



2021

**EMPLOYEE
BENEFITS
GUIDE**

Welcome to Your Employee Benefits

This guide provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact Tanya Rodriguez or Leticia Duarte at Ventura Charter School (VCSBSA) office.



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Online Resources

You can access your benefits information whenever you want, from home or any place where you have internet access, by clicking on the “Our Services, Benefits” tab and selecting “Health Benefits” on the Ventura County Schools Business Services Authority website. You’ll find documents posted such as the Summary of Benefits and Coverage (SBC), annual notices, carrier benefit summaries, evidence of coverage booklets, claim forms, and much more.

The Ventura County Schools Business Services Authority website is located at www.vcsbsa.org.

Enrollment Information

Who May Enroll

Please contact your school site office manager to find out more details of your eligibility. If you are eligible for benefits, then you and your eligible dependents may participate in Peak Prep Charter School benefits program. Your eligible dependents include:

- Legally married spouse
- Registered domestic partner
- Children under the age of 26, regardless of student or marital status

**Benefits Plan Year:
May 1– April 30**

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- As a new hire, you may participate in the school's benefits program on the first day of the month following date of hire
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)

Changes To Enrollment

Our benefit plans are effective May 1st through April 30th. There is an annual open enrollment period each year, during which you can make new benefit elections for the following May 1st effective date. Once you make your benefit elections, you cannot change them throughout the year unless you experience a qualifying event as defined by the IRS. Examples include:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a federal or state premium assistance program under Medicare, Medicaid, or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please contact your office manager immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

Paying For Your Coverage

You and the District share in the cost of the Medical/Dental/Vision benefits you elect. Any voluntary disability or cancer benefits you elect will be paid by you at discounted group rates. You have the option of having your contributions deducted before taxes are withheld for your Medical, Dental, and Vision benefits.

Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event.

Important Information Regarding your Medical Rates/ Premium:

Medical rates are based on each member's age as of the effective date of coverage as noted below and are locked until the end of each plan year.

- Newly eligible employee and dependents - the first of the month following date of hire.
- During open enrollment - the beginning of the plan year.
- For qualifying events (if you are adding coverage for you and/ or your dependents) - the member's age as of the qualifying event effective date.

Medical Benefits

Medical Insurance

Anthem Blue Cross | HMO Medical Plans

With the Anthem Blue Cross Health Maintenance Organization (HMO) plan, you must choose a primary care physician (PCP) or medical group within the HMO network. All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.

Anthem Blue Cross | PPO Medical Plans

The Anthem Blue Cross Preferred Provider Organization (PPO) plan allows you to direct your own care. You are not limited to the physicians within the “Managed Choice POS (Open Access)” network and you may self-refer to specialists. If you receive care from a physician who is a member of the PPO network, a greater percentage of the entire cost will be paid by the insurance plan. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

Anthem Blue Cross | HSA PPO Medical Plan

The Health Savings Account (HSA) plan through Anthem Blue Cross combines a high deductible health plan (HDHP) with a special, tax-qualified savings account. You may use your HSA funds to pay for current medical expenses or save toward future medical expenses. Similar to the PPO plan, you have the freedom to choose your doctor without the requirement of selecting a PCP and you may self-refer to specialists. You may use the Anthem Blue Cross PPO providers whose negotiated rates provide richer levels of benefits with claim forms filed by the providers. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

Kaiser Permanente | HMO Medical Plan

With the Kaiser Permanente Health Maintenance Organization (HMO) plan, services must be obtained at a Kaiser Permanente facility, except in the case of emergency. Kaiser Permanente integrates all elements of healthcare such as physicians, medical centers, pharmacy, and administration in one convenient facility. In addition, Kaiser Permanente offers online tools so you can email your doctor's office, make appointments, refill prescriptions, and more.



Finding a Medical Provider

- Kaiser Permanente: Go to www.kp.org or call the number provided on your ID card.
- Anthem Blue Cross: Go to www.anthem.com/ca or call the number provided on your ID card.
-



Benefits Video: Medical Plan Terms

If you've ever been confused about medical plan terms like deductibles, copays, coinsurance, and out-of-pocket maximums, you're not alone! Watch this quick video for a better understanding of how our medical plans work: <http://video.burnhambenefits.com/terms>.

Medical Benefits

Telemedicine Benefits

Phone and/or video visits are an excellent option for convenient, accessible care when you don't need a doctor to see you in person. They are also a good choice when away from home or if you need short term prescription drug refills. Both Anthem and Kaiser offers telemedicine coverage with all medical plans.

