Early Retirees
October 2021

Open Enrollment Guide to your
Group Insurance Benefits

<table>
<thead>
<tr>
<th>Check List</th>
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<tbody>
<tr>
<td>Read Open Enrollment Notice (Separate from this book)</td>
<td></td>
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<tr>
<td>Review your plans</td>
<td></td>
</tr>
<tr>
<td>Review Open Enrollment Section and What’s New page</td>
<td></td>
</tr>
<tr>
<td>Review Premium Rate Table for 2021-22</td>
<td></td>
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<tr>
<td>Premiums are paid to WEX Discovery Benefits</td>
<td></td>
</tr>
<tr>
<td><strong>Remember</strong> - to change your address, you MUST contact NMUSD Benefits</td>
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</tr>
<tr>
<td><strong>Remember</strong> - cancellation of plans MUST be done through NMUSD Benefits</td>
<td></td>
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<tr>
<td>Complete &amp; sign your Open Enrollment Form (Separate from this book)</td>
<td></td>
</tr>
<tr>
<td>Deadline to return Open Enrollment Form NMUSD Benefits Management by August 31, 2021</td>
<td></td>
</tr>
<tr>
<td>Keep this booklet for reference throughout this Benefit Year</td>
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INTRODUCTION

The information in this brochure is designed to help you understand the group insurance offered by Newport- Mesa Unified School District. These benefits include medical, dental, vision and life Insurance.

The information contained in this brochure is presented in non-technical language and is not intended to replace the Group Master Policy (Evidence of Coverage) or Summary Benefit Coverage (SBC) for each of the plans described. Upon enrollment in a given plan, each retiree can review the Summary Plan Description or Evidence of Coverage providing additional information including exclusions and limitations of the plans online at www.nmusd.us/benefits.

RESOURCES

You are encouraged to use this brochure as a quick reference to your group insurance benefits and to refer to the Summary of Benefit Coverage for each program for further detail. You may also choose to contact the customer service departments of the various plans if you have additional questions.

NEWPORT-MESA USD JOINT BENEFITS TEAM (JBT)

<table>
<thead>
<tr>
<th>Kathe Adamiak</th>
<th>Troy Hall</th>
<th>Also attending meetings:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMFT</td>
<td>CSEA</td>
<td></td>
</tr>
</tbody>
</table>

| Sarah Auwarter         | Sean Katz        | Amy Gonzales             |
| NMFT                   | CSEA             | CSEA                     |

| Nicholas Dix           | Pam Saunders     | Evette Dang              |
| NMFT                   | CSEA             | Benefits Supervisor      |

| Jaymi Ropp             | Stu Tedford      | Mary Ann Hilado          |
| NMFT                   | CSEA             | Aon Consulting           |

| Patrick Bullock        | Jonathan Wilby   | Salvador Lona            |
| NMSA                   | NMAA             | Aon Consulting           |

| Todd Hatfield          | Kathleen Hedges  |                          |
| NMAA                   | NMAA             |                          |
# CUSTOMER SERVICE TELEPHONE DIRECTORY

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigna Customer Service</td>
<td>800-Cigna24 /800-244-6224</td>
<td><a href="http://www.cigna.com">www.cigna.com</a> <a href="http://www.cigna.com/nmusd">www.cigna.com/nmusd</a></td>
</tr>
<tr>
<td>HealthCare for</td>
<td></td>
<td></td>
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<tr>
<td>Medical and Dental Plans</td>
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<td></td>
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<tr>
<td>Express Scripts Home Delivery</td>
<td>800-835-3784 /800-285-4812</td>
<td></td>
</tr>
<tr>
<td>VSP Vision Service Plan</td>
<td>800-877-7195</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
</tr>
<tr>
<td>MetLife Life Insurance and AD&amp;D Claims</td>
<td>800-638-6420</td>
<td></td>
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<tr>
<td>Medicare</td>
<td>800-633-4227</td>
<td><a href="http://www.medicare.gov">www.medicare.gov</a></td>
</tr>
<tr>
<td>WEX Discovery Benefits</td>
<td>866-451-3399 option 1, 2</td>
<td><a href="mailto:cobraadmin@discoverybenefits.com">cobraadmin@discoverybenefits.com</a></td>
</tr>
<tr>
<td>(Formerly WageWorks)</td>
<td></td>
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<tr>
<td>Send Premiums to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PO Box 2079</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Omaha, NE 68103-2079</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NMUSD Benefits</td>
<td>714-424-5010 benefits line</td>
<td></td>
</tr>
<tr>
<td>2985 Bear Street, Bldg. A</td>
<td>714-424-8946 fax</td>
<td></td>
</tr>
<tr>
<td>Costa Mesa, CA 92626</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daniela Logan, Technician (A-L)</td>
<td>714-424-5013 <a href="mailto:dlogan@nmusd.us">dlogan@nmusd.us</a></td>
<td></td>
</tr>
<tr>
<td>Krystal Cruz, Technician (M-Z)</td>
<td>714-424-8982 <a href="mailto:kcruz@nmusd.us">kcruz@nmusd.us</a></td>
<td></td>
</tr>
<tr>
<td>Evette Dang, Supervisor</td>
<td>714-424-8914 <a href="mailto:edang@nmusd.us">edang@nmusd.us</a></td>
<td></td>
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</table>
WEB ACCESS

