your needs, you can choose from a wide range of services:

- Call or email your doctor.
- Make non-urgent appointments.
- Make therapy appointments
- Make counseling appointments.
- Talk to an advice nurse
- Speak with a wellness coach.
- Enroll to take a class

Kaiser Behavioral Health Hotline

(800) 900-3277

Wellness Coaching

(866) 402-4320

Discounts and Plan Perks

Blue Shield Perks

Visit www.blueshieldca.com/sausd to access a hospital comparison tool, symptom checker, condition management information and resources, along with information specific to your health.

Blue Shield also offers various discounts including gym memberships.

Register with Blue Shield online for additional wellness resources.



Kaiser Perks

Visit kp.org to access information on living healthy, managing conditions and diseases, and to obtain information about natural medicines and remedies.

Kaiser also offers customized plans for healthier living, classes, and various specialty health services. Visit www.kp.org/choosehealthy for more information about available services including various discounts.



Key Terms

Medical/General Terms

Allowable Charge

The most an in-network provider can charge you for an office visit or service.

Balancing Billing

Non-network providers are allowed to charge you more than the plan's allowable charge. This is called balance billing.

Coinsurance

The cost between you and the insurance company. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70%, you are responsible for the remaining 30% of the cost.

Copay

The fee you pay to a provider at the time of service.

Deductible

The amount you must pay out-of-pocket for expenses before the insurance company will cover any benefits costs for the year (except for preventive care and other services where the deductible is waived).

Explanation of Benefits (E.O.B.)

The statement you receive from the insurance carrier that explains how much the provider billed, how much the plan paid (if any), and how much money you owe (if any). In general, you should not pay a bill from your provider (except Copays) until you have received and reviewed your E.O.B.

Family Deductible

The maximum dollar amount any one family will pay out in individual deductibles in a year.

Individual Deductible

The dollar amount a member must pay each year before the plan will pay benefits for covered services.

In-Network

Services received from providers (doctors, hospitals, etc.) who are part of your health plan's network. In-network services generally cost you less than out-of-network services.

Out-of-Network

Services received from your providers (doctors, hospitals, etc.) who are not a part of your health plan's network. Out-of-network services generally cost more than in-network services. With some plans, such as HMOs and E.P.O.s, out-of-network services are not covered.

Out-of-Pocket

Healthcare costs you pay using your own money, whether from your bank account, credit card, health reimbursement account (H.R.A.), health savings account (H.S.A.), or flexible spending account (F.S.A.).

Out-of-Pocket Maximum

The most you would pay out-of-pocket for covered services in a year. Once you reach your out-of-pocket maximum, the plan covers 100% of eligible expenses.

Preventive Care

A routine exam, usually yearly, that may include a physical exam, immunizations, and test for certain health conditions.

Prescription Terms

Brand Name Drug

A drug sold under its trademarked name. A generic version of the drug may be available.

Generic Drug

A drug that has the same active ingredients as a brand name drug but is sold under a different name. Generics only become available after the patent expires on a brand name drug. For example, Tylenol is a brand name pain reliever commonly sold under its generic name Acetaminophen.

Dispense as Written (D.A.W.)

A prescription that does not allow for substitution of an equivalent generic or similar brand drug.

Maintenance Medications

Medications taken on a regular basis for an ongoing condition such as high cholesterol, high blood pressure, asthma, etc. Oral contraceptives are also considered a maintenance medication.

Non-Preferred Brand Drug

A brand name drug for which alternatives are available from either the plan's preferred brand drug or generic drug list. There is generally a higher copayment for non-preferred brand drugs.

Preferred Brand Drug

A brand name drug that the plan has selected for its preferred drug list. Preferred drugs are generally chosen based on a combination of clinical effectiveness and cost.

Specialty Pharmacy

Provides special drugs for complex conditions such as multiple sclerosis, cancer, and H.I.V./A.I.D.S. billing.

Step Therapy

The practice of starting to treat a medical condition with the most cost effective and safest drug therapy and progressing to other costlier or risky therapy, only if necessary.

Dental Terms

Basic Services

Generally, includes coverage for fillings and oral surgery.

Diagnostic and Preventive Services

Generally, includes routine cleanings, oral exams, x-rays, sealants, and fluoride treatments.

Endodontics

Commonly known as root canal therapy.

Implants

An artificial tooth root that is surgically placed into your jaw to hold a replacement tooth or bridge. Many dental plans do not cover implants.

Major Services

Generally, includes restorative dental work such as crowns, bridges, dentures, inlays, and onlays.

Orthodontia

Some dental plans offer orthodontia services for children (and sometimes adults too) to treat alignments of the teeth. Orthodontia services are typically limited to a lifetime maximum.

Periodontics

Diagnosis and treatment of gum disease.

Pre-Treatment Estimate

An estimate of how much the plan will pay for treatment. A pre-treatment estimate is not a guarantee of payment.

