

New Hire Benefits Information

Capistrano Unified School District



Welcome & Congratulations

- Required paperwork, due dates & paperwork submission process
- Overview of benefits
- Q & A / Individual assistance by phone & e-mail



Required Paperwork

You have 30 days from your hire date to enroll!!

Must return these:

- Receipt Acknowledgement Form
- Group Life Beneficiary Form

If enrolling in benefits, *ALSO* submit these:

- Enrollment Form
- Proof of Dependent Status Documents (if adding dependents)
 - Spouse – Copy of certified marriage certificate and one item from Column B on Acceptable Documentation Form
 - Children – Copy of certified birth certificates



Required Paperwork

Receipt Acknowledgment

Capistrano Unified School District
Insurance Department
Benefit Orientation
www.capoused.org/insurance
(949)234-9403/(949)-234-9401

CUEA

Name: _____ Date Packet Received: _____
Hire Date: _____ Return Forms By: _____
Benefit Eligibility Date: _____ Payroll Deadline: _____
Reason: ☐ New Hire ☐ Part Time to Benefit Eligible ☐ Loss of Coverage

INSURANCE INFORMATION RECEIPT ACKNOWLEDGMENT

This is to acknowledge that I have received the Capistrano Unified School District Health Benefits Enrollment Package. I understand that I have **30 days from my date of hire** to return completed insurance enrollment forms along with the **acceptable documentation for any dependents** to the CUSD Insurance Department. I also acknowledge if I do not return these documents within 30 days of my date of hire, I waive my rights to enroll in CUSD Health Benefits, and my next opportunity will be at the next open enrollment with an effective date of January 1 of the following year.

(initial here)

I also understand that if I have a qualifying event, examples marriage, divorce, birth/adoption, etc., I must make any changes within 30 days of the event, and that I must present applicable documentation to do so. New dependents not added within this period may only be included during open enrollment.

(initial here)

I acknowledge receipt/knowledge of the following information: _____ (initial here)

Website	Enrollment Packet
United Health Care HMO & PPO Summary Booklets	Health Benefit Rates
Kaiser Summary Booklet	Medical Side by Side Plan Comparison
Delta Dental HMO Patient Charge Schedule	Vision and Dental At A Glance
Delta Dental PPO Benefit Summary	Health Benefits Enrollment / Change Form
Group Life Summary Booklet	Group Life Beneficiary Form
UNUM - Long Term Disability	American Fidelity Flexible Spending/Benefits Overview
VSP Evidence of Coverage	Facts About Workers' Compensation Pamphlet
	VEBA 10 Ten Benefits
	HIPAA - Notice of Privacy Practices
	Voluntary Group Term Life Insurance Program

☐ I choose to decline Health Benefits with CUSD at this time. I understand my next opportunity to enroll will be during the next open enrollment period, with coverage effective January 1st of the following year. However, I am still enrolled in the District-sponsored Group Life Insurance.

☐ I choose to accept Health Benefits with CUSD at this time and will be enrolled in Group Life along with: ☐ Medical ☐ Dental ☐ Vision

Print Name _____ Signature _____ Date _____

PLEASE BE AWARE THAT IT TAKES 10 BUSINESS DAYS TO PROCESS PAPERWORK.

White Copy - Return to Insurance with Enrollment Forms Yellow Copy - Employee Pink Copy - Insurance Department

Group Life Insurance Beneficiary Form



CAPISTRANO UNIFIED SCHOOL DISTRICT

Group Life/Accidental Death and Disability Insurance
Enrollment Information

Policy Number:
68547-0
Company:
Voya

Employee Name (Please Print): _____
Date of Birth: _____ Social Security Number: _____
Date of Hire: _____ Effective Date: _____

Primary Beneficiary #1 Full Name and Address Percentage* Date of Birth Social Security Number Relationship
Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Or Name of Trust If Applicable _____

Primary Beneficiary #2 Full Name and Address Percentage* Date of Birth Social Security Number Relationship
Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Or Name of Trust If Applicable _____

Primary Beneficiary #3 Full Name and Address Percentage* Date of Birth Social Security Number Relationship
Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Or Name of Trust If Applicable _____

*Percentages must total 100% if no percentages indicated; benefits will be divided equally between all primary beneficiaries.

Contingent Beneficiary #1 Full Name and Address Percentage* Date of Birth Social Security Number Relationship
Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Or Name of Trust If Applicable _____

Contingent Beneficiary #2 Full Name and Address Percentage* Date of Birth Social Security Number Relationship
Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Or Name of Trust If Applicable _____

Contingent Beneficiary #3 Full Name and Address Percentage* Date of Birth Social Security Number Relationship
Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Or Name of Trust If Applicable _____

*Percentages must total 100%. If no percentages indicated, benefits will be divided equally between all contingent beneficiaries.

*This beneficiary designation revokes all revocable prior beneficiary designations.

*Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rated among surviving beneficiaries of the same class (primary or contingent).

*If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

Signature: _____ Date: _____



Enrollment Guidelines/Check off



CAPISTRANO UNIFIED SCHOOL DISTRICT

Health Benefits Enrollment Guidelines

How do I enroll?

Review all your plan options and then elect the desired medical, dental, and/or vision plan(s) and complete the accompanying enrollment form. **Along with your enrollment form, you will need to submit copies of applicable Acceptable Documentation for all dependents that you will be enrolling.**

Please note that you may enroll in medical, dental and vision coverage separately. For example, you may enroll in medical without enrolling in dental or vision.

Your dependents can only have whatever benefits you enroll in (i.e. if you enroll in medical, dental and vision, they cannot just be in dental or vision; their benefits must match yours).

To enroll in benefits the following forms are required:

_____ **Receipt Acknowledgment**

_____ **District Sponsored Group Life Insurance Enrollment (Green Sheet).** All benefit eligible employees are automatically enrolled in Group Life Insurance (at no cost to the employee) even if they do not enroll in medical, dental and vision.

_____ **Enrollment/Change Form.** Choose the medical, dental and/or vision plan, enter the employee and dependent information and sign the appropriate signature pages. *For the UHC and Cigna Select HMO plans, include the name of the Primary Care Physician (PCP) and the 10-digit Medical Provider ID (for UHC) or the PCP ID (for Cigna). For the Delta Dental HMO, include the dental office name and 6-digit Facility #.*

_____ **Dependent Documentation (if applicable – see enclosed Acceptable Documents listing.)**

If you chose to decline benefits the *Receipt Acknowledgment and District Sponsored Group Life Insurance Form are still required.*

Plan summary booklets for Kaiser, United Health Care, and Cigna Select Medical and Delta Dental can be found at: www.capousd.org click on District – List of Departments – Insurance Department – Health Plans - Medical Plans.

PLEASE REMEMBER YOU MUST ENROLL WITHIN 30 DAYS OF YOUR DATE OF HIRE

ID Cards will be mailed to your home for all Medical Plans and Delta Dental HMO approximately two weeks after enrollments are received in the Insurance Department. ID Cards are not issued for Delta Dental PPO and Vision Service Plan.

On or after the start date for your Health Benefits, you can check your plans, dependents, and deductions by logging into MyCUSD – Employee Portal / My Insurance.

Required Paperwork

Health Benefits Enrollment Guidelines

Check-off sheet for submitting paperwork (organizational aid – does not get submitted)

Important things to remember:

- Employee can enroll in any combination of health benefits
- Employee Benefits = Dependent Benefits (**you and your dependents must all be enrolled/not enrolled in the same benefits**)
- *You have 30 days from your hire date to enroll (if you miss this deadline, your next opportunity is Open Enrollment in October/November for 2022 benefits)*
- **For new hires, benefits begin the 1st of the month following the end of the enrollment period**
- **Existing employees, benefits begin the 1st of the month following the change in hours/position**
- ID cards for all Medical and Delta Dental HMO plans will be mailed to each enrollee (Express Scripts sends only 2 cards per family)
- No ID cards are issued for Delta Dental PPO and Vision Service Plan



Required Paperwork

Dependent Documentation

Please note:
Dependent
children age 26
and older are
NOT eligible
unless qualified
as a “disabled
adult dependent”



E | V
I
Eligibility Verification, Inc.
1843 Hotel Circle South, San Diego, CA 92108

Acceptable Documents to Verify Dependent Eligibility

Check the box of the required documents for review.

PLEASE SUBMIT COPIES ONLY & BLACK OUT ALL SOCIAL SECURITY NUMBERS & FINANCIAL INFORMATION

Eligible Dependent Type	Choose one document from column "A" AND one document from column "B"	
	A	B
Legal Spouse OR Domestic Partner	<input type="checkbox"/> Government-issued Marriage Certificate <input type="checkbox"/> Registered Certificate of Domestic Partnership issued by the State of California	<input type="checkbox"/> Federal Tax Return ¹ (first page and signature page ²) <input type="checkbox"/> State Tax Return ¹ (first page and signature page ²) <input type="checkbox"/> IRS Transcript <input type="checkbox"/> Joint Bank Statement (within 2 months) <input type="checkbox"/> Joint Credit Card Statement (within 2 months) <input type="checkbox"/> One utility bill listing both employee and spouse (within 2 months) <input type="checkbox"/> Two separate utility bills, one listing the employee and one listing the spouse (within 2 months) <input type="checkbox"/> Life Insurance Policy with spouse as Primary Beneficiary (within 6 months) <input type="checkbox"/> Car Insurance Policy card (within 6 months) ¹ Tax Forms must be filed within the past two years, showing filing status as married filing joint or married filing separate ² If you submitted electronically filed tax returns, you MUST submit first page of taxes and a copy of signature (transmission) page/e-file confirmation page.
Child Biological or Adopted (under the age of 26)	<input type="checkbox"/> Government-issued Birth Certificate <input type="checkbox"/> Consular Report of Birth Abroad (CRBA) <input type="checkbox"/> Court Order of Legal Custody <input type="checkbox"/> National Medical Support Notice <input type="checkbox"/> Government-issued Adoption Certificate/Order <input type="checkbox"/> Legal adoption documents approved by INS or from foreign country	*** No Additional Documents Required *** All foreign documents must be translated by a certified translator according to the UCSIS guidelines.
Stepchild (under the age of 26)	<input type="checkbox"/> Child documentation	<input type="checkbox"/> Legal spouse documentation
Legal Guardianship (under the age of 18)	<input type="checkbox"/> Child documentation	<input type="checkbox"/> Court Order of Legal Guardianship
Disabled Child (over the age of 26)	<input type="checkbox"/> Child documentation	<input type="checkbox"/> Medical Certification from health care provider (within 6 months) <input type="checkbox"/> Notice of disability determination from the Social Security Administration

The VEBA Administrator may request additional documentation supporting eligibility.