CIGNA Medical & Pharmacy

- Newport-Mesa USD’s - Cigna Healthcare website [www.cigna.com/nmusd](http://www.cigna.com/nmusd)
- Register at [www.mycigna.com](http://www.mycigna.com) with a User Name and Password. This will allow you to log on and view your OAP claims and your mail order prescription activity. You can also request a new card or change your primary care physician online.
- To find a Doctor, Specialist, or Facility go to [www.cigna.com](http://www.cigna.com)
  - Click on ‘Find a Doctor, Dentist or Facility’, then under “How are you Covered?” click on ‘Employer or School’.
  - Under ‘Find a Doctor, Dentist or Facility in’ type your location into the ‘Enter Address, City or Zip’ search box. Complete a search based on Doctor by Type, Doctor by Name, or Locations. You will then be prompted to Login/Register or continue as guest. Click ‘continue as guest’. If you select ‘Doctor by Type’, you will then be prompted to select a plan. Click ‘Continue’ to select a plan.
  - Under ‘Please select a Plan’, select the appropriate plan:
    - For Southern California Select Plan, choose: Southern California Select Plan (Hoag, Optum, PrimeCare, Providence, Scripps Health)
    - For the Full Network HMO, choose: Southern California (Under HMO, HMO POS, Network, Network POS)
    - For the Open Access Plus, choose: Open Access Plus, Open Access Plus Tiered
  - The following page will open with your results. You can click on the doctor’s name to view further information.

CIGNA Dental

To find a Cigna dentist go to [www.cigna.com](http://www.cigna.com)

- Click on ‘Find a Doctor, Dentist, or Facility’, then under “How are you Covered?” click on ‘Employer or School’.
- Under ‘Find a Doctor, Dentist or Facility in’ type your location into the ‘Enter Address, City or Zip’ search box. Click on ‘Doctor by Type’ and choose the type of Dentist. You will then be prompted to Login/Register or continue as guest. Click ‘continue as guest’.
- Under ‘Please select a Plan’, click ‘Continue’, then select the appropriate plan:
  - Total Cigna DPPO
  - Cigna Dental Care Access
- ‘SEARCH RESULT’ will open. Click on the dentist’s name to view further information.
- Or register and log in to [www.mycigna.com](http://www.mycigna.com) click on ‘FIND A DOCTOR, DENTIST OR FACILITY’. Other plan information is also available on this site, such as your claims and coverage.
KAISER PERMANENT Medical & Pharmacy

- Newport-Mesa USD – Kaiser website http://my.kp.org/nmusd/
- Register at kp.org
- To find a Doctor, or Facility, go to kp.org
- Click on ‘Doctors & Locations’, then under “What can we help you find?” choose ‘Doctors’ or ‘Locations’.
- Choose your “Region” in the drop down menu, then enter zip code or city. Under “Health Plan”, select HMO, then click ‘Search’.

WEX Discovery Benefits
cobraadmin@discoverybenefits.com
Contact WEX Discovery Benefits if you have questions on your premium invoice or payment processing. You can set up automatic payments if you wish.

Vision Service Plan
www.vsp.com
To find a VSP provider select Members & Consumers. Select Find a VSP Network Doctor. You may also register with your own username and password. This will allow you to login to view your current status, and learn what you or your family members are currently eligible for.

Benefits Management
www.nmusd.us/benefits
Benefits Management page of the NMUSD website includes benefit descriptions, contact information, forms and resources.

If you have not visited the web sites for the various benefit plans, we encourage you to do so. They have so much to offer!
ENROLLMENT IN GROUP HEALTH BENEFITS

Retirees may enroll in available health plans upon attaining eligibility. All enrollment information is available from the District Benefits Management Department. Once enrolled, changes of health plans can be made only during the open enrollment period in August for an October 1st effective date.