Plan Notices and Documents

Current Health Plan Notices

We must provide these notices to our plan participants on an annual basis. These health plan notices are also available on our website at www.sausd.us/benefits.

The notices include:

Medicare Part D Notice

Notice of the option to access prescription drug coverage for Medicare eligible individuals.

Women's Health and Cancer Rights Act

Notice of the available benefits to those that will or have undergone a mastectomy.

Newborn's and Mother's Health Protection Act

Notice of the right of mothers and newborns to stay in the hospital 48-96 hours after delivery.

H.I.P.A.A. Notice of Special Enrollment Rights

Notice of when you can enroll yourself and/or dependents in health coverage outside of Open Enrollment.

Notice of Choice of Providers

Notice of the plan's requirement that you name a primary care physician (P.C.P.).

Children's Health Insurance Program Reauthorization Act

Notice of the availability of premium assistance for Medicaid eligible dependents.

Current Plan Documents

These important documents for our health plans, and retirement plan, are available on our website at www.sausd.us/benefits.

These documents include:

Summary Plan Descriptions (SPD)

This document is the legal document for describing benefits provided under our plan, as well as plan rights and obligations to participants and beneficiaries. The S.P.D. for each of our plans in this brochure are available on our website at www.sausd.us/benefits on the Evidence of Coverage page.

Summary of Benefits and Coverage (SBC)

We are required to provide the following documents by the Affordable Care Act (A.C.A.). The S.B.C. presents benefit plan features in a standardized format. The following S.B.C.s are available on our website at www.sausd.us/benefits on the Coverage Summaries page.

Blue Shield Access+ HMO

Blue Shield Spectrum PPO

Blue Shield Trio A.C.O. HMO

Kaiser Permanente HMO

Paper copies of these documents and notices are available as requested. If you would like a paper copy, contact our office at (714) 558-5686 or via email at benefits@sausd.us.

Statement of Material Modifications

This brochure constitutes a summary of material modifications (S.M.M.) to the Santa Ana Unified School District benefits plans. This brochure does not supplement and/or replace certain information in the S.P.D. Retain it for future reference along with your S.P.D. Please share these materials with your covered dependents.

Provider Directory

A

American Fidelity

Phone: (800) 365-9180

www.americanfidelity.com

Assistance with your flexible spending accounts.

Also, for assistance with your voluntary insurances including accident, cancer, critical illness, disability, and voluntary life.

American Specialty Health

Phone: (800) 848-3555

www.ashcompanies.com

Chiropractic services for Blue Shield members.

B

Blue Shield of California

Trio Members: (855) 747-5800

Access+/PPO Members: (800) 393-6130

www.blueshieldca.com/sausd

Medical provider for Blue Shield members.

Blue Shield Heal™

Phone: (844) 644-4325

getheal.com

Telephone appointments for Blue Shield PPO members only.

Blue Shield Life Referrals 24/7

Phone: (800) 985-2405

www.blueshieldca.com/sausd

Employee assistance program for Blue Shield members.

Blue Shield Mental Health

Phone: (877) 263-9952

www.blueshieldca.com/sausd

Mental health services for Blue Shield members.

Blue Shield Teladoc™

Phone: (800) 835-2362

member.teladoc.com/bsc

Phone of video consultations for Blue Shield members, except 65 Plus.

C

C.S.E.A.

Phone: (714) 532-3766

www.csea.com/web

Employee union for eligible Classified personnel.

D

Delta Dental

Phone: (866) 499-3001

www.deltadentalins.com

Dental provider for Incentive and Network members.

Delta Care U.S.A.

Phone: (800) 422-4234

www.deltadentalins.com

Dental provider for Delta Care members.

E

Express Scripts

Phone: (877) 474-1136

express-scripts.com

Pharmacy provider for Blue Shield members, except 65 Plus.

K

Kaiser Permanente

Phone: (833) KP4-CARE
574-2273

www.kp.org

Medical provider for Kaiser members.

Kaiser Permanente Behavioral Health

Phone: (800) 900-3277

www.kp.org

Mental health services for all Kaiser members.

Kaiser Permanente Wellness Coaching

Phone: (866) 402-4320

www.kp.org

Employee assistance programs for Kaiser members.

P

P.E.R.S.

Phone: (888) 225-7377

www.calpers.com

Employee retirement system for Classified personnel.

S

S.A.E.A.

Phone: (714) 542-6758

www.santaanaeducators.com

Employee union for eligible Certificated personnel.

Schools First Federal Credit Union

Phone: (714) 258-4000

www.schoolsfirst.org

third-party administrator for additional retirement accounts.

S.T.R.S.

Phone: (800) 228-5453

www.calstrs.com

Employee retirement system for Certificated personnel.

V

V.S.P.

Phone: (800) 877-7195

www.vsp.com

Vision provider for all S.A.U.S.D. health plan members.

W

Washington National

Phone: (888) 754-3406

www.washingtonnational.com

Assistance with your supplemental cancer insurance.