

# Garden Grove Unified School District



## Health and Welfare Benefits

2018

# 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 pre-tax deductions

# Eligible Dependents

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





- Time to make changes
  - Add / Remove dependents (outside of a qualifying event)
  - Change medical or dental coverage
  
- OE month of October
  - Insurance Dept. must receive all forms by: October 31, 5:00 pm
  - Plan year: Jan. 1 – Dec. 31, 2018

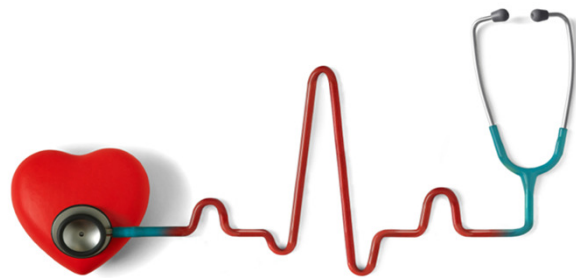
# Qualifying Event(s)

- 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 former spouse.
- **All changes MUST be made within 31 days of the qualifying event**



# Medical Plans

- GGUSD Self-Insured PPO – Anthem PPO Network
- GGUSD Self-Insured EPO – Anthem PPO Network
- HMO – Anthem CACARE Large Group Network



## Medical Overview (1/2)

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



## Medical Overview (2/2)

	PPO	EPO	HMO
<b>ER</b>	\$100 Co-Pay + 20% Co-Insurance	\$100 Co-Pay	\$100 Co-Pay
<b>Hospital Inpatient Services or Outpatient Surgery</b>	<ul style="list-style-type: none"> <li>■ <b>In Network:</b> 80% / 20%</li> <li>■ <b>Non-Network:</b> 70% / 30% plus amount exceeding allowable rates</li> </ul>	<b>In-Network only:</b> 100% / 0%	<b>In-Network only:</b> \$100 / day (\$300 max per admit)
<b>Pharmacy Co-Pays</b>	\$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"> <li>▪ <u>California:</u> Blue Cross PPO Prudent Buyer – Large Group</li> <li>▪ <u>Outside of CA:</u> National PPO (Blue Card)</li> </ul>	Provider Network: <ul style="list-style-type: none"> <li>▪ Blue Cross PPO Prudent Buyer – Large Group</li> </ul>	Provider Network: <ul style="list-style-type: none"> <li>▪ Blue Cross HMO (CACARE) Large Group</li> </ul>

## Differences (2/2)

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

# Finding In-Network PPO/EPO Providers:

Access the instructions for provider search at [www.ggusd.us/insurance](http://www.ggusd.us/insurance)

- 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](http://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
<b>Column Totals</b>		<b>\$430.00</b>	<b>\$237.25</b>	<b>\$237.25</b>		<b>\$192.75</b>	<b>\$167.75</b>	<b>\$25.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>
										Other Credits or Adjustments		\$0.00
										<b>Total Net Payment</b>		<b>\$0.00</b>

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 

MEMBER NAME:  
**JOHN DOE**

FOR DEPENDENT INFORMATION SUBMIT ONLINE

MEMBER ID:  
**1234567890**


GROUP NUMBER:      PLAN:      RxBEN:      RxPCN:  
**8128**                              **610118**      **AHC**

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PHARMACY SERVICE DESK: (800) 872-8276

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

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**Submit Online For Copayment Amount**

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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!
  - New larger Network: Guardian DentalGuard Preferred PPO
  
- Annual deductibles
  - \$25 individual
  - \$75 family maximum
  
- Annual limit: \$2,000
- Coverage: 90% / 10%
  
- 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
- First Pair Benefit:
  - Every 24 mos: \$120 Frame allowance  
& Every 12 mos: \$0 Copay for Lenses (for glasses)
  - OR Every 12 mos: \$105 Contacts allowance
- Second Pair Benefit:
  - Every 12 mos: \$200 Contacts allowance
  - OR Every 12 mos: \$0 Copay for Lenses (for glasses)



# Life Insurance

## ■ Death Benefit

- Regular Employees: \$50,000
- Management: \$70,000

## ■ Limited coverage for dependents:

- Spouse:
  - Regular: \$1,000
  - Management: \$5,000
- Children
  - Child under 6 months: \$100
  - Child 6 months up to age 26: \$1,000



