



2022-2023 Academic Year  
**MANAGEMENT  
POST ELIGIBLE**  
Benefits Health Plan Information Brochure

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Scanable with  
Smartphone camera



# Table of Contents

This table of contents has been provided to you for two purposes:

1. To provide you and overview of the document's contents and organization.
2. To allow you to go directly to a specific section of your brochure.

| <b>Page No.</b>   | <b>Description</b>  |
|-------------------|---|
| <b>01</b>         | <a href="#"><u>Focus on Benefits / Plan Changes</u></a>                           |
| <b>02</b>         | <a href="#"><u>Who Is Eligible &amp; Who You Can Cover</u></a>                    |
| <b>03</b>         | <a href="#"><u>Rules for Changes / Telephone Appointments</u></a>                 |
| <b>04</b>         | <a href="#"><u>Medical HMO Coverage with Medicare</u></a>                         |
| <b>05</b>         | <a href="#"><u>Medical HMO Prescription Coverage with Medicare</u></a>            |
| <b>06</b>         | <a href="#"><u>Medical HMO Coverage with or without Medicare</u></a>              |
| <b>07</b>         | <a href="#"><u>Medical HMO Prescription Coverage with or without Medicare</u></a> |
| <b>08</b>         | <a href="#"><u>Medical PPO Coverage with or without Medicare</u></a>              |
| <b>09</b>         | <a href="#"><u>Medical PPO Prescription Coverage with or without Medicare</u></a> |
| <b>10</b>         | <a href="#"><u>Dental PPO Coverage</u></a>  |
| <b>11</b>         | <a href="#"><u>Dental HMO Coverage</u></a>  |
| <b>12</b>         | <a href="#"><u>Vision Coverage</u></a>  |
| <b>13</b>         | <a href="#"><u>Rates Summary</u></a>  |
| <b>14</b>         | <a href="#"><u>Employee Assistance Programs</u></a>                               |
| <b>15</b>         | <a href="#"><u>Key Terms</u></a>  |
| <b>16</b>         | <a href="#"><u>Plan Notices and Documents</u></a>                                 |
| <b>Back Cover</b> | <a href="#"><u>Provider Directory</u></a>   |

# 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 changes 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](http://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

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You are eligible to participate in our post eligible benefits program immediately after your retirement benefits expire. You have a 60-day window to enroll and may remain enrolled indefinitely or until you obtain other coverage. You and your dependents have your own individual election rights to SAUSD's post eligible program.

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.**

When you become eligible for **Medicare** (usually at age 65) you and/or your spouse must enroll in Part A and B through the Social Security Administration. You must also provide our office with a copy of your Medicare card before the end of your 65th birthday month. The lower "with Medicare" rates will be applied beginning the first day of your 65th birthday month of the first day of the following month from which we receive your card.

**Failure to enroll in Medicare Parts A and B or provide our office with a copy of your Medicare card will result in the termination of your benefits.**

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 Cover...

Any **Eligible Dependents** as long as you enroll your eligible dependents during your initial enrollment period.

## You Can Enroll During...

Your **Initial Enrollment Period** only. If you fail to enroll during your initial election period, you will not be able to enroll in the future.

## 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](http://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](http://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 with Medicare

The following chart shows the two plans available to post eligible subscribers who have Medicare Parts A and B. Once you are eligible for Medicare Parts A and B (usually at age 65), you and/or your spouse must enroll in those parts with the Social Security Administration and provide our office with a copy of the Medicare card before the end of your or your spouse's 65th birthday month. The lower "with Medicare" rates will be applied beginning the first of the following month from which we receive your card.

All post eligible subscribers who are Kaiser members and enrolled in Medicare Parts A and B are **required** to enroll in the Kaiser Senior Advantage plan (additional form required).

Blue Shield members who are enrolled in Medicare Parts A and B have the option to enroll in the Blue Shield 65 Plus plan (additional form required).