Anthem Blue Cross | Live Health Online

LiveHealth Online uses two-way video to connect you with U.S. board certified doctors over the internet. You can see a doctor on the go, right from your mobile device. Doctors can answer your questions, make a diagnosis and even prescribe basic medications, if you need them. Enrolling is really quick and easy. Then, each time you log in, you'll see doctors that are available in your state. If English isn't your first language, try searching for a doctor based on your language preference. You can use LiveHealth Online for many different health issues, such as colds, the flu, allergies, sinus infections, bronchitis, diarrhea, and family health. Keep in mind, LiveHealth Online is not for emergencies. If you experience an emergency, you should go to the emergency room or call 911.

If you are feeling stressed, worried, or having a tough time, you can talk to a licensed psychologist or therapist through video using LiveHealth Online Psychology. It's easy to use, private and, in most cases, you can see a therapist within four days or less.



Accessing LiveHealth Online

Go to www.livehealthonline.com. Select "Sign Up" if you do not have an account. Click "Log In" if you do have an account. Complete the information about yourself and your health issue, then search for a doctor in your area.

LiveHealth Online Psychology: After you log in to LiveHealth Online, select LiveHealth Online Psychology.

Mobile App for Apple and Android Devices: Download and open the LiveHealth Online app on your Apple or Android device. Create a six-digit pin number. You'll need this number every time you use the app. Complete the "Tell Us About Yourself" page to begin.

Kaiser Members: Phone and Video Visits

- Log in to your Kaiser account at www.kp.org to make a free phone/video appointment with your doctor or call 800-464-4000
- For phone visits, the doctor will call you at the time of the appointment
- For video visits, go to <https://mydoctor.kaiserpermanente.org/ncal/videovisit/#>, click Join your visit and log in
- There is no copay for phone or video visits

Common Conditions Treated With Telemedicine

General Care			Pediatric Care
Allergies	Fever	Respiratory Infections	Cold & Flu
Asthma	Headache	Sinus Infections	Constipation
Bronchitis	Infections	Skin Infections	Ear Infections
Cold & Flu	Insect Bites	Sore Throat	Nausea
Diarrhea	Joint Aches	Urinary Tract Infections	Pink Eye
Ear Infections	Rashes	And More!	And More!

Medical Benefits



Anthem Website

Features:

- Find a doctor
- View claims status
- Take a health assessment to receive your overall health score
- Compare cost and quality for common procedures
- The Health Record tool keeps your records available and up to date
- Refill prescriptions
- Access SpecialOffers@Anthem product and service discounts

If you're an Anthem member but haven't registered, go to www.anthem.com/ca from your computer and click Register Now.



Anthem's Sydney Mobile App

Features:

- Uses Artificial Intelligence (AI) to deliver a more powerful mobile experience.
- Keep your ID card on your phone that can be viewed, faxed or sent via email right from your mobile device.
- Search for a doctor, specialist, urgent care, or hospital close by with maps and driving directions.
- See what nearby doctors and facilities charge for a procedure. You can compare them on cost and quality.
- Check the cost of prescription drugs, get refills, or switch to Anthem's home delivery prescription drug program.
- Use the Health Record tool, which keeps your health records available and up-to-date.
- Use the chatbot to get answers to common questions right away.

Anthem's mobile app is free. To log in on your smartphone, you must be registered on Anthem's secure member site and have a user name and password.