Enrolling New Spouse, Domestic Partner, Children (0-26)
Dependents may be added to your coverage as follows:
1. During the annual open enrollment period, with an 10/01 effective date, or
2. For new spouse or domestic partner, the first of the month following date of marriage or domestic partner registration, or
3. Newborns coverage from date of birth, or
4. A spouse, domestic partner and/or child with coverage outside of the district whose coverage was terminated as a result of the spouse’s termination of employment may be enrolled the first of the month following the date in which benefits terminate.

IMPORTANT: COVERAGE FOR A NEW CHILD OR SPOUSE OR DOMESTIC PARTNER IS NEVER AUTOMATIC. WITHIN THIRTY-ONE (31) DAYS OF THE QUALIFYING EVENT YOU MUST CONTACT THE BENEFITS DEPARTMENT TO INITIATE THE ENROLLMENT. FAILURE TO DO SO MAY RESULT IN NO COVERAGE FOR DEPENDENT.

HEALTH BENEFIT ELIGIBILITY GUIDELINES
The following guidelines are designed to provide a convenient summary of the current health benefits provided by the Newport-Mesa Unified School District and may be revised periodically. These guidelines are not intended to constitute a contract between the District and its employees, dependents, or retirees, and the benefits described in these guidelines may be modified periodically through negotiations with the unions and/or by updating Board policy and plan benefits. These guidelines are not intended to stand alone and are subject to bargaining unit contracts, Board policy, and summary plan documents. In the event of any conflict between the terms of these guidelines and applicable bargaining unit contracts, Board policies or plan documents, the terms of those contracts shall control. Specific questions or comments should be addressed to the District’s Office of Benefits Management.
Eligibility Requirements – Retirees

In order to be eligible to participate in the NMUSD Health and Welfare Retiree Benefits an individual must be a participant in the NMUSD Retiree Health Benefits or an active employee that has met the following retiree criteria:

- Fifty (50) years of age, working seven (7) or more hours per day with thirty (30) Years of District service (not consecutive); or
- Fifty-five (55) years of age or older who have completed a minimum of ten (10) consecutive years of service during his/her District service history; or
- Sixty-two (62) years of age who have a minimum of ten (10) years of service in the District (not consecutive)

And retiring as:

- An Active School Board Member; or
- An Active Member of the Personnel Commission; or
- An Active full time/part time Management employee; or
- An Active full time/part time Supervisor employee; or
- An Active full time employee in accordance with the provisions of the agreement between CSEA and the District or NMFT and the District and/or District Policy.
- An Active part-time employee in accordance with the provisions of the agreement between CSEA and the District or NMFT and the District and/or District Policy.

A Board Member who retires upon completion of his term in office will continue to be eligible for coverage for himself and his eligible spouse or domestic partner and/or children (0-26) until he reaches age sixty-five (65), provided all required contributions for coverage under the Health and Welfare Program are prepaid monthly.

A Personnel Commission member, who retires upon completion of his term in office, will be given the right to purchase group insurance benefits for himself and his spouse/domestic partner, and/or children (0-26) until he reaches age sixty-five (65). The cost of the benefits provided to a retired Personnel Commission member will be prepaid monthly directly to the District.

Effective Date – Employees/Early Retirees

- The District shall provide health and welfare benefit coverage for all eligible retiree and eligible dependents until the first day of the birthday month when the retiree reaches age sixty-five (65).
- The District provides the eligible early retiree $10,000 in basic Life Insurance.
- All current employees age 55-64 who have met the retirement eligibility requirements for NMUSD early retirees are offered to continue all benefit plans at the same rate as active employees, available in the same proportion as was provided to employee at the time of retirement, paid on a 12-month cycle.
- OCAPs and plan premiums may apply.
- Premiums must be pre-paid monthly to WEX Discovery Benefits.
- Early Retirees may decline at any time and will be part of every open enrollment until they reach the age of 65.
Effective Date – 65+ Employees/Retirees

All currently employed over sixty-five (65) years of age employees retiring who have met the retirement eligibility requirements or NMUSD Early Retirees currently enrolled in benefits attaining the age of sixty-five (65) will be offered to purchase into a medical and/or dental plan offered by the District. See ‘What Happens at the Age of 65?’ on page 31 of this booklet.

