Eligibility for Benefits

New employee:
You are eligible to participate in our benefits program if yu are an active certicated/ management employee who is regularly working as a permanent or temporary certified employee on a contract full-time. Your benefits become effective and at use of the first day of workemployement.
If you are a permanent full-time, long-term nonpermanent full-time, or full-time seasonal employee, you and your eligible dependents are covered on the first day of the month following 30 consecutive days in paid status, provided that health benefit contributions have been reported to the ASEA Health Trust on your behalf.
For example, if you begin work on October 17, you are covered on December 1.This effective date assumes you have no periods of leave without pay.
It also assumes that you do not terminate your employment within the first 30 days.

Dependent Eligibility :

- The child must be a son, daughter, stepchild, adopted child, foster child, or grandchild or a sibling, niece/nephew
- The child must be under 19 at the end of the year and younger than employee
- Dependdent children over 19 who are mentally or physically handicaped who are incapable of employment
- In order to qualify, the child must have lived with you for more than half of the year
- The child cannot file a joint return. A joint return can only be filed by the child and his or her spouse for the sole purpose of receiving a refund of income tax withheld or estimated tax paid.

Special Rule :
Tiebreaker rules apply if it is determined that the child can be a qualifying dependent for more than one person. In that case, you must be entitled to claim the child according to IRS standards, which can be found on the IRS website.

Need Vending? Think Vend-Inc!

2016-2017

Vend-Inc

Company Benefits Package

Benefits Directory

2016-2017 Benefits Plan Highlights

Kaiser Health Maintenance Organization (HMO)

- With an Kaiser HMO plan, you pick one primary care physician. All your health care services go through that doctor. That means that you need a referral before you can see any other health care professional, except in an emergency.
- HMO plans will cover for your Doctor Office Visit. Out-of-pocket maximum: $4,400, The most you will have to pay for covered medical expenses in a plan year through deductible and coinsurance before your insurance plan begins to pay 100 percent of covered medical expenses.

Dental HMO

- Out-of-pocket maximum: $4,400, The most you will have to pay for covered medical expenses in a plan year through deductible and coinsurance before your insurance plan begins to pay 100 percent of covered medical expenses.

Point of Service (PPO)

- A type of plan in which you pay less if you use doctors, hospitals, and other health care prviders that belong to the plan's network. POS plans also require you to get a referral from your primary care doctor in order to see a specialist. A point-of-service plan (POS) is a type of managed care plan that is a hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider.

Dental PPO

- The medical plan with a network of health care providers that have contract with the insurance company to provide services. The out-of-network benefits Out of network is that the doctor or facility providing your care does not have a contract with your health insurance company. And The in-network means that your provider has negotiated a contracted rate with your health insurance company. Before your insurance plan begins to pay 100 percent of covered medical expenses.
- So Out-of-pocket maximum: 1,852 which The plan coverage allows you to have the flexibility to choose any Doctor, Physician and services inside or outside of Kaiser Permanente network. Also any additional members to the plan are paid by employee. Also POS you only pay once a year.

2016-2017 Benefit Options

Medical Options	Single	Couple	Family
Kaiser HMO	$32.17	$64.34	$91.04
Kaiser PPO	$466.51	$1,007.29	$1,468.55
Employee Monthly Payments will be deducted from their paycheck			
Dental Options	**Single**	**Couple**	**Family**
DeltaCare USA DHMO	$0.00	$0.00	$0.00
Delta Dental Network PPO	$0.00	$97.31	$152.33
Employee Monthly Payments will be deducted from their paycheck			

VSP Vision Benefits

	In-Network	Out-Of-Network
Examination		
Benefit	$15 copay then plan pays 100%	Plan pays up to $45
Frequency	Once every 12 months	Once every 12 months
Eyeglass Lenses		
Single Vision Lens	Plan pays 100% of basic lens	Plan pays up to $30
Bifocal Lens	Plan pays 100% of basic lens	Plan pays up to $50
Trifocal Lens	Plan pays 100% of basic lens	Plan pays up to $65
Frequency	Once every 12 months	Once every 12 months
Frames		
Benefit	Plan pays up to $130 allowance (20% discount off amount over your allowance)	Plan pays up to $70
Frequency	Once every 24 months	Once every 24 months
Contacts (Elective)		
Benefit	Plan pays up to $130 for contacts lenses Up to $60 copay for fitting & evaluation	Plan pays up $105
Frequency	Once every 12 months	Once every 12 months

Benefit Changes

During the year, there can be many changes to an employee that can curve their benefits. You may only make changes to your benefit elections if you experience a change in your legal status or qualify for any special enrollments.
Qualified changes include:

- Change in marital status ; divorced, legal separation, annulment, death of spouse.
- Increase or decrease of family members.
- An employee who has been employed for a complete Standard Measurement Period.
- Seasonal Employee – a new employee hired into a position which customarily lasts six months or less and which begins and ends at approximately the same time each calendar year.
- Change in work scheduale, including an increase or decrease in hours of employment by you, your spouse, or your dependent child.
- Change in child's dependent status
- Change in place of residence
- Change in your health care coverage
- A "special enrollment" event under health care

Important:

If you are making any changes to your benefits during this year,
1. Any change you make must be consistent with the change in status.

