

Garden Grove Unified School District



Health and Welfare Benefits

2016-2017

Benefit Package

- As a benefited employee, you are entitled to a comprehensive benefits package including:
 - Medical
 - Dental
 - Vision
 - Life Insurance



Employee Contributions: Premium

- Taken directly from your paycheck tenthly:

Employee Only:	\$50
Employee + 1 Dependent	\$100
Employee + 2 or More Dependents	\$150

- **Note:** Sign both lines of your Election and Authorization form for tax exempt participation

Eligible Dependents

- Legally Married Spouse
 - Marriage Certificate required
- Registered Domestic Partner
 - Proof of State Registration required
- Children Under Age 26
 - Birth Certificate required



Open Enrollment

- Time to make changes
 - Add / Remove dependents (outside of a qualifying event)
 - Change health or dental coverage
- **2016: OE month of September**
 - Plan year: 10/1/2016 – 12/31/2017 (15 months)
 - Insurance Dept. must receive all forms by: September 30, 2016 at 5:00 p.m.
- **2017: OE month of October**
 - Plan year: 1/1/2018 – 12/31/2018 (12 months)
 - Insurance Dept. must receive all forms by: October 31, 2017 at 5:00 p.m.



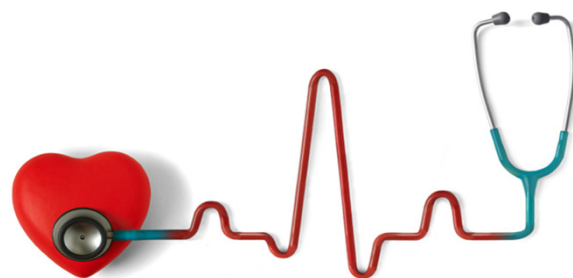
Qualifying Event(s)

- Certain changes in your status allow you to change the dependents on your plan.
 - New marriage / Domestic partnership
 - New birth / Adoption
 - Loss of other coverage in certain circumstances
- Divorce or Legal Separation requires you to remove your spouse/former spouse.
- **All changes MUST be made within 30 days of the qualifying event**



Medical Plans

- GGUSD Self-Insured PPO - Anthem
- GGUSD Self-Insured EPO - Anthem
- HMO
 - United HealthCare through Dec 2016
 - Anthem Blue Cross beginning Jan 2017



Preferred Provider Organization (PPO): Nationwide Network

Deductible	\$300 per person / Max \$900 per family
Out-of-Pocket Maximum	<ul style="list-style-type: none"> ■ In-Network: Individual \$2,500 / Family \$7,500 ■ Non-Network: Individual \$3,500 / Family \$12,700 (Member always pays amount exceeding allowable rates.)
Office Visit Co-Pay	\$25
Emergency Room Co-Pay	\$100
Participating Providers	20% Co-Insurance
Non-Participating Providers	30% Co-Insurance (Member must also pay fees exceeding allowable rates.)
Pharmacy Co-Pays	\$5, \$10, \$35

Exclusive Provider Organization (EPO): California Only

Deductible	\$300 per person / Max \$900 per family
Out-of-Pocket Maximum	Individual: \$2,500 / Family: \$7,500
Office Visit Co-Pay	\$25
Emergency Room Co-Pay	\$100
2016-17 CHANGE Hospitals: Inpatient Services / Outpatient Surgery	Co-Insurance: <ul style="list-style-type: none"> ■ 10/1/15 - 9/30/16: Tier 1: 0% / Tier 2: 20% ■ 10/1/16: Eliminating Tiered Hospital system & returning to 0% coinsurance for all covered services in the network
Must use ONLY Participating Network Providers	PPO Prudent Buyer Large Group – California only
Pharmacy Co-Pays	\$5, \$10, \$35

Health Maintenance Organization (HMO): California Only

Deductible	None
Out-of-Pocket Maximum	Individual: \$2,000 / Family: \$6,000
Office Visit Co-Pay	\$25
Emergency Room Co-Pay	\$100
Hospital Co-Pay	\$100 per day (\$300 max per admission)
2016-17 CHANGE Plan management	United HealthCare through Dec 2016 Anthem Blue Cross beginning Jan 2017
Must use ONLY Participating Network Providers	<ul style="list-style-type: none"> ■ Must choose a primary care physician ■ Must see only doctors within a chosen Medical Group ■ Must get referrals to see most specialists
Pharmacy Co-Pays	\$5, \$15, \$30

Medical Overview (1/2)

	PPO	EPO	HMO
Deductible	\$300 / Individual \$900 / Family	\$300 / Individual \$900 / Family	No Deductible
Out-of-Pocket Max	In-Network: \$2,500 / Individual \$7,500 / Family Non-Network: \$3,500 / Individual \$12,700 / Family	In-Network: \$2,500 / Individual \$7,500 / Family Non-Network: No Coverage	In-Network: \$2,000 / Individual \$6,000 / Family Non-Network: No Coverage
Primary / Specialist Office Visit	\$25 Co-Pay + 20%	\$25 Co-Pay	\$25 Co-Pay

Medical Overview (2/2)

