

BASIC LIFE/ AD&D – UNUM	
Basic Life	\$40,000
Accidental Death & Dismemberment	Same as life insurance benefit
Repatriation Benefit	Not to exceed the lesser of \$5,000 or 10% of the life benefit
Seat Belt Benefit	\$25,000
Airbag Benefit	\$5,000
Age Reduction Formula	Reduces by 33% at age 70, and to 50% of the original amount at age 75
Employer Contribution	100%

VOLUNTARY TERM LIFE/ AD&D – UNUM	
Employee Coverage	Up to 5 times salary in increments of \$10,000, not to exceed \$500,000
Spouse Coverage	Up to 100% of employee amount in increments of \$10,000, not to exceed \$500,000
Child Coverage	Up to 100% of employee amount in increments of \$2,000, not to exceed \$10,000

In order to purchase Life coverage for your spouse and/or child you must purchase Life coverage for yourself.

EMPLOYEE ASSISTANCE PROGRAM (EAP) – UNUM
UNUM offers a comprehensive EAP service, with an extensive network. Clinicians, consultants and trainers all work together to help employees manage emotional health, family and work-related challenges. Employee and dependents of East Side Union High School District are eligible for three visits per six month period .

2012/2013 BENEFIT COST – CLASSIFIED 100% PAID BY EAST SIDE UNION HIGH SCHOOL DISTRICT	
BENEFIT PLAN	MONTHLY COST
Kaiser HMO	\$ 1,261.26
Blue Cross Of California HMO	\$ 1,388.18
United Administrative Services PPO	\$ 1,556.47
Delta Dental	\$ 158.49
Vision Service Plan	\$ 22.10

## IMPORTANT PHONE NUMBERS & WEB ADDRESSES

**Kaiser (Medical)**  
Classified Group # 855  
1.800.464.4000  
[www.kaiserpermanente.org](http://www.kaiserpermanente.org)

**Anthem Blue Cross HMO (Medical)**  
Group # 57U33  
1.800.227.3771  
[www.bluecrossca.com](http://www.bluecrossca.com)

**UAS PPO (Medical)**  
Group # L134-2 (A-5)  
1.408.288.4400  
[www.uastpa.com](http://www.uastpa.com)

**HealthTrans (UAS Mail order Rx)**  
Group # L134-2 (A-5)  
1.408.288.4400  
Fax # 1.877.289.0617

**Delta Dental (Dental)**  
Classified Group # 6585-0004  
1.866.499.3001  
[www.deltadentalca.org](http://www.deltadentalca.org)

**Vision Service Plan (Vision)**  
Group # 12077044  
1.800.877.7195  
[www.vsp.com](http://www.vsp.com)

**UNUM (Life and AD&D Insurance)**  
Life and AD&D Group # 145452  
Voluntary Term Life and AD&D Group # 145453  
[www.unum.com](http://www.unum.com)

**UNUM (Employee Assistance Plan)**  
Group # ESUHSD  
1.800.854.1446  
[www.lifebalance.net](http://www.lifebalance.net)

The information presented in this brochure is a summary only. Please refer to the individual contract, plan description for details. If there are any discrepancies between this summary and the plan contracts, the plan contracts will prevail. If you need detailed information regarding benefits, please contact:  
**Esther Carrillo-Olmos, Benefits Coordinator (408) 347-5141 [carrilloe@esuhsd.org](mailto:carrilloe@esuhsd.org)**

Plan Arranged by: Gallagher Benefit Services

# EAST SIDE UNION HIGH SCHOOL DISTRICT



## GROUP BENEFIT PROGRAM

**Classified Employees Only**  
**Effective July 1, 2012**

**830 NORTH CAPITOL AVENUE**  
**SAN JOSE, CA 95133**  
**(408) 347-5141**

MEDICAL – ANTHEM BLUE CROSS & KAISER		
East Side Union High School District employees and eligible dependents have a choice between the Kaiser HMO, Blue Cross HMO, and UAS PPO (Preferred Provider Organization) plan which utilizes the Blue Cross PPO Network.		
HMO Plans	Anthem Blue Cross	Kaiser
Calendar Year Deductible	None	None
Coinsurance	100%	100%
Out-of-Pocket Maximum (does not include deductible)	\$800/individual \$2,400/family	\$1,500/individual \$3,000/family
Lifetime Plan Maximum	Unlimited	Unlimited
HOSPITALIZATION		
Room & Board	100%	100%
X-Ray & Lab	100%	100%
Emergency Room	\$35 co-pay; waived if admitted	\$20 co-pay; waived if admitted
Mental Health Services	Inpatient: 100% Outpatient: \$20 co-pay	Inpatient: 100% Outpatient: \$20 co-pay
Substance Abuse Services	Inpatient: 100% Outpatient: \$20 co-pay	Inpatient: 100% (detoxification only) Outpatient: \$20 co-pay
PHYSICIAN SERVICES		
Office Visit	\$20 co-pay	\$20 co-pay
Well Baby Care	100% (up to age 2)	100% (up to age 2)
Immunizations	100%	100%
Adult Routine Exams	100%	100%
Maternity Care	100%	100%
Chiropractic Care	\$20 co-pay (60 days/benefit period following illness/injury)	Not covered
Acupuncture	\$20 co-pay	Not covered
Home Health Care/ Private Nursing	\$20 co-pay (100 visits/calendar year)	100% (100 visits/calendar year)
Skilled Nursing Facility	100% (100 days/calendar year)	100% (100 days/benefit period)
Physical, Occupational & Speech Therapy	\$20 co-pay (60 days/benefit period following illness/injury)	\$20 co-pay
PRESCRIPTION DRUGS		
Generic	\$10 co-pay (30 day supply)	\$10 co-pay (100 days supply)
Brand	\$20 co-pay (30 day supply)	\$20 co-pay (100 day supply)
Mail Order	Generic \$10 co-pay Brand \$20 co-pay (90 day supply)	Generic \$10 co-pay Brand \$20 co-pay (100 day supply)