Benefits Overview

- Medical through **Kaiser, Cigna & UHC**: 8 different plans
 - 7 HMOs
 - 1 PPO
- Dental through **Delta Dental**: 2 different plans
 - 1 HMO & 1 PPO
- Vision through **Vision Service Plan**



Benefits Overview

Rate Sheet

- Choose level: Employee, Employee +1 or Employee +2
- Choose a plan
- Look at yellow employee column
- Then view row in hours column that corresponds with the hours/contract % you work to determine your monthly deduction amount
- District column reflects amount District pays for your benefit

10 Payroll Deductions Per School Year

CUOA 01/01/2021 - 12/31/2021 Health Benefit Rates Rates per Month - 10 Deductions per School Year									
	Hours	Employee Only		Employee + 1		Employee + 2 or More		District	Total Premium
		0.50	0.80	0.50	0.80	0.50	0.80		
UHC Signature Value	0.50	511.40	537.00	1,541.00	891.75	1,400.40	885.40		
UHC Signature Value	0.80	444.00	404.40	902.70	830.10	1,284.32	1,176.48		
Alliance \$10	0.70	576.80	471.80	784.35	989.49	1,088.24	1,372.96		
	0.75	542.90	505.50	866.17	968.45	973.04	1,372.96		
	0.80	508.20	539.20	828.00	1,106.80	872.16	1,568.84		
	0.90	608.80	608.80	487.65	1,245.15	676.08	1,784.72		
	1.00	174.40	874.00	348.30	1,383.50	460.00	1,960.80		
Total Premium			848.40		1,732.80		2,440.80		
UHC Harmony \$10	0.50	459.80	337.00	929.45	891.75	1,315.20	980.40		
	0.80	392.40	404.40	791.10	830.10	1,118.12	1,176.48		
	0.75	525.00	471.80	852.75	968.45	973.04	1,372.96		
	0.70	291.30	505.50	583.07	1,037.83	825.00	1,470.80		
	0.80	257.80	539.20	514.40	1,106.80	726.96	1,568.84		
	0.90	180.20	608.80	378.00	1,245.15	530.88	1,784.72		
	1.00	122.80	874.00	237.70	1,383.50	334.80	1,960.80		
Total Premium			796.80		1,621.20		2,295.80		
UHC Network 2	0.50	837.40	337.00	1,358.85	891.75	1,856.40	980.40		
	0.80	570.00	404.40	1,171.50	830.10	1,880.32	1,176.48		
	0.70	502.80	471.80	1,033.15	968.45	1,464.24	1,372.96		
	0.75	498.90	505.50	983.07	1,037.83	1,368.20	1,470.80		
	0.80	435.20	539.20	894.80	1,106.80	1,288.16	1,568.84		
	0.90	367.80	608.80	756.45	1,245.15	1,072.08	1,784.72		
	1.00	300.40	874.00	616.10	1,383.50	876.00	1,960.80		
Total Premium			874.40		2,001.80		2,836.80		
UHC Journey Plan	0.50	256.20	256.20	521.40	521.40	739.20	739.20		
	0.80	204.96	307.44	417.12	625.68	591.36	887.04		
	0.70	153.72	358.88	312.84	729.96	443.52	1,034.88		
	0.75	128.10	384.30	280.70	782.10	399.60	1,108.80		
	0.80	102.48	408.92	208.96	834.24	295.68	1,182.72		
	0.90	51.24	481.18	104.28	938.52	147.84	1,330.96		
	1.00	0.00	512.40	0.00	1,042.80	0.00	1,478.40		
Total Premium			812.40		1,042.80		1,478.40		
UHC Signature Value Alliance	0.50	281.00	281.00	534.80	534.80	762.00	762.00		
	0.80	208.80	313.20	427.60	691.20	609.80	914.40		
	0.70	156.80	365.40	320.76	748.44	457.20	1,089.80		
	0.75	130.50	391.50	287.30	801.90	381.00	1,143.00		
	0.80	104.40	417.60	213.84	855.36	304.80	1,218.20		
	0.90	52.20	489.80	106.92	982.28	152.40	1,371.60		
	1.00	0.00	522.00	0.00	1,069.20	0.00	1,524.00		
Total Premium			822.00		1,069.20		1,524.00		
UHC (UHR) Select Plus PPO	0.50	1,262.80	337.00	2,832.25	891.75	3,754.80	980.40		
	0.80	1,195.20	404.40	2,485.80	830.10	3,558.72	1,176.48		
	0.70	1,127.80	471.80	2,156.55	968.45	3,382.54	1,372.96		
	0.75	1,094.10	505.50	2,286.37	1,037.83	3,264.80	1,470.80		
	0.80	1,050.40	539.20	2,217.20	1,106.80	3,188.56	1,568.84		
	0.90	983.00	608.80	2,078.85	1,245.15	2,870.48	1,784.72		
	1.00	825.80	874.00	1,840.50	1,383.50	2,774.40	1,960.80		
Total Premium			1,899.80		3,324.80		4,735.20		
Cigna Select Medical HMO	0.50	585.80	337.00	1,230.85	891.75	1,781.80	980.40		
	0.80	518.40	404.40	1,062.30	830.10	1,585.52	1,176.48		
	0.70	471.80	471.80	953.95	968.45	1,389.44	1,372.96		
	0.75	417.60	505.50	884.77	1,037.83	1,271.40	1,470.80		
	0.80	383.80	539.20	815.60	1,106.80	1,173.36	1,568.84		
	0.90	318.20	608.80	677.25	1,245.15	977.28	1,784.72		
	1.00	248.80	874.00	536.90	1,383.50	791.20	1,960.80		
Total Premium			822.80		1,822.40		2,742.80		
Kaiser	0.50	415.40	337.00	883.85	891.75	1,209.80	980.40		
	0.80	348.00	404.40	715.90	830.10	1,013.52	1,176.48		
	0.70	280.80	471.80	577.15	968.45	817.44	1,372.96		
	0.75	249.90	505.50	507.87	1,037.83	719.40	1,470.80		
	0.80	213.20	539.20	438.80	1,106.80	621.36	1,568.84		
	0.90	145.80	608.80	300.45	1,245.15	425.28	1,784.72		
	1.00	79.40	874.00	162.10	1,383.50	229.20	1,960.80		
Total Premium			752.40		1,445.80		2,190.00		
Kaiser 2540 Low Plan	0.50	389.80	337.00	780.25	891.75	1,077.80	980.40		
	0.80	302.40	404.40	621.90	830.10	881.52	1,176.48		
	0.70	235.00	471.80	483.55	968.45	685.44	1,372.96		
	0.75	201.30	505.50	414.37	1,037.83	587.40	1,470.80		
	0.80	167.80	539.20	345.20	1,106.80	489.36	1,568.84		
	0.90	100.20	608.80	206.85	1,245.15	393.28	1,784.72		
	1.00	32.80	874.00	68.50	1,383.50	87.20	1,960.80		
Total Premium			706.80		1,452.00		2,058.00		



Choosing the Right Plan for You

1. Cost:

- Premium cost (see rate sheet)
- Cost at point of service (see medical side-by-side)

2. Plan structure:

- HMO vs. PPO
- Co-pays, co-insurance, deductibles, out-of-pocket max

3. Access:

- Doctors and medical groups in plan
- Hospital affiliations/other facilities in plan

UHC HMO Plans

Harmony \$10 & Alliance \$10

- Same structure, different networks
- Premium higher on Alliance \$10 due to larger network
- No deductibles, no co-insurance, just co-pays on both plans

Journey Harmony & Alliance – Low Option

- Same structure, different networks
- Journey Harmony has HRA
- No cost for 40 hpw/100% employees
- Premium higher on Alliance
- Deductibles & co-insurance for some services
- Co-pays for most services
- Out-of-pocket max protection

For all UHC Plans

- Do research for name of doctor and 10-digit medical group ID #
- Use Express Scripts for prescriptions (separate card)
- Use Optum for chiropractic

Medical Plan Options



CAMSTRANO UNIFIED SCHOOL DISTRICT

2021 Benefits Effective Date: Jan. 1, 2021 Dec. 31, 2021

Plan changes noted in red

Benefit Summary	UHC Harmony HMO \$10	UHC SignatureValue Alliance HMO \$10	UHC Journey Harmony HMO with HRA	UHC SignatureValue Alliance HMO - Low Option
	What You Pay	What You Pay	What You Pay	What You Pay
Medical Deductible (individual/family)	None	None	\$2,000 / \$4,000	\$2,000 / \$4,000
Medical Out-of-Pocket Maximum (individual/family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,500 / \$7,000	\$3,500 / \$7,000
Health Reimbursement Account	None	None	HealthInvest HRA \$500 single \$500 two-party \$500 family	None
PCP Office Visit	\$10 copay	\$10 copay	\$25 copay	\$25 copay
Specialist Office Visit	\$10 copay	\$10 copay	\$40 copay	\$40 copay
Preventive Care	No charge	No charge	No charge	No charge
Inpatient Hospital Care	No charge	No charge	20% coinsurance (after deductible)	20% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	\$10 copay / No charge	\$10 copay / No charge	\$25 copay / 20% coinsurance (after deductible)	\$40 copay / 20% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge	No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge	No charge
Complex Radiology (PET & MRI)	No charge	No charge	\$100 copay	\$100 copay
Outpatient Surgery	No charge	No charge	20% coinsurance (after deductible)	20% coinsurance (after deductible)
Outpatient Physical/Rehabilitation Therapy (PT/OT/Speech)	\$10 copay	\$10 copay	\$25 copay	\$25 copay
Chiropractic Services*	\$10 copay	\$10 copay	\$30 copay	\$30 copay
Urgent Care (office visit only)	\$10 copay / \$50 copay	\$10 copay / \$50 copay	\$25 copay / \$50 copay	\$25 copay / \$50 copay
Emergency Room (copay waived if admitted)	\$100 copay	\$100 copay	20% coinsurance (after deductible)	No charge (after deductible)
Rx Deductible (individual/family)	None	None	None	\$250 / \$500 (brand Rx only)
Rx Out-of-Pocket Maximum (individual/family)	\$3,000 / \$6,000	\$1,600 / \$3,200	\$3,000 / \$6,000	\$1,600 / \$3,200
Rx Pharmacy Network	Express Scripts EAN**	Express Scripts EAN**	Express Scripts EAN**	Express Scripts EAN**
Short-Term Prescription Drugs*** (up to 30-day supply)	\$3 Generic \$25 PB 30% \$40 min \$175 max NPB	\$10 Generic \$30 PB 30% \$40 min \$175 max NPB	\$10 Generic \$30 PB 30% \$40 min \$175 max NPB	\$15 Generic \$40 PB 30% \$40 min \$175 max NPB
Long-Term Prescription Drugs*** (up to 90-day supply)	\$10 Generic \$50 PB 30% \$80 min \$350 max NPB	\$20 Generic \$40 PB 30% \$80 min \$350 max NPB	\$20 Generic \$40 PB 30% \$80 min \$350 max NPB	\$30 Generic \$60 PB 30% \$80 min \$350 max NPB
Available Medical Groups†	OptumCare (Formerly HealthCare Partners), Monarch HealthCare, Sharp	OptumCare (Formerly HealthCare Partners), Monarch HealthCare, Regal Medical Group, ADOC, MemorialCare, Scripps	OptumCare (Formerly HealthCare Partners), Monarch HealthCare, Sharp	OptumCare (Formerly HealthCare Partners), Monarch HealthCare, Regal Medical Group, ADOC, MemorialCare, Scripps

Infertility services are excluded/not covered under PPO and non-fairer HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policy for details.