**Failure to enroll in Medicare Parts A and B or provide our office with a copy of your Medicare card will result in the termination of your benefits.**

## Blue Shield 65 Plus HMO

## Kaiser Senior Advantage HMO

### Rates for Management Post Eligible Subscribers

|  |                                  |                                  |
|--|----------------------------------|----------------------------------|
| <b>Single</b><br>Cost for Subscriber only            | \$380.03 <sup>per</sup><br>month | \$142.64 <sup>per</sup><br>month |
| <b>Two-Party</b><br>Cost for Subscriber +1 dependent | \$756.50 <sup>per</sup><br>month | \$285.28 <sup>per</sup><br>month |

### Coverage Summary

|  |  |   |
|--|--|---|
| <b>Calendar Year Deductible</b>            | None   | None  |
| <b>Calendar Year Out-of-Pocket Maximum</b> | \$6,700 per person   | \$1,500 per person                                    |
| <b>Lifetime Benefit Maximum</b>            | Unlimited  | Unlimited   |
| <b>Office Visits</b>                       |  |   |
| Primary Provider                           | \$20 copay   | \$20 copay  |
| Specialist Office Visit                    | \$20 copay   | \$20 copay  |
| Preventive Services                        | Plan pays 100%   | Plan pays 100%  |
| Chiropractic Care                          | \$20 copay<br>Through Medicare   | Not Covered   |
| Labs and X-rays                            | \$15 copay<br>Through American Specialty Health<br>(Limit of 20 visits per year) | Plan pays 100%  |
| <b>Hospitalization</b>                     |  |   |
| Inpatient                                  | \$250 copay<br>Per admission   | \$250 copay<br>Per admission                          |
| Outpatient Surgery                         | Plan pays 100%   | \$20 copay<br>Per procedure                           |
| <b>Emergency Services</b>                  |  |   |
| Urgent Care                                | \$25 copay   | \$20 copay  |
| Emergency Room                             | \$50 copay<br>Waived if admitted   | \$50 copay<br>Waived if admitted                      |
| <b>Extras</b>                              |  |   |
| Gym Membership                             | Silver Sneakers<br>Contact Blue Shield for more information                      | Choose Healthy<br>Contact Kaiser for more information |

# Medical HMO Prescription Coverage with Medicare

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 to SAUSD retirees who are enrolled in Medicare and enrolled in one of SAUSD's "with Medicare" medical HMO plans.

## Blue Shield 65 Plus HMO

## Kaiser Senior Advantage HMO

### Coverage Summary

|  | Blue Shield<br>65 Plus HMO | Kaiser Senior<br>Advantage HMO   |
|--|----------------------------|--|
| <b>Calendar Year Deductible</b>            | None                       | None   |
| <b>Calendar Year Out-of-Pocket Maximum</b> | \$5,000                    | \$1,500 per person<br>\$3,000 per family<br><small>Combined with Medical</small> |
| <b>Pharmacy Copays</b>                     |                            |  |
| Generic                                    | \$10 copay                 | \$10 copay   |
| Preferred Brand Name                       | \$20 copay                 | \$20 copay   |
| Non-Preferred Brand Name                   | \$40 copay                 | Not Applicable   |
| Supply Limit                               | 30 days                    | 30 days  |
| <b>Mail Order Copays</b>                   |                            |  |
| Generic                                    | \$20 copay                 | \$30 copay   |
| Preferred Brand Name                       | \$40 copay                 | \$60 copay   |
| Non-Preferred Brand Name                   | \$80 copay                 | Not Applicable   |
| Supply Limit                               | 90 days                    | 100 days   |

# Medical HMO Coverage with or without Medicare

The following chart shows the HMO plans available to post eligible subscribers who have or do not have Medicare Parts A and B. Once you are eligible for Medicare Parts A and B (usually at age 65), you and/or your spouse must enroll in those parts with the Social Security Administration and provide our office with a copy of the Medicare card before the end of your or your spouse's 65th birthday month. The lower "with Medicare" rates will be applied beginning the first of the following month from which we receive your card.

All post eligible subscribers who are Kaiser members and enrolled in Medicare Parts A and B are **required** to enroll in the Kaiser Senior Advantage plan (additional form required).

