Conejo Valley Unified School District Benefits Administration

School Sites

EMPLOYEE BENEFITS 2022-2023

Poms & Associates Insurance Brokers | CA License #0814733

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CONTACTS

District Office

750 Mitchell Road
Newbury Park, CA 91320

Name/Title	Phone Number	Fax Number
Liz Grigsby– Benefits Specialist e-mail: *egrigsby@conejousd.org*	(805) 498-4557 x7411	N/A

District Benefits Website: *www.conjeousd.org*
Click on Departments > Human Resources > Employee Benefits

Anthem Blue Cross - HMO

801 South Figueroa Street, 5th Floor
Los Angeles, CA 90017
Group Number/Purchaser ID: 275928
www.anthem.com

Name/Title	Phone Number	Fax Number
Customer Service Call Center	(800) 759-3030	N/A
IngenioRx Pharmacy/Pre-Authorizations	(833) 296-5039	N/A
IngenioRx – Mail Order Service	(833) 296-5039	N/A

Anthem Blue Cross - PPO

801 South Figueroa Street, 5th Floor
Los Angeles, CA 90017
Group Number/Purchaser ID: 275928
www.anthem.com

Name/Title	Phone Number	Fax Number
Customer Service Call Center	(800) 759-3030	N/A
IngenioRx Pharmacy/Pre-Authorizations	(833) 296-5039	N/A
IngenioRx – Mail Order Service	(833) 296-5039	N/A

Kaiser Permanente

3100 Thornton Ave., 4th Floor
Burbank, CA 91504
Group Number/Purchaser ID: 101877
www.kaiserpermanente.org

Name/Title	Phone Number	Fax Number
Administrative support for Members Hours: 7am – 7pm, seven days a week	(800) 464-4000	N/A

Delta Dental

12898 Towne Center Drive
Cerritos, CA 90703
Group Number/Purchaser ID: 1349
www.deltadentalca.org

Name/Title	Phone Number	Fax Number
Customer Service	(800) 765-6003	N/A

VSP

111 West Ocean Blvd., Suite 1625
Long Beach, CA 90802
Group Number/Purchaser ID: 12146862
www.vsp.com

Name/Title	Phone Number	Fax Number
Customer Service Questions regarding plan coverage & eligibility	(800) VSP-7195	N/A

Standard Life Insurance Company

P.O. Box 4744
Portland, OR 96208
Group Number/Purchaser ID: 503030-3000
www.standard.com

Name/Title	Phone Number	Fax Number
Life Benefits	800-628-8600	N/A
Customer Service	888-937-4783	N/A

MEDICAL INSURANCE

Anthem Blue Cross HMO

Plan:	HMO
Carrier:	Anthem Blue Cross
Policy Number:	275928
Plan Renewal Date:	7/1/2023
Dependent Age Limit:	Until age 26

Deductible	
Individual	N/A
Family	N/A
Hospital Admission	N/A
Annual Copay Maximum	
Individual	$1,000
Family	$2,000
Hospital Services	
Room & Board	No Charge
Surgery	No Charge
Emergency	$100 (waived if admitted)
Physician Services	
Office Visit	$30
Hospital Visit	No Charge
Diagnostic X-Ray & Lab	No Charge
Extended Care	
Home Health (up to 100 visits/yr)	No Charge
Out-patient Physical Therapy	$30 per visit
Hospice	No Charge
Prescription Drugs	
Retail (30-day supply)	
Generic	$15
Brand	$30
Brand- Non Formulary	$50
Mail Order (90-day supply)	
Generic	$30
Brand	$60
Brand – Non Formulary	$100

Mental Health	
Inpatient	No Charge
Outpatient	$30 copay
Alcohol & Substance Abuse	
Inpatient	No Charge
Outpatient	$30 copay
Detox	No Charge
Wellness	
Periodic Health Evaluations	No Charge
Routine Immunizations	No Charge
Hearing Screening	No Charge
Vision	
Exams	No Charge
Frames	Not covered
Lenses	Not covered
Other Services	
Skilled Nursing Facility	No Charge
Durable Medical Equipment	20% of allowed charges, max $5,000/calendar yr
Ambulance	No Charge
Chiropractic	$30 per visit, 20 visit calendar yr. max

This benefit schedule is for comparison purposes only. It is not a contract. It is not intended to be all inclusive. For complete details on exclusions and limitations, refer to the plan booklets.

Anthem Blue Cross PPO

Plan:	PPO
Carrier:	Anthem Blue Cross
Policy Number:	275928
Plan Renewal Date:	7/01/2023
Dependent Age Limit:	Until age 26

	PPO	Non-PPO
Lifetime Maximum	Unlimited	
Deductible		
Individual	$500	$1,000
Family	$1,250	$3,000
Annual Out of Pocket Maximum		
Individual	$2,000	$8,000
Family	$4,000	$16,000
Physician Services		Member pays: 60%
Office Visit	80%	+ $25 copay
Hospital Services		
Room & Board	80%	40%
Surgery	80%	40%
Emergency	80%, deduct. waived if admitted	80%, deduct. waived if admitted
Prescription Drugs		
Deductible	$100/member	
Retail		
Generic	$15 up to 30-day supply	
Brand	$30 up to 30-day supply	
Mail Order		
Generic	$30 up to 90-day supply	
Brand	$60 up to 90-day supply	
Mental Health		
Inpatient	80%	40%
Outpatient	80%	40%