PPO Surgeries for orthopedic, spinal and coronary artery bypass graft require pre-certification with Carum Health or a \$1,000 penalty will apply.

*Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from Optum-Health for HMO, UMR for PPO, and ASH for Kaiser.

*Acupuncture benefits are available only through the UMR Select Plus PPO and CIGNA Select HMO plans. *CIGNA: Chiropractic and Acupuncture services each have an annual 20 visit maximums, must be medically necessary and may be subject to prior authorization from Cigna.

**Any standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Costco, Ralphs, Kmart, Vons, Hugg, Safeway, SuperValu, Winn-Dixie, Wal-Mart, and many independent pharmacies) visit Express Scripts.

***See Express Scripts for a complete list of EAN pharmacies. **Pay standard copays plus \$3/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

†You will pay the Retail Reimbursement (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than SmartRx.

**Copays waived for preferred generic hypertension and hypoglycemic purchased at Mail or Smart 90. This does not include non-preferred retail use or brand drugs.

***G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPB = Non-preferred Brand, S = Specialty.

†Check www.optumcare.com for a full list of available UHC medical groups.

Disclaimer: Prepared by Cambridge Health Services, Inc. on behalf of UHSA. This document is a summary of the coverage provided by the plan. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual group-term contract. The actual contract is the only source of the actual plan. There may be changes to the plan. Please refer to the actual contract for the most current and complete information. This document is not intended to provide, legal advice. Questions regarding specific issues should be directed to your human resources/benefits department.



Kaiser & Cigna Plans

Cigna Select HMO

- No deductible, no co-insurance, just co-pays
- Associated with St. Jude, Mission & Hoag hospital, among others
- Do research for doctor name & 10-digit PCP ID #
- Use Express Scripts for prescription (indicated on Cigna card)

Kaiser \$15 & Kaiser \$25 – Low Option

- Kaiser \$15 co-pays only, higher premium
- Kaiser \$25 has co-pays for some services and co-insurance for others, lower premium
- Out-of-pocket max protection
- Use ASH for chiropractic

Medical Plan Options



CAMSTRANO UNIFIED SCHOOL DISTRICT

2021 Benefits: Effective Date: Jan. 1, 2021 Dec. 31, 2021

Plan changes noted in red

Benefit Summary	Cigna Select HMO \$18	Kaiser HMO \$15, Rx: \$10/\$20 30-day	Kaiser HMO \$25/\$40, Rx: \$15/\$15 30-day - Low Option
	What You Pay	What You Pay	What You Pay
Medical Deductible (individual/family)	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$1,000 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Health Reimbursement Account	None	None	None
PCP Office Visit	\$10 copay	\$15 copay	\$25 copay
Specialist Office Visit	\$10 copay	\$15 copay	\$40 copay
Preventive Care	No charge	No charge	No charge
Inpatient Hospital Care	No charge	No charge	10% coinsurance
Mental Health Services (outpatient/inpatient)	\$10 copay / No charge	\$15 copay / No charge	\$25 copay / 10% coinsurance
Substance Abuse Services (outpatient/inpatient)	\$10 copay / No charge	\$15 copay / No charge	\$25 copay / 10% coinsurance
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge
Complex Radiology (PET & MRI)	No charge	No charge	No charge
Outpatient Surgery	No charge	\$15 copay	10% coinsurance
Outpatient Physical/Rehabilitation Therapy (PCP/Specialist)	\$10 copay	\$15 copay	\$25 copay
Chiropractic and Acupuncture (Cigna HMO only) Services*	\$10 copay 20 days	\$15 copay (ASH) (30 visits per year)	\$15 copay (ASH) (30 visits per year)
Urgent Care (office visit only)	\$10 copay	\$15 copay	\$25 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$150 copay
Rx Deductible (individual/family)	None	None	None
Rx Out-of-Pocket Maximum (individual/family)	N/A	N/A	N/A
Rx Pharmacy Network	Express Scripts EAN**	Kaiser	Kaiser
Short-Term Prescription Drugs*** (up to 30-day supply)	G: \$10 P: \$25 NP: 50% (Up to \$100 maximum)	G: \$10 copay B: \$20 copay (up to a 30-day supply)	G: \$15 copay B: \$35 copay (up to a 30-day supply)
Long-Term Prescription Drugs*** (up to 90-day supply)	G: \$20 P: \$50 NP: 50% (Up to \$200 maximum)	G: \$20 copay B: \$40 copay (up to a 100-day supply)	G: \$30 copay B: \$70 copay (up to a 100-day supply)
Available Medical Groups†	St. Joseph Hospital, St. Jude, Hoag Affiliated Physicians, Mission Hospital/Heritage	Kaiser	Kaiser

Infectious services are excluded/ not covered under PPO and non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policy for details.

PPO Surgeries for orthopedic, spinal and coronary artery bypass graft require pre-certification with Carrum Health or a \$1,000 penalty will apply. Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth for HMO, UMR for PPO, and ASH for Kaiser.

*Acupuncture benefits are available only through the UMR Select Plus PPO and CIGNA Select HMO plans.

**CIGNA: Chiropractic and Acupuncture services each have an annual 20 visit maximums, must be medically necessary and may be subject to prior authorization from Cigna.

**Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Costco, Ralphs, Smart, Vons, Wegmans, Safeway, Super-Value, WinCo, Wal-Mart, and many independent pharmacies) visit <https://www.express-scripts.com> for a complete list of EAN pharmacies.

**Pay standard copays plus 25% prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

**You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than SmartRx.

**Copays waived for preferred generic hypertension and hypoglycemic purchased at mail or SmartRx 90. This does not include normal retail use or brand drugs.

**G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPE = Non-preferred Brand, S = Specialty.

*Check <https://www.uscometools.com> for a full list of available UHC medical groups.

Disclaimer: Prepared by Deloitte Benefit Services, Inc. on behalf of UHCA.

This document is subject to the terms and conditions of the plan. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The plan administrator should be consulted for more details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not represent a contract or any other legal document. If you have any questions, please contact your Human Resources/Benefits Department.

UHC PPO Plan

- Coverage in and out of network
- Freedom to go to any doctor
- Out of network costs more
- Co-pays for some services, co-insurance and deductible for some services
- Out of pocket max
- Use Express Scripts for prescriptions

Medical Plan Options



CAMSTRANO UNIFIED SCHOOL DISTRICT
2021 Benefits Effective Date: Jan. 1, 2021 Dec. 31, 2021
Plan changes noted in red

Benefit Summary	UHC Harmony HMO \$10	UHC SignatureValue Alliance HMO \$10	UHC Journey Harmony HMO with HRA	UHC SignatureValue Alliance HMO - Low Option
	What You Pay	What You Pay	What You Pay	What You Pay
Medical Deductible (individual/family)	None	None	\$2,000 / \$4,000	\$2,000 / \$4,000
Medical Out-of-Pocket Maximum (individual/family)	\$1,300 / \$3,000	\$1,300 / \$3,000	\$3,300 / \$7,000	\$3,300 / \$7,000
Health Reimbursement Account	None	None	HealthInvest HRA \$500 single \$500 two-party \$500 family	None
PCP Office Visit	\$10 copay	\$10 copay	\$25 copay	\$25 copay
Specialist Office Visit	\$10 copay	\$10 copay	\$40 copay	\$40 copay
Preventive Care	No charge	No charge	No charge	No charge
Inpatient Hospital Care	No charge	No charge	20% coinsurance (after deductible)	20% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	\$10 copay / No charge	\$10 copay / No charge	\$25 copay / 20% coinsurance (after deductible)	\$40 copay / 20% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge	No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedure)	No charge	No charge	No charge	No charge
Complex Radiology (PET & MRI)	No charge	No charge	\$100 copay	\$100 copay
Outpatient Surgery	No charge	No charge	20% coinsurance (after deductible)	20% coinsurance (after deductible)
Outpatient Physical/Rehabilitation Therapy (PT/PT/SPEL)	\$10 copay	\$10 copay	\$25 copay	\$25 copay
Chiropractic Services*	\$10 copay	\$10 copay	\$30 copay	\$30 copay
Urgent Care (office visit only)	\$10 copay / \$30 copay	\$10 copay / \$30 copay	\$25 copay / \$30 copay	\$25 copay / \$30 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	20% coinsurance (after deductible)	No charge (after deductible)
Rx Deductible (individual/family)	None	None	None	\$250 / \$500 (Brand Rx only)
Rx Out-of-Pocket Maximum (individual/family)	\$3,000 / \$6,000	\$1,600 / \$3,200	\$3,000 / \$6,000	\$1,600 / \$3,200
Rx Pharmacy Network	Express Scripts EAN**	Express Scripts EAN**	Express Scripts EAN**	Express Scripts EAN**
Short-Term Prescription Drugs*** (up to 30-day supply)	\$3 Generic \$25 PB 30% \$40 min \$175 max NPB	\$10 Generic \$30 PB 30% \$40 min \$175 max NPB	\$10 Generic \$30 PB 30% \$40 min \$175 max NPB	\$15 Generic \$40 PB 30% \$40 min \$175 max NPB
Long-Term Prescription Drugs*** (up to 90-day supply)	\$10 Generic \$30 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 30% \$80 min \$350 max NPB	\$20 Generic \$60 PB 30% \$80 min \$350 max NPB	\$30 Generic \$80 PB 30% \$80 min \$350 max NPB
Available Medical Groups ¹	OptumCare (Formerly HealthCare Partners), Monarch HealthCare, Regal Medical Group, ADOC, MemorialCare, Scripps	OptumCare (Formerly HealthCare Partners), Monarch HealthCare, Regal Medical Group, ADOC, MemorialCare, Scripps	OptumCare (Formerly HealthCare Partners), Monarch HealthCare, Regal Medical Group, ADOC, MemorialCare, Scripps	OptumCare (Formerly HealthCare Partners), Monarch HealthCare, Regal Medical Group, ADOC, MemorialCare, Scripps

Inferiority services are excluded/not covered under PPO and non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans. Please see your policy for details.

