

Lucia Mar Unified School District Certificated Delta Dental PPO Premier Incentive Plan (#7074-7416)

Plan Benefit Highlights for:	PPO Incentive (\$2,200/\$2,000) no Orthodontic
Group No:	Active, Retirees, and Cobra
Network:	PPO/Premier *The plan provides an additional \$200 toward the calendar year maximum when you visit a PPO dentist. Look for this information for the dentist of your choice on the Delta find a provider website to take advantage of this additional amount: (Other network affiliations: Delta Dental PPO)

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered basic services and major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26	
Deductibles	N/A	
Deductibles waived for D & P?	N/A	
Maximums	The maximum benefit paid per calendar year is \$2,200* per person in-network (this amount includes the additional \$200 for using a PPO dentist. See note above under Network) The maximum benefit paid per calendar year is \$2,000 per person out-of-network	
Waiting Period(s)	Basic Benefits None	Major Benefits None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, 3 cleanings per cal year, x-rays	70-100 %	70-100%
Basic Services Fillings, simple tooth extractions, sealants	70-100 %	70-100%
Endodontics (root canals) Covered Under Basic Services	70-100 %	70-100%
Periodontics (gum treatment) Covered Under Basic Services	70-100 %	70-100%
Oral Surgery Covered Under Basic Services	70-100 %	70-100%
Major Services Crowns, inlays, onlays, and cast restorations	70-100 %	70-100%
Prosthodontics Bridges, dentures, implants	50 %	50%
Dental Accident Benefits	100% (separate \$1,000 maximum per person per calendar year)	

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for out-of-network dentists.

Delta Dental of California 100 First St. San Francisco, CA 94105	Customer Service 866-499-3001	Claims Address P.O. Box 997330 Sacramento, CA 95899-7330
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deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Lucia Mar Unified School District Certificated Delta Dental PPO Plan (#7074-7716)

Plan Benefit Highlights for:	PPO \$2,000 without Orthodontic
Group No:	Active, Retiree, and Cobra

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26		
Deductibles	In-Network: N/A Out-of-Network: \$25 per person, \$75 per family, per plan year		
Deductibles waived for D & P?	In-Network: N/A Out-of-Network: No		
Maximums	The maximum benefit paid per calendar year is \$2,000 per person in-network The maximum benefit paid per calendar year is \$1,000 per person out-of-network		
Waiting Period(s)	Basic Benefits None	Major Benefits None	Orthodontics None

Benefits and Covered Services*	In-PPO Network**	Out-of-PPO Network**
Diagnostic & Preventive Services (D & P) Exams, 3 cleanings, x-rays	100 %	50 %
Basic Services Fillings, simple tooth extractions, sealants	100 %	50 %
Endodontics (root canals) Covered Under Basic Services	100 %	50 %
Periodontics (gum treatment) Covered Under Basic Services	100 %	50 %
Oral Surgery Covered Under Basic Services	100 %	50 %
Major Services Crowns, inlays, onlays and cast restorations	100 %	50 %
Prosthodontics Bridges, dentures, implants	50 %	50 %
Dental Accident Benefits	100% (separate \$1,000 maximum per person per calendar year)	50%

- * Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.
- ** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

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2018-2019

2 TIER ANCHOR BRONZE PLAN BENEFIT SUMMARY

In accordance with requirements of the Affordable Care Act.

Attention Lucia Mar Employees:

All employment groups, **Certificated**, Classified & Management are eligible to sign up for the 2 Tier Anchor Bronze Plan. Please review the benefit summary below for more details.

Features of the plan include:

- ◆ This plan is HSA compliant. Members are allowed to make pre-tax deferrals into a Health Savings Account (HSA) at a financial institution of your choice with an unlimited year to year carryover.
- ◆ Medical and Prescription only with a \$5,000 deductible. Plan coverage, once the deductible is met is 70% (you pay 30%). The Maximum Out-Of-Pocket (OOP) is \$6,350 which may be comprised of a combination of the deductible and co-insurance payments. There is no option for dental, vision or life coverage through SISC if this plan is selected.
- ◆ Prescriptions are subject to the deductible, \$5,000 before the designated prescription co-pays apply.
- ◆ This plan covers a single employee OR the employee + child(ren) ONLY - Spouses are NOT eligible on this plan.
- ◆ Premiums are on a two-tier structure of "single" (employee) or employee + child(ren).
- ◆ The plan year runs October 1 - September 30, but deductibles and OOP maximums reset on a calendar-year basis.
- ◆ Office visit co-pays are subject to the deductible of \$5,000. After the deductible is met, the plan pays 70%. Once the Maximum OOP of \$6,350 is met, the plan will pay at 100% for the remainder of the calendar year.
- ◆ Costco provides a \$0 generic co-pay at their walk-in pharmacy (membership not required). The deductible must be met before the \$0 co-pay will be applied.