	PPO	EPO	HMO
ER	\$100 Co-Pay + 20% Co-Insurance	\$100 Co-Pay	\$100 Co-Pay
Hospital Inpatient Services / Outpatient Surgery	<ul style="list-style-type: none"> ■ In Network: 80% / 20% ■ Non-Network: 70% / 30% plus amount exceeding allowable rates	<ul style="list-style-type: none"> ■ In-Network only: 100% / 0% 	<ul style="list-style-type: none"> ■ In-Network only: \$100/day (\$300 max per admit)
Pharmacy Co-Pays	\$5, \$10, \$35	\$5, \$10, \$35	\$5, \$15, \$30

Differences (1/2)

PPO	EPO	HMO
Highest Out-of-Pocket Most Flexible	Middle Out-of-Pocket More Flexible than HMO	Lowest Out-of-Pocket Least Flexible
Nationwide	CA Only	CA Only
Provider Network: <ul style="list-style-type: none"> ▪ <u>California:</u> Blue Cross PPO Prudent Buyer – Large Group ▪ <u>Outside of CA:</u> National PPO (Blue Card) 	Provider Network: <ul style="list-style-type: none"> ▪ Blue Cross PPO Prudent Buyer – Large Group 	Provider Network: <ul style="list-style-type: none"> ▪ <u>Through Dec 2016:</u> United HealthCare Signature Value HMO ▪ <u>Beginning Jan 2017:</u> Blue Cross HMO (CACARE) Large Group

Differences (2/2)

PPO	EPO	HMO
In-Network & Non-Network Coverage	In-Network Coverage ONLY	In-Network Coverage ONLY
Referral-free Access (Some services still require pre-certification)	In-Network Referral-free Access (Some services still require pre-certification)	Limited to PCP and medical group (PCP referral needed for most specialists)

Finding In-Network Providers:

Access the instructions for provider search at www.ggusd.us
(Depts/Ins/Info)

- Check before **EVERY** appointment; changes can occur throughout the year.
- **Retain** copy of search result.
- Be sure to see provider at exact **STREET ADDRESS** and **SUITE #** listed.
- When searching by name, keep your search broad: “All Specialties”
- Difficulty locating by name? Search by location.

Explanation of Benefits (EOB): Sample



E.B.A. & M. CORPORATION
P.O. BOX 5079
Westlake Vlg. CA 91359-5079

Explanation of Benefits

**RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL**

Forwarding Service Requested

GARDEN GROVE CA 92840-5450

Customer Service

Group: GARDEN GROVE USD
Group #: 43200
Provider: . MD
Member ID: 00E
Date: 02/04/15

If you have any questions about this claim,
please call or (855) 322 7606
Status & Benefits visit www.ebam.com

Claim #:
Patient:

Enrollee:
Patient #:

Dates of Service	Procedure Description	Billed Amount	Provider Discount	Ineligible Amount	Reason Code	Covered By Plan	Deductible Amount	Co-pay Amount	Coinsurance Amount	Balance Amount	Paid At	Payment Amount
01/15-01/15/2015	OFFICE VISIT	\$355.00	\$193.98	\$193.98	BBC	\$161.02	\$136.02	\$25.00	\$0.00	\$0.00	0%	\$0.00
01/15-01/15/2015	RADIOLOGY	\$75.00	\$43.27	\$43.27	BBC	\$31.73	\$31.73	\$0.00	\$0.00	\$0.00	0%	\$0.00
Column Totals		\$430.00	\$237.25	\$237.25		\$192.75	\$167.75	\$25.00	\$0.00	\$0.00		\$0.00
										Other Credits or Adjustments		\$0.00
										Total Net Payment		\$0.00

Patient Responsibility: \$192.75

Reason Code/Description

BBC THIS AMOUNT REPRESENTS A BLUE CARD/JAA PPO DISCOUNT. THIS IS NOT THE PATIENT'S RESPONSIBILITY. BLUE CARD/JAA PROVIDER ANY PAYMENT REPRESENTED ON THIS EXPLANATION OF BENEFITS WILL BE SENT UNDER SEPARATE COVER FROM YOUR LOCAL BLUE CROSS/BLUE SHIELD CARRIER

Appeal Rights

You are entitled to a review of this benefit determination if you have questions or do not agree. Written request for review must be mailed within 180 days following receipt of this explanation. To obtain a review, submit your request to the address listed below to the attention of "Appeals Department". Your request should include your name, member ID and other identifying information shown on this form, as well as a statement of the issue and any data, documents or comments you would like to have considered. Ordinarily, you will receive notification of the final determination within 60 days following receipt of your request. If special circumstances require an extension of time, you will be notified of such extension within 60 days following receipt of your request. SEND ALL WRITTEN APPEALS TO: APPEALS DEPARTMENT c/o E.B.A.&M. Corporation 3505 Cadillac Ave. Suite O-201 Costa Mesa, CA 92626. Please be advised this Plan is an ERISA Plan subject to the provisions of the Federal Claims and Appeals Regulation (July 2002).

Your plan may or may not require satisfaction of co-pays, annual deductibles, or coinsurance. For additional information on why a co-pay, deductible or coinsurance was applied to this claim, please refer to the Schedule of Benefits section of your Summary Plan Description.