PPO Surgeries for orthopedic, spinal and coronary artery bypass graft require pre-certification with Carum Health or a \$1,000 penalty will apply. *Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth for HMO, UHMO for PPO, and ASH for Kaiser.

**Acupuncture benefits are available only through the UHMO Select Plus PPO and CIGNA Select HMO plans. *CIGNA: Chiropractic and Acupuncture services each have an annual 20 visit maximums, must be medically necessary and may be subject to prior authorization from Cigna.

**Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Costco, RiteAid, Walgreens, Target, Safeway, SuperValu, Winn-Dixie, Walmart, and many independent pharmacies) visit ExpressScripts.com for a complete list of EAN pharmacies.

**Pay standard copays plus \$5 per prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

**You will pay the Retail Drug Allowance (RDA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than SmartRx.

**Copays waived for preferred generic hypertension and hypoglycemic purchased at retail or SmartRx. This does not include non-retail use or brand drugs.

**G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPB = Non-preferred Brand, S = Specialty.

¹ Check www.wpsomstouhc.com for a full list of available UHC medical groups.

OptumCare (Formerly HealthCare Partners), Monarch HealthCare, Regal Medical Group, ADOC, MemorialCare, Scripps

California Schools VEBA

Part of Health Benefit Trust

Grants more bargaining power for better rates & includes additional benefits



MAKE HEALTH CARE EASY WITH THESE **VEBA** BENEFITS

VIRTUAL CARE

Connect to care on your schedule



VIRTUAL VISITS

Telehealth lets you see and talk to a doctor from the comfort of your own home. Get details on how you can connect:

UHC Members

Phone and video virtual appointments are available to UHC members through Teladoc, Doctors on Demand and Amwell. Cost share will vary depending on your plan.

[Get started here](#)

UMR Members

Talk to a doctor day or night with Teladoc. Your costs will vary depending on your specific plan/coverage.

Download the app for easy access or visit teladoc.com.

Kaiser Members

Schedule a phone or video appointment to connect to a doctor at your convenience. No cost share for Kaiser virtual care.

Visit kp.org/getcare

Cigna Members

New in 2021, Cigna telehealth services will be provided exclusively by MDLIVE. Board-certified providers and pediatricians available 24/7. Not sure what type of care you need? Call the free nurse line at 855-673-3063.

[Get started here](#)

SIMNSA Members

Free videoconferencing and telephone conferencing with SIMNSA doctors and specialists are available to you. Members have to call SIMNSA in order to schedule an appointment.

Call 800-424-4652

Delta Dental Members

Teledentistry is available to all Delta Dental members. Virtual consultations are offered at no cost.

Contact your dentist for current availability.

AFFORDABLE CARE

Lower health care costs



HEALTHINVEST HRA (UHC Journey members)

VEBA's new HRA is aimed at making health care more affordable. The HealthInvest HRA gives you both flexibility and significant tax savings. Build up savings for long-term protection since the money is yours to keep, even after you leave the plan or your employer.

Call: 844-342-5505 or email customer-care@healthinvesthira.com



PRESCRIPTION SAVINGS (UHC and UMR members)

Express Scripts members can benefit from significant savings this year on prescription drugs. Copays will be waived for preferred generic hypertension and preferred generic oral hypoglycemic when filled at a Smart90 retail or mail-order pharmacy. In addition, there is a new discount program for those taking specialty medications.

To learn more, visit Express-Scripts.com or call 800-918-8011.



Access more benefits information by visiting VEBAonline.com



GET SUPPORT

When you need a helping hand



VEBA ADVOCACY SERVICE

Have a question about your benefits? VEBA Advocacy is here to help. Give our advocates a call for assistance with resolving benefit issues and finding ways to get more timely appointments.

Call: 888-276-0250 or email: Advocacy@mcgregorinc.com



OPTUM EMPLOYEE ASSISTANCE PROGRAM (EAP)

Optum provides a free emotional support line for all VEBA members. Anyone (including your family and friends) can call 866-342-6892 to speak to a mental health expert 24/7.

VEBA members also have free, confidential access to all of Optum's services, including professional care, self-help programs and personalized assistance.

Call: 888-625-4809 or visit: LiveAndWorkWell.com (access code: VEBA)



BEST DOCTORS

Expert second opinion service to ensure members receive the right treatment at no cost. Oncology Insight with Watson is a new offering from Best Doctors that partners leading oncologists with the most advanced in cognitive technology.

Call: 866-904-0910 or visit: members.bestdoctors.com

TAKE CARE OF YOU

Treat your mind, body and spirit

The VEBA Resource Center (VRC) was designed to provide personalized care that meets members where they are in their journey to healthy living.



VIRTUAL VRC

The new virtual VRC offers more than 300 free group classes, such as Zumba, yoga and cardio. [Check out our online calendar](#) of offerings for both kids and adults. Weekend workshops and education classes also available.

Sign up online or email VRC@mcgregorinc.com



PERSONAL HEALTH COACHING

Receive individual care from the experts at the VEBA Resource Center. Sign up for health coaching on nutrition, exercise, flexibility and dieting. Convenient virtual and telephonic appointments are available.

Schedule a session online or email: VRC@mcgregorinc.com



NURSE NAVIGATOR

The Nurse Navigator is there to support VEBA members who need the greatest amount of help. Nurse Navigators develop a tailored care management plan to keep members engaged and accountable in their health care. Convenient virtual and telephonic appointments are available.

Email: VRC@mcgregorinc.com



Access more benefits information by visiting VEBAonline.com



Health Carrier Contacts



CALIFORNIA SCHOOLS
VEBA
RESOURCE CENTER



**California Schools
Benefits Trust**
United for Education. United for Life.

BENEFIT CONTACTS

BENEFIT	WEBSITE OR EMAIL	CUSTOMER SERVICE
ASH Chiropractic (Kaiser members)	Ashcompanies.com	800-678-9133
Best Doctors	Members.bestdoctors.com	866-904-0910
Cigna HMO	Mycigna.com	800-244-6224
Delta Dental HMO	Deltadentalins.com	800-422-4234
Delta Dental PPO	Deltadentalins.com	800-765-6003
Express Scripts	Express-Scripts.com	800-918-8011
HealthInvest HRA	Healthinvesthira.com	844-342-5505
Kaiser	My.kp.org/VEBA	800-464-4000
Optum Employee Assistance Program	LiveandWorkWell.com Access Code: VEBA	888-625-4809
OptumHealth (Chiropractic)	MyOptumHealthPhysicalHealthofCA.com	800-428-6337
UnitedHealthcare (UHC)	CSVEBA.welcometouhc.com	888-586-6365
VEBA Advocacy	Email: Advocacy@mcgregorinc.com	888-276-0250
VSP Vision Care	Vsp.com	800-877-7195



Additional Plan Information

How to Find a Provider Capistrano Unified School District: UHC

Why a PCP is Important

First select either the **UHC HMO plan that you are interested in** or the **medical group you want to enroll in**. The final step is to choose your Primary Care Provider (PCP).

Having a PCP is an important way to help you stay healthy. You and your PCP will work as a team, along with nurses, pharmacists, and other health care providers, to manage your overall health status. If your health changes, your PCP will be more likely to recognize it, as he or she will be familiar with you and your medical history. Your PCP can use this knowledge to advise you on appropriate treatments, and help you make medical decisions that suit your lifestyle and daily habits.

If you do not have a PCP, or you're not comfortable with the doctor you have, think about choosing a new one.

Find your PCP using the online Provider Directory

Search for a PCP or other health care professional by name, specialty or ZIP Code using the instructions below. You can get the office locations, enrollment information, driving directions, the Medical Enrollment ID Number and more by following the below directions:

1. Go to csveba.welcometouhc.com.
2. Scroll down to find the plan you are considering.
3. Click on the desired plan(s): **Signature Value Harmony (\$10)**, **Signature Value CS VEBA Alliance (\$10)**, **Journey Harmony** or **Journey CS VEBA Alliance (Low Option)** and click **Okay**.
4. Select **Change Location** and enter your ZIP code and click **Update Location**.
5. Now you can search by **Name**, **Specialty** or **Medical Group** by entering the information in the search box or by clicking on the icons below to search by category.
6. Get the **Medical Group ID (10-digit #)** from the Enrollment or Locations tab for the doctor selected to enter on your enrollment form or on-line enrollment during Open Enrollment.

Steps to consider when choosing your doctor

Figure out what kind of doctor will best meet your needs.

- **Family and general practitioners** care for a wide range of health concerns. They may be able to treat family members of any age.
- **Internists** treat adults and may have additional training in specialties such as cardiology.
- **Pediatricians** provide care to children and adolescents.
- **Geriatricians** specialize in the care of older adults.

For further assistance call UHC at: 888-586-6365



Health Plans | SignatureValue CS VEBA Alliance HMO | California



The proven performance
of SignatureValue CS VEBA
Alliance HMO

Modern care designed to create better outcomes

Jan. 1, 2021–Dec. 31, 2021

United
Healthcare



Additional Plan Information

Health Plans | SignatureValue Harmony HMO | California

Turn to a health plan designed for simplicity, savings and choice.

The UnitedHealthcare SignatureValue® Harmony HMO plan lets you choose from a network of providers focused on guiding you to better health at lower costs.

Go with a plan that works as hard as you do.

SignatureValue Harmony is designed to make getting care and coverage easier—and more affordable. Here are some of the biggest benefits:

One-stop call resolution to answer your questions.

