



2019

Employee Benefits

Classified Staff

Portola Valley School District

4575 Alpine Road

Portola Valley, California 94028

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All employees must complete and return this form

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2019

NEW for ALL EMPLOYEES

Even if you are making no changes to your 2018 medical, dental, vision enrollments, you must complete the OFFER OF GROUP MEDICAL COVERAGE portion of the

OFFER OF GROUP MEDICAL COVERAGE/WAIVER OF COVERAGE

form, included in this booklet. All forms must be received by **November 16, 2018**, no exceptions.

If you intend to waive medical plan coverage and receive cash-back, you are no longer required to submit a copy of your medical card, however you must complete the entire Waiver of Coverage portion of the form.

All forms with plan changes, or waiver must be received by **November 16, 2018**, no exceptions.

ABOUT THIS GUIDE

We understand that choosing your benefits is an important decision for you and your family. Everyone's needs are unique. We offer a variety of benefits and options so you can choose what works best for you and your family. Some of these benefits are provided at no cost to you. We created this guide to help you make informed decisions.

It is not a complete detailed description, nor is it a contract of employment or a guarantee of benefits. Great care has been taken to ensure that this guide is accurate. However, oversights can occur or condensed summaries can be misinterpreted. If there is a difference between this overview and the official plan documents governing the plan, the plan documents will be followed.

- NEW First enrollment only
- CHANGE To existing elections
include only changes

Portola Valley School District
**Medical, Dental, Vision
Benefit ENROLLMENT/CHANGE Form**

Name: _____
Last First M.I. Social Security #

Address: _____
Street City State Zip

CHANGE phone: (home) _____ (cell) _____
Date of Birth _____

Medical Plan (select one option)

- | | |
|---|--|
| <input type="checkbox"/> Kaiser HMO Plan w/optical \$20 co-pay "High" | <input type="checkbox"/> Anthem Blue Cross HMO \$20/\$40 (New Plan for 2019) |
| <input type="checkbox"/> Kaiser HMO Plan \$20 co-pay "Mid" | <input type="checkbox"/> Anthem Blue Cross PPO \$20 |
| <input type="checkbox"/> Kaiser HMO Plan \$40 co-pay "Low" | <input type="checkbox"/> Anthem Blue Cross PPO \$30 |
| <input type="checkbox"/> Kaiser HMO Plan \$2000/\$4000 HSA Qualified | <input type="checkbox"/> Anthem Blue Cross PPO \$40 |

Medical Plan Coverage (select one option) Employee only Employee + one Family

I **WAIVE** medical plan coverage for 2019, and opt for the "cash back" provision. A completed 2019 OFFER OF GROUP MEDICAL COVERAGE/WAIVER OF COVERAGE form is attached.

Dental Plan (select one option) Employee only Employee + one Family
Termination date, if applicable: _____

Vision Plan (select one option) I **DECLINE** coverage Employee only Employee + one Family
Termination date, if applicable: _____

Please complete this section ONLY if you are covering a spouse, RDP, dependent children under 26.

Spouse/RDP: _____		Social Security # _____		DOB: _____	
Child #1: _____		Child #2: _____			
Social Security #: _____		Social Security #: _____			
DOB: _____ Gender: _____		DOB: _____ Gender: _____			
Child #3: _____		Child #4: _____			
Social Security #: _____		Social Security #: _____			
DOB: _____ Gender: _____		DOB: _____ Gender: _____			

With my signature below, I authorize the aforementioned designations to be made to my current District welfare benefit enrollment. I agree to have any premium costs that exceed the District's contribution towards these costs deducted from my monthly paycheck.

Employee Signature

Date

Portola Valley School District

2019 OFFER OF GROUP MEDICAL COVERAGE/WAIVER OF COVERAGE

OFFER OF GROUP MEDICAL COVERAGE: Having met the District's eligibility requirements, you are being offered the opportunity to enroll in group medical coverage offered by the Portola Valley School District (PVSD) for the coverage period Jan. 1 – Dec. 31, 2019.

- I acknowledge that the PVSD has offered me the opportunity to enroll in group medical coverage.
There are NO CHANGES from 2018. My 2019 plan elections for medical, dental, and/or vision will remain the same.