Blue Shield members who are enrolled in Medicare Parts A and B have the option to enroll in the Blue Shield 65 Plus plan (additional form required).

**Failure to enroll in Medicare Parts A and B or provide our office with a copy of your Medicare card will result in the termination of your benefits.**

|   |        |   |
|---|--------|---|
| <b>Blue Shield Trio ACO HMO</b><br>Same coverage as Access+ HMO<br>Smaller Blue Shield HMO Network<br>Lower Employee Cost | versus | <b>Blue Shield Access+ HMO</b><br>Same coverage as Trio ACO HMO<br>Full Blue Shield HMO Network<br>Higher Employee Cost |
|---|--------|---|

## Kaiser Permanente HMO

## Blue Shield Access+ HMO

## Blue Shield Trio ACO HMO

### Rates for Management Post Eligible Subscribers

|  | Without Medicare                | Without Medicare                | With Medicare                   | Without Medicare                | With Medicare                   |
|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <b>Single</b><br>Cost for Subscriber only                  | \$662.22 <sup>per month</sup>   | \$758.19 <sup>per month</sup>   | \$662.15 <sup>per month</sup>   | \$525.13 <sup>per month</sup>   | \$464.06 <sup>per month</sup>   |
| <b>Two-Party</b><br>Cost for Subscriber +1 dependent       | \$1,320.88 <sup>per month</sup> | \$1,568.93 <sup>per month</sup> | \$1,369.71 <sup>per month</sup> | \$1,085.46 <sup>per month</sup> | \$958.78 <sup>per month</sup>   |
| <b>Family</b><br>Cost for Subscriber +2 or more dependents | \$1,872.60 <sup>per month</sup> | \$2,259.22 <sup>per month</sup> | \$1,972.78 <sup>per month</sup> | \$1,564.07 <sup>per month</sup> | \$1,381.90 <sup>per month</sup> |

Refer to the Rates Summary on page 14 to view the cost of "one with one without Medicare".

### Coverage Summary

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



# Medical HMO Prescription Coverage with or without Medicare

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.

## Kaiser Permanente HMO

Kaiser Pharmacy

## Blue Shield Access+ HMO

Express Scripts\*

## Blue Shield Trio ACO HMO

### Coverage Summary

|  |                       |   |
|--|-----------------------|---|
| <b>Calendar Year Deductible</b>            | None                  | \$150 per person<br>For brand name Rx                 |
| <b>Calendar Year Out-of-Pocket Maximum</b> | Combined with Medical | \$4,600 per person<br>\$9,200 per family              |
| <b>Pharmacy Copays</b>                     |                       |   |
| Generic                                    | \$10 copay            | \$10 copay  |
| Preferred Brand Name                       | \$20 copay            | \$25 copay<br>After Rx deductible of \$150 per person |
| Non-Preferred Brand Name                   | Not Applicable        | \$40 copay<br>After Rx deductible of \$150 per person |
| Supply Limit                               | 30 days               | 30 days   |
| <b>Mail Order Copays</b>                   |                       |   |
| Generic                                    | \$20 copay            | \$20 copay  |
| Preferred Brand Name                       | \$40 copay            | \$50 copay<br>After Rx deductible of \$150 per person |
| Non-Preferred Brand Name                   | Not Covered           | \$80 copay<br>After Rx deductible of \$150 per person |
| Supply Limit                               | 100 days              | 90 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 with or without Medicare

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 Management Post Eligible Subscribers

|  | Without Medicare                | With Medicare                   |
|--|---------------------------------|---------------------------------|
| <b>Single</b><br>Cost for Subscriber only                  | \$957.95 <sup>per</sup> month   | \$842.29 <sup>per</sup> month   |
| <b>Two-Party</b><br>Cost for Subscriber +1 dependent       | \$1,990.55 <sup>per</sup> month | \$1,749.65 <sup>per</sup> month |
| <b>Family</b><br>Cost for Subscriber +2 or more dependents | \$2,858.23 <sup>per</sup> month | \$2,512.75 <sup>per</sup> month |