Medical Benefits

Benefits	Anthem Blue Cross SG Silver PPO 2000/30% w/ HSA (5SW5/5SWD)		Anthem Blue Cross SG Gold PPO 35/1000/20% (5SY2)	
	PPO Network	Non-Network ¹	PPO Network	Non-Network ¹
Health Benefits				
Lifetime Maximum	Unlimited			Unlimited
Calendar Year Deductible	Individual: \$2,000 Family: \$2,800/ individual; \$4,000/family	Individual: \$4,000 Family: \$5,600/ individual; \$8,000/family	Individual: \$500 Family: \$1,500	Individual: \$2,000 Family: \$4,000
Out-of-Pocket Maximum	Individual: \$6,750 Family: \$13,500	Individual: \$13,500 Family: \$27,000	Individual: \$7,500 Family: \$15,000	Individual: \$15,000 Family: \$30,000
Office Visits	Ded, 30%	Ded, 50%	\$30/\$60	Ded, 50%
Telehealth (<i>Livehealth</i>) (Includes Mental Health)	Ded, 30%	Not Covered	\$0, 3 visit max, then \$5 per visit	Not Covered
Inpatient Hospitalization ²	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 50%
Diagnostic Lab and X-Ray	Office: Ded, 30% Freestanding: Ded, 30%	Ded, 50%	Office: \$15 Freestanding: Ded, 20%	Ded, 50%
Emergency Services	Ded, 30%			Ded, \$250 Copay, 20%
Urgent Care	Ded, 30%	Ded, 50%	\$60	Ded, 50%
Preventive Care	0%	Ded, 50%	0%	Ded, 50%
Physical Therapy, Occupational Therapy	Ded, 30%	Ded, 50%	Office: \$30 Freestanding: Ded, 20%	Ded, 50%
Chiropractic Services	Ded, 50% (20 visits)	Not Covered	50% (20 visits)	Not Covered
Acupuncture	Ded, 30%	Not Covered	\$30	Not Covered
Durable Medical Equipment ²	Ded, 50%	Not Covered	Ded, 50%	Not Covered
Mental Health / Substance Abuse - Inpatient ² - Outpatient	Ded, 30% Ded, 30%	Ded, 50% Ded, 50%	Ded, 20% \$30	Ded, 50% Ded, 50%
Pharmacy Benefits				
Pharmacy Deductible	Combined with Medical Deductible			\$200 Ind/\$400 Fam (does not apply to generic)
Pharmacy Copay - Tier 1 (Generic) ³ - Tier 2 (Preferred) - Tier 3 (Non Preferred) - Tier 4 (Specialty)	Retail (30 Days) Lvl 1: \$20; Lvl 2: \$25 Lvl 1: \$60; Lvl 2: \$95 Lvl 1: \$85; Lvl 2: \$115 Lvl 1: 30% to \$250 max/ Lvl 2: 40% to 250 max 90 Day Retail/ Mail Order Lvl 1: \$38 Lvl 1: \$145 Lvl 1: \$255 Lvl 1: 30% to \$250 max - (30 day supply limit) Lvl 2: 40% to \$250 max - (30 day supply limit)	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered	Retail (30 Days) Lvl 1: \$15; Lvl 2: \$25 Lvl 1: \$45; Lvl 2: \$65 Lvl 1: \$85; Lvl 2: \$95 Lvl 1: 30% to \$250 max Lvl 2: 40% to 250 max 90 Day Retail/ Mail Order Lvl 1: \$38 Lvl 1: \$145 Lvl 1: \$255 Lvl 1: 30% to \$250 max - (30 day supply limit)	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered

¹ When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.

² Subject to utilization review or medical necessity.

³ Not subject to pharmacy deductible

Medical Benefits

Benefits	Anthem Blue Cross SG Gold PPO 35/1000/20% (5S2Z)		Anthem Blue Cross SG Platinum PPO 5/250/15% (5SRH)	
	PPO Network	Non-Network ¹	PPO Network	Non-Network ¹
Health Benefits				
Lifetime Maximum	Unlimited		Unlimited	
Calendar Year Deductible	Individual: \$1,000 Family: \$3,000	Individual: \$2,000 Family: \$4,000	Individual: \$250 Family: \$750	Individual: \$2,000 Family: \$4,000
Out-of-Pocket Maximum	Individual: \$7,800 Family: \$15,600	Individual: \$15,600 Family: \$31,200	Individual: \$4,000 Family: \$8,000	Individual: \$8,000 Family: \$16,000
Office Visits	\$35/\$60	Ded, 50%	\$5/\$45	Ded, 50%
Telehealth (<i>Livehealth</i>) (Includes Mental Health)	\$0, 3 visit max, then \$5 per visit	Not Covered	\$0, 3 visit max, then \$5 per visit	Not Covered
Inpatient Hospitalization ²	Ded, 20%	Ded, 50%	Ded, 15%	Ded, 50%
Diagnostic Lab and X-Ray	Office: \$15 Freestanding: Ded, 20%	Ded, 50%	Office: \$15 Freestanding: Ded, 20%	Ded, 50%
Emergency Services	Ded, \$250 Copay, 20%		Ded, \$250 Copay, 20%	
Urgent Care	\$60	Ded, 50%	\$60	Ded, 50%
Preventive Care	0%	Ded, 50%	0%	Ded, 50%
Physical Therapy, Occupational Therapy	Office: \$35 Freestanding: Ded, 20%	Ded, 50%	Office: \$5 Freestanding: Ded, 15%	Ded, 50%
Chiropractic Services	50% (20 visits)	Not Covered	50% (20 visits)	Not Covered
Acupuncture	\$35	Not Covered	\$5	Not Covered
Durable Medical Equip ²	Ded, 50%	Not Covered	Ded, 50%	Not Covered
Mental Health / Substance Abuse - Inpatient ² - Outpatient	Ded, 20% \$35	Ded, 50% Ded, 50%	Ded, 15% \$5	Ded, 50% Ded, 50%
Pharmacy Benefits				
Pharmacy Deductible	\$200 Ind/\$400 Fam (does not apply to generic)		n/a	
Pharmacy Copay	<u>Retail (30 Days)</u> - Tier 1 (Generic) ³ - Tier 2 (Preferred) - Tier 3 (Non Preferred) - Tier 4 (Specialty)	Not Covered Not Covered Not Covered Not Covered	<u>Retail (30 Days)</u> Lvl 1: \$5; Lvl 2: \$15 Lvl 1: \$35; Lvl 2: \$50 Lvl 1: \$70; Lvl 2: \$85 Lvl 1: 30% to \$250 max Lvl 2: 40% to 250 max 90 Day Retail/ Mail Order Lvl 1: \$13 Lvl 1: \$105 Lvl 1: \$210	Not Covered Not Covered Not Covered Not Covered
- Tier 1 (Generic) ³ - Tier 2 (Preferred) - Tier 3 (Non Preferred) - Tier 4 (Specialty)				
	<u>Retail (30 Days)</u> Lvl 1: \$15; Lvl 2: \$25 Lvl 1: \$45; Lvl 2: \$65 Lvl 1: \$85; Lvl 2: \$95 Lvl 1: 30% to \$250 max Lvl 2: 40% to 250 max 90 Day Retail/ Mail Order Lvl 1: \$38 Lvl 1: \$145 Lvl 1: \$255 Lvl 1: 30% to \$250 max - (30 day supply limit) Lvl 2: 40% to \$250 max - (30 day supply limit)	Not Covered Not Covered Not Covered Not Covered	Lvl 1: \$13 Lvl 1: \$105 Lvl 1: \$210 Lvl 1: 30% to \$250 max - (30 day supply limit)	Not Covered Not Covered Not Covered Not Covered