Signature of Employee

Date

WAIVER OF COVERAGE: You have the right to decline (waive) coverage. If you do waive coverage for yourself, you may not cover your dependents.

NOTE: If you waive coverage considered affordable and minimum essential under the Patient Protection and Affordable Care Act (ACA), you will not qualify for government credits and subsidies to purchase individual health insurance on the Marketplace ("Covered California"), i.e., you are not eligible to receive a cash back payment.

The decision to waive coverage may have consequences for you. For example, you cannot enroll in PVSD's health plans (medical, as well as dental and vision) until the next open enrollment period unless you experience a qualifying event. (Qualifying events include loss of coverage under another plan, birth or adoption of a child, or marriage.) You must request to enroll in your plan within 30 days of the qualifying event. If you miss the 30-day enrollment deadline, you will have to wait until the next open enrollment period.

I am waiving coverage for: [] Myself [] Spouse/RDP [] Dependents

I am waiving coverage due to coverage under my spouse/domestic partner:

Plan name: _____ Group # _____

[] Other coverage (please specify type): _____

[] I acknowledge that the PVSD has offered me affordable minimum essential coverage, as defined under the ACA, beginning January 1, 2019. I have read the above and I understand the consequences of my waiver of coverage.

I attest that all members of my expected tax family, including myself, have, or will have, minimum essential coverage (other than coverage in the individual market, whether or not obtained through the Marketplace) for the coverage period January 1 – December 31, 2019.

Name of Employee

Signature of Employee

Date

OFFER OF GROUP MEDICAL COVERAGE/WAIVER OF COVERAGE form received _____

Signature of the Employer Representative

Portola Valley School District
4575 Alpine Road, Portola Valley, CA 94028
650-851-1777

District Contribution for CSEA Members

Health and Welfare Benefit Summary

Classified Staff

CSEA unit members working a minimum of four (4) hours per day will be eligible to receive a district contribution for medical, dental, and vision (all plan options currently available as determined by the District). The amount of the contribution will be based on the following:

MEDICAL PLANS

Medical premium contribution will be based on a pro rata share of the amount provided for a full time (6 hr/day or more) 12 month employee (\$8,628).

	12 Month	11 Month	10 Month & Student Attendance Day
6-8 Hours/Day	100%	91.67%	83.33%
>4 Hours/< 6 Hours/day	75%	68.75%	62.5%
4 Hours/Day	50%	45.84%	41.67%

Medical	6-8 Hrs/Day	>4hrs/day - <6hrs/day	4hrs/day
12 Months = 100% of Base District Contribution	\$8,628	\$6,471	\$4,314
11 Months = 91.67% of Base District Contribution	\$7,909	\$5,932	\$3,955
10 Months / SAD = 83.33% of Base District Contribution	\$7,189	\$5,392	\$3,595

CASH-BACK PROGRAM (IN LIEU OF MEDICAL COVERAGE)

- 1) If a unit member shows evidence of current medical coverage (e.g., as dependent of spouse or registered domestic partner), they can opt out of the District's medical plan.
- 2) They will be enrolled in Dental single coverage and can opt to enroll their spouse/registered domestic partner and/or children/full family. The District will pay for the dental premium according to the published district contribution schedule based on hours/day and annual work schedule. In addition, the unit member may participate in the vision program. The District will pay for the single premium according to the published district contribution schedule and may opt to enroll their dependents as described for the dental option.
- 3) The Cash-Back amount will be 50% of the District health insurance cap (\$8,628 X 0.5) or \$4,314 for a 12 month employee working 6 or more hours/day. The following proration will apply to 11 month and 10 month & student attendance day unit members, further prorated based on the number of hours worked/day.

