

# 2017-2018

## Employee Benefits Overview





## **READY, SET, ENROLL!**

At Monrovia Unified School District, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health is the reason Monrovia Unified School District offers you this benefits program. We are providing you with this overview to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. A list of plan contacts is provided at the back of this summary.

While we've made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

**The benefits in this summary are effective:**

**October 1, 2017 - September 30, 2018**

***Paycheck deductions take place 10 months out of the year.***

**Classified: October 5, 2017 – July 5, 2018**

**Certificated: September 30, 2017– June 30, 2018**

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**Medicare Part D Notice:** If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices beginning on page 20 for more details.

# Who Can You Cover?



## WHO IS ELIGIBLE?

All full time and part time employees are eligible to participate in the Monrovia Unified School District sponsored group benefit plans.

You can enroll the following family members in our medical, dental and vision plans.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your legally registered domestic partner is eligible for coverage if you have completed a Domestic Partner Affidavit. Please review the affidavit carefully because it includes important information about the guidelines for adding, ending or changing your domestic partner. Any premiums for your domestic partner paid for by Monrovia Unified School District are taxable income and will be included on your W-2. Any premiums you pay for your domestic partner will be deducted on an after-tax basis.
- Your children (including your domestic partner's children):
  - o Under the age of 26 are eligible to enroll in medical, dental and vision coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
  - o Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.
  - o Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.

- o Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

## WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.

## WHEN CAN I ENROLL?

Open enrollment for current employees is generally held in August. Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Newly hired employees will have the opportunity to enroll in benefits 30 days after hire.

Make sure to notify Human Resources right away if you do have a qualifying life event and need to make a change (add or drop) to your coverage election. These changes include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage
- Divorce

You have 30 days to make your life event change.



# Making the Most of Your Benefits Program

Helping you and your family members stay healthy and making sure you use your benefits program to its best advantage is our goal in offering this program. Here are a few things to keep in mind.

## STAY WELL!

Harder than it sounds, of course, but many health problems are avoidable. Take action—from eating well, to getting enough exercise and sleep. Taking care of yourself takes care of a lot of potential problems.

## ASK QUESTIONS AND STAY INFORMED

Know and understand your options before you decide on a course of treatment. Informed patients get better care. Ask for a second opinion if you're at all concerned.

## GET A PRIMARY CARE PROVIDER

Having a relationship with a PCP gives you a trusted person who knows your unique situation when you're having a health issue. Visit your PCP or clinic for non-emergency healthcare.

## GOING TO THE DOCTOR?

To get the most out of your doctor visit, being organized and having a plan helps. Bring the following with you:

- Your plan ID card
- A list of your current medications
- A list of what you want to talk about with your doctor

If you need a medication, you could save money by asking your doctor if there are generics or generic alternatives for your specific medication.



## AN APPLE A DAY

Eating moderately and well really does help keep the doctor away. Stay away from fat-heavy, processed foods and instead focus on whole grains, vegetables, and lean meats to be the healthiest you can be.

## USING THE EMERGENCY ROOM

Did you know most ER visits are unnecessary? Use them only in a true emergency—like any situation where life, limb, and vision are threatened.

## BE MED WISE!

Always follow your doctor's and pharmacist's instructions when taking medications. You can worsen your condition(s) by not taking your medication or by skipping doses. If your medication is making you feel worse, contact your doctor.

# Carrier Online Access and Mobile Apps

Carrier	Benefit	Website	Mobile App
Aetna	Medical HMO & PPO	<a href="http://www.aetna.com">www.aetna.com</a>	★
Kaiser	Medical HMO	<a href="https://healthy.kaiserpermanente.org/southern-california">https://healthy.kaiserpermanente.org/southern-california</a>	★
Delta Dental	Dental PPO & HMO	<a href="http://www.deltadentalins.com/enrollees">www.deltadentalins.com/enrollees</a>	★
VSP	Vision	<a href="https://www.vsp.com/">https://www.vsp.com/</a>	★
MetLife	Vision	<a href="https://www.metlife.com/insurance/vision-insurance/">https://www.metlife.com/insurance/vision-insurance/</a>	★

## Meet Ben-IQ

Ben-IQ is a free app that includes much of the information that's included in this overview, but in a place that's always at your fingertips — your smartphone. Ben-IQ is available for Android and iPhone.