### Coverage Summary

|  | In-Network Coverage                        | Out-of-Network Coverage                  |
|--|--|--|
| <b>Calendar Year Deductible</b>            | \$300 per person<br>\$600 per family       | \$600 per person<br>\$1,200 per family   |
| <b>Calendar Year Out-of-Pocket Maximum</b> | \$2,800 per person<br>\$5,600 per family   | \$4,600 per person<br>\$9,200 per family |
| <b>Lifetime Benefit Maximum</b>            | Unlimited                                  | Unlimited                                |
| <b>Office Visits</b>                       |  |  |
| 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%*<br>Up to 50 visits per year | Plan pays 60%*                           |
| Labs and X-rays                            | Plan pays 80%*                             | Plan pays 60%*                           |
| <b>Hospitalization</b>                     |  |  |
| Inpatient                                  | Plan pays 80%*                             | Plan pays 60%*                           |
| Outpatient Surgery                         | Plan pays 80%*                             | Plan pays 60%*                           |
| <b>Emergency Services</b>                  |  |  |
| Urgent Care                                | \$20 copay                                 | Plan pays 60%*                           |
| Emergency Room                             | \$150 copay<br>Waived if admitted          | \$150 copay<br>Waived if admitted        |
|  | +20% physician services fee*               | +20% physician services fee*             |

\*After Deductible

# Medical PPO Prescription Coverage with or without Medicare

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          |
|--|---|----------------------------------|
| <b>Calendar Year Deductible</b>            | \$150 per person<br><small>For brand name Rx</small>                              | Not Applicable                   |
| <b>Calendar Year Out-of-Pocket Maximum</b> | \$3,800 per person<br>\$7,600 per family  | Not Applicable<br>Not Applicable |
| <b>Pharmacy Copays</b>                     |   |                                  |
| <b>Generic</b>                             | \$10 copay  | Not Covered                      |
| <b>Preferred Brand Name</b>                | \$25 copay <sup>1</sup><br><small>After Rx deductible of \$150 per person</small> | Not Covered                      |
| <b>Non-Preferred Brand Name</b>            | \$40 copay <sup>1</sup><br><small>After Rx deductible of \$150 per person</small> | Not Covered                      |
| <b>Supply Limit</b>                        | 30 days   | Not Applicable                   |
| <b>Mail Order Copays</b>                   |   |                                  |
| <b>Generic</b>                             | \$20 copay  | Not Covered                      |
| <b>Preferred Brand Name</b>                | \$50 copay <sup>1</sup><br><small>After Rx deductible of \$150 per person</small> | Not Covered                      |
| <b>Non-Preferred Brand Name</b>            | \$80 copay <sup>1</sup><br><small>After Rx deductible of \$150 per person</small> | Not Covered                      |
| <b>Supply Limit</b>                        | 90 days   | Not Applicable                   |

<sup>1</sup>After 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](http://www.deltadentalins.com) to find to provider near you.

## Delta Dental Incentive DPPO\* Delta Dental Network DPPO

### Rates for Management Post Eligible Subscribers

|  |                               |                               |
|--|-------------------------------|-------------------------------|
| <b>Single</b><br>Cost for Subscriber only                  | \$54.45 <sup>per month</sup>  | \$45.59 <sup>per month</sup>  |
| <b>Two-Party</b><br>Cost for Subscriber +1 dependent       | \$151.35 <sup>per month</sup> | \$126.75 <sup>per month</sup> |
| <b>Family</b><br>Cost for Subscriber +2 or more dependents | \$205.87 <sup>per month</sup> | \$172.38 <sup>per month</sup> |