6-8 hours/day

12 months – 100% of Cash-Back Amount	\$4,314
11 months = 91.67% of Base Cash-Back Amount	\$3,955
10 months / SAD = 83.33% of Base Cash-Back Amount	\$3,595

More than 4/Less than 6 Hours/Day – 75% of Full-Time Cash-Back Amount

12 months – 100% of Cash-Back Amount	\$3,236
11 months = 91.67% of Base Cash-Back Amount	\$2,966
10 months / SAD = 83.33% of Base Cash-Back Amount	\$2,696

4 Hours/Day – 50% of Full-Time Cash-Back Amount

12 months – 100% of Cash-Back Amount	\$2,157
11 months = 91.67% of Base Cash-Back Amount	\$1,977
10 months / SAD = 83.33% of Base Cash-Back Amount	\$1,797

**PORTOLA VALLEY SCHOOL DISTRICT
OPEN ENROLLMENT 2019
Medical Plan Options**

SMCSIG Rates (Monthly)		
<u>Kaiser Rates</u>	Portola Valley ESD	
	2018	2019
High Plan		
EE	\$818.47	\$809.02
EE + 1	\$1,636.94	\$1,618.04
EE + Family	\$2,316.27	\$2,289.53
Mid Plan		
EE	\$697.86	\$689.80
EE + 1	\$1,395.71	\$1,379.60
EE + Family	\$1,974.93	\$1,952.14
Low Plan		
EE	\$620.02	\$612.86
EE + 1	\$1,240.03	\$1,225.72
EE + Family	\$1,754.65	\$1,734.39
H.S.A.		
EE	\$537.48	\$568.46
EE + 1	\$1074.96	\$1136.93
EE + Family	\$1,521.07	\$1,608.75

MCSIG Rates (Monthly)		
<u>Anthem Blue Cross</u>	Portola Valley ESD	
	2018	2019
PPO \$20		
EE	\$1,132.00	\$1,202.00
EE + 1	\$2,260.00	\$2,400.00
EE + Family	\$2,937.00	\$3,119.00
PPO \$30		
EE	\$761.00	\$808.00
EE + 1	\$1,519.00	\$1,613.00
EE + Family	\$1,974.00	\$2,096.00
PPO \$40		
EE	\$722.00	\$767.00
EE + 1	\$1,440.00	\$1,529.00
EE + Family	\$1,870.00	\$1,986.00
HMO \$20/\$40 (NEW)		
EE	New Plan	\$824.00
EE + 1	New Plan	\$1,685.00
EE + Family	New Plan	\$2,388.00

Portola Valley Elementary School District

Summary of Kaiser HMO Plans - Active Employees - 2019 Plan

Effective Date	01/01/2019	01/01/2019	01/01/2019	01/01/2019
Carrier Name	Kaiser Permanent	Kaiser Permanent	Kaiser Permanent	Kaiser Permanent
Plan Name	HMO - \$20 copay w/ optical "High"	Deductible HMO - \$20 copay "Mid"	Deductible HMO - \$40 copay "Low"	HSA Qualified Deductible HMO Plan
Eligible Class	Eligible Employees	Eligible Employees	Eligible Employees	Eligible Employees
General Plan Information				
Annual Deductible/Individual	\$0	\$1,000	\$3,000	\$2,000 per calendar year
Annual Deductible/Family	\$0	\$2,000	\$6,000	\$4,000 per calendar year
Office Visit/Exam	\$20 copay	\$20 copay (deductible doesn't apply)	\$40 copay (deductible doesn't apply)	\$30 copay per visit after plan deductible
Outpatient Specialist Visit	\$20 copay	\$20 copay (deductible doesn't apply)	\$40 copay (deductible doesn't apply)	\$30 copay per visit after plan deductible
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000	\$6,000	\$3,000 per calendar year
Annual Out-of-Pocket Limit/Family	\$3,000	\$6,000	\$12,000	\$6,000 per calendar year
Deductible applies to Out-of-Pocket Limit	N/A	Yes	Yes	Yes
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Physician Election Required	Yes	Yes	Yes	Yes
Outpatient Services				
Preventive Services				
Well Child Care	100%	100%	100%	100%
Immunizations	100%	100%	100%	100%
Well Woman Exams	100%	100%	100%	100%
Mammograms	100%	100%	100%	100%
Adult Periodic Exams with Preventive Tests	100%	100%	100%	100%
Diagnostic X Ray and Lab Tests	100%	\$10 per encounter (deductible doesn't apply)	\$10 per encounter (deductible doesn't apply)	\$10 copay per encounter after plan deductible
Maternity Care				
Pregnancy and Maternity Care (Pre-Natal Care)	100%	100% (deductible doesn't apply)	100% (deductible doesn't apply)	100% (deductible doesn't apply)
Inpatient Hospital Services				
Inpatient Hospitalization	100%	80% after plan deductible	70% after plan deductible	\$250 copay per admission after plan deductible
Pre-Authorization of Services Required	Yes	Yes	Yes	Yes
Surgical Services				
Outpatient Facility Charge	\$20 copay per procedure	80% after plan deductible	70% after plan deductible	\$150 copay per admission after plan deductible
Emergency Services				
Emergency Room	\$50 copay waived if admitted	80% after plan deductible	70% after plan deductible	\$100 copay per visit after plan deductible
Ambulance	\$50 copay per trip	\$150 per trip (deductible doesn't apply)	\$150 per trip (deductible doesn't apply)	\$100 copay per trip after plan deductible
Urgent Care				
Urgent Care Facility	\$20 copay	\$20 copay (deductible doesn't apply)	\$40 copay (deductible doesn't apply)	\$30 copay per visit after plan deductible
Mental Health Benefits				
Inpatient Care	100%	80% after plan deductible	70% after plan deductible	\$250 copay per admission after plan deductible
Outpatient Care	\$20 copay	\$20 copay (deductible doesn't apply)	\$40 copay (deductible doesn't apply)	\$30 copay per visit after plan deductible