### GETTING STARTED WITH BEN-IQ

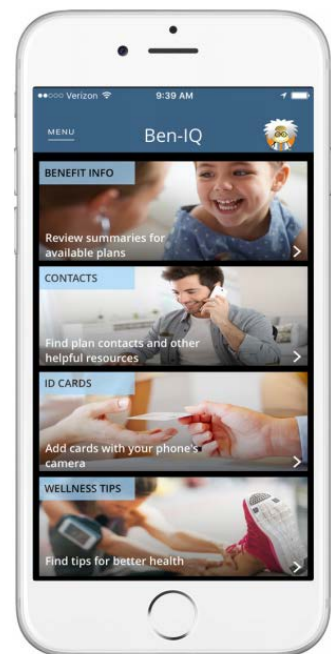
1. Download and launch the app.
2. Enter your assigned username: **MUSD**
3. Read and agree to the Terms and Conditions.



Take a tour of Ben-IQ and review plan summaries, and important contacts. **Store and organize ID cards** using your phone's camera, and much more! Be sure to share Ben-IQ with your covered family members too.

### Inside the Ben-IQ app

- ✓ 24/7 access to your health plan highlights
- ✓ **Store and organize your plan ID cards**
- ✓ Find in-network providers and other care options
- ✓ Nurse line numbers and helpful contact information
- ✓ Cost of care info at your fingertips
- ✓ Access to helpful videos



# Medical

Medical coverage provides you with benefits that help keep you healthy like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

Monrovia Unified School District gives you a choice between multiple medical plans offered through Aetna and Kaiser. Here are the HMO plans offered.

	<b>Kaiser Traditional HMO</b>	<b>Aetna HMO</b>
	<b>In-Network</b>	<b>In-Network</b>
<b>Annual Deductible</b>	\$0	\$0
<b>Annual Out-of-Pocket Max</b>	\$1,500 Individual \$3,000 Family	\$2,500 Individual \$5,000 Family
<b>Lifetime Max</b>	Unlimited	Unlimited
<b>Office Visit</b>		
Primary Provider	\$20 copay	\$20 copay
Specialist	\$20 copay	\$25 copay
<b>Preventive Services</b>	No charge	No charge
<b>Chiropractic Care</b>	\$15 copay (up to 20 visits per calendar year/combined with acupuncture)	\$10 copay (up to 20 visits per calendar year)
<b>Acupuncture</b>	\$20 copay (up to 20 visits per calendar year/combined with chiropractic)	\$10 copay (up to 20 visits per calendar year)
<b>Lab and X-ray</b>	Complex imaging: No charge All Others: No charge	Complex imaging: \$25 copay Diagnostic Lab: No Charge
<b>Inpatient Hospitalization</b>	\$500 copay	\$500 copay
<b>Outpatient Surgery</b>	No charge	No charge
<b>Urgent Care</b>	\$20 copay (copay waived if admitted)	\$50 copay
<b>Emergency Room</b>	\$100 copay (copay waived if admitted)	\$100 copay (copay waived if admitted)

# Medical, continued

Here is an overview of our PPO plan offered through Aetna.

Aetna PPO		
	In-Network	Out-Of-Network
<b>Annual Deductible</b>	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family
<b>Annual Out-of-Pocket Max</b>	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family
<b>Lifetime Max</b>	Unlimited	Unlimited
<b>Office Visit</b>		
Primary Provider	\$25 copay (deductible waived)	40% after deductible
Specialist	\$25 copay (deductible waived)	40% after deductible
<b>Preventive Services</b>	No charge (deductible waived)	Not covered
<b>Chiropractic Care</b>	\$25 copay (deductible waived) (coverage limited to 60 visits/calendar year)	40% after deductible (coverage limited to 60 visits/calendar year)
<b>Lab and X-ray</b>	20% after deductible	40% after deductible
<b>Inpatient Hospitalization</b>	20% after deductible	40% after deductible
<b>Outpatient Surgery</b>	20% after deductible	40% after deductible
<b>Urgent Care</b>	\$35 copay (deductible waived)	40% after deductible
<b>Emergency Room</b>	20% after \$75 copay (deductible waived) (copay waived if admitted)	



# Prescription Drugs

Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure.