¹ When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.

² Subject to utilization review or medical necessity.

³ Not subject to pharmacy deductible

Medical Benefits

Benefits	Anthem Blue Cross SG Gold HMO 35 (5SWW)	Kaiser Permanente Platinum 90 HMO 0/20
Health Benefits		
Lifetime Maximum	Unlimited	Unlimited
Calendar Year Deductible	\$0 Individual / \$0 Family	\$0 Individual / \$0 Family
Out-of-Pocket Maximum	\$6,500 Individual / \$13,000 Family	\$4,500 Individual / \$9,000 Family
Office Visits	\$35/\$70	\$20 / \$30
Telehealth (Includes Mental Health)	\$0, 3 visit max, then \$5 per visit (Livehealth)	\$0
Inpatient Hospitalization ²	\$750/day, 4 days max	\$250/day, 5 days max
Ambulatory Surgery Center ²	\$450	\$150
Diagnostic Lab and X-Ray	Office: \$15 Outpatient: \$45	\$20/ \$30
Emergency Services	\$300	\$150
Urgent Care	\$35	\$20 Copay
Preventive Care	0%	0%
Physical Therapy, Occupational Therapy	Office: \$35 Outpatient: \$70	N/A
Chiropractic Services ²	\$35 (20 visits)	N/A
Acupuncture	\$35	N/A
Durable Medical Equipment ²	\$100	N/A
Mental Health / Subst. Abuse - Inpatient ² - Outpatient	\$750/day, 4 days max \$35	\$250/day, 5 day max \$20
Pharmacy Benefits		
Pharmacy Deductible	None	\$0 Individual / \$0 Family
Pharmacy Copay	<u>Retail (30 Days)</u>	<u>Retail (30 Days)</u>
- Tier 1 (Generic) ³	Lvl 1: \$15; Lvl 2: \$25	\$5
- Tier 2 (Preferred)	Lvl 1: \$40; Lvl 2: \$60	\$20
- Tier 3 (Non Preferred)	Lvl 1: \$80; Lvl 2: \$90	\$20 (after approval)
- Tier 4 (Specialty)	Lvl 1: 30% to \$250 max Lvl 2: 40% to 250 max	10% to \$250 max
	90 Day Retail/ Mail Order	100 Day Retail / Mail Order
	Lvl 1: \$38	\$10
	Lvl 1: \$120	\$40
	Lvl 1: \$240	\$40 (after approval)
	Lvl 1: 30% to \$250 max - (30 day supply limit)	

¹ When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.

² Subject to utilization review or medical necessity.

Additional Health Benefits

For Anthem Plan Members

Diabetes Prevention Program: Solera4ME

If you qualify, you can get access to a free, 16-week leading-edge program that helps with weight loss, adopting healthy habits, and can significantly reduce your risk of developing diabetes. Members can choose from an array of national and local programs such as Weight Watchers, Retrofit, Jenny Craig, Healthslate, and more. Most programs provide access to a personal health coach, group support, weekly lessons, and tools such as a wireless scale or an activity tracker.