### Coverage Summary

|  | In-Network Preferred Providers    | Out-of-Network Premier Providers   | In-Network Preferred Providers      | Out-of-Network Premier Providers    |
|--|-----------------------------------|--|-------------------------------------|-------------------------------------|
| <b>Calendar Year Deductible</b>  | None                              | \$25 per person<br>\$75 per family<br>Waived for diagnostic and preventive | None                                | None                                |
| <b>Calendar Year Benefit Maximum</b>   | \$2,000 per person                | \$1,500 per person   | \$2,250 per person                  | \$1,200 per person                  |
| <b>Waiting Period</b>  | None                              | None   | None                                | None                                |
| <b>Diagnostic and Preventive</b>   | Plan pays 70-100%                 | Plan pays 70-100%  | Plan pays 100%                      | Plan pays 100%                      |
| <b>Basic Services</b>  |                                   |  |                                     |                                     |
| Fillings   | Plan pays 70-100%                 | Plan pays 70-100%<br>After deductible                                      | Plan pays 100%                      | Plan pays 50%                       |
| Root Canals  | Plan pays 70-100%                 | Plan pays 70-100%<br>After deductible                                      | Plan pays 100%                      | Plan pays 100%                      |
| <b>Major Services</b>  |                                   |  |                                     |                                     |
| Prosthodontics   | Plan pays 50%                     | Plan pays 50%<br>After deductible  | Plan pays 50%                       | Plan pays 50%                       |
| Other Major Services   | Plan pays 70-100%                 | Plan pays 70-100%<br>After deductible                                      | Plan pays 100%                      | Plan pays 50%                       |
| <b>Orthodontia Services</b>  |                                   |  |                                     |                                     |
| Orthodontia<br>Lifetime Maximum<br>Dependents  | Plan pays 50%<br>\$500<br>Covered | Plan pays 50%<br>\$500<br>Covered  | Plan pays 50%<br>\$1,500<br>Covered | Plan pays 50%<br>\$1,500<br>Covered |
| <p>*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.</p> |                                   |  |                                     |                                     |

# 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 Management Post Eligible Subscribers

|  |                                 |
|--|---------------------------------|
| <b>Single</b><br>Cost for Subscriber only                  | \$17.77 <sup>per</sup><br>month |
| <b>Two-Party</b><br>Cost for Subscriber +1 dependent       | \$29.33 <sup>per</sup><br>month |
| <b>Family</b><br>Cost for Subscriber +2 or more dependents | \$43.35 <sup>per</sup><br>month |

### Coverage Summary

|                                      |  |
|--------------------------------------|--|
| <b>Calendar Year Deductible</b>      | None   |
| <b>Calendar Year Benefit Maximum</b> | Unlimited  |
| <b>Waiting Period</b>                | None   |
| <b>Diagnostic and Preventive</b>     | \$0 - \$45 copay   |
| <b>Basic Services</b>                |  |
| Fillings                             | Plan pays 100%   |
| Root Canals                          | Plan pays 100%   |
| <b>Major Services</b>                |  |
| Prosthodontics                       | Not Applicable   |
| Other Major Services                 | \$0 - \$95 copay<br>Then the plan pays 100%                                      |
| <b>Orthodontia Services</b>          |  |
| Orthodontia                          | \$1,700 - \$1,900 copay<br>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 post eligible 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    |
|-----------------------------|---|----------------------------|
| <b>Office Visits</b>        | \$15 copay<br>Then the plan pays 100%                                 | Plan pays up to \$45       |
| <b>Frequency</b>            | Every 12 months   | Every 12 months            |
| <b>Eyeglass Lenses</b>      |   |                            |
| Single Vision Lens          | Plan pays 100% <sup>1</sup>   | Plan pays up to \$30       |
| Bifocal Lens                | Plan pays 100% <sup>1</sup>   | Plan pays up to \$50       |
| Trifocal Lens               | Plan pays 100% <sup>1</sup>   | Plan pays up to \$65       |
|                             | <sup>1</sup> Of basic lens only                                       |                            |
| Impact Lenses for Children  | Plan pays 100%  | Not Covered                |
| Frequency                   | Every 12 months   | Every 12 months            |
| <b>Lenses Enhancements</b>  |   |                            |
| 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            |
| <b>Frames Allowance</b>     |   |                            |
| VSP Select Frames           | Plan pays up to \$170 <sup>2</sup>                                    | Plan pays up to \$70       |
| VSP Featured Frames         | Plan pays up to \$150 <sup>2</sup>                                    | Not Applicable             |
|                             | <sup>2</sup> +20% savings on the amount over your allowance           |                            |
| Costco® Frames              | Plan pays up to \$80  | Not Applicable             |
| Frequency                   | Every 24 months   | Every 24 months            |
| <b>Contact Lenses</b>       |   |                            |
| Allowance                   | Plan pays \$150<br>With up to a \$60 copay for fitting and evaluation | Plan pays up to \$105      |
| Frequency                   | Every 12 months   | Every 12 months            |
| <b>Extra Savings</b>        |   |                            |
| Glasses and Sunglasses      | 20% discount on feature frames  | Not Covered                |
| Routine Retinal Screening   | No more than a \$39 copay<br>With wellness exam                       | Not Covered                |
| Laser Vision Correction     | 15% discount off regular price<br>5% off promotional price            | Not Covered<br>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](http://www.vsp.com) to find a V.S.P. provider near you.