- **Cost of the insurance is the sole responsibility of the retiree.**

Upon election, effective dates are as follows:

- Currently enrolled NMUSD Early Retirees will be effective the 1st of their birthday month that they reach age sixty-five (65).
- Currently enrolled NMUSD Employees retiring age sixty-five (65) or older will be effective on the 1st of the month following termination of active benefits.
- Rates and plans are subject to change each Open Enrollment. Those over age sixty-five (65) retirees who decline dental during their first offer of coverage will not be allowed to re-enroll in dental at a later date.

Eligibility Enrollment Requirements – Spouse or Domestic Partner and/or Child (0-26)

An Eligible enrollee of an Employee/Retiree is:

- A legal spouse as verified by a Certificate of Marriage.
- A Domestic Partner as verified by a copy of their state registration form which is the equivalent of the proof required for married couples.
- Any child from birth to twenty-six (26) years of age. Coverage will end at the end of the month that the adult child turns twenty-six (26). Copies of birth certificates for children (0-26) required at enrollment.
- Social Security numbers for all enrollees required at enrollment.
- Any person on active service in the armed forces is not considered an eligible enrollee.

Effective Date – Spouse or Domestic Partner and/or Child (0-26)

The above named enrollees are eligible on the Employee/Retiree’s initial eligibility date and may become covered only if the Retiree makes written application for coverage for such enrollees in a form furnished by the District for that purpose. See below for Newborn/Adopted Children. If application is made and received by the District

- on, before or within thirty-one (31) days of the eligibility date, the above named enrollees’ coverage shall be effective on the eligibility date; or
- after thirty-one (31) days beyond the initial eligibility date, the above named enrollees coverage will have coverage effective only in accordance with the Open Enrollment or Special Enrollment Rights provisions below. A Spouse, domestic partner, and child coverage will not become effective prior to the Retiree’s Effective Date.
Newly Acquired Dependents by Marriage

- Application for enrollment is required within thirty-one (31) days of acquisition of spouse and/or dependent child.
- Coverage will be effective on the first of the month following date acquired. Enrollments for a newly acquired spouse must be accompanied by a Marriage Certificate and Social Security number.
- Enrollments for a newly acquired child by marriage must be accompanied by birth certificate(s) and Social Security number.
- After thirty-one (31) days of marriage or acquisition of spouse, domestic partner or child, the Open enrollment or Special Enrollment Rights provisions will apply.

Newborn/Adopted Children

- A newborn baby (or adoptive child) is covered from birth (or for adoption from date they have responsibility).
- For coverage to continue beyond this 31-day period, the subscriber must enroll the child within the 31-day period.
- A birth certificate and/or legal adoption papers are submitted with enrollment application and Social Security number.
- After thirty-one (31) days the Open Enrollment or Special Enrollment Rights provisions will apply.

Open Enrollment

- During the month of August of each Plan Year, covered retirees and their covered spouse, domestic partner, and/or child may change within their benefit options.
- Newly elected coverage will then become effective on October 1.

Special Enrollment Rights

If the retiree elected to continue coverage through the Newport-Mesa USD and at a later date one or more new eligible dependents are acquired through marriage, domestic partner, birth, adoption, or placement of adoption (as defined by Federal Law) and these dependents were not offered the plan when the retiree was first eligible, they will be allowed to apply for coverage under the Program.

- Application must be made within (31) thirty-one days of the date the new spouse, domestic partner, and/or child are acquired (the “qualifying event”) and verification of eligibility is required. Plan coverage will be effective as follows:
  - Where marriage, domestic partnership is the “qualifying event” – on the first of the month following qualifying event.
  - Where birth, adoption or placement for adoption is the “qualifying event” - on the first day of the first calendar month after the date of the event.
  - If the above conditions are met, Program coverage will be effective on the first day of the month following the qualifying event date.

Coverage lost under Medi-Cal or a State health insurance (SCHIP) program or when you and/or your dependents gain eligibility for state premium assistance: you have 60 days to notify Benefits Management and enroll in a District sponsored plan.

To request special enrollment or obtain more information, call Benefits Management at (714) 424-5010 or email benefitsmanagement@nmsusd.us.
DOMESTIC PARTNER INSURANCE COVERAGE AS A RESULT OF AB2208 and SB 30
Effective January 1, 2005, group medical plans have been mandated to provide health benefit coverage for the registered domestic partners of an employee to the same extent, and subject to the same terms and conditions, as provided to a spouse. Note that the California state registry recognizes same sex couples at age 18 and older.

Effective January 1, 2020 heterosexual couples at age 18 or older. The employee must verify the partnership by providing a copy of their state registration form which is the equivalent of the proof required for married couples. Newport-Mesa USD does not recognize un-registered Domestic Partners. COBRA continuation for health benefits is not included in this legislation. However, they should contact Cigna or Kaiser to see if they are eligible for CAL-COBRA. Domestic partner of employee is required to provide Social Security number at enrollment.