Pharmacy Provider: PPO and EPO

- Managed by American Health Care
- Separate Card
- Telephone: **800-872-8276**
- Refer to online formulary for drug availability
 - Register at: **americanhealthcare.com**



PROCESSOR: SUBMIT ONLINE TO **AMERICAN HEALTH CARE**

MEMBER NAME: _____

MEMBER ID: _____

19650000001

RxBin _____

RxPCN: _____

RxGRP #: _____

PHARMACY SERVICE DESK: (800) 872-8276

AMERICAN HEALTH CARE

"Integrating Pharmacy Benefit Management and Science-Based Medical Care"



Submit Online For Copayment Amount

Member Benefits Information (800) 872-8276
www.americanhealthcare.com

Dental

- Garden Grove Self-Insured Dental
- United Concordia



Garden Grove Self-Insured Dental Plan

- Choose your own dentist
 - Use network for additional savings!
- Annual deductibles
 - \$25 individual
 - \$75 family maximum
- Annual limit: \$2,000
- Coverage: 90% / 10%
- **2016-17 change: adding Implant coverage**
- Orthodontia
 - Plan pays 50%
 - \$2,800 lifetime max



United Concordia (HMO)

- Must use United Concordia dentists
- No Deductible or Annual Limit
- 100% coverage for most covered services
- Orthodontia
 - Employee pays
 - \$1,500 for banding for those under 19
 - \$2,000 for banding for those age 19 and older



Vision Service Plan

- Usage: Date of service to Date of service
- Eye exam: \$25 copay once per year
- First Pair Benefit:
 - \$105 Contacts allowance every 12 months OR
 - \$120 Frames allowance every 24 months
- Second Pair Benefit:
 - \$200 Contacts allowance every 12 months OR
 - \$0 Copay for Lenses (for glasses) every 12 months



Life Insurance

- Death Benefit
 - Regular Employees: \$50,000
 - Management Employees: \$70,000
- Limited coverage for dependents;
Eff. 10/1/16
 - Spouse:
 - Regular: \$1,000
 - Management: \$5,000
 - Children
 - Under 15 days old: \$100
 - 15 days through age 20: \$1,000 (full-time students through age 24)
- **Don't forget to keep the Insurance Department updated on beneficiaries and their contact info.**



How to be a good consumer...

- Ask questions of your doctor and pharmacist
- Prescriptions: Generic vs. Brand Name
- Urgent care vs. emergency room
- Keep your EOBs for your records
- Stay in network (includes doctors, facility, hospital, lab, etc.)
- GGUSD Ins. Department is here to help
- Keep Ins. Dept. updated: address or other coverage changes, etc.



www.ggusd.us

The screenshot shows the website for Garden Grove Unified School District. The header includes navigation links: ABOUT GGUSD, EMPLOYMENT, NEWS, CONTACT, and a search bar. The main navigation bar lists: Board of Education, Schools, Departments, Parents, Student, and Staff. The page title is "Insurance".

Open Enrollment Meetings
A description of medical, dental, vision and life insurance benefits for New & Active Employees

Thurs., 9/10/15, 3:30 p.m. - ACR
Mon., 9/14/15, 3:30 p.m. - ACR
Tues., 9/15/15, 2:00 or 4:00 p.m. - MOT Board Rm.
Thurs., 9/17/15, 3:30 p.m. - ACR

New hires must submit enrollment forms to the District Insurance Office within 30 days of the first day of work.

WELCOME
Welcome to the GGUSD Insurance Department website. The information presented on this site is designed to inform, educate, answer questions, and serve the needs of GGUSD union staff members.

We always welcome your calls, endeavor to answer your questions accurately and promptly, solve your problems whenever possible or put you in touch with those individuals who can help you. Our contact information is listed below:

GGUSD Insurance Department
10331 Stanford Avenue
Garden Grove, CA 92640
Phone: 714-663-6223

Email:
JONES@GGUSD.US
JONES@GGUSD.US
JONES@GGUSD.US
JONES@GGUSD.US

A dropdown menu is highlighted with a red circle, containing the following items:
About
Forms
Information and Presentations
Links
Newsletters and Mailings
Staff Directory
Summary of Benefits and Coverage (SBC)
Summary Plan Descriptions (Detailed)
Calendar

© Garden Grove Unified School District
Address: 10331 Stanford Ave., Garden Grove, CA 92640
Phone: (714) 663-6000
Email: webmaster@ggusd.us
Map: [View Map](#)

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for urban education

Conclusion

- Forms to be completed
 - Insurance Election and Authorization Form
 - **Note:** Pre-tax deduction authorization is for insurance premium, not flex account
 - Life Insurance Beneficiary Designation Form
 - Medical Enrollment Form(s)
 - Dental Enrollment Form(s)



Questions?

- Please feel free to contact us with any questions regarding your coverage

Kim Bessey	kbessey@ggusd.us
Evette Chiang	echiang@ggusd.us
Jan Hill	jhill1@ggusd.us
Insurance Dept.	www.ggusd.us (departments / insurance) 714-663-6523