To find out if you qualify, go to <https://solera4me.com/sisc> and take a 1-minute quiz.

Time Well Spent

Anthem provides you with a large variety of wellness resources, designed to help you be healthier and more productive; to access Time Well Spent, visit <https://timewellspent-ca.anthem.com>.

Condition Care

Condition Care provides free support to better understand and manage specific chronic health conditions and improve overall quality of life. The program provides current, accurate data about Asthma, Diabetes, Congestive Heart Failure (CHF), Coronary Artery Disease (CAD) and Chronic Obstructive Pulmonary Disease (COPD), plus education to help you better manage and monitor your condition. ConditionCare also provides depression screening.

SpecialOffers Program

You can save money on things that are good for you at www.anthem.com/ca. With SpecialOffers, you can get discounts on products and services that help promote better health and well-being. It's just one of the perks of being a member. Check out how much you can save:



Vision and Hearing

- 1-800 CONTACTS
- Glasses.com
- Premier LASIK
- Amplifon
- Beltone



Fitness and Health

- Jenny Craig
- Lindora
- SelfHelpWorks
- GlobalFit
- ChooseHealthy
- Performance Bicycle
- Garmin



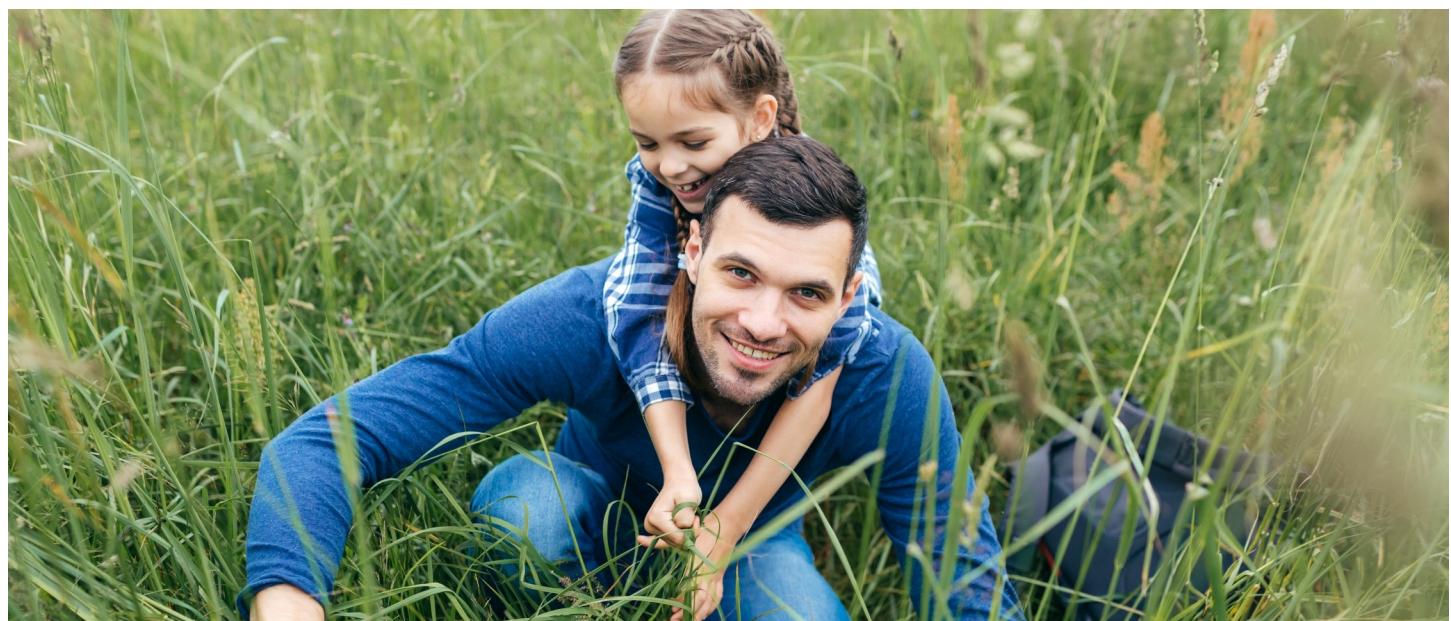
Family and Home

- Safe Beginnings
- VPI Pet Insurance
- ASPCA Pet Health Insurance
- LinkWell
- WINFertility
- LifeMart
- HelpCare Plus



Medicine and Treatment

- Puritan's Pride
- Allergy Control Products
- National Allergy Supply



Additional Health Benefits



For Kaiser HMO Plan Members

Healthy Lifestyle Programs

You have access to an array of free programs designed to support you in cultivating good health, fitness and well being. To learn more and/or join any of them, go to kp.org/healthylifestyles.