- **Remember to keep the Insurance Department updated on beneficiaries and their contact info.**

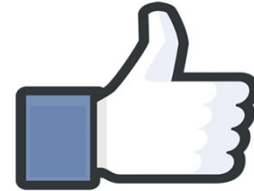
# 125 Flexible Spending Account

- Tax Exempt [video](#)
- PayPro Administrators [www.pagroup.us](http://www.pagroup.us)
- Health Care (\$500 rollover)
  - \$2,600 maximum per year
  - \$200 minimum per year
- Dependent Care
  - \$5,000 maximum filing jointly
  - \$2,500 maximum filing singly
- Plan year: Jan 1 - Dec 31, 2018
  - Open Enrollment Deadline: Oct. 31, 2017 @ 5PM



# 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/insurance](http://www.ggusd.us/insurance)

The screenshot shows a web browser window displaying the website [www.ggusd.us/insurance](http://www.ggusd.us/insurance). The page features a dark blue header with the Garden Grove Unified School District logo and navigation links for BOARD, DISTRICT, PARENTS, SCHOOLS, STUDENTS, and STAFF. Below the header, the word "INSURANCE" is prominently displayed. The main content area includes a welcome message, contact information for Jason Bevacqua, and a list of links. The footer contains four columns of information: OUR VISION, ABOUT GGUSD, POPULAR PROGRAM AREAS, and AUDIENCE-SPECIFIC.

About | Garden Grove Unified

← → ↻ 🏠 [ggusd.us/insurance](http://ggusd.us/insurance) Website Feedback News | Calendars | Employment | Contact Us Select Language Google Translate Disclaimer

**GARDEN GROVE**  
UNIFIED SCHOOL DISTRICT

BOARD - DISTRICT - PARENTS - SCHOOLS - STUDENTS - STAFF

## INSURANCE

Home / Insurance

Welcome to the GGUSD Insurance Department website. The information presented here is designed to inform, educate, and serve the needs of GGUSD health plan members.

Since we believe that direct communication is usually best, we encourage you to first contact the numbers on your ID cards for assistance. Your GGUSD Benefits Specialists always welcome your calls; please bring any concerns to our attention.

Sincerely,

Jason Bevacqua  
Director, Personnel Services  
GGUSD Insurance Department  
714-663-6523

### LINKS

- > [About](#)
- > [Forms](#)
- > [Information and Presentations](#)
- > [Links](#)
- > [Newsletters and Mailings](#)
- > [Staff Directory](#)
- > [Summary of Benefits and Coverage \(Brief\)](#)
- > [Summary Plan Descriptions \(Detailed\)](#)
- > [Calendar](#)

### OUR VISION

We are committed to preparing all students to be successful and responsible citizens who contribute and thrive in a diverse society.

### ABOUT GGUSD

- > [Contact Us](#)
- > [Employment Opportunities](#)
- > [Strategic Plan](#)

### POPULAR PROGRAM AREAS

- > [Adult Education](#)
- > [Career and Technical Education \(CTE\)](#)
- > [Food Services](#)

### AUDIENCE-SPECIFIC

- > [Parents](#)
- > [Students](#)
- > [Staff](#)

# Conclusion

## Forms to be completed

(HMO Medical / Dental requires additional application)

- \*Insurance Election and Authorization Form  
[Pre-tax deduction authorization is for ins. premium, not flex acct.](#)
- \*Life Insurance Beneficiary Designation Form
- Medical Enrollment Form(s)
- Dental Enrollment Form(s)

\*Required if waiving



# Questions?

- Please feel free to contact us with any questions regarding your insurance benefits.

Kim Bessey	<a href="mailto:kbessey@ggusd.us">kbessey@ggusd.us</a>
Evette Chiang	<a href="mailto:echiang@ggusd.us">echiang@ggusd.us</a>
Jan Hill	<a href="mailto:jhill1@ggusd.us">jhill1@ggusd.us</a>
Insurance Dept.	<a href="http://www.ggusd.us/insurance">www.ggusd.us/insurance</a> <b>714-663-6523</b>