DID YOU KNOW??

Insurance industry standards (not the District, SISC, nor Anthem independently) require that:

- * When one holds their own insurance plan as well as coverage under a spouse, the plan issued directly to them is **ALWAYS** that person's primary coverage; the spouse's coverage must be used as the secondary coverage. Use of a spouse's plan in lieu of your own to obtain a better, or more convenient, benefit is considered fraudulent and could be subject to audit by Anthem and/or the other provider resulting in back-charges due by you for any services incorrectly paid by the plan.
- * When children are covered by both parents, the parent with the first birthday of the calendar year (not by age) is the primary coverage provider for the children; the other is the secondary coverage - you may not choose which order to apply the plans. Keep this in mind when selecting your plan to assure your children are covered most efficiently between the two plans. If the parent with the later birthday can provide better coverage for the children and you wish to make that their primary coverage, the first birthday parent must not cover them.

QUESTIONS OR CONCERNS? PLEASE CONTACT ANASTACIA MALM

805-474-3000 x1192 or anastacia.malm@lmsud.org

Your VSP Vision Benefits



Lucia Mar Unified School District Certificated Vision Plan

SISC and VSP provide you an affordable eyecare plan.

Signature Plan C – Dual Copay \$20/\$25

Welcome to VSP® Vision Care. We'll help keep you and your eyes healthy through personalized care from a doctor you can trust.

Your eyes say a lot about you and can even tell your VSP doctor about you. During your WellVision Exam®, your VSP doctor will look for vision problems and signs of health conditions too.

Getting started is a breeze.

- **Find the right VSP doctor for you.** You'll find plenty to choose from at vsp.com or by calling **800.877.7195**.
- **Already have a VSP doctor?** At your appointment, tell them you're a VSP member.
- **Check out your coverage and savings.** Visit vsp.com to see your benefits anytime and check out how much you saved with VSP after your appointment.

That's it! We'll handle the rest—no ID card necessary or claim forms to complete.

Visit the Eyecare Discovery Center® at vsp.com for eye health articles, videos, and interactive games.

Keep your eyes healthy and your vision clear with VSP.

Contact VSP | vsp.com
800.877.7195



Your Coverage from a VSP Doctor

WellVision Exam® focuses on your eye health and overall wellness**every calendar year**

Prescription Glasses

Lenses.....**every calendar year**

- Single vision, lined bifocal, lined trifocal lenses and tints.
- Polycarbonate lenses for dependent children.

Frame.....**every calendar year**

- **\$150.00 allowance** for frame of your choice
- **\$170.00 featured** frame brands
- **20% off the amount over your allowance**
- **\$80 allowance at Costco**

~OR~

Contact Lens Allowance**every calendar year**

\$105.00 allowance for contacts and the contact lens exam (fitting and evaluation).

Extra Discounts and Savings

Glasses and Sunglasses

- Average 35 - 40% savings on all non-covered lens options
- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam

Contacts

- 15% off cost of contact lens exam (fitting and evaluation)

Laser Vision Correction

- 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

Co-Payments

Exam Copay.....\$xx.xx
Materials Copay (Glasses).....\$xx.xx

If you see a non-VSP provider, you'll receive a lesser benefit. Before seeing a non-VSP provider, call us at 800.877.7195 for more details.


Out-of-Network Reimbursement Amounts:


ExamUp to \$35.00
Single vision lensesUp to \$25.00
Lined bifocal lensesUp to \$40.00
Lined trifocal lensesUp to \$50.00
FrameUp to \$30.00
ContactsUp to \$90.00


VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.


**LUCIA MAR UNIFIED SCHOOL DISTRICT
2018-2019 CERTIFICATED Insurance Rates**

YOUR ANNUAL DISTRICT PAID BENEFIT (FULL-TIME EMPLOYEES): \$10,000.00

PLAN A 100-\$20	Ded \$500/\$1000		w/ DELTA DENTAL PREMIER (7074-7416)		OR	w/ DELTA DENTAL PPO (7074-7716)	
			You Pay (10thly)	Rebate		You Pay (10thly)	Rebate
Full-Time EMPLOYEE ONLY			\$0.00	\$59.85		\$0.00	\$75.45
EMPLOYEE + 1 DEP.			\$674.25	\$0.00		\$658.65	\$0.00
EMPLOYEE + 2 OR MORE DEP.			\$1,282.65	\$0.00		\$1,267.05	\$0.00