2. You must notify the Human Resources Department and make the change within 30 days of the date the event occurs

3. You are also responsible for notifying the Human Resources Department of your dependent(s)that have an resulting changes such as ineligible because of divorce or becoming over age within the time given.

HMO Medical Plan

Medical Plan Benefits	Kaiser HMO	Blue Shield Access+HMO
Calendar Year Deductible **Calendar Year Copay Maximum** **Lifetime Maximum**	None $1,500 per individual $3,000 per family None	None $1,000 per individual $2,000 per 2-persons $3,000 per family None
Hospital Care Inpatient Hospital Services Outpatient Hospital Services Emergency Room Copay (ER copay waived if admitted)	$250 per admit $20 per procedure $100 per visit	$250 per admit No charge $100 per visit
Physician Care Office visit Specialist Office Visit Preventive Care Diagnostic Lab & X-ray Rehabilitation, Including Physical Occupational, and Respitory Therapy Chiropractic Care Durable Medical Equipment (DME)	 $20 per visit $20 per visit No charge No charge $20 per visit Not covered No charge	 $20 per visit $30 per visit (self-referral) No charge No charge $20 per visit $10 per visit; 30 visits per year No charge
Mental Health/ Substance Abuse Inpatient Outpatient	**Kaiser** $250 per admit $20 per visit	**Call MHSA for Preauthorization** No charge $5 per visit
Prescription Drugs **Deductible** **Retail** Generic Brand Name Non-Formulary **Mail Order** Generic Brand Name Non-Formulary	**Kaiser** None **(30-day supply)** $10 copay $20 copay Not applicable **(100-day supply)** $20 copay $40 copay Not applicable	**Medco** $150 Brand name Deductible **(30-day supply)** $10 copay $25 copay (Rx deductible applies) $40 copay (Rx deductible may apply) **(90-day supply)** $20 copay $50 copay (Rx deductiblle applies) $80 copay (Rx deductible may apply)

PPO Medical Plan

Medical Plan Benefits	Blue Shield Spectrum PPO	
Calendar Year Deductible (individual/family) **Calendar Year Copay Maximum** (individual/family) **Lifetime Maximum**	**In-Network** $300/$600 $2,000/$4,000 None	**Out-of Network** $600/$1,200 $2,000/$4,000 None
Hospital Care Inpatient Hospital Services Outpatient Hospital Services Emergency Room Copay (ER copay waived if admitted)	 10% 10% $100 per visit	 30% 30% $100 per visit
Physician Care Office visit Specialist Office Visit Preventive Care Diagnostic Lab & X-ray Rehabilitation, Including Physical Occupational, and Respitory Therapy Chiropractic Care Durable Medical Equipment (DME)	 $20 per visit $20 per visit No charge 20% 20% 20% 20%	 30% 30% 30% 30% 30% 30% 30%
Mental Health/ Substance Abuse Inpatient Outpatient	**Kaiser** 10% $5 per visit	**Call MHSA for Preauthorization** 30% 30%
Prescription Drugs **Deductible** **Retail** Generic Brand Name Non-Formulary **Mail Order** Generic Brand Name Non-Formulary	**Kaiser** $150 Brand Name **(30-day supply)** $10 copay $25 copay $40 copay **(90-day supply)** $20 copay $50 copay $80 copay	**Medco** $150 Brand name Deductible **(30-day supply)** $10 copay+25% $25 copay (Rx deductible applies) $40 copay (Rx deductible may apply) **Not applicable** Not covered Not covered Not covered

Rules for Benefits Changes During the Year

Other than during annual open enrollment, you may only make changes to your benefits elections if you experience a qualified status change or qualify for a "special enrollment." If you experience a qualified status change that is eligible for a benefit change, you will be required to submit proof of the change or evidence of prior coverage.

Qualified Status Changes Include:

- Change in legal marital status, including marriage, divorce, legal separation, annulment, and death of a spouse.
- Change in number of dependents, including birth, adoption, placement for adoption, or death od a dependent child.
- Change in work schedule, including an increase or decrease in hours of employment by you, your spouse, to your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits.
- change in a child's dependent status, either newly satisfying the requirements for dependent child status or ceasing to them.
- change in place of residence or work site that affects your eligibility for benefits, including the accessibility of network providers.
- change in your health coverage of your spouse's coverage attributable to your spouse's employment.
- change in an individuals's eligibility for Medicare or Medicaid.
- A court order resulting from a divorce, legal separation, annulment, or change in legal custody requiring coverage for your child.
- An event that is allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act. Under provision of the Act, employees have 60 days after

following events to request enrollment:

- Employee or dependent loses eligibility for Medicaid
- Employee or dependent becomes eligible to participate in a premium