Healthy Lifestyle Programs for Chronic Conditions

These programs are designed to support people living with chronic conditions or health issues. Go to kp.org/healthylifestyles to join them. Programs include:

- Care for Diabetes: Receive support in managing diabetes to help you lead a healthier, more satisfying life.
- Care for Your Health: A customized plan to help you handle medications and treatments, and deal with daily challenges
- Care for Pain: A personalized pain management plan can help you enjoy life to the fullest while dealing effectively with your chronic pain.

Wellness Coaching

Partner with a wellness coach (available in both English and Spanish) at no cost to you. Programs are available to help you:

- Manage your weight
- Quit tobacco
- Reduce stress
- Increase activity
- Eat healthier

Call [866.862.4295](tel:8668624295) to get started.

ChooseHealthy Discounts

This program offers a directory of complementary care, an online store, fitness club discounts, savings on health products and services, and more. When you register for ChooseHealthy, you'll also receive a free annual Premium Membership (a \$69.95 value). This membership gives you access to online resources and tools to help you achieve your health and fitness goals. You can develop a personalized exercise or meal plan, track your progress, and more.

To get started, go to kp.org, log in, click the Health and Wellness tab, and scroll down to Programs and Classes. You may also call 877.335.2746.

Medical Benefits

Tips on Getting the Most from Your Health Benefits

1 Ask Questions

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.

2 Utilize your Free Preventive Care Benefits to Stay Healthy.

In-network preventive care benefits are covered at no charge to you. Take advantage of these no cost benefits now to hopefully avoid major illnesses and the costs they bring in the future.

3 Get the Right Health Care and Save Money

Choosing the right care for your medical situation will help save you money out-of-pocket:

- **Doctor's Office Visit or Telemedicine** visit: These are the best choices for non-urgent medical issues.
- **Urgent Care:** This is the best choice for non-life threatening medical issues that require immediate in-person care when you can't get an appointment for a Doctor's Office Visit.
- **Emergency Room:** You should use the Emergency Room for life threatening emergencies, or for other issues that require immediate in-person medical care outside Urgent Care hours.

4 Use Generic Drugs When Available

The best way to save on prescriptions is to use generic medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay.

Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

5 Use the Mail-Order Prescription Drug Benefit for Maintenance Medications

If you take medications on a long term basis, the mail order prescription drug benefit can save you money.



Save Money on Your Health Care Expenses

When you use your Flexible Spending Account (see page 15) to pay for eligible, unreimbursed medical, dental and vision care expenses, you reduce your taxable income and can save money on taxes.

Dental Benefits

Anthem Blue Cross Dental PPO

With the Anthem Dental Preferred Provider Organization (PPO) dental plan, you may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a Premier Network dentist, your out-of-pocket expenses will be less. You may also obtain services using a non-network dentist; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

Plan Name	Anthem Dental Essential Choice PPO Plan	
Dental Benefits	In-Network (Dental Complete Network)	Non-Network
Calendar Year Maximum	\$1,500	\$1,500
Calendar Year Deductible	None	
Diagnostic & Preventive Services - Exams, cleanings (2) per calendar year - X-rays (frequency varies on type)	100%	100% MAC
Basic Services - Fillings, simple tooth extractions, sealants - Endodontics (root canals), oral surgery - Periodontics (gum treatment)	80%	80% MAC
Major Services - Crowns, inlays, onlays, cast restorations	50%	50% MAC
Prosthodontic Services - Bridges, dentures, implants	50%	50% MAC
Dental Accident Services	100%	50%-100
Orthodontia (through age 18)	50%	50% MAC

¹ Dentists who are out-of-network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.

	Finding a Dental Provider Go to anthem.com/ca , Network Name: Dental Complete or call 877.567.1804
We recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.	

Employee Tier	Dental Plan Cost- Tenthly
SINGLE	\$74.66
2-PARTY	\$152.32
EC	\$176.26
FAMILY	\$263.05

Vision Benefits

Anthem Blue View Vision PPO

provides professional vision care and high-quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you use a non-network provider, you will be responsible for paying all charges at the time of your appointment and will be required to file an itemized claim with Anthem.

You will have access to the nation's largest vision network. You may choose from private practice doctors, local optical stores and national retail stores including LensCrafters®, Target Optical®, Sears Optical®, JCPenney® Optical and most Pearle Vision® locations. points nationwide. Please note, benefits may vary at affiliate locations.