PLAN B 90-\$20	Ded \$500/\$1000		w/ DELTA DENTAL PREMIER (7074-7416)		OR	w/ DELTA DENTAL PPO (7074-7716)	
			You Pay (10thly)	Rebate		You Pay (10thly)	Rebate
Full-Time EMPLOYEE ONLY			\$0.00	\$98.25		\$0.00	\$113.85
EMPLOYEE + 1 DEP.			\$599.85	\$0.00		\$584.25	\$0.00
EMPLOYEE + 2 OR MORE DEP.			\$1,175.85	\$0.00		\$1,160.25	\$0.00

PLAN C 80-\$30	Ded \$500/\$1000		w/ DELTA DENTAL PREMIER (7074-7416)		OR	w/ DELTA DENTAL PPO (7074-7716)	
			You Pay (10thly)	Rebate		You Pay (10thly)	Rebate
Full-Time EMPLOYEE ONLY			\$0.00	\$155.85		\$0.00	\$171.45
EMPLOYEE + 1 DEP.			\$482.25	\$0.00		\$466.65	\$0.00
EMPLOYEE + 2 OR MORE DEP.			\$1,009.05	\$0.00		\$993.45	\$0.00

PLAN D 80-\$30	Ded \$2000/\$4000		w/ DELTA DENTAL PREMIER (7074-7416)		OR	w/ DELTA DENTAL PPO (7074-7716)	
			You Pay (10thly)	Rebate		You Pay (10thly)	Rebate
Full-Time EMPLOYEE ONLY			\$0.00	\$203.25		\$0.00	\$203.25
EMPLOYEE + 1 DEP.			\$331.05	\$0.00		\$315.45	\$0.00
EMPLOYEE + 2 OR MORE DEP.			\$791.85	\$0.00		\$776.25	\$0.00

PLAN E 80-\$40	Ded \$3000/\$6000		w/ DELTA DENTAL PREMIER (7074-7416)		OR	w/ DELTA DENTAL PPO (7074-7716)	
			You Pay (10thly)	Rebate		You Pay (10thly)	Rebate
Full-Time EMPLOYEE ONLY			\$0.00	\$203.25		\$0.00	\$203.25
EMPLOYEE + 1 DEP.			\$211.05	\$0.00		\$195.45	\$0.00
EMPLOYEE + 2 OR MORE DEP.			\$622.65	\$0.00		\$607.05	\$0.00

Employees hired after 5/09/2000 are not eligible for the rebate per LMUTA CBA

Packages A-E include \$50,000 Life Ins, Vision, Behavioral Health & Supplemental Cancer coverage

**The Deadline to submit benefit forms for Open Enrollment:
June 8, 2018**



2 TIER ANCHOR BRONZE PPO PLAN (70308B)

Offer for Certificated Employees

With the assistance of Self-Insured Schools of California (SISC), LMUSD is offering a plan in accordance with the Affordable Care Act effective 10/01/14. You are receiving this notice because our records indicate you fall within eligibility parameters. Enrollment in the plan is not required; however, in order to meet strict compliance requirements, you must return this form acknowledging receipt of the information providing the *opportunity* to enroll. If you wish to enroll please obtain enrollment paperwork from Human Resources.

ELIGIBILITY - All Certificated employees holding one or more positions totaling 3 hours per day, five days per week are eligible to opt-in to this plan. Those opting in may elect a coverage level of employee or employee + child(ren); spouses, domestic partners and retirees may not be added.

ENROLLMENT - Participation in the Bronze plan is voluntary. The plan year runs October 1 - September 30. Current staff and active subs eligible for the plan will be provided with a designated open enrollment period each year in which they may opt-in or out of the Bronze plan for the following plan year. If enrollment is elected, the employee must complete an enrollment form, provide required documentation (birth certificate) if enrolling dependent children, sign a payment agreement and remit the first premium payment due by the 20th of the month prior to the first coverage month. Those that choose to opt-out will be required to wait until the following year's open enrollment for the next opportunity to enroll. Newly-hired staff/subs falling within eligibility parameters of the plan will be provided the opportunity to enroll in time to begin coverage October 1st or the first day of the month following the date of hire (DOH) if hired mid-plan year, depending on DOH.

2 TIER ANCHOR BRONZE (70308B)

**Employees hired after 5/09/2000
are not eligible for the rebate per
LMUTA CBA**

	You Pay (10thly)	Rebate
EMPLOYEE ONLY	\$0.00	\$203.25
EMPLOYEE + CHILD	\$0.00	\$203.25
EMPLOYEE + CHILDREN.	\$0.00	\$203.25

70% ANTHEM BLUE CROSS PPO PLAN (GROUP #70308B)

Medical & Prescription Deductible	\$5,000 indiv / \$10,000 fam
Calendar Year Out Of Pocket Max	\$6,350 indiv / \$12,700 fam
Office visit co-pay	Subject to Deductible. The plan pays 70% AFTER the deductible is met.
Prescriptions (generic / brand name)	\$9 / \$35 AFTER deductible is met