With our dedicated call center, you can look forward to having one person answer all of your questions about care, benefits and coverage, including referrals and claims. You will also receive a welcome call when your plan begins.

A doctor to help guide you to better health and lower costs.

With this plan, you'll choose a primary care physician (PCP) from our network of doctors. Your PCP provides you with preventive care and, if additional care is needed, they'll coordinate with specialists and facilities throughout the network to make your experience easier.

Tools to help you manage your health 24/7.

- Use Virtual Visits to see a physician 24/7 and get a prescription* when necessary.
- Visit myuhc.com® to manage your plan at home and download HealthMe®—our mobile app—for plan information on the go.



9,200
providers



60
hospitals**



UNITEDHEALTHCARE SIGNATUREVALUE ALLIANCE

LOW COST ALLIANCE NETWORK OPTION

Capistrano Unified School District offers a low cost plan option through UnitedHealthcare, called SignatureValue Alliance. This plan is offered on a narrow network with participating medical groups that have been selected based on their technological sophistication and consistent level of quality performance. UnitedHealthcare has relied on the State of California's Office of the Patient Advocate (OPA) quality report cards for information on the participating medical groups. The quality report cards are published annually on the state's website at www.opa.ca.gov. With the Alliance plan, you have access to the distinct network of quality rated physician groups shown on this flyer. These physicians work together with you to make informed decisions about your health and help you save money.

HOW DOES THE ALLIANCE PLAN WORK?

- The Alliance plan is an HMO.
- Your Primary Care Physician (PCP) will be your first source for care and will coordinate any specialty or additional care you may need.
- You and your dependents must all enroll in the Alliance plan, but can select different PCPs/medical groups within the Alliance network.
- Your network election is effective for the entire year—you may change PCPs within the Alliance network, but you cannot change networks until the next enrollment period.

ALLIANCE HMO \$2,000- \$25/\$40

- The Alliance HMO is the lowest cost option available to full-time Capistrano Unified School District employees. It includes free preventive care, \$25 office visit copays and \$40 specialist copays. Please refer to the district contribution's cost.
- The plan covers 80% of most major services, once the \$2,000 deductible has been reached, the amount you pay towards the deductible applies to your out of pocket maximum.
- The maximum amount you will ever pay for medical expenses is \$3,500 for an individual and \$7,000 for a family.

Benefit Summary	What You Pay
Deductible (individual/family)	\$2,000/\$4,000
Medical Plan Out-of-Pocket Maximum	\$3,500/\$7,000
PCP Office Visit	\$25 copay
Preventive Care	\$40 copay
Complex Radiology (MRI)	\$100 copayment per body part scanned
Inpatient Hospital	20% coinsurance (after deductible)
Emergency Room (waived if admitted)	No charge (after deductible)

Disclaimer: This summary is not a complete description of the plan's benefits. It is intended to assist in understanding the plan's benefits and is not intended to constitute a contract. Limitations may apply. See the Certificate of Coverage for details.

CALIFORNIA SCHOOLS VEBA
Moving Health Care Better for Everyone | vebaonline.com | 1-866-276-0250

CONTINUED



Additional Plan Information



The all new Journey Plan offers a unique approach to health care. In addition to covering everyday medical expenses, the Journey Plan helps you build wealth for long-term protection. That's the Journey Plan difference.

- First-dollar coverage for routine care like office visits, lab work, X-rays and prescription drugs
- Choice of providers through UnitedHealthcare's Harmony HMO network, including:

Monarch HealthCare
OptumCare (formerly HealthCare Partners)

- Lowest premiums of any plans offered through VEBA
- Wealth building with annual deposits to Gallagher HealthInvest HRA you can use now or save for later—even if you leave the plan or change jobs



Go to JourneyPlan.org to learn more about same-day appointments, online scheduling, walk-in clinics, and women's and infant services.

1

Find a provider

Finding a network provider on umr.com has never been easier

1 Go to umr.com and select "Find a provider"



2 Search for **UnitedHealthcare Select Plus Network** using our alphabet navigation or type **UnitedHealthcare Select Plus** into the search box



continued on the back »

UMR
A UnitedHealthcare Company



Additional Plan Information



CALIFORNIA SCHOOLS
VEBA



California Schools
Benefits Trust
UNION PACIFIC RETIREMENT BENEFIT TRUST

EXPRESS SCRIPTS PRESCRIPTION DRUGS FOR UHC & CIGNA PLANS ONLY

EXPRESS SCRIPTS

UnitedHealthcare members get their Rx benefits through Express Scripts. Your copay and coinsurance amounts are based on where you fill your prescriptions. Non-EAN pharmacies will charge an additional \$5 copay per prescription. For the lowest copays, be sure to utilize an Express Scripts Advantage Network (EAN) pharmacy.

If you continue to use a retail pharmacy after three fills of your medication, then you will pay the maintenance copay for a 30-day supply.

Short-Term Drugs (up to a 30-day supply)
Use Express Scripts Advantage Network (EAN) pharmacy (for lowest cost) or non-EAN pharmacy

EAN Pharmacies

- Costco
- CVS
- Ralphs
- Huggen
- Rite Aid
- Kmart
- Sharp Rees-Stealy
- Many Independent Pharmacies

Non-EAN Pharmacies

- Walgreens
- CVS
- Target
- Many Independent Pharmacies

Maintenance Drugs (up to a 90-day supply)
Use Express Scripts Smart90 pharmacy or Express Scripts Home Delivery for lowest cost

Smart90 Pharmacies

- Costco
- Rite Aid

Home Delivery

- Express Scripts

RESOURCES

To find network pharmacies and cost information about drugs that are available over-the-counter.

- Call Express Scripts Customer Service: 800-918-8011.
- Register online at: Express-Scripts.com.
- Download the Express Scripts app.

NOTES

- If you purchase a brand-name drug when a generic is available, you will pay the generic drug copay plus the difference in cost between the brand-name and the generic drug, even if your doctor writes "dispense as written" on the prescription.
- If you use a non-EAN pharmacy, you will pay an extra \$5 for short-term medications.
- You must fill the 4th and following prescription of a maintenance drug at a Smart90 pharmacy or through Express Scripts Home Delivery to avoid paying a penalty (equal to times the short-term drug copay for up to a 30-day supply).
- Cigna and Kaiser prescription services are included in their respective medical plans and are not provided through Express Scripts.

ORANGE COUNTY AREA: ANAHEIM MEDICAL CENTER

Kaiser Permanente

All over Southern California, people turn to Kaiser Permanente for better-informed care and support for total health.

Easy access

With Kaiser Permanente, it's simple to find the care you need. Along with primary care, urgent care, emergency care, and labor and delivery, members have convenient access to a wide choice of specialty services.* Our specialty care departments range from allergy to urology, and everything in between.



Facility highlights

- 262 hospital beds
- 36 Emergency Department beds
- 24-hour pharmacy



Women and children's services

- Women's Health Center
- Women's Care Center
- 20 neonatal intensive care unit beds
- 13 labor, delivery, and recovery rooms



Specialty care

- Services include:
- Cardiology
 - Dermatology
 - Endocrinology
 - Gastroenterology
 - General surgery
 - Gynecology
 - Hematology
 - Infectious diseases
 - Labor and delivery/ NICU
 - Nephrology
 - Neurology/ Neurosurgery
 - Nuclear medicine
 - Occupational therapy
 - Orthopedics
 - Otolaryngology
 - Pulmonology
 - Urology

Everything under one roof

Most of our locations include pharmacy, lab, X-ray services, and more.

Personalized care

Whether you come into a Kaiser Permanente facility for a routine visit, urgent care, or emergency care, your doctors, nurses, and specialists can see your medical information instantly.



Awards

- Baby Friendly designation
- U.S. News & World Report Best Hospital in six specialties: Gastroenterology and GI surgery, geriatrics, gynecology, nephrology, orthopedics, and pulmonology



Farmers markets

- Every other Friday



Cultural care

- Latino Family Practice Module - Garden Grove
- Vietnamese Family Practice Care Module - Garden Grove

*By referral only.

kp.org/orangecounty

KAISER PERMANENTE **thrive**



Additional Plan Information

TRAVELING? YOU'RE COVERED!

Anytime, anywhere,
Kaiser Permanente has you covered.

CONNECT 24/7
with a licensed care provider for medical advice

TALK with your primary care physician via phone or video

EMAIL your doctor with nonurgent questions

CALL our Away From Home Travel Line at 951-268-3900

VISIT kp.org/travel

BEST OPTIONS FOR NON-EMERGENCY URGENT CARE AWAY FROM HOME

DOMESTIC TRAVEL (USA) WITHIN A KP SERVICE AREA/REGION*

- Nearest KP urgent care

DOMESTIC TRAVEL (USA) IN A STATE WITHOUT KP

- Nearest MinuteClinic**
- Nearest urgent care facility

INTERNATIONAL TRAVEL***

- Nearest urgent care facility
- Nearest hospital

EMERGENCY CARE AWAY FROM HOME

- Nearest hospital
- Call 911 (USA)

WHERE YOU CAN FIND KAISER PERMANENTE

■ Kaiser Permanente ■ MinuteClinic Locations

*If you get care at a MinuteClinic or any other urgent care facility within a state where Kaiser Permanente operates, you'll be added to our list for services you receive and for a claim for reimbursement.

**If you get care at a MinuteClinic outside a state where Kaiser Permanente operates, you'll charge your standard copay or coinsurance, with the exception of Medicaid services that require no out-of-pocket contribution are eligible.

***You may be covered for medically necessary urgent care when you are outside the country if the care can't be delayed until you get back home. Help-Call members in Northern and Southern California are only covered for emergency services requiring hospitalization in Canada or Mexico. Other Kaiser Permanente plans are not covered outside the U.S.

The care you need, when you need it

The chart below will help you better understand the different kinds of care available to you. The following are common examples for each category of care, but they do not cover all conditions or symptoms. If you have any questions about the type of care that's appropriate for your symptoms/condition, advice nurses are available Monday through Friday, 7 a.m. to 7 p.m., by calling the advice nurse and advice number in your area. For after hours advice, call 1-888-KPONCALL (1-888-576-6225). ForTTY, call 711.

Routine care

An expected care need, like a scheduled visit to your doctor, a same-day appointment, or a recommended preventive screening.