If you enroll in medical coverage, you will automatically receive coverage for prescription drugs. Here are the prescription drug plans that are offered with our Kaiser and Aetna HMO plans.

	Kaiser Traditional HMO	Aetna HMO
	In-Network	In-Network
<b>Prescription Drug Deductible</b>	None	None
<b>Annual Out-of-Pocket Limit</b>	\$1,500 Individual \$3,000 Family	\$2,500 Individual \$5,000 Family
<b>Pharmacy</b>		
Generic	\$15 copay	\$15 copay
Preferred Brand	\$30 copay	\$25 copay
Non-preferred Brand	Not covered	\$40 copay
Supply Limit	30 days	30 days
<b>Mail Order</b>		
Generic	\$15 copay	\$30 copay
Preferred Brand	\$30 copay	\$50 copay
Non-preferred Brand	Not covered	\$80 copay
Supply Limit	100 days	90 days



# Prescription Drugs, continued

Here are the prescription drug plans that are offered with our Aetna PPO plan.

Aetna PPO		
	In-Network	Out-Of-Network
<b>Prescription Drug Deductible</b>	None	None
<b>Annual Out-of-Pocket Limit</b>	\$2,500 \$5,000	\$5,000 \$10,000
<b>Pharmacy</b>		
Generic	\$15 copay	Not Covered
Preferred Brand	\$25 copay	Not covered
Non-preferred Brand	\$40 copay	Not covered
Supply Limit	30 days	Not applicable
<b>Mail Order</b>		
Generic	\$30 copay	Not covered
Preferred Brand	\$50 copay	Not covered
Non-preferred Brand	\$80 copay	Not covered
Supply Limit	90 days	Not applicable

# Dental

Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.



Monrovia Unified School District provides you with a comprehensive coverage through Delta Dental Insurance Company.

	Delta Dental PPO		Delta Dental HMO
	In-Network	Out-Of-Network	In-Network
<b>Calendar Year Deductible</b>	\$50 Individual / \$150 Family		\$0
<b>Annual Plan Maximum</b>	\$1,500 per member		Unlimited
<b>Waiting Period</b>	None	None	None
<b>Diagnostic and Preventive</b>	No charge	No charge	\$0-\$15 copay then plan pays 100% (varies by service, see contract for fee schedule)
<b>Basic Services</b>			
Fillings	20%	20%	No charge
Root Canals	20%	20%	\$40-\$135 copay (varies by service, see contract for fee schedule)
Periodontics	20%	20%	\$0-\$200 copay (varies by service, see contract for fee schedule)
<b>Major Services</b>	50%	50%	\$0-\$160 copay (varies by service, see contract for fee schedule)
<b>Dental Accident Services</b>	\$1,000 per member		
<b>Orthodontic Services</b>			
Orthodontia	Not Covered	Not Covered	\$1,600 Child and \$1,800 Adult
Lifetime Maximum	Not applicable	Not applicable	Not applicable
Dependent Children	Not applicable	Not applicable	Covered to age 19
Full-time Students	Not applicable	Not applicable	Covered

# Vision

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.

We offer you vision coverage through MetLife and Vision Service Plan.