Portola Valley Elementary School District

Summary of Kaiser HMO Plans - Active Employees - 2019 Plan

Effective Date	01/01/2019	01/01/2019	01/01/2019	01/01/2019
Carrier Name	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente
Plan Name	HMO - \$20 copay w/ optical "High" Eligible Employees	Deductible HMO - \$20 copay "Mid" Eligible Employees	Deductible HMO - \$40 copay "Low" Eligible Employees	HSA Qualified Deductible HMO Plan Eligible Employees
Eligible Class	HMO - \$20 copay w/ optical "High" Eligible Employees	Deductible HMO - \$20 copay "Mid" Eligible Employees	Deductible HMO - \$40 copay "Low" Eligible Employees	HSA Qualified Deductible HMO Plan Eligible Employees
Substance Abuse				
Inpatient Detoxification Services	100%	80% after Plan Deductible	70% after Plan Deductible	\$250 copay per admission after Plan Deductible
Outpatient Care				
Outpatient Services	\$20 copay	\$20 (deductible doesn't apply)	\$40 copay (deductible doesn't apply)	\$30 copay per visit after plan deductible
Prescription Drug Benefits				
Generic	\$10 copay	\$10 copay (deductible doesn't apply)	\$10 copay (deductible doesn't apply)	\$10 after plan deductible
Brand (Formulary/Preferred)	\$10 copay	\$30 (deductible doesn't apply)	\$30 (deductible doesn't apply)	\$30 after plan deductible
Number of Days Supply	100 days	30 days	30 days	30 days
Mail Order				
Generic	\$10 copay	\$20 copay (deductible doesn't apply)	\$20 copay (deductible doesn't apply)	\$20 after plan deductible
Brand (Formulary/Preferred)	\$10 copay	\$60 copay (deductible doesn't apply)	\$60 copay (deductible doesn't apply)	\$60 after plan deductible
Number of Days Supply for Mail Order	100 days	100 days	100 days	100 days
Other Services and Supplies				
Durable Medical Equipment	80%	80% (deductible doesn't apply)	80% (deductible doesn't apply)	80% (deductible doesn't apply)
Prosthetic Devices	100%	100% (deductible doesn't apply)	100% (deductible doesn't apply)	100% after plan deductible
Home Health Care	100% up to 100 visits per calendar year	100% (deductible doesn't apply)	100% (deductible doesn't apply)	100% after plan deductible
Skilled Nursing Facility	100% up to 100 days per calendar year	up to 100 visits per calendar year	up to 100 visits per calendar year	(up to 100 visits per calendar year)
Hospice Care	100%	80% (deductible doesn't apply)	70% (deductible doesn't apply)	\$250 per admission after plan deductible
Chiropractic Services	Not Covered	Not covered	Not covered	(up to 100 days per calendar year)
Acupuncture	Not covered	Not covered	Not covered	100% after plan deductible
Vision				
Examination	100%	100% (deductible doesn't apply)	100% (deductible doesn't apply)	\$30 copay (deductible doesn't apply)
Hearing				
Screening	100%	100% (deductible doesn't apply)	100% (deductible doesn't apply)	100% (deductible doesn't apply)
Outpatient Rehabilitative Therapy Services				
Physical	\$20 copay	\$20 copay (deductible doesn't apply)	\$40 copay (deductible doesn't apply)	\$30 copay per visit after plan deductible
Occupational	\$20 copay	\$20 copay (deductible doesn't apply)	\$40 copay (deductible doesn't apply)	\$30 copay per visit after plan deductible
Speech	\$20 copay	\$20 copay (deductible doesn't apply)	\$40 copay (deductible doesn't apply)	\$30 copay per visit after plan deductible
Rates for Active Employees 2019 Plan Year				
Employee	\$809.02	\$689.80	\$612.86	\$568.46
Employee & 1 Dependent	\$1,618.04	\$1,379.60	\$1,225.72	\$1,136.93
Employee & 2 Dependents or more	\$2,289.53	\$1,952.14	\$1,734.39	\$1,608.75