Examples of routine nonurgent care needs include:

- Same-day appointments
- Scheduled visits
- Follow-up visits
- Routine checkups
- Physical exams
- Preventive screenings
- Well-child checkups

What to do:

Many of our locations offer same-day appointments. To make an appointment, you can call the number for your area listed on the "Urgent care locations" page, Monday through Friday, 7 a.m. to 7 p.m., or go online through My Health Manager at kp.org.

Urgent care

An illness or injury that requires prompt medical attention, but is not an emergency medical condition.

Examples of urgent care needs include:

- Minor injuries, including sprains and falls
- Minor wounds and cuts needing stitches
- Mild to moderate backaches
- Chronic migraine or other recurring headaches
- Fever
- Mild breathing issues
- Minor abdominal pain
- Minor broken bones (finger, toes)
- Flu symptoms (colds, fever, body aches)
- Vertigo (dizziness)
- Mild to moderate diarrhea
- Minor nosebleeds

What to do:

Go to your nearest Kaiser Permanente urgent care center, or call to make an appointment and advice number in your area, Monday through Friday from 7 a.m. to 7 p.m. For after hours advice, call 1-888-KPONCALL (1-888-576-6225).

Emergency care

A medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health.

Symptoms that may indicate an emergency medical condition include:

- Chest pain or pressure that may radiate to the arm, neck, back, or jawline, angina or heart attack
- Sudden onset of severe abdominal pain
- Severe shortness of breath
- Severe, persistent bleeding that cannot be stopped
- Major injuries (e.g., gunshot or stab wounds or severe injuries from a vehicle accident)
- Active labor when there isn't time for safe transfer to a designated hospital before delivery

What to do:

If you're uncertainly how you have an emergency medical condition, call 911 or go to the nearest hospital.



Additional Plan Information



With the Southern California Select plan, you have the opportunity to choose from one of four well-recognized in-network provider groups, close to where you work or live. That means you'll have greater control of your care – and your costs. And no matter which provider group you choose, you'll enjoy convenient access to a network of quality providers and award-winning¹ hospitals, who take great pride in caring for you and your family.²

Provider groups in the Southern California Select Network include:^{2,3}

HealthCare Partners in Los Angeles County

- › 675+ PCPs
- › 2,200+ providers
- › 30+ hospitals
- › 53+ urgent care centers
- › 40 outpatient locations



St. Joseph Hoag Health in Orange County

- › 500+ PCPs
- › 1,600+ providers
- › 9 hospitals
- › 25 urgent care centers



San Diego County

- › 440+ PCPs
- › 2,200+ providers
- › 6 hospitals
- › 3 urgent care centers
- › 12+ Scripps HealthExpress walk-in clinics



PrimeCare in San Bernardino and Riverside Counties

- › 240+ PCPs
- › 1,040+ providers
- › 18 hospitals
- › 31 urgent care centers



How the plan works

- › Each member on the plan can select any one of the four provider groups, as well as an in-network primary care physician (PCP) – whether it's the one closest to home, school or work.
- › Your PCP coordinates your care, including referrals to other providers or specialists.
- › You will see specialists and use the facilities aligned to the provider group you selected.
- › Your PCP selection can be changed anytime by calling Cigna customer service at 800.244.6224.



In collaboration with
HealthCare Partners
Scripps Health
St. Joseph Hoag Health
Coverage for Inland Empire
available through
PrimeCare

Customers can be aligned to any one
of the four provider groups.



Delta Dental: PPO or HMO (DeltaCare)


Capistrano Unified School District Delta Dental Plans at a Glance Effective January 1, 2021

Plan Name	Delta Dental (PPO) Dental Plan		DeltaCare USA (Network) Dental Plan
Plan Features	Choice of any dentist.		Choice of dental office from DeltaCare USA network.
Benefit Maximums Orthodontics	Plan pays percentage of customary & reasonable charges.		Plan pays 100% after member copayments for certain services.
Other Dental Services	\$2,000 lifetime \$1,500 calendar year		24 months treatment
Calendar Year Deductible	\$50 person/\$100 family maximum		Unlimited
Preventive Services - Exams, cleanings, x-rays, fluoride treatment	PPO	Non-PPO	None
	80% of negotiated rate, deductible waived	80% of customary & reasonable, deductible waived	100%
Basic Services - Amalgam fillings, oral surgery, endodontic, periodontics	80% of negotiated rate	80% of customary & reasonable	100% for amalgam fillings, 100% after copayments ranging from \$0 to \$220 for other services.
Major Services - Inlays, onlays, crowns, bridges, dentures	80% of negotiated rate	80% of customary & reasonable	100% after copayments ranging from \$0 to \$195.
Orthodontics Child Adult	70% of negotiated rate	70% of customary & reasonable	100% after \$1,700 copayment 100% after \$1,900 copayment
Predetermination	It is recommended that members obtain a Predetermination of Benefits whenever a course of treatment will exceed \$200.		Assigned DeltaCare USA Dental Health provider will determine need for specialty dental care and make referral.

Note: This outline is a brief description of your benefits. Actual benefits are determined by the applicable provisions of the respective plan's contract. There may be exclusions or limitations which modify this summary. In the event of any discrepancy between the summary and the provisions of the specific insurance contracts, the provisions of the contracts shall apply.




Additional Dental Plan Information



Delta Dental PPO™
Delta Dental Premier®
DeltaCare® USA

Find a Network Dentist




It's easy to look for a Delta Dental dentist in your area. Whether you're on a laptop, desktop computer, tablet or smartphone, we've got you covered.

How to search


1. Go to deltadentalins.com.
2. Look for the **Find a Dentist** tool on the right. Enter a location (address, ZIP code or city and state).
3. Select your network from the drop-down menu. For a more targeted search, you can enter the name of your dentist or dental office below.
4. Click **Search**.

Don't know your network? Log in to your online account before searching.



Online services
Dentists:
Pharmacies:
Login:
Dentists and Pharmacies:
Create your online account
Register Today

Find a Dentist
Enrollments
Are you a new enrollee?
Log in to Delta Dental to get started
Enroll now
Address, ZIP or City, ST:
Phone Number:
Delta Dental PPO
Enroll now or log in:
Address, ZIP or City, ST:
Phone Number:
Enroll now



We keep you smiling®
deltadentalins.com/enrollees



Vision Service Plan (VSP)



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM CAPISTRANO USD (CSBT) AND VSP.

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam™—a comprehensive exam designed to detect eye and health conditions.



USING YOUR BENEFIT IS EASY!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.



GET YOUR PERFECT PAIR

EXTRA \$20 + **UP TO 40%**

TO SPEND ON
FEATURED FRAME BRANDS*

UP TO
SAVINGS ON LENS
ENHANCEMENTS

Member **CHRONICLE** **COLE HAAS** **FLEISCH**
LAURENCE **MARKS** **MYSTIC**

SEE MORE BRANDS AT vsp.com/offers

YOUR VSP VISION BENEFITS SUMMARY
CAPISTRANO USD (CSBT) and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:
VSP Signature
EFFECTIVE DATE:
10/01/2020



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	• Focuses on your eyes and overall wellness	\$20 for exam and glasses	Every 12 months
PRESCRIPTION GLASSES			
FRAME	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Walmart/Sam's Club/Costco® frame allowance 	Combined with exam	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Combined with exam	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACT LENSES	<ul style="list-style-type: none"> Dependent coverage: \$120 allowance for contacts & contact lens exam, in lieu of glasses Employee Only coverage: Annual supply of contacts in addition to glasses, after \$50 copay 		Every 12 months
ADDITIONAL PAIRS OF EYEWEAR			
FRAME (EMPLOYEE ONLY BENEFIT)	<ul style="list-style-type: none"> \$115 allowance for a wide selection of frames \$135 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Walmart/Sam's Club/Costco® frame allowance 	\$20 for frame and lenses	Every 24 months
LENSES (EMPLOYEE ONLY BENEFIT)	• Single vision, lined bifocal, and lined trifocal lenses	Combined with Frame	Every 12 months
DIABETIC EYECARE PLUS PROGRAM™	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS			
Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. 			
Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 			
Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 			

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam	up to \$50	Lined Bifocal Lenses	up to \$75	Progressive Lenses	up to \$75
Frame	up to \$70	Lined Trifocal Lenses	up to \$100	Contacts	up to \$105
Single Vision Lenses	up to \$50				

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable law, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Log in to vsp.com to find an in-network provider based on your plan type.

Enroll today.
Contact us: 800.877.7195 or vsp.com

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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VSP Vision Care for life, Eyecare, and WellVision Exam are registered trademarks. VSP Diabetic Eyecare Plus Program is a service mark of Vision Service Plan. Fleish is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.



Enrollment Form – Start on Page 2

Select Reason
for Application →

Choose Plans →

Complete
Employee
Information →

REASON FOR THIS APPLICATION:		
<input type="checkbox"/> OPEN ENROLLMENT	<input type="checkbox"/> ADDRESS CHANGE	EMPLOYER USE ONLY: EFFECTIVE DATE: _____ DISTRICT ID #: _____ <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED <input type="checkbox"/> LOA <input type="checkbox"/> COBRA CLASSIFICATION: _____
<input type="checkbox"/> NEW HIRE _____ (DATE OF HIRE)	<input type="checkbox"/> NAME CHANGE	
<input type="checkbox"/> REHIRE/RETURN FROM LEAVE _____ (DATE OF HIRE)	<input type="checkbox"/> DELETE DEPENDENT	
<input type="checkbox"/> ADD DEPENDENT: MARRIAGE _____ (DATE OF MARRIAGE)	<input type="checkbox"/> QMCSO	
<input type="checkbox"/> ADD DEPENDENT: BIRTH/ ADOPTION _____ (DATE OF BIRTH/ ADOPTION)	<input type="checkbox"/> COBRA	
<input type="checkbox"/> ADD DEPENDENT: OTHER QUALIFYING EVENT _____ (LIST QUALIFYING EVENT)		
INDICATE YOUR PLAN SELECTION BELOW:		
MEDICAL PLAN: <input type="checkbox"/> CIGNA SELECT HMO <input type="checkbox"/> KAISER \$15 HMO <input type="checkbox"/> KAISER \$25/\$45 HMO - LOW OPTION <input type="checkbox"/> UNITEDHEALTHCARE HARMONY HMO <input type="checkbox"/> UNITEDHEALTHCARE SIGNATUREVALUE ALLIANCE HMO \$10 <input type="checkbox"/> UNITEDHEALTHCARE SIGNATUREVALUE ALLIANCE HMO - LOW OPTION <input type="checkbox"/> UNITEDHEALTHCARE JOURNEY HARMONY HMO <input type="checkbox"/> UMR SELECT PLUS PPO <input type="checkbox"/> UNITEDHEALTHCARE PERFORMANCE HMO NETWORK 2 (NO NEW ENROLLMENTS)	DENTAL PLAN: <input type="checkbox"/> DELTA DENTAL HMO (DELTACARE USA) <input type="checkbox"/> DELTA DENTAL PPO	VISION PLAN: <input type="checkbox"/> VSP VISION Signature _____
EMPLOYEE INFORMATION:		
NAME: _____		<input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY <input type="checkbox"/> FEMALE
MAILING ADDRESS: _____		
CITY: _____	STATE: _____	ZIP CODE: _____
TELEPHONE: <input type="checkbox"/> HOME <input type="checkbox"/> MOBILE	WORK TELEPHONE: _____	BIRTH DATE (MM/DD/YY): _____
SOCIAL SECURITY NUMBER (SSN): _____	MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DOMESTIC PARTNER	
EMAIL ADDRESS: _____	PERSONAL EMAIL: _____	

