

MEDICAL, DENTAL, VISION AND OPTIONAL BENEFITS

Employees enroll for Health and Optional Insurances upon hire as a full time employee or part-time weekly hours exceeding 20 per week. After initial enrollment, open enrollments are held annually in the fall for the plan year beginning January 1st. Other than hire date and open enrollments, changes and additions can only be made with a qualifying event: marriage, divorce, birth, death, or involuntary loss of existing insurance.

The following is an overview of the Beverly Hills Unified School District's health benefits available to all eligible employees.

The District will contribute up to \$700 for a month and \$750 a month for CSEA members (\$7,000 or \$7500 annually contributed 10thly) toward the purchase of **medical, dental and vision** coverage for you and your qualified dependents. Premiums in excess of this amount are employee paid, and are collected through payroll deduction. Term life, cancer and disability insurances are also available through payroll deduction. The effective date of coverage is the first of the month following the month in which you begin working*.

Please review your options carefully prior to submitting your choices as plan changes are limited to the Annual Open Enrollment period. (Carrier Benefit Packets outline the limited exceptions to this policy.)

OVERVIEW

Medical

All medical plans are administered through CALPERS. Currently there are two (2) Blue Shield HMO's; one (1) Kaiser HMO and two (2) Blue Cross PPO to choose from. A detailed description of each plan is contained in the enclosed Health Benefit packet. *(It is recommended that prior to enrolling in a medical plan that you contact your physician to make sure he/she accepts the plan of your choice.)* In addition to the descriptions included you may obtain more specific details and information from the carrier websites and contacts. These references are at the end of this document.

Dental

Dental insurance is provided through Delta Dental. **Classified** employees may choose between Delta Premier (PPO) and the Delta Care/PMI (HMO) plans. **Certificated** employees may enroll in the Delta Premier (PPO) plan only.

Vision

Vision coverage is provided by Vision Service Plan (VSP). Note: - There are no I.D. cards for the plan. Your social security number will serve as your I.D. number. To use this service, simply inform your provider that your vision coverage is with VSP.

Voluntary Additional/Voluntary Insurance (Optional)

Term life, cancer, and disability insurances are available (employee-paid) through payroll deduction. If you choose to participate in any of these optional insurance plans, please complete the appropriate enrollment form and return it to the Benefits Office along with the district enrollment form. Plan descriptions and enrollment forms are enclosed. *(***IMPORTANT NOTE: The District does not participate in State Disability.)* Please note that some of these plans are classification specific (Certificated or Classified).

ENROLLMENT PROCEDURES

ENROLLMENT FORMS

After making your choices, complete BHUSD enrollment form and the application forms for your chosen carriers. If you are electing to cover dependents you must also complete the dependent form. **NOTE: Failure to provide the information requested on this form may result in delayed enrollment, deferred effective date of coverage, or no coverage for dependents.**

The completed forms must be received in the Benefits office **no later than the 25th** of the month in which you begin working. ***Effective date of coverage may be deferred if this due date is not met.**

If you choose to enroll in any of the optional (life/disability/cancer) plans, please return the completed form(s) to the Benefits Office along with the enrollment form. Do not send them directly to the carrier(s).

Identification cards and Evidence of Coverage Booklets are issued by the individual carrier(s), and should be received within three (3) weeks of the Employee Benefits Department's receipt of the Health Benefits Election form.

If you have any questions, please don't hesitate to call us at (310) 551-5100, ext 2270. You may also e-mail at nrobles@bhusd.org.

CONTACTS/WEBSITES:

CALPERS 888-225-7377
www.calpers.ca.gov

BLUE CROSS 877-737-7776
www.anthem.com/ca/calpers

KAISER 800-464-4000
<http://my.kp.org/ca/calpers>

BLUE SHIELD 800-334-5847
www.blueshieldca.com/calpers

DELTA DENTAL 800-765-6003
www.deltadentalca.org

VISION SERVICES PLAN (VSP) 800-877-7195
www.vsp.com