# Rates Summary

All SAUSD post eligible subscribers pay for their health insurance coverage. Your contributions for health insurance are to be paid on a month-to-month basis.

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

## Monthly Rates for Management Post Eligible Subscribers

|   | Medical Rates                           |  |   |   |  |   |  |                                   | Dental Rates                                   |                        |                                   |                                 |
|---|---|--|---|---|--|---|--|-----------------------------------|--|------------------------|-----------------------------------|---------------------------------|
|   | Blue Shield<br>65 Plus<br>With Medicare | Blue Shield<br>Access+ HMO<br>Without Medicare | Blue Shield<br>Access+ HMO<br>With Medicare | Blue Shield<br>Spectrum PPO<br>Without Medicare | Blue Shield<br>Spectrum PPO<br>With Medicare | Blue Shield<br>Trio ACO HMO<br>Without Medicare | Blue Shield<br>Trio ACO HMO<br>With Medicare | Kaiser<br>HMO<br>Without Medicare | Kaiser<br>Senior<br>Advantage<br>With Medicare | Delta Care<br>USA DHMO | Delta Dental<br>Incentive<br>DPPO | Delta Dental<br>Network<br>DPPO |
| <b>Single</b> (Cost Subscriber Only Coverage)   |   |  |   |   |  |   |  |                                   |  |                        |                                   |                                 |
| <b>Subscriber Pays</b>  | \$380.03                                | \$758.19                                       | \$662.15                                    | \$957.95  | \$842.29                                     | \$525.13  | \$464.06                                     | \$662.22                          | \$142.64                                       | \$17.77                | \$54.45                           | \$45.59                         |
| <b>Two-Party</b> (Cost for Subscriber+1 Dependent Coverage)   |   |  |   |   |  |   |  |                                   |  |                        |                                   |                                 |
| <b>Subscriber Pays</b>  | \$756.50                                | \$1,568.93                                     | \$1,369.71                                  | \$1,990.55                                      | \$1,749.65                                   | \$1,085.46                                      | \$958.78                                     | \$1,320.88                        | \$285.28                                       | \$29.33                | \$151.35                          | \$126.75                        |
| <b><sup>1</sup>Two-Party One with and One without Medicare</b> (Cost for Subscriber+1 Dependent Coverage) |   |  |   |   |  |   |  |                                   |  |                        |                                   |                                 |
| <b>1 on Trio</b>  |   |  |   |   |  |   |  |                                   |  |                        |                                   |                                 |
| <b>Subscriber Pays</b>  | \$905.16                                | DOES NOT<br>APPLY                              | \$1,472.93                                  | DOES NOT<br>APPLY                               | \$1,874.87                                   | DOES NOT<br>APPLY                               | \$1,024.38                                   | DOES NOT<br>APPLY                 | \$804.67                                       |                        |                                   |                                 |
| <b>1 on Access+</b>   |   |  |   |   |  |   |  |                                   |  |                        |                                   |                                 |
| <b>Subscriber Pays</b>  | \$1,138.22                              |  |   |   |  |   |  |                                   |  |                        |                                   |                                 |
| <b><sup>2</sup>Family</b> (Cost for Subscriber+2 or more Dependents Coverage)                             |   |  |   |   |  |   |  |                                   |  |                        |                                   |                                 |
| <b>Subscriber Pays</b>  | DOES NOT<br>APPLY                       | \$2,259.22                                     | \$1,972.78                                  | \$2,858.23                                      | \$2,512.75                                   | \$1,564.07                                      | \$1,381.90                                   | \$1,872.60                        | DOES NOT<br>APPLY                              | \$43.35                | \$205.87                          | \$172.38                        |

<sup>1</sup> In order to qualify for the Two-Party One with One Without Medicare rate you must be enrolled in a Two-Party plan and one person must be enrolled in Medicare Parts A and B.