Many other provisions of the law are not represented here. This is meant to be a brief sampling of the law. For further information, contact the Domestic Partner Registry at https://www.sos.ca.gov/registries/domestic-partners-registry/

TERMINATION OF GROUP HEALTH BENEFIT COVERAGE

Retiree Coverage Termination
A Retiree’s coverage in the health and welfare benefits under this Program shall terminate upon the earliest of the following:

- The date the Retiree ceases to be eligible under the Program;
- The end of the period for which he has made the required contributions for such coverage, if he fails to make the next required contribution;
- The date the Program is amended to terminate the coverage of a class of Retirees of which he is a member.

Dependent (Spouse, Domestic Partner, and Child (0-26) Coverage Termination

A Dependent’s health and welfare benefit coverage shall terminate upon the earliest of the following:

- The date the Retiree’s coverage terminates,
  or
- The date on which the child ceases to be an enrollee under the plan as defined herein, except that coverage for a child who attains the limiting age twenty-six (26) years of age ends on the last day of the month in which that birthday occurs.

Survivorship

In the event that the retiree dies, dependent(s) would be provided with one (1) year of survivorship on the health plans. Any pro-rata premium for health benefits would be the responsibility of the dependent(s). At the end of one year, the dependent(s) age 64 and under would be offered COBRA. If elected, COBRA continuation would be for up to 36 months providing eligibility continues and premiums are paid as required.

Failure to notify Newport-Mesa USD Benefits department of the death of a retiree my result in legal action to recover premiums paid in error to benefit providers.
OVER CAP CONTRIBUTION (OCAP)

The Benefit Unit Cost is a calculated averaged amount per employee/early retiree. When the Benefit Unit Cost exceeds the Benefit Unit Cap that the District pays per employee/early retiree it results in an "Over Cap" (OCAP) amount that employees/early retirees pay, regardless of the package they choose, since the cost is calculated on an average basis. More information regarding the OCAP is available at www.nmusd.us/benefits.

The following groups retiring on or before June 30, 2011 will not be charged an OCAP contribution up to age 65 at which time early retiree benefits end:
   NMFT-Certificated, Management, Supervisor, Confidential

The following groups retiring on or before June 30, 2012 will not be charged an OCAP contribution up to age 65 at which time early retiree benefits end:
   CSEA-Classified

DUAL SPOUSE COVERAGE (Married /Domestic Partner Employee Benefit Options)

At Open Enrollment married couples/domestic partners will have these options:

**NOT** to enroll as a Dual Spouse:
1) One retiree enrolls themselves as the subscriber for all benefits, and the other retiree and/or other children would be listed as dependents. Only the subscriber will pay all the OCAP contributions and PPO Dental premium if elected.

**OR**
2) Both retirees enroll as independent subscribers for all benefits, with one of you covering the children. Each retiree is responsible for their individual OCAP contributions and PPO Dental premium if elected.

**ENROLL** as a Dual Spouse for Cigna Dental and VSP Vision Plan:

<table>
<thead>
<tr>
<th>1st Retiree</th>
<th>Spouse/Domestic Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolls in Medical,</td>
<td>Enrolls by declining Medical,</td>
</tr>
<tr>
<td>Enrolls in Dental and Vision with Spouse and any</td>
<td>Enrolls in Dental and Vision with</td>
</tr>
<tr>
<td>eligible dependents</td>
<td>eligible Dependents</td>
</tr>
<tr>
<td>Pays full OCAPs</td>
<td>Pays OCAP 1 only</td>
</tr>
<tr>
<td>No Dental Premium,</td>
<td>No Dental Premium,</td>
</tr>
<tr>
<td>Pays VSP premium if part time</td>
<td>No VSP premium deducted (even if part time)</td>
</tr>
<tr>
<td>No Coordination of Benefits with Dental plans</td>
<td>No Coordination of Benefits with Dental plans</td>
</tr>
<tr>
<td>Limited Coordination of Benefits with VSP</td>
<td>Coordination of Benefits with VSP</td>
</tr>
</tbody>
</table>

If you would like more information and are interested in enrolling in this option, contact Benefits Management at benefitsmanagement@nmusd.us or call 714-424-5010. Marriage certificate / Domestic Partner State Registration must be provided upon enrollment.
**MEDICAL PLANS**

Benefit eligible retirees have the option of choosing a Health plan that best fits their personal needs.