Alcohol & Substance Abuse		
Inpatient	80%	40%
Outpatient	80%	40%
Wellness		
Routine Physical Exams	No Charge	Member pays: 60% + $25 copay
Well Child	No Charge	Member pays: 60% + $25 copay
Vision		
Exams		
Frames	Not covered	
Lenses		
Other Services		
Skilled Nursing Facility	80%	80%
Durable Med. Equipment	80%	40%

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Kaiser

Plan:	HMO
Carrier:	Kaiser Permanente
Policy Number:	101877
Plan Renewal Date:	7/1/2023
Dependent Age Limit:	Until age 26

Deductible	
Individual	N/A
Family	N/A
Hospital Admission	N/A
Annual Copay Maximum	
Individual	$1,500
Family	$3,000
Hospital Services	
Room & Board	No Charge
Outpatient Surgery	No Charge
Emergency	$100 per visit (does not apply if admitted)
Physician Services	
Office Visit	$30 per visit
Hospital Visit	No Charge
Diagnostic X-Ray & Lab	No Charge
Extended Care	
Home Health	No Charge (up to 100 visits per calendar year)
Out-patient	$30 per visit
Physical-Therapy	
Hospice	No Charge
Alcohol & Substance Abuse	
Inpatient (Detox Only)	No Charge
Outpatient	
Individual session	$30 per visit
Group session	$5 per visit
Wellness	
Routine Physical Exam	No Charge
Routine Immunizations	No Charge

Hearing Screening	No Charge
Prescription Drugs	
Retail- 30 day supply	
Generic	$15
Brand	$30
Mail Order- 90 day supply	
Generic	$30
Brand	$60
Vision	
Exam	No Charge
Frames	Not covered
Lenses	Not covered
Mental Health	
Inpatient	No Charge (up to 45 days per calendar year)
Outpatient	
Individual session	$30 per visit
Group session	$15 per visit
Other Services	
Skilled Nursing Facility	No Charge (up to 100 days per calendar year)
Durable Medical Equipment	20%
Ambulance	$50 per trip

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Kaiser Bronze Plan

Plan:	Bronze HMO
Carrier:	Kaiser Permanente
Policy Number:	101877
Plan Renewal Date:	7/1/2023
Dependent Age Limit:	Until age 26

Deductible	
Individual	$4,500
Family	$9,000
Annual Copay Maximum	
Individual	$6,000
Family	$12,000
Hospital Services	
Room & Board	40%
Outpatient Surgery	40%
Emergency	$250 per visit (does not apply if admitted)
Physician Services	
Office Visit	$50 per visit
Hospital Visit	40%
Diagnostic X-Ray & Lab	40%
Extended Care	
Home Health	No Charge (up to 100 visits per calendar year)
Out-patient Physical-Therapy	$50 per visit
Hospice	No Charge
Alcohol & Substance Abuse	
Inpatient (Detox Only)	40%
Outpatient	
Individual session	$50 per visit
Group session	$5 per visit
Wellness	
Routine Physical Exam	No Charge
Routine Immunizations	No Charge
Hearing Screening	No Charge

Prescription Drugs	
Retail- 30 day supply	
Generic	$15
Brand	$35
Mail Order- 90 day supply	
Generic	$30
Brand	$70
Vision	
Exam	No Charge
Frames	Not covered
Lenses	Not covered
Mental Health	
Inpatient	No Charge (up to 45 days per calendar year)
Outpatient	
Individual session	$50 per visit
Group session	$5 per visit
Other Services	
Skilled Nursing Facility	40% (up to 100 days per calendar year)
Durable Medical Equipment	40%
Ambulance	40%

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DENTAL INSURANCE

Delta Dental

Carrier:	Delta Dental
Policy Number:	1349
Plan Renewal Date:	7/1/2023
Dependent Age Limit:	Until age 19 or 26, if full-time student
Annual Maximum	$1,700 In network/ $1,500 Out of Network
Calendar Year Deductible	
Individual	N/A
Family	N/A
Preventive & Diagnostic:	
Office Exams	70% - 100%
Cleanings	70% - 100%
X-Rays	70% - 100%
Basic Services	
Basic Restorative	70% - 100%
Endodontics	70% - 100%
Major Restoration	
Prosthodontics	50%
Implants	50%
Orthodontia (Child only)	
Maximum	50% to $1,000 lifetime max. per person

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VISION INSURANCE

VSP

Carrier:	VSP	
Policy Number:	12146862	
Plan Renewal Date:	7/1/2023	
Dependent Age Limit:	Until age 19 or 26, if full-time student	
	Provider	**Non- Provider**
Vision Care Services:	**Every 12 months**	
Vision Examination	Covered in full	$45 Reimbursement
Vision Care Materials:	**Every 24 months**	
Lenses:		
Single Vision	Covered in full	$45 Reimbursement
Bifocal	Covered in full	$65 Reimbursement
Frames:	$150 Allowance	$45 Reimbursement
Contact Lenses:	**Every 24 months**	
Visually Necessary		
Professional Fees & Materials	Covered in full	$210 Reimbursement
Elective		
Professional Fees & Materials	$100 Allowance	$105 Allowance
Covered Contact Lenses		
Professional Fees & Materials	Covered in full	$210 Reimbursement

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LIFE INSURANCE

Standard Insurance Company

Carrier:	Standard Insurance Company
Policy Numbers:	503030-3000
Plan Renewal Date:	7/1/2023

Term Life

Schedule of Life Insurance

Basic Life & AD&D	$50,000
Basic Dep. Life & AD&D	$1,500
Buy-up option	$5,000
Supplemental Life & AD&D	$50,000
Supplemental Plus Life & AD&D	$50,000

Dependent Life Benefit:

$1,500

NOTES:

POMS
& ASSOCIATES
INSURANCE BROKERS