Portola Valley School District

Summary of Anthem Blue Cross Plans - Active Employees - 2019 Plan

Effective Date	Carrier Name	Plan Name	1/1/2019 MCSIG Anthem HMO Plan 20/40/250A/1250OP	1/1/2019 MCSIG Anthem PPO \$20 Plan Prudent Buyer Network	1/1/2019 MCSIG Anthem PPO \$30 Plan Prudent Buyer Network	1/1/2019 MCSIG Anthem PPO \$40 Plan Prudent Buyer Network
General Plan Information	Anthem PPO Participating Providers	Anthem PPO Participating Providers	Anthem PPO Participating Providers	Anthem PPO Participating Providers	Anthem PPO Participating Providers	Anthem PPO Participating Providers
Annual Deductible - Individual/Family	\$0	\$400 / \$800	\$1,000 / \$2,000	\$1,500 / \$3,000		
Coinurance	100%	10% In Network	30% In Network	30% In Network		
Primary Care Office Visit	\$20 copay	\$20 copay In Network	\$30 copay In Network	\$40 copay In Network		
Specialist Office Visit	\$40 copay	\$30 copay In Network	\$40 copay In Network	\$50 copay In Network		
Annual OOP - Individual/Family	\$2,000/\$4,000	\$2,000/\$4,000 In Network	\$5,500 / \$11,000	\$6,350 / \$12,700		
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited		
Outpatient Services		In Network / Out-of-Network	In Network / Out-of-Network	In Network / Out-of-Network		
Well-Child Care	No charge	No charge / 40%	No charge / 50%	No charge / 50%		
Adult Periodic Exam with Preventive Tests	No charge	No charge / 40%	No charge / 50%	No charge / 50%		
Pregnancy & Maternity Care (Pre-Natal Care)	\$20 copay	10% / 40%	30% / 50%	30% / 50%		
Diagnostic X-ray and Lab	No charge	10% / 40%	30% / 50%	30% / 50%		
Advanced imaging requires pre-authorization	(advanced imaging: \$100 per test)	10% / 40%	30% / 50%	30% / 50%		
Outpatient Rehab Therapy Services	\$20 copay	10% / 40%	30% / 50%	30% / 50%		
Outpatient Surgery	\$125 copay	10% / 40%	30% / 50%	30% / 50%		
Inpatient Services		In Network / Out-of-Network	In Network / Out-of-Network	In Network / Out-of-Network		
Semi-Private Room & Board (including services & supplies)	\$250 copay per admission	10% / 40%	30% / 50%	30% / 50%		
Emergency Room		In Network / Out-of-Network	In Network / Out-of-Network	In Network / Out-of-Network		
Urgent Care Facility	\$100 copay (waived if admitted)	\$250 copay In or Out-of-Network	30% after \$250 copay In or Out-of-Network	30% after \$250 copay In or Out-of-Network		
Mental Health & Substance Abuse Benefits	\$20 copay	\$20 copay / 40%	\$30 copay / 50%	\$40 copay / 50%		
Inpatient Care	\$250 copay per admission	No charge / 40%	No charge / 40%	No charge / 40%		
Outpatient Care	\$20 copay	\$15 copay / 40%	\$15 copay / 40%	\$15 copay / 40%		
Prescription Drug Benefits		In Network	In Network	In Network		
Generic	n/a	n/a	n/a	n/a		
Brand (Formulary/Preferred)	\$5 copay (Tier Ia) \$15.00 copay (Tier Ib)	\$7 / \$9.50 (retail/maintenance)	\$10 / \$13 (retail/maintenance)	\$10 / \$13 (retail/maintenance)		
Brand (Non-Formulary/Non-Preferred)	\$30 copay	\$20 / \$29 (retail/maintenance)	\$25 / \$35 (retail/maintenance)	\$25 / \$35 (retail/maintenance)		
Number of Days Supply	\$50 copay/30% to \$150 Specialty 30 days	\$35 / \$44 (retail/maintenance) 30 days	\$40 / \$50 (retail/maintenance) 30 days	\$40 / \$50 (retail/maintenance) 30 days		
Mail Order						
Generic	\$12.50 copay (Tier Ia) \$37.50 copay (Tier Ib)	\$0	\$0	\$0		
Brand (Formulary/Preferred)	\$90	\$40	\$40	\$40		
Brand (Non-Formulary/Non-Preferred)	\$150 copay/30% to \$250 Specialty 90 days	\$100	\$80	\$80		
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days		
Other Services and Supplies		In Network / Out-of-Network	In Network / Out-of-Network	In Network / Out-of-Network		
Durable Medical Equipment	20% coinsurance	20% / 20%	30% / 50%	30% / 50%		
Home Health Care	No charge up to 100 visits/calendar year	No charge up to 120 days per illness	30% / 50%	30% / 50%		
Chiropractic	\$20 copay in office, \$40 copay in outpatient hospital (limited to 60 day limit per benefit period for Physical, Occupational & Speech	\$10 copay when utilizing CHPC Not covered Out-of-Network	up to 120 days per illness \$10 copay when utilizing CHPC Not covered Out-of-Network	up to 120 days per illness \$10 copay when utilizing CHPC Not covered Out-of-Network		
Acupuncture Services	\$30 copay	Plan benefit not to exceed \$65 per visit up to a maximum of \$2000 per year In or Out-of-Network	Plan benefit not to exceed \$65 per visit up to a maximum of \$2000 per year In or Out-of-Network	Plan benefit not to exceed \$65 per visit up to a maximum of \$2000 per year In or Out-of-Network		
Rates Active and Family Rates						
Employee	\$824	\$1,202	\$808	\$767		
Employee + 1	\$1,685	\$2,400	\$1,613	\$1,529		
Employee + Family	\$2,388	\$3,119	\$2,096	\$1,986		