MEDICAL – UAS PPO		
	In-Network	Out-of-Network
Calendar Year Deductible	\$100/individual \$300/family	\$100/individual \$300/family
Coinsurance	90%	80%
Out-of-Pocket Maximum (does not include co-pays)	\$5,000/member	\$5,000/member
Lifetime Plan Maximum	Unlimited	Unlimited
HOSPITALIZATION		
Room & Board	90%	80%
X-Ray & Lab	90%	80%
Emergency Room	90%	90%
Mental Health Services	Inpatient: 90% Outpatient: \$20 co-pay	Inpatient: 80% Outpatient: \$20 co-pay
Substance Abuse Services	Inpatient: 90% Outpatient: \$20 co-pay	Inpatient: 80% Outpatient: \$20 co-pay
PHYSICIAN SERVICES		
Office Visit	\$20 co-pay	80%
Well Baby Care	100% (up to age 2)	100% (up to age 2)
Immunizations	100%	100%
Adult Routine Exams	100%	100%
Maternity	100%	100%
Chiropractic Care	80%; (\$30/visit, 25 visits/year)	80%; (\$30/visit, 25 visits/year)
Acupuncture	\$35 co-pay (\$350/calendar year)	
Home Health Care/ Private Nursing	80% (100 visits/calendar year)	
Skilled Nursing Facility	100% for the first 10 days, then 80% (lifetime maximum of 180 days)	
Physical, Occupational & Speech Therapy	80% after deductible	
PRESCRIPTION DRUGS – Administered by HealthTrans		
Generic	\$10 co-pay (30 day supply)	
Brand	\$20 co-pay (30 day supply)	
Mail Order	Generic: \$10 co-pay (90 day supply) Brand: \$20 co-pay (90 day supply)	

## East Side Union High School District

**Classified Employees Only**

MANAGED DENTAL BENEFITS – DELTA DENTAL		
When choosing the Delta Dental plan, you receive a higher level of discounts if you select an in-network dentist.		
Maximum Annual Benefit	\$2,000/person	
Calendar Year Deductible	None	
Annual Plan Year Maximum Period	September 1 <sup>st</sup> through August 31 <sup>st</sup>	
Preventive – oral examinations, fluoride treatment, space maintainers, specialist consultation	70% – 100% 70% 1st year, increases 10% each consecutive year to a max of 100%. If there is a break in service the coinsurance goes back to 70%	
Basic – oral surgery (extractions), fillings, root canals, periodontal (gum) treatment, sealants	70% – 100% 70% 1st year, increases 10% each consecutive year to a maximum of 100%.	
Crowns, Jackets and Cast Restorations	70% – 100% 70% 1st year, increases 10% each consecutive year to a maximum of 100%.	
Prosthetic Benefits – bridges, partial dentures, full dentures	50% of PPO negotiated fee	
Orthodontic Benefits –for dependent children to age 25	50%; subject to a \$1,000 lifetime maximum/person	
Dental Accident Benefits	100% of Delta dentist's allowed fee separate (\$1,000 maximum per person per calendar year)	
* Delta dental percentage of coinsurance/employee is tracked on a calendar year basis		

VSP – VISION SERVICE PLAN		
	In-Network	Out-of-Network
Co-pay	\$15	
Exam every 12 months	100% after co-pay	Up to \$45 after co-pay
Lenses every 12 months Single	100% after co-pay	Up to \$30 after co-pay
Bi-Focal	100% after co-pay	Up to \$50 after co-pay
Tri-Focal	100% after co-pay	Up to \$65 after co-pay
Lenticular	100% after co-pay	Up to \$100 after co-pay
Frames once every 24 months	Up to \$120 after co-pay	Up to \$70 after co-pay
Contact Lenses in lieu of frames/ glasses every 12 months *Visually necessary	75% of U&C after co-pay	Up to \$210 after co-pay
Elective	Up to \$150 plus 15% discount off of cost of contact lens exam, fitting and evaluation	Up to \$105
*Visually necessary contacts require pre-approval from VSP		