Plan Name	Anthem Blue View Vision	
Vision Benefits	In-Network (Blue View Vision Network)	Non-Network ¹
Copay		
- Examination (Every 12 Months)	\$10 Copay	Up to \$42 Reimbursement
- Materials	\$130 Allowance, 20%	Up to \$45 Reimbursement
Examination (Every 12 Months)	0%	\$35 Reimbursement
Lenses (Every 12 Months)		
- Single Vision	\$25 Copay	Up to \$40 Reimbursement
- Bifocal	\$25 Copay	Up to \$60 Reimbursement
- Trifocal	\$25 Copay	Up to \$80 Reimbursement
Frames (Every 12 Months)	\$130 Allowance, 20%	Up to \$45 Reimbursement
Contact Lenses (Every 12 Months)	In Lieu of Frames and Lenses	
- Cosmetic / Elective	\$130 Allowance, 15%	\$95 Reimbursement
- Medically Necessary	0%	\$210 Reimbursement
Laser Vision Correction	Discounts Apply	Not Covered

¹ When using the non-network tier, you are responsible for paying all of the charges at the time of your appointment and filing a claim for reimbursement.

Employee Tier	Vision Plan Cost—Monthly
SINGLE	\$8.53
2-PARTY	\$17.05
EC	\$15.73
FAMILY	\$24.71



Finding a Vision Provider

Go to www.anthem.com/ca or call 866.723.0515.

Income Protection Benefits

Lincoln Financial Group | Basic Life and AD&D Insurance

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the company. Peak Prep pays for coverage, offered through Lincoln Financial Group, in the amount \$50,000. If your death is due to a covered accident or injury, your beneficiary will receive an additional amount through Accidental Death and Dismemberment (AD&D) coverage.

Lincoln Financial Group | Voluntary Life and AD&D Insurance

In addition to the company provided Basic Life and AD&D benefits, you may elect to purchase additional Term Life and AD&D insurance at discounted group rates provided by Lincoln Financial Group. You pay for this coverage with after-tax dollars through convenient payroll deductions. You may purchase coverage for yourself and your eligible dependents as follows:

- **Employee:** You may purchase coverage for yourself in increments of \$10,000 up to the lesser of 5 times your annual salary or \$500,000.
- **Spouse:** If you buy coverage for yourself, you may also purchase coverage for your eligible spouse. Benefits for your spouse are available in increments of \$5,000 up to the lesser of 50% of your election or \$250,000.
- **Child(ren):** If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren) in the following amounts: Age: 6 months to age 26: Flat \$10,000. Age 1 day to 6 months: Flat \$250.

Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you during your initial eligibility period (upon hire). Guarantee issue is available in the following amounts:

- **Employee:** \$50,000
- **Spouse:** \$10,000
- **Child(ren):** \$10,000

If you are no longer in your initial eligibility period, you may enroll in Voluntary Life and AD&D insurance anytime during the year as long as you provide proof of good health. To provide proof of good health, you will be asked to complete a health questionnaire and are subject to insurance carrier approval. Lincoln Financial Group may approve or decline coverage based on a review of your health history.

Lincoln Financial Group | Short Term Disability Insurance

Peak Prep pays for your Short Term Disability (STD) that provides income replacement if you become disabled due to accident, sickness or pregnancy, through Lincoln Financial Group. If you experience a temporary disability, benefits begin after 7 days from the start of your accident, sickness or pregnancy. STD works with state disability programs, Social Security, and any other group disability coverage, to provide you with a combined monthly benefit equal to 60% of your pre-disability earnings up to a maximum benefit of \$2,308 per week for up to 25 weeks.

Lincoln Financial Group | Long Term Disability Insurance

Peak Prep pays for your Long Term Disability (LTD) that provides income replacement if you become disabled for an extended period of time, through Lincoln Financial Group. If you become totally and permanently disabled, benefits begin after 180 days from the start of your illness or injury. LTD works with state disability programs, Social Security, and any other group disability coverage, to provide you with a combined monthly benefit equal to 60% of your pre-disability earnings up to a maximum benefit of \$10,000 per month.

Other Benefits

24| Employee Assistance Program

EmployeeConnectSM | Employee Assistance Program

The EmployeeConnectSM Employee Assistance Program (EAP) through Lincoln Financial provides you and your household members with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities and obligations. Services are available 24 hours a day, 7 days a week via a toll-free nationwide number. Additionally, you and your household members can receive **up to five in-person counseling sessions** per person per year.

The EAP can help with the following issues:



Stress, Anxiety
or Depression



Relationship Issues



Grief and Loss



Legal Assistance



Financial Services
and Referrals



Childcare Resources and
Referrals



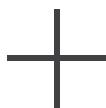
Senior Care



Pet Care



Identity Theft



and More!