PORTOLA VALLEY SCHOOL DISTRICT
 District Contribution Schedule: 2018-2019
 CSEA Unit Members

The following District Contribution schedule will be utilized to determine the applicable annual contributions for dental and vision coverages for the CSEA unit members.

Dental Insurance	Premiums for 2018-2019	District Contribution		
		6-8 Hrs/Day	>4hrs/day - <6hrs/day	4hrs/day
12 Months – 100% of Base District Contribution				
Single Coverage	\$803.68	\$803.68	\$602.76	\$401.84
2-party Coverage	\$1,615.32	\$1,615.32	\$1,211.49	\$807.66
Family	\$2,405.48	\$2,405.48	\$1,804.11	\$1,202.74
11 Months – 91.67% of Base District Contribution				
Single	\$736.73	\$736.73	\$552.55	\$368.37
2-party Coverage	\$1,480.76	\$1,480.76	\$1,110.57	\$740.38
Family	\$2,205.10	\$2,205.10	\$1,653.83	\$1,102.55
10 Months/SAD – 83.33% of Base District Contribution				
Single	\$669.71	\$669.71	\$502.28	\$334.85
2-party Coverage	\$1,346.05	\$1,346.05	\$1,009.53	\$673.02
Family	\$2,004.49	\$2,004.49	\$1,503.36	\$1,002.24