## MetLife Vision Plan

## VSP Vision Plan

	In-Network	Out-Of-Network	In-Network	Out-Of-Network
<b>Examination</b>				
<b>Benefit</b>	\$10 copay	Up to \$45 Allowance	\$20 copay	Up to \$50 Allowance
<b>Frequency</b>	1 x every 12 months	1 x every 12 months	1 x every 12 months	1 x every 12 months
<b>Materials</b>	\$25 copay	See Schedule below	\$0 after exam copay	See Schedule below
<b>Eyeglass Lenses</b>				
Single Vision Lens	No charge for basic lens	Up to \$30 Allowance	No charge for basic lens	Up to \$50 Allowance
Bifocal Lens	No charge for basic lens	Up to \$50 Allowance	No charge for basic lens	Up to \$75 Allowance
Trifocal Lens	No charge for basic lens	Up to \$100 Allowance	No charge for basic lens	Up to \$100 Allowance
<b>Frequency</b>	1 x every 12 months	1 x every 12 months	1 x every 12 months	1 x every 12 months
<b>Frames</b>				
<b>Benefit</b>	Up to \$85 Allowance Costco: \$45 Allowance (20% off amount over allowance)	Up to \$35 Allowance	Up to \$130 Allowance (20% off amount over allowance)	Up to \$70 Allowance
<b>Frequency</b>	1 x every 12 months	1 x every 12 months	1 x every 12 months	1 x every 12 months
<b>Contacts (Elective)</b>				
<b>Benefit</b>	Up to \$85 Allowance (instead of eyeglasses)	Up to \$50 (instead of eyeglasses)	Up to \$130 Allowance (copay waived; instead of eyeglasses)	Up to \$105 Allowance (copay waived; instead of eyeglasses)
<b>Frequency</b>	1 x every 12 months	1 x every 12 months	1 x every 12 months	1 x every 12 months



# Life Insurance

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security.



## AETNA- LIFE AND AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die.

Class Description	Basic Life Amount	Basic AD&D Amount
<b>Class I</b> – CSEA employees not covered under any District Sponsored Medical Plan	\$5,000	\$5,000
<b>Class II</b> – Certified employees covered under a District Sponsored Medical Plan	\$10,000	\$10,000
<b>Class III</b> – CSEA employees covered under any District Sponsored Medical Plan	\$15,000	\$15,000
<b>Class IV</b> – Administrators and Confidential/Classified Managers not covered under any District Sponsored Medical Plan	\$40,000	\$40,000
<b>Class V</b> – Administrators and Confidential/Classified Managers covered under any District Sponsored Medical Plan	\$50,000	\$50,000

Your Life Insurance plan also includes the following:

- **An Accelerated Death Benefit** – You can receive up to 75% of your Basic Term Life insurance proceeds to a maximum of \$500,000 in the event that you become terminally ill and are diagnosed with less than 6 months to live. This can go a long way toward helping your family meet medical and other related expenses at this difficult time.
- **Conversion Privilege** - you may request to take the Life and AD&D policy with you upon termination of employment with the District without Evidence of Insurability (EOI). The District policy will be converted to an individual policy.

Life insurance pays a lump sum death benefit to your beneficiary while AD&D coverage provides benefits to your beneficiary if you suffer loss of life, limb, speech, hearing or sight. Remember to review your beneficiary information during Open Enrollment and update any necessary changes.

# 403(b) and 457(b)

We are pleased to announce a new benefit being offered to our employees, courtesy of our plan administrator, Tax Deferred Solutions. As an employee of Monrovia Unified School District you are eligible to participate in our 403(b) and 457(b) retirement plans. You now have unlimited access to TDS's customer support specialists; they can help you with understanding the retirement plans that are offered to you through the district.

You can start, stop, or change elective deferrals at any time throughout the year. If you aren't sure where to start, the customer support specialists can help with any of the following topics related to the retirement plans we offer:

- Learn how to save more for retirement without changing your take home pay.
- What is a 403(b)?
- What's the difference between a 403(b) and 457(b) and why you need to know.
- What's the Roth option?
- How to verify if my current contributions are accurate?
- How much can I contribute to a 403(b) or 457(b)? Find out if you're over contributing and what the implications could be.
- What's a "catch-up" contribution and how do you qualify?
- When is the right time for me to retire?
- What's my income retirement gap? What is an income retirement gap?
- What are the qualifications for Social Security?
- Reviewing your retirement plans from previous schools or in the private sector.
- Understanding your voluntary benefits and how they can help you throughout the year.

The best part is that the customer support specialists can handle all of these requests over the phone or by email. You no longer have to meet with anyone on campus or at your home. This is a benefit provided to all Monrovia Unified School District employees. There is absolutely no obligation. All educational services are free to our employees. We want all of our employees to understand the plans offered by the district and make the choices that are right for you and your family.