- Kaiser Permanente (HMO plan) - Southern CA, or
- Cigna Select Network (HMO plan) - Select SoCal areas, or
- Cigna Network (HMO plan) – Residing in CA, or
- Cigna Open Access Plus (OAP) (PPO like plan) - Nationwide (Except HI), or

**KAISER PERMANENTE (HMO plan) – Southern CA**

- Contact Kaiser Network for all your medical needs.
- $5.00 co-pay for an Office Visit or Specialist.
- $5.00 co-pay for Outpatient Surgery.
- No co-pay for Preventative Care. See summary grid at [www.nmusd.us/benefits](http://www.nmusd.us/benefits)
- Call 911 for life-threatening emergencies. Follow up with Kaiser within 24 hours.
- $5.00 co-pay for Urgent Care.
- $150.00 co-pay for the Emergency Room if not admitted to the hospital.
- $250.00 Hospital Inpatient Admission.
- $5.00 co-pay for Physical Therapy.
- $15.00 co-pay for Chiropractic Care / 30 visits per calendar year.
- Maximum Out-of-Pocket $1,500 per person / $3,000 family.
- For important plan restrictions, and specific exclusions and limitations, consult your Evidence of Coverage located at [www.nmusd.us/benefits](http://www.nmusd.us/benefits).
- For questions regarding coverage, visit [www.kp.org](http://www.kp.org) or call 1-800-464-4000

**KAISER PERMANENTE PHARMACY PLAN**

<table>
<thead>
<tr>
<th>What you buy</th>
<th>Retail Pharmacy</th>
<th>Home Delivery</th>
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<tbody>
<tr>
<td>Generic Drugs</td>
<td>$5.00 for 100 days</td>
<td>$5.00 for 100 days</td>
</tr>
<tr>
<td>Brand Name</td>
<td>$35.00 for 100 days</td>
<td>$35.00 for 100 days</td>
</tr>
<tr>
<td>Specialty items</td>
<td>$60.00 for 30 days</td>
<td>$60.00 for 30 days*</td>
</tr>
</tbody>
</table>

*Some Specialty drugs may not be available through the mail order pharmacy.
CIGNA SELECT NETWORK – Select SoCal Areas.

Network of (Hoag, Optum, PrimeCare, Providence, Scripps Health)
Formerly known as St. Joseph Hoag Health (SJHH) Select Network.
(PrimeCare rebranding for St. Joseph.)

- You will be required to select and enroll with a Primary Care Physician and Medical Group that is listed with Hoag, Optum, PrimeCare, Providence, Scripps Health Select Network.
- Contact your Primary Care Physician for all your medical needs. The Primary Care Physician will direct your care to Emergency Facilities or Specialists as needed.
- $5.00 co-pay for an Office Visit, $10 co-pay for Specialist.
- $25.00 co-pay for Outpatient Facility/Surgery.
- No co-pay for Preventative Care.
- Call 911 for life threatening emergencies. Follow up with your primary care doctor within 24 hours.
- $25.00 co-pay for Urgent Care.
- $15.00 co-pay for the Emergency Room if not admitted to the hospital.
- $250.00 Hospital Inpatient Admission.
- $5.00 co-pay or $10 Specialist for Physical Therapy, unlimited days.
- Chiropractic Rider – American Specialty Health. $15.00 co-pay, unlimited days.
- Maximum out-of-pocket $1,000 per person / $2,000 family.
- For important plan restrictions, and specific exclusions and limitations, consult your Evidence of Coverage (www.nmusd.us/benefits).
- For questions regarding coverage, call the Cigna Enrollment Information line 1-800-Cigna24 (1-800-244-6224).