Vision Insurance	Premiums for 2018-2019	District Contribution		
		6-8 Hrs/Day	>4hrs/day - <6hrs/day	4hrs/day
12 Months – 100% of Base District Contribution				
Single Coverage	\$111.96	\$111.96	\$83.97	\$55.98
2-party Coverage	\$233.76	\$111.96	\$83.97	\$55.98
Family	\$335.52	\$111.96	\$83.97	\$55.98
11 Months – 91.67% of Base District Contribution				
Single Coverage	\$111.96	\$102.63	\$76.97	\$51.32
2-party Coverage	\$233.76	\$102.63	\$76.97	\$51.32
Family	\$335.52	\$102.63	\$76.97	\$51.32
10 Months/SAD – 83.33% of Base District Contribution				
Single Coverage	\$111.96	\$93.30	\$69.98	\$46.65
2-party Coverage	\$233.76	\$93.30	\$69.98	\$46.65
Family	\$335.52	\$93.30	\$69.98	\$46.65

Delta Dental PPO – Easy, Friendly, Accessible



We'll do whatever it takes and then some.

Greatest potential savings when you visit a Delta Dental PPO dentist

OUT-OF-POCKET COSTS

SAVE MORE SAVE LESS



Illustration showing sample enrollee share of cost for information purposes only. Actual dentist fees and contract allowances will vary by region, procedure and by group contract.

We're pleased to be your partner in maintaining great oral health. The Delta Dental PPO* plan makes it easy for you to find a dentist, and easy to control your costs when you visit a network dentist. Here are some of the great things you'll need to know about enrolling with Delta Dental:

- **Save money with a Delta Dental PPO dentist.** Our PPO network dentists accept reduced fees for covered services they provide you, so you'll usually pay the least when you visit a PPO network dentist. This also ensures Delta Dental PPO dentists won't balance bill you the difference between the contracted amount and their usual fee.
- **Visit the dentist of your choice.** Want to visit a non-Delta Dental dentist? No problem. You can visit any licensed dentist, but your costs are usually lowest when you see a PPO dentist.
- **Many network dentists to choose from.** Since Delta Dental offers access to one of the largest dentist networks in the U.S., chances are there's a wide choice of network dentists near your home or office. Many dentists nationwide are contracted Delta Dental dentists, giving more enrollees convenient access to more dentists. Visit us at deltadentalins.com to search our dentist directory by location or specialty.
- **Easy to use your benefits.** When you visit a Delta Dental dentist, pay only your portion for services. Delta Dental dentists will file claim forms for you and receive payment directly from us. Many non-Delta Dental dentists ask that you pay the entire cost up front and wait for reimbursement.
- **Delta Dental's Online Services make getting information quick and easy.** Access your benefits and eligibility, print ID cards and get information about your claims. And check out Delta Dental's oral health resources for tips and information that can help keep your smile healthy.

* In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

 DELTA DENTAL

WE KEEP YOU SMILING

Plan Benefit Highlights for: Portola Valley School District – Plan E

Group No: 15997 – 00508

Effective Date: 1/1/2013

In this incentive plan, Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 70% of the PPO contract allowance for 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%.

DELTA DENTAL PPO™

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26		
Maximums	In-network: \$2,700 per person calendar year Out-of-network: \$2,500 per person calendar year		
Waiting Period(s)	Basic Svcs. None	Major Svcs. None	Prosthodontics None

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

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.



Your Vision Benefit Summary

Keep your eyes healthy with Portola Valley Elementary School District and VSP® Vision Care.

Using your VSP benefit is easy.

- **Find an eyecare provider who's right for you.** With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider. To find a VSP doctor, visit vsp.com or call 800.877.7195.
- **Review your benefit information.** Visit vsp.com to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.** There's no ID card necessary.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

Personalized Care

A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options for you and your family. You'll have access to great brands, like bebe®, Calvin Klein, Disney, FENDI, Nike, and Tommy Bahama®.