Peak Prep Charter School holds the privacy of our employees in the highest regard. Any information you share with an EAP counselor will not be shared with Peak Prep Charter, and is protected by state and federal privacy laws.



Accessing the EAP

Go to www.guidanceresources.com

(Enter user name: LFGsupport and password: LFGsupport1)

Flexible Spending Accounts

Flexible Spending Accounts

You can set aside money in Flexible Spending Accounts (FSA) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You choose how you want to receive reimbursement for your eligible expenses. You may use a debit card, or you may sign up for direct deposit to your bank account or you may have a check sent to your home.

Please remember that if you are using your debit card, you must save your receipts, just in case Paylocity needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

Your FSA elections expire each plan year on April 30. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.

Health Care Spending Account

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays, expenses that exceed plan limits, over-the-counter drugs, and menstrual supplies. You may defer up to \$2,750 pre-tax per year.

Dependent Care Spending Account

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to \$10,500 pre-tax per year. You can use the Dependent Care Spending Account to be reimbursed for: Licensed nursery schools, qualified childcare centers, after school programs, summer camps (under age 13), preschool, and adult daycare facilities.



Benefits Video: Flexible Spending Accounts

This quick video explains how Flexible Spending Accounts work and how they can help you save money:
<http://video.burnhambenefits.com/fsa>

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule. According to this rule, you must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year. If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.

In the example below, Dan estimates that he will have approximately \$1,200 in out-of-pocket health care expenses next year and is looking to increase his take-home pay.

Dan's Pay, Taxes and Health Care Expenses	Without the Health Care FSA	With the Health Care FSA
Gross Pay (Annual)	\$35,000	\$35,000
Pre-tax Health Care FSA	\$0	\$1,200
Taxable Gross Income	\$35,000	\$33,800
Payroll Taxes (at 30%)	\$10,500	\$10,140
Health Care Cost	\$1,200	\$0
Net Pay	\$23,300	\$23,660
Annual Net Pay Increase	\$0	\$360

Resources and Contacts

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact the Payroll & Benefits Department

Medical Plans

Anthem Blue Cross PPO Anthem Blue Cross HMO Anthem Blue Cross - Prescription Drugs - IngenioRx	855-383-7248 www.anthem.com/ca 800-700-2533 www.anthem.com/pharmacyinformation
Kaiser Permanente HMO	800-760-4661 www.kp.org

Dental Plan

Anthem Blue Cross - Dental	877-567-1804 www.anthem.com/ca
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Vision Plan

Anthem Blue Cross	866-723-0515 www.anthem.com/ca
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Employee Assistance Program

Lincoln Financial	888-628-4824 www.guidanceresources.com
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Life and Disability Plans

Lincoln Financial Group - Life and AD&D Lincoln Financial Group - Short Term Disability Lincoln Financial Group - Long Term Disability	800-423-2765 www.lincolncfinancial.com
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Additional Benefits Provided for Anthem Members Only

SOLERA4ME	www.solera4me.com/
Anthem Time Well Spent	https://timewellspent-ca.anthem.com
Anthem Condition Care	800.621.2232

Important Information

Annual Notices

The District plans are partially arranged by the District and governed by its plan rules and documents. ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The District distributes annual notices to new-hires, and each year during open enrollment:

- **Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by the District's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.
- **Women's Health and Cancer Rights Act (WHCRA):** This act contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** This act affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.
- **Special Enrollment Rights:** Plan participants are entitled to certain special enrollment rights outside of the District's open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.
- **Medicaid & Children's Health Insurance Program:** Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage. This guide is designed to help you understand the medical plan options offered to you by Peak Prep Charter School. Please refer to the SBC and carrier contracts provided for additional plan details.

You can access your benefits information whenever you want, from home or any place where you have internet access, by clicking on the "Our Services, Benefits" tab and selecting "Health Benefits" on the Ventura County Schools Business Services Authority website. You'll find documents posted such as the Summary of Benefits and Coverage (SBC), annual notices, carrier benefit summaries, evidence of coverage booklets, claim forms, and much more.

The Ventura County Schools Business Services Authority website is located at www.vcsbsa.org.

Individual Health Care Mandate

Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2020 tax year. In addition, several other states, including Massachusetts, New Jersey, and Vermont, as well as the District of Columbia, have reinstated an individual mandate requirement, and others are considering doing so.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by the District or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

However, if you choose to purchase coverage through the marketplace, because the District's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For more information, go to www.healthcare.gov.



Learn more at www.burnhambenefits.com

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact Rodriguez and Leticia Duarte at Ventura Charter School (VCSBSA) office.