CIGNA NETWORK HealthCare of California – So. CA HMO

- You will be required to select and enroll with a primary care doctor & medical group.
- Contact your primary care doctor for all your medical needs. The primary care doctor will direct your care to emergency facilities or specialists as needed.
- $20.00 co-pay for an Office Visit or Specialist.
- $25.00 co-pay for Outpatient Facility/Surgery.
- No co-pay for Preventative Care.
- Call 911 for life threatening emergencies. Follow up with your primary care doctor within 24 hours.
- $25.00 co-pay for Urgent Care.
- $150.00 co-pay for the Emergency Room if not admitted to the hospital.
- $250.00 Hospital Inpatient Admission.
- $20.00 co-pay for Physical Therapy unlimited days.
- Chiropractic Rider – American Specialty Health. $20.00 co-pay 24 visits/calendar yr.
- Maximum out-of-pocket $1,500 per person / $3,000 family.
- For important plan restrictions, and specific exclusions and limitations, consult your Evidence of Coverage (www.nmusd.us/benefits).
- For questions regarding coverage, call the Cigna Enrollment Information line 1-800-Cigna24 (1-800-244-6224).
You may use a Preferred Provider Cigna ‘contracted’ physician or hospital of your choice.
$55.00 co-pay for an Office Visit, $65 co-pay for Specialist. Annual $500 deductible per person (aggregate $1,500 family maximum per year), then Cigna pays 80% and you pay 20%.
Outpatient Facility / Surgery and Ambulance Services, 20% after deductible.
No co-pay for Preventative Care.
Call 911 for life threatening emergencies. Follow up with your primary care doctor within 24 hours.
$55.00 co-pay for Urgent Care (after deductible, waived if admitted).
$250.00 co-pay for the Emergency Room if not admitted to the hospital.
$250.00 Hospital Inpatient Admission, plus 20% after deductible.
$65.00 co-pay for Physical Therapy / 20 visits per calendar year.
$65.00 co-pay for Chiropractic / 20 visits per calendar year.
Maximum out-of-pocket $4,000 per person / $12,000 family.
OAP ‘contracted’ providers will bill Cigna directly.
You will receive an Explanation of Benefits from Cigna indicating your responsibility of the bill.
For important plan restrictions, and specific exclusions and limitations, consult your Evidence of Coverage (www.nmusd.us/benefits).
For questions regarding coverage, call the Cigna Enrollment Information line 1-800-Cigna24 (1-800-244-6224) or visit www.cigna.com/nmusd.
## CIGNA PHARMACY

### SELECT & NETWORK (HMOs)

<table>
<thead>
<tr>
<th>What you buy</th>
<th>Retail Pharmacy</th>
<th>Home Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Drugs</td>
<td>$5.00 for 30 days</td>
<td>$5.00 for 90 days</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$35.00 for 30 days</td>
<td>$35.00 for 90 days</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$50.00 for 30 days</td>
<td>$50.00 for 90 days</td>
</tr>
</tbody>
</table>

### OPEN ACCESS PLUS (OAP) / In-Network PHARMACY PLAN

<table>
<thead>
<tr>
<th>What you buy</th>
<th>Retail Pharmacy</th>
<th>Home Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Drugs</td>
<td>$10.00 for 30 days</td>
<td>$20.00 for 90 days</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$35.00 for 30 days</td>
<td>$75.00 for 90 days</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$50.00 for 30 days</td>
<td>$100.00 for 90 days</td>
</tr>
</tbody>
</table>

### Express Scripts Pharmacy

- By Doctor: Ask your doctor to send a 90-day prescription electronically to Express Scripts Home Delivery.
- By Phone: 1-800-835-3784, have your medication, doctor’s name and payment information ready.
- By Website: my.cigna.com/chooseshomedelivery. Follow the online instructions.

Forms and more information are available at [www.cigna.com/nmusd](http://www.cigna.com/nmusd) or [www.nmusd.us/benefits](http://www.nmusd.us/benefits).

Cigna utilizes ‘Step Therapy’ a prior authorization program. Certain medications for medical conditions need approval before they are covered. Step Therapy encourages you to try the most cost effective and appropriate medication available to treat your condition. Once you have registered on [www.mycigna.com](http://www.mycigna.com) you can view a list of Step Therapy medications by clicking on the ‘view prescription drug list’ in the Pharmacy section.
• See any licensed provider of your choosing.
• Claims will be paid based on Cigna’s determined maximum allowed amount. There is no negotiated cost structure for services provided by an out of network provider.
• Annual $750 deductible per person (aggregate $2,250 family maximum per year), then Cigna pays 50% and you pay 50% after deductible is met.
• Outpatient Facility / Surgery and Ambulance Services, 50% after deductible.
• Preventative Care up to Age 16, you pay 50% after deductible is met. No coverage for Age 17 and over. See summary grid at www.nmusd.us/benefits.
• Call 911 for life threatening emergencies. Follow up with your primary care doctor within 24 hours.
• $55.00 co-pay for Urgent Care.
• $250.00 co-pay for the Emergency Room if not admitted to the hospital.
• $500.00 Hospital Inpatient Admission, plus 50% after deductible.
• Physical Therapy, 50% after deductible / 20 visits per calendar year.
• Chiropractic Care, 50% after deductible / 20 visits per calendar year.
• Maximum out-of-pocket $6,000 per person / $18,000 family.
• Providers may bill for services up front.
• You must attach the physician’s bill for services to a Cigna claim form and submit for payment. Claim forms are available on NMUSD Health Benefits website, www.nmusd.us/benefits or on Cigna’s microsite for NMUSD www.cigna.com/nmusd.
• You will receive an Explanation of Benefits from Cigna reflecting your responsibility of the bill
• For important plan restrictions, and specific exclusions and limitations, refer to your Group Agreement / Policy (www.nmusd.us/benefits).
• For questions regarding coverage, call the Cigna Enrollment Information line 1-800-Cigna24 (1-800-244-6224) or visit www.cigna.com/nmusd.
• No coverage for Out of Network Pharmacy.
MEDICAL BENEFIT PLANS AT A GLANCE