Click the link below to request any information listed above. Any request for help will be done when it's convenient for YOU.

[www.tdsgroup.org](http://www.tdsgroup.org)





# Additional Benefits

Monrovia Unified School District provides you with the opportunity to purchase additional benefits through American Fidelity and The Standard on a voluntary basis. For cost and benefit details, please see an American Fidelity representative.

## ACCIDENT ONLY INSURANCE

### Why You Need Accident Only Insurance

You cannot plan when an accident will happen, but you can prepare for the unexpected expenses. An accident only insurance plan may help you and your family prepare for the rising medical costs associated with such an event.

**Limited Benefit Accident Only Insurance** from American Fidelity Assurance Company (American Fidelity) may help minimize the impact on your finances by helping with covered expenses, regardless of any other insurance coverage you have. With more than 25 benefits available, the plan pays for a wide range of benefits, and payments are made directly to you.

### How It Helps

- **Benefit Payments Made Directly to You.** Your benefit payments may be deposited directly into your bank account, to be used however you choose.
- **Wellness Benefit.** The plan pays an annual Wellness Benefit for one Covered Person to receive a routine physical exam, including immunizations and preventative testing.
- **Accidental Death and Dismemberment Benefit.** A benefit is paid when an Accidental Death or Dismemberment occurs within 90 days of a covered accident.

Help protect yourself from mounting costs that could result from an accidental injury. American Fidelity's Limited Benefit Accident Only Insurance can help.

## CANCER INSURANCE

### Why You Need Cancer Insurance

A cancer diagnosis can change your life, and the expenses associated with it can be overwhelming. Out-of-pocket costs such as mortgages, car payments, travel, and lodging can be expensive.

With **Limited Benefit Cancer Insurance** from American Fidelity Assurance Company (American Fidelity), you may receive benefits to help ease your financial responsibilities and allow you to focus on your treatment and recovery. The plan is specially designed to help with a portion of the costs associated with cancer, with more than 25 plan benefits available for treatment.

### How It Helps

- **Screenings for Early Detection.** Screenings can help detect cancer earlier, which could increase your survival rate if you were to be diagnosed with the disease. The plan may help cover the cost of these all-important screenings, giving you the early detection that can be so critical when fighting the illness.
- **Manage the Expenses of Treatment.** Benefit payments are made directly to you. The money may be used to help pay for out-of-pocket expenses such as copayments, hospital stays, lost income, and more.
- **Financial Protection for You and Your Family.** With three coverage options to choose from and multiple benefits available, the plan may help put your mind at ease.

Will you be able to afford the out-of-pocket expenses if cancer touches someone in your family? American Fidelity's Cancer Insurance can help.

# Other Benefits, continued

## DISABILITY INCOME INSURANCE

### Why You Need Disability Income Insurance

If your paycheck suddenly stopped today, would you be prepared? Could you afford everyday living expenses and other necessities while maintaining the lifestyle you have been accustomed to? Disability Income Insurance is a cost-effective solution designed to help protect you if you are unable to work due to a covered injury or sickness.

### How It Helps

- **Salary Protection for You and Your Loved Ones.** The plan makes it easy to help protect your future income in case of a sudden injury or sickness by providing a steady stream of income to cover expenses while you are unable to work.
- **Several Elimination Periods Available.** Based on your individual need, there are various elimination periods for you to choose from. The plan pays a percentage of your gross monthly income once you have satisfied the elimination period.
- **Benefit Payments Made Directly to You.** Your monthly benefit payments may be deposited directly into your bank account. This gives you the freedom to pay your living expenses and make other purchases you see fit.

## WHOLE LIFE INSURANCE

AF Permanent Life® is a permanent form of life insurance that provides lifelong protection. Your life insurance benefit may help replace your income allowing your family to meet many important financial needs like funeral costs, daily living expenses, and college funding.

### Product Features

- Rates guaranteed not to increase.
- Rates based on issue age allows you to secure a lower rate now.
- Guaranteed cash value accumulation up to age 100.
- Guaranteed level death benefit endows at age 100.
- Apply with minimal health questions and no medical test.
- A policy that you own. Take it with you if you leave employment at the same rate.