Plan Information

VSP Doctor Network: VSP Signature

Benefit	Description	Copay
Your Coverage with a VSP Doctor		
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months 	\$10 for exam and glasses
Prescription Glasses		
Frame	<ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • 20% off amount over your allowance • Every 24 months 	Combined with exam
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months 	Combined with exam
Lens Options	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average 35-40% off other lens options 	\$50 \$80 - \$90 \$120 - \$160
Contacts (Instead of glasses)	<ul style="list-style-type: none"> • \$120 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam (fitting and evaluation) • Every 12 months 	\$0
Additional Coverage	<ul style="list-style-type: none"> • Primary Eyecare 	
Extra Savings and Discounts	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • 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. <p>Retinal Screening</p> <ul style="list-style-type: none"> • Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam. <p>Laser Vision Correction</p> <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 Other Providers		
Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.		
Exam.....	up to \$45	Lined Trifocal Lenses....up to \$85
Frame.....	up to \$50	Progressive Lenses.....up to \$85
Single Vision Lenses.....	up to \$45	Contacts.....up to \$105
Lined Bifocal Lenses.....	up to \$65	
<small>VSP guarantees coverage from VSP doctors 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.</small>		

Visit vsp.com or call 800.877.7195 for more details on your vision coverage and exclusive savings and promotions for VSP members.



Employee Assistance Program (EAP)

San Mateo County Schools Insurance Group (SMCSIG) is pleased to announce that effective July 1, 2015, each member district now has access to an Employee Assistance Program (EAP), called OPTUM, for benefit eligible employees and their family members. The employee assistance program (EAP) is a voluntary, work-based program that offers free and confidential counseling, referrals, and follow-up services to employees who have personal and/or work-related problems. An EAP program can help reduce employee absenteeism, provide counseling to troubled employees, and help increase productivity.

Employee assistance programs address a broad and complex body of issues affecting mental and emotional well-being, such as alcohol and other substance abuse, stress, grief, family problems, and psychological disorders. EAP counselors also work in a consultative role with managers and supervisors to address employee and organizational challenges and needs. In addition, EAP programs can offer trauma services to sites as a result of staff deaths, emergencies, and disasters.

OPTUM offers employees and their household dependents up to 3 counseling sessions per issue with a licensed professional to assist with work/life concerns. OPTUM offers one-on-one support from master's-level specialists whom employees can easily access by phone or online. They also provide training to foster a productive and resilient workforce, management consultation and critical incident response services. These services are confidential so employees can use them with full trust that their issues will not be discussed with their employer.

Brochure



The Lane Housing Assistance Program

The Lane Housing Assistance Program is available to all new and current Portola Valley School District employees through the generosity of the Lane Family Trust.

These funds are intended to assist new employees purchase or rent a permanent residence by providing interest-free loans for rental expenses, or the purchase of a home. Current employees may also apply for a Lane Housing Assistance Loan to help with the purchase of, or a move to a new permanent residence. These funds may be used for relocation expenses, first/last month's rent, down payment, and/or closing costs.

Up to \$10,000 may be requested for a rental, and \$20,000 for a home purchase.

Loans of \$10,000 or less are due within two years and loans over \$10,000 are due within four years.

How do staff apply for a loan from the fund?

Loans are made available to staff on a first-come first-served basis provided a balance is available in the Lane Housing account. The account is a revolving source of funds for loans. There is potentially \$200,000 of housing and relocation assistance available for staff of the District. Funds are currently available and interested staff are encouraged to apply. Applications are available in the District Office, on the PVSD intranet, or by emailing Karen Lucian at klucian@pvsd.net.

How long does it take for an application to be approved and funds to be distributed?

The application is simple. Successful completion of the PVSD background check is the only requirement. It should take approximately two weeks to process payment (we are not able to guarantee a payment date, however. The District processes all payments through the County Office of Education, which means we are subject to their check-writing schedule and audit processes). Employees interested in accessing these funds should begin an application as soon as possible to ensure funding availability meets his or her payment timelines. Within 90 days of a loan being issued to an employee, the District must receive evidence of a home purchase or a new rental/relocation.

What are the terms of repayment?

Deductions are made through monthly payroll, ten times per year beginning in September and ending in June. There are no deductions from paychecks in July and August. There are no penalties for early repayment. Employees are free to repay a loan in larger installments than calculated by the District's standard formula if they desire. The repayment schedule is determined between the employee and the Chief Business Official.