<sup>2</sup> In order to qualify for the Family with Medicare rate you must be enroll in a Family plan and two or more persons must be enrolled in Medicare Parts A and B.

Blue Shield rates include medical coverage, Express Scripts pharmacy coverage, and VSP vision coverage, except Blue Shield 65 Plus members. 65 Plus member receive pharmacy coverage through Blue Shield.  
Kaiser rates include medical coverage, Kaiser pharmacy coverage, and VSP vision coverage, except Kaiser Senior Advantage members. Senior Advantage members receive vision coverage through Kaiser.

# Employee Assistance Programs (EAP)

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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



# 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

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## 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](http://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](http://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](http://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](http://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](mailto: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

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## A

### **American Fidelity**

Phone: (800) 365-9180

[www.americanfidelity.com](http://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](http://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](http://www.blueshieldca.com/sausd)

Medical provider for Blue Shield members.

### **Blue Shield Heal™**

Phone: (844) 644-4325

[getheal.com](http://getheal.com)

Telephone appointments for Blue Shield PPO members only.

### **Blue Shield Life Referrals 24/7**

Phone: (800) 985-2405

[www.blueshieldca.com/sausd](http://www.blueshieldca.com/sausd)

Employee assistance program for Blue Shield members.

### **Blue Shield Mental Health**

Phone: (877) 263-9952

[www.blueshieldca.com/sausd](http://www.blueshieldca.com/sausd)

Mental health services for Blue Shield members.

### **Blue Shield Teladoc™**

Phone: (800) 835-2362

[member.teladoc.com/bsc](http://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](http://www.csea.com/web)

Employee union for eligible Classified personnel.

## D

### **Delta Dental**

Phone: (866) 499-3001

[www.deltadentalins.com](http://www.deltadentalins.com)

Dental provider for Incentive and Network members.

### **Delta Care U.S.A.**

Phone: (800) 422-4234

[www.deltadentalins.com](http://www.deltadentalins.com)

Dental provider for Delta Care members.

## E

### **Express Scripts**

Phone: (877) 474-1136

[express-scripts.com](http://express-scripts.com)

Pharmacy provider for Blue Shield members, except 65 Plus.

## K

### **Kaiser Permanente**

Phone: (833) KP4-CARE  
574-2273

[www.kp.org](http://www.kp.org)

Medical provider for Kaiser members.

### **Kaiser Permanente Behavioral Health**

Phone: (800) 900-3277

[www.kp.org](http://www.kp.org)

Mental health services for all Kaiser members.

### **Kaiser Permanente Wellness Coaching**

Phone: (866) 402-4320

[www.kp.org](http://www.kp.org)

Employee assistance programs for Kaiser members.

## P

### **P.E.R.S.**

Phone: (888) 225-7377

[www.calpers.com](http://www.calpers.com)

Employee retirement system for Classified personnel.

## S

### **S.A.E.A.**

Phone: (714) 542-6758

[www.santaanaeducators.com](http://www.santaanaeducators.com)

Employee union for eligible Certificated personnel.

### **Schools First Federal Credit Union**

Phone: (714) 258-4000

[www.schoolsfirst.org](http://www.schoolsfirst.org)

third-party administrator for additional retirement accounts.

### **S.T.R.S.**

Phone: (800) 228-5453

[www.calstrs.com](http://www.calstrs.com)

Employee retirement system for Certificated personnel.

## V

### **V.S.P.**

Phone: (800) 877-7195

[www.vsp.com](http://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](http://www.washingtonnational.com)

Assistance with your supplemental cancer insurance.