Check
& sign
here for
Vision



Enrollment Form

For UHC & Cigna HMO plans: Add PCP name & Medical Group ID here

For Dental HMO: Add dental office name & facility #

Add Dependent info here – include PCP & dental office info (if applicable)

EMPLOYEE INFORMATION CONTINUED:										
MEDICAL PRIMARY CARE PHYSICIAN* - FIRST AND LAST NAME (UNITED HEALTHCARE AND CIGNA HMO PLANS ONLY): PCP FIRST AND LAST NAME:						EXISTING PATIENT: <input type="checkbox"/> YES <input type="checkbox"/> NO				
DENTAL PROVIDER* NAME AND FACILITY ID# (DELTA CARE USA HMO PLAN ONLY):						EXISTING PATIENT: <input type="checkbox"/> YES <input type="checkbox"/> NO				
*WHEN A VALID PROVIDER NAME AND ID IS NOT SELECTED ON A HMO PLAN, THE CARRIER WILL SELECT ONE FOR YOU AND YOUR ELIGIBLE DEPENDENTS.										
DEPENDENT INFORMATION:										
NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX M/F/NB	MEDICAL COVERAGE (CHECK IF YES)	FIRST AND LAST NAME OF PCP (UHC AND CIGNA HMO ONLY)	EXISTING PATIENT (CHECK IF YES)	DENTAL COVERAGE	DENTAL PROVIDER NAME AND ID# (HMO ONLY)	EXISTING PATIENT (CHECK IF YES)	VISION COVERAGE (CHECK IF YES)
SPouse/DOMESTIC PARTNER				<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	PCP NAME: _____ PCP ID: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE
CHILD				<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	PCP NAME: _____ PCP ID: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE
CHILD				<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	PCP NAME: _____ PCP ID: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE
CHILD				<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	PCP NAME: _____ PCP ID: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE
CHILD				<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	PCP NAME: _____ PCP ID: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE
IF ANY DEPENDENTS LISTED ABOVE HAVE AN ADDRESS THAT IS DIFFERENT FROM THE EMPLOYEE, PLEASE LIST BELOW:										
NAMES AND CORRESPONDING ADDRESS:										
IF ANY DEPENDENTS ARE ALSO COVERED BY ANOTHER CAPISTRANO UNIFIED DISTRICT EMPLOYEE, PLEASE LIST NAME OF THAT EMPLOYEE:										



Enrollment Form

Kaiser: Sign Section A only

UHC: Sign Section B AND

UHC: Sign Section B on next page

EMPLOYEE SIGNATURE REQUIRED FOR ENROLLMENT/CHANGES

Based on the health plan you enroll in, you must sign the plan's Binding Arbitration agreement for your enrollment to be effective.

• Sign A below for Kaiser Plan • Sign B below for UnitedHealthcare Plan • Sign C below for Cigna HealthCare Plan • Sign D below for Delta Dental Plan

A: Kaiser Foundation Health Plan Binding Arbitration Agreement (Read and sign this section ONLY if you enroll in a Kaiser Permanente Plan)

Kaiser Foundation Health Plan Arbitration Agreement

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

☐ By checking this box, I am indicating that I have carefully read the above "Binding Arbitration" agreement and agree to its terms.

Employee Signature Required for Kaiser Permanente Plan _____ Employee Name (please print) _____ Date (month/day/year) _____

* Disputes arising from fully-insured Kaiser Permanente Insurance Company (KPIC) coverage are not subject to binding arbitration 1) the Preferred Provider Organization (PPO) and the Out-of-Network portion of the Point of Service (POS) plans; 2) Preferred Provider Organization (PPO) plans; 3) Out of Area Indemnity (OOA) plans; and 4) KPIC Dental plans.

B: UnitedHealthcare Plan Members Binding Arbitration Agreement (Read and sign this section ONLY if you enroll in a UnitedHealthcare Plan)

UnitedHealthcare Binding Arbitration Agreement

I agree and understand that any and all disputes, including claims relating to the delivery of services under the plan and claims of medical malpractice (that is, as to whether any medical services rendered under the health plan were unnecessary or unauthorized or were improperly, negligently or incompetently rendered), except for claims subject to ERISA, between myself and my dependents enrolled in the plan (including any heirs or assigns) and UnitedHealthcare of California, UnitedHealthcare or any of its parents, subsidiaries or affiliates, shall be determined by binding arbitration. Any such dispute will not be resolved by a lawsuit or resort to court process, except as the Federal Arbitration Act provides for judicial review of arbitration proceedings. All parties to this agreement are giving up their constitutional rights to have any such dispute decided in a court of law before a jury, and instead are accepting the use of binding arbitration.

YOUR SIGNATURE

☐ By checking this box, I am indicating that I have carefully read the above "Binding Arbitration" agreement and agree to its terms.

Employee Signature Required for UnitedHealthcare Plan _____ Employee Name (please print) _____ Date (month/day/year) _____

SECTION B CONTINUED (UHC PLAN MEMBERS MUST SIGN "AUTHORIZATION TO RELEASE MEDICAL INFORMATION" BELOW)

HIV Disclaimer

"California law prohibits an HIV test from being required or used by health care service plans and insurance companies as a condition of obtaining coverage."

Legal Entities Disclaimer

Health plan coverage provided by or through UnitedHealthcare Insurance Company and UnitedHealthcare of California. Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc., PacificCare Health Plan Administrators, Inc., Prescription Solutions or Optum Health Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC) or United Behavioral Health (UBH).

Authorization to Release Medical Information

I authorize UnitedHealthcare Insurance Company and its affiliates ("UnitedHealthcare and Affiliates") to obtain, use and disclose my medical, claim or benefits records, including any individually identifiable health information contained in these records. I understand these records may contain information created by other persons or entities (including health care providers) as well as information regarding the use of drug, alcohol, HIV/AIDS, mental health (other than psychotherapy notes), sexually transmitted disease and reproductive health services. I authorize any health care providers, pharmacy benefit manager, other insurer or reinsurer, hospital, clinic or other medical facility, health care clearing house, and any of their affiliates, representatives or business associates who may be in possession of my confidential health information, to disclose my information to UnitedHealthcare and Affiliates. I understand the purpose of the disclosure and use of my information is to allow UnitedHealthcare and affiliates to make decisions regarding eligibility, enrollment and risk rating. I understand this authorization is voluntary and I may refuse to sign authorization. My refusal may, however, affect my ability to enroll in the health plan or receive benefits, if permitted by law. I understand I may revoke this authorization at any time by notifying my UnitedHealthcare and Affiliates representative in writing except to the extent that action has already been taken in reliance on this authorization. As required by HIPAA, UnitedHealthcare and Affiliates also request that I acknowledge the following, which I do: I understand that information I authorize a person to obtain and use may be redisclosed (with the exception of HIV/AIDS health information) and no longer protected by federal privacy regulations except as prohibited by state law. This authorization, unless revoked earlier, expires 30 months after the date it is signed. I understand that I am completing a health application and that each response must be complete and accurate. I (we) request that indicated group medical coverage for myself and, if the plan provides, for my dependents. I authorize the required premium contributions to be deducted from earnings. I (we) have not given the agent or any other persons any health information not included on the Request for Coverage. I (we) understand that the HMO/Insurance company(ies) is not bound by any statements I (we) have made to any agent or to any other persons, if those statements are not written or printed on this Request for Coverage and any attachments. UnitedHealthcare is only seeking to collect information about the current health status of those persons listed on the application. You should not include any genetic information. Please do not include any family medical history information related to genetic services or genetic diseases for which you believe you or your dependents may be at risk.

☐ By checking this box, I am indicating that I have carefully read the above "Binding Arbitration" agreement and agree to its terms.

Employee Signature Required for UnitedHealthcare Plan _____ Employee Name (please print) _____ Date (month/day/year) _____



Enrollment Form

Cigna Select HMO – Sign Section C

C: Cigna HealthCare Binding Arbitration Agreement (Read and sign this section ONLY if you enroll in a Cigna Plan)

Cigna HealthCare Binding Arbitration Agreement

I certify that the above information is true and correct to the best of my knowledge. I understand that changes can only be made if I experience a qualifying family status change, in which case the change must be consistent with that event, or as may otherwise be provided by the group contract. In addition, I agree to the following authorizations:

CALIFORNIA RESIDENTS ONLY: Cigna HealthCare uses binding arbitration to settle disputes, including claims of medical malpractice and disputes relating to the delivery of service under the plan. It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review or arbitration proceedings. The parties to this contract, by entering into it, are giving up their constitutional right to have any dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. It is understood that this agreement to arbitrate shall apply and extend to any dispute for medical malpractice, relating to the delivery of service under the plan, and to any claims in tort, contract or otherwise, between Group, any individual(s) seeking services under the plan, whether referred to as a Member, Subscriber, Dependent, Enrollee or otherwise (whether a minor or an adult), or the heirs-at-law or personal representatives of any such individual(s), as the case may be, and Cigna HealthCare (including any of their agents, successors- or predecessors-in-interest, employees or providers).

PROVISIONS

"Cigna HealthCare" refers to various operating subsidiaries of Cigna Corporation. Products and services are provided by these subsidiaries and not by Cigna Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, Cigna Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.

I agree, for myself and my dependents, that, in the event any health services provided are the primary responsibility of any other party by way of other group health coverage or by the act or omission of another person to fully inform the healthplan and will execute such assignments, liens or other documents which may be necessary to enable the healthplan to recover the value of the services provided. I further agree that in the event I or any of my dependents collect benefits or damages from any other party who has primary responsibility for services provided by the healthplan, I will immediately reimburse the healthplan to the extent of services provided, to the extent permitted by state law.