## CTA VOLUNTARY DISABILITY & LIFE INSURANCE

CTA members have unique insurance needs. That's why CTA Member Benefits has partnered with The Standard to create Disability and Life Insurance plans specifically designed for education professionals.

The need for these products and their features is very real. Each year, more than 5,000 of your peers receive much-needed help from the CTA-endorsed plans.

Visit [www.ctamemberbenefits.org/Thestandard](http://www.ctamemberbenefits.org/Thestandard) for more information.

- Online enrollment
- Benefit details
- Claims submission

# For Assistance

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website
Medical	Kaiser	800.464.4000	<a href="http://www.kp.org">www.kp.org</a>
Medical	Aetna	800.872.3862	<a href="http://www.aetna.com">www.aetna.com</a>
Dental PPO	Delta Dental	800.765.6003	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Dental HMO	Delta Dental	800.422.4234	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Vision	VSP	800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>
Vision	MetLife	855.638.3931	<a href="http://www.metlife.com">www.metlife.com</a>
Life and AD&D	MetLife	800.438.6388	<a href="http://www.metlife.com">www.metlife.com</a>
Accident Insurance	American Fidelity	800.365.9180	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>
Cancer Insurance	American Fidelity	800.365.9180	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>
Disability Income Insurance	American Fidelity	800.365.9180	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>
Whole Life Insurance	American Fidelity	800.365.9180	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>
CTA Voluntary Disability & Life	The Standard	800.522.0406	<a href="http://www.ctamemberbenefits.org/Thestandard">www.ctamemberbenefits.org/Thestandard</a>

# Key Terms

## MEDICAL/GENERAL TERMS

**Allowable Charge** - The most that an in-network provider can charge you for an office visit or service.

**Balance Billing** - Non-network providers are allowed to charge you more than the plan's allowable charge. This is called Balance Billing.

**Coinsurance** - The cost share between you and the insurance company. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70%, you are responsible for paying the remaining 30% of the cost.

**Copay** - The fee you pay to a provider at the time of service.

**Deductible** - The amount you have to pay out-of-pocket for expenses before the insurance company will cover any benefit costs for the year (except for preventive care and other services where the deductible is waived).

**Explanation of Benefits (EOB)** - The statement you receive from the insurance carrier that explains how much the provider billed, how much the plan paid (if any) and how much you owe (if any). In general, you should not pay a bill from your provider until you have received and reviewed your EOB (except for copays).

**Family Deductible** - The maximum dollar amount any one family will pay out in individual deductibles in a year.

**Individual Deductible** - The dollar amount a member must pay each year before the plan will pay benefits for covered services.

**In-Network** - Services received from providers (doctors, hospitals, etc.) who are a part of your health plan's network. In-network services generally cost you less than out-of-network services.

**Out-of-Network** - Services received from providers (doctors, hospitals, etc.) who are not a part of your health plan's network. Out-of-network services generally cost you more than in-network services. With some plans, such as HMOs and EPOs, out-of-network services are not covered.

**Out-of-Pocket** - Healthcare costs you pay using your own money, whether from your bank account, credit card, Health Reimbursement Account (HRA), Health Savings Account (HSA) or Flexible Spending Account (FSA).

**Out-of-Pocket Maximum** – The most you would pay out-of-pocket for covered services in a year. Once you reach your out-of-pocket maximum, the plan covers 100% of eligible expenses.

**Preventive Care** – A routine exam, usually yearly, that may include a physical exam, immunizations and tests for certain health conditions.

## PRESCRIPTION DRUG TERMS

**Brand Name Drug** - A drug sold under its trademarked name. A generic version of the drug may be available.

**Generic Drug** – A drug that has the same active ingredients as a brand name drug, but is sold under a different name. Generics only become available after the patent expires on a brand name drug. For example, Tylenol is a brand name pain reliever commonly sold under its generic name, Acetaminophen.

**Dispense as Written (DAW)** - A prescription that does not allow for substitution of an equivalent generic or similar brand drug.

**Maintenance Medications** - Medications taken on a regular basis for an ongoing condition such as high cholesterol, high blood pressure, asthma, etc. Oral contraceptives are also considered a maintenance medication.