FRAUD WARNING

Any person who, knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and subject to fines and confinement in state prison.

AUTHORIZATION TO DEDUCT CONTRIBUTIONS

I authorize deductions from my earnings of the required contributions, if any, toward the cost of the coverage. This authorization applies only if employee contributions are required.

SPECIAL PROVISION FOR EMPLOYERS WITH SECTION 125 PLANS

By allowing an individual to enroll in the Insurance Plan other than during the Open Enrollment period, Cigna HealthCare or Connecticut General Life Insurance Company does not waive any terms of its contract. Further, by allowing an individual to enroll in the Insurance Plan other than during an Open Enrollment period, Cigna HealthCare or Connecticut General Life Insurance Company does not thereby express any opinion regarding the appropriateness of the change under Section 125 of the Internal Revenue Code or the terms of the employer's Section 125 Plan.

☐ By checking this box, I am indicating that I have carefully read the above "Binding Arbitration" agreement and agree to its terms.

Employee Signature Required for Cigna HealthCare Plan

Employee Name (please print)

Date (month/day/year)

Delta Dental – Sign Section D

D: Delta Dental Plan Binding Arbitration Agreement (Read and sign this section ONLY if you enroll in a Delta Dental Plan)

Delta Dental Plan Binding Arbitration Agreement

I certify that the above information is true and correct to the best of my knowledge. I understand that changes can only be made if I experience a qualifying family status change, in which case the change must be consistent with that event, or as may otherwise be provided by the group contract. In addition, I agree to the following authorizations:

- I Deduction Authorization: I hereby authorize Capistrano Unified School District to pay the dental benefits premiums for me and my eligible dependents (if applicable) to the plan checked above until changed or revoked by me in writing. I also authorize Capistrano Unified School District to deduct from my salary the amount necessary, if any, to pay for my dental coverage not paid by the district and to transmit the same to the above-named plan.
- II Authorization to Obtain or Release Medical Information (Confidentiality of Medical Information Act, effective January 1, 1980, Section 56 et seq. of the California Civil Code): I hereby authorize my dentist, physician, health care practitioner, hospital, clinic or other medical or medically-related facility to furnish an agent, designee or representative of the dental plan in which I am enrolling as indicated above, any and all records pertaining to medical/dental history, services rendered or treatment given to anyone enrolled hereunder or added hereunder for purpose of review, investigation or evaluation of an application or a claim. I authorize such carriers or their agents, designees or representatives to disclose to a hospital or health care service plan, self-insurer or insurer any such medical/dental information obtained, if such disclosure is necessary, to allow the processing of any claim. This authorization shall become effective immediately and shall remain in effect as long as is necessary to allow the processing of any claim.
- III Arbitration Agreement: I understand that any dispute or controversy that may arise regarding the performance, interpretation or breach of the agreement between myself (and/or any enrolled eligible dependent) and Delta Dental PPO Plan or Delta Care USA Dental whether arising in contract, tort or otherwise, must be submitted to arbitration in lieu of a jury or court trial.
- IV Dependent Coverage: I have read and understand the provisions on this form pertaining to dependents who are eligible to be included in my dental coverage. I hereby certify that the individuals listed on this enrollment form, if any, meet those provisions. Additionally, I understand that dependents not listed on this enrollment form may be added only by submitting appropriate forms to the Insurance Department within 30 days of the date the dependent becomes eligible for coverage or during the annual Open Enrollment period held in the fall.

☐ By checking this box, I am indicating that I have carefully read the above "Binding Arbitration" agreement and agree to its terms.

Employee Signature Required for Delta Dental Plan

Employee Name (please print)

Date (month/day/year)



Almost Done.....

- HIPAA – Notice of Privacy Practice
- Additional benefit information
(right-hand side of packet)



Other Benefit Information



OUT-OF-AREA DEPENDENT BENEFITS

You can choose to cover any eligible dependents in your VEBA benefit plan selection. This includes your dependents who live with you as well as those who live away from home, in another part of California, or in another state. This flyer describes benefits for your dependents who live out-of-the-area.

About Out-Of-Area Dependent Plan Coverage

While we try to match your out-of-area dependent's health plan as close as possible to the health plan you enroll in, sometimes, we need to place your out-of-area dependents in another plan. That's because we want to make sure they have access to a provider network wherever they live. Here's what you need to know:

1. The monthly premium cost for out-of-area dependents is the same as it is for dependents who live at home.
2. The plan we enroll your dependents in is based on their out-of-area address.
3. You must include your dependent's out-of-area address on the enrollment form so they can be enrolled in an out-of-area plan that has a local provider network.
4. Dependents will remain in their out-of-area plan until they change their permanent address. They cannot switch back to your HMO plan if they return home for a short period of time such as winter, spring or summer break.
5. Dependents who are enrolled in an HMO plan must choose a PCP within 30 miles of their out-of-area address.

The chart below describes what plans are available to your out-of-area dependents, based on the plan you enroll in and their out-of-area address.

Your Health Plan	Dependents living IN California but outside Orange County Area	Dependents living OUTSIDE California
Kaiser	<ul style="list-style-type: none"> • Benefits are available if dependent's out-of-area address is within a Kaiser service area. • If dependent's out-of-area address is outside the Kaiser service area, benefits are available for emergency and urgent care services only. • If your out-of-area dependent temporarily visits the service area of another Kaiser region (not more than 90 days), you can receive visiting member care from designated providers in that area. 	Benefits are available for emergency and urgent care services only.
UnitedHealthcare (UHC) HMO Plan	Based on dependent's out-of-area address, dependent will be enrolled in either a UHC HMO or PPO plan.	Based on dependent's out-of-state address, dependents will be enrolled in a PPO plan.
UHC PPO Plan	Your dependents will be enrolled in a UHC California PPO.	Based on dependent's address, his or her out-of-area PPO plan may not be the same as yours, meaning network, copayment amounts and deductible amounts may be different from yours.



OUT-OF-AREA DEPENDENT BENEFITS

Cigna Guest Privileges Program

The Southern California Select Plan offers valuable in-network benefits to Cigna members. If you or eligible family members temporarily relocate outside of the network, you may be able to take advantage of the Cigna Guest Privileges Program. Use this guide to help determine if you or your dependent would be covered through Guest Privileges.

- Will you or your dependent be away from the local area at least 60 days, but no longer than 2 years?
- Are you or your dependents temporarily living in any of the 25 states (or DC) with Guest Privileges? Arizona, California, Colorado, Delaware, Florida, Georgia, Indiana, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, New Hampshire, Ohio, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Vermont, Washington, Wisconsin and West Virginia.



Be sure to contact Customer Service at **800-244-6224** at least 30 days before the move to assure having coverage when needed.

Summary of Benefits

The chart below is a summary of benefits for all available out-of-area dependent benefits. Copays and benefit amounts may differ.

Benefit Summary	UHC Out-of-Area Signature Value HMO 10	UHC Out-of-Area PPO 80/50		Cigna HMO Select
		In Network	Out of Network	
Deductible (individual/family)	None	\$500/\$1,000	\$1,000/\$2,000	None
Medical Plan Out-of-Pocket Maximum (individual/family)	\$1,000/\$3,000	\$5,000/\$10,000	\$6,000/\$12,000	\$1,000/\$3,000
PCP Office Visit	\$10 copay	\$20 copay	50% coinsurance (after deductible)	\$10 copay
Specialist Office Visit	\$10 copay	\$40 copay	50% coinsurance (after deductible)	\$10 copay
Urgent Care (your medical group/ other medical group)	\$10 copay/\$50 copay	\$50 copay	50% coinsurance (after deductible)	\$10 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay	\$100 copay



Other Benefit Information

Employee Assistance Program (EAP)



FALSE.

It divides your attention and makes you lose focus.

Talking on the phone while driving. Writing an email while playing with your kids. Reading a book while watching TV. You might think multitasking is the way to fit everything into your busy life, but it actually makes you less efficient - and possibly even more stressed.

If you're looking to achieve a better work-life balance, your EAP and WorkLife Services Benefit offers confidential support. Counselors, clinicians and other specialists are ready to help you with:

- Stress, anxiety and depression
- Workplace conflicts
- Relationship troubles
- Parenting and family problems
- Child and eldercare support
- Living with chronic conditions

When you call, a specialist will listen to your needs and connect you to the appropriate resources.

Additional Info

➤ **VEBA Advocacy**

➤ **Best Doctors**



Other Benefit Information

UNUM– Supplemental Life

- Purchase additional, **voluntary** life insurance (**at a cost**)
- During initial enrollment window, have Guaranteed Issue amount – up to \$200,000 for employee and \$50,000 for spouse (see brochure for age limitations)
- Policy can be up to \$500,000 for employee & spouse, up to \$10,000 for children
- Spouse cannot have more life insurance than employee
- Rate for employee & spouse based on employee age

Workers' Compensation

- Medical Provider Network (MPN)
- Contract with Corvel for medical and claims services
- **Optional:** Can designate personal physician, but must have completed form on file *prior* to illness/injury
- **Required:** If you get injured, contact your immediate supervisor right away!



Other Benefit Information

Affordable Care Act

- Gives other options for purchasing health insurance coverage
- Gives information on the Marketplace (Covered California)

American Fidelity

- Section 125 (Health FSA and Dependent Day Care)
- Pre-tax benefit, lowers taxable income
- Other insurances, i.e. Accident, Cancer, Life
- Call number on brochure, Ext. 0 for CUSD Representative



Health Benefits

Open Enrollment for 2022

*No matter when your benefits start in 2021,
EVERYONE MUST DO OPEN ENROLLMENT
(THAT MEANS YOU TOO!)*

- Begins mid-October and ends first half of November
- Information will be mailed to your home and will be available on the Insurance Website
- Your Open Enrollment elections are effective January 1, 2022



Contact Insurance

Website: insurance-capoused-ca.schoolloop.com

Benefits Technicians:

CUMA/Certificated and All Other Groups

Jennifer Mansoor, jrmansoor@capoused.org, 234-9403

Classified/Teamsters and All Other Groups

Sharon Hall, slhall@capoused.org, 234-9401

All Groups and Workers' Compensation

Danny Brasso, dbrasso@capoused.org, 234-9402



Questions



Thank you for watching!