**Non-Preferred Brand Drug** - A brand name drug for which alternatives are available from either the plan's preferred brand drug or generic drug list. There is generally a higher copayment for a non-preferred brand drug.

**Preferred Brand Drug** - A brand name drug that the plan has selected for its preferred drug list. Preferred drugs are generally chosen based on a combination of clinical effectiveness and cost.

**Specialty Pharmacy** - Provides special drugs for complex conditions such as multiple sclerosis, cancer and HIV/AIDS.

**Step Therapy** - The practice of starting to treat a medical condition with the most cost effective and safest drug therapy and progressing to other more costly or risky therapy, only if necessary.

## DENTAL TERMS

**Basic Services** - Generally include coverage for fillings and oral surgery.

**Diagnostic and Preventive Services** - Generally include routine cleanings, oral exams, x-rays, sealants and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

**Endodontics** - Commonly known as root canal therapy.

**Implants** - An artificial tooth root that is surgically placed into your jaw to hold a replacement tooth or bridge. Many dental plans do not cover implants.

**Major Services** - Generally include restorative dental work such as crowns, bridges, dentures, inlays and onlays.

**Orthodontia** - Some dental plans offer Orthodontia services for children (and sometimes adults too) to treat alignment of the teeth. Orthodontia services are typically limited to a lifetime maximum.

**Periodontics** - Diagnosis and treatment of gum disease.

**Pre-Treatment Estimate** - An estimate of how much the plan will pay for treatment. A pre-treatment estimate is not a guarantee of payment

# Required Federal Notices

## NOTICE OF AVAILABILITY OF HIPAA PRIVACY NOTICE

The Federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires that we periodically remind you of your right to receive a copy of the HIPAA Privacy Notice. You can request a copy of the Privacy Notice by contacting the Employee Benefits Customer Service Center.

## HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR MEDICAL/HEALTH PLAN COVERAGE

If you decline enrollment in a Monrovia Unified School District health plan for your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in an Monrovia Unified School District health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within [30] days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within [30] days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children’s Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the [30] day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Monrovia Unified School District’s medical plan if your dependent becomes eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

## THE WOMEN’S HEALTH AND CANCER RIGHTS ACT

The Women’s Health and Cancer Rights Act (WHCRA) requires employer groups to notify participants and beneficiaries of the group health plan, of their rights to

mastectomy benefits under the plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits are subject to the same deductible and co-payments applicable to other medical and surgical benefits provided under this plan. You can contact your health plan’s Member Services for more information.

# Required Federal Notices

## NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any Hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

## AVAILABILITY OF SUMMARY INFORMATION

As an employee, the health benefits provided by Monrovia Unified School District represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Monrovia Unified School District offers a variety of benefit plans to eligible employees. The federal healthcare reform law requires that eligible members of an employer plan receive a Summary of Benefits and Coverage (SBC) for any medical and pharmacy plans available. The SBC is intended to provide important plan information to individuals, such as common benefit scenarios and definitions for frequently used terms. The SBC is intended to serve as an easy-to-read, informative summary of benefits available under a plan. SBCs and any revisions or amendments of the plans offered by are available by contacting your Human Resources/Benefits Department.

## NOTICE OF CHOICE OF PROVIDERS

HMO plans generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in their network and who is available to accept you or your family members. Until you make this designation, your carrier will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your insurance carrier directly.



# Required Federal Notices

## MEDICARE PART D

Important Creditable Coverage Notice from Monrovia Unified School District About Your Prescription Drug Coverage and Medicare.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Monrovia Unified School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Monrovia Unified School District has determined that the prescription drug coverage offered by Monrovia Unified School District are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. If you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Monrovia Unified School District coverage could be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Monrovia Unified School District is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Monrovia Unified School District prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Monrovia Unified School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

# Required Federal Notices

## MEDICARE PART D, CONTINUED

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the office listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Monrovia Unified School District changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date:	October 2017
Name of Entity:	Monrovia Unified School District
Contact:	Claudia Granger, Human Resources
Address:	325 E. Huntington Drive, Monrovia, CA 91016
Phone:	(626) 471-2022





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