The next few pages’ reference some of the highlights of individual plan choices. These are for medical plan comparisons and for general information. These are not intended to replace the Evidence of Coverage.

For more plan specifics see Newport-Mesa USD’s insurance certificate or Summary Plan description referencing the corresponding EOCs on www.nmusd.us/benefits

If your spouse and/or dependent(s) are under the age of 65 and you would like information on other plans available to them visit the websites listed above, email benefitsmanagement@nmusd.us or call (714) 424-5010.
## 2021 - 22 Medical Plan Options Retirees Age 55-64

<table>
<thead>
<tr>
<th></th>
<th>Kaiser</th>
<th>Cigna Select</th>
<th>Cigna</th>
<th>Cigna</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Network Only</td>
<td>Network Only</td>
<td>Network Only</td>
<td>In-Network</td>
</tr>
<tr>
<td><strong>DEDUCTIBLES/MAXIMUMS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calendar Year Deductible (Ind / Fam)</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$500 / $1,500</td>
</tr>
<tr>
<td>Annual Out of Pocket Max (Ind / Fam)</td>
<td>$1,500 / $3,000</td>
<td>$1,000 / $2,000</td>
<td>$1,500 / $3,000</td>
<td>$4,000 / $12,000</td>
</tr>
<tr>
<td><strong>PHYSICIAN SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCP Office Visits</td>
<td>$5 co-pay</td>
<td>$5 co-pay</td>
<td>$20 Co-pay</td>
<td>$55 co-pay</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$5 co-pay</td>
<td>$10 co-pay</td>
<td>$20 Co-pay</td>
<td>$65 co-pay</td>
</tr>
<tr>
<td>Online Visit</td>
<td>No Co-pay</td>
<td>$5 co-pay</td>
<td>$20 Co-pay</td>
<td>$40 Co-pay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PREVENTIVE CARE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care / Immunizations</td>
<td>No Co-pay</td>
<td>No Co-pay</td>
<td>No Co-pay</td>
<td>No Co-pay (Ded. waived)</td>
</tr>
<tr>
<td>Mammogram / PAP / PSA</td>
<td>No Co-pay</td>
<td>No Co-pay</td>
<td>No Co-pay</td>
<td>No Co-pay (Ded. waived)</td>
</tr>
<tr>
<td><strong>INPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Facility</td>
<td>$250/admit</td>
<td>$250/admit then no Co-pay</td>
<td>$250/admit then no Co-pay</td>
<td>$250/admit + 20% after Ded</td>
</tr>
<tr>
<td>Inpatient Professional Services</td>
<td>$250/admit</td>
<td>No Co-pay</td>
<td>No Co-pay</td>
<td>20% after Ded</td>
</tr>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Facility</td>
<td>$5 Co-pay</td>
<td>$25 Co-pay</td>
<td>$25 Co-pay</td>
<td>20% after Ded</td>
</tr>
<tr>
<td>Emergency Room Co-pay</td>
<td>$150 Co-pay</td>
<td>$150 Co-pay (Waived if admitted)</td>
<td>$150 Co-pay (Waived if admitted)</td>
<td>$250 co-pay after deductible (co-pay waived if admitted)</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$5 Co-pay</td>
<td>$25 Co-pay (Waived if admitted)</td>
<td>$25 Co-pay (Waived if admitted)</td>
<td>$55 co-pay after Ded (Waived if admitted)</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>$50 Co-pay</td>
<td>No Co-pay</td>
<td>No Co-pay</td>
<td>20% after Ded</td>
</tr>
<tr>
<td><strong>PRESCRIPTIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail Generic/ Day Supply</td>
<td>$5 Co-pay/ 100 days</td>
<td>$5 Co-pay/ 30 days</td>
<td>$5 Co-pay/ 30 days</td>
<td>$10 co-pay/ 30 days</td>
</tr>
<tr>
<td>Preferred Brand Day Supply</td>
<td>$35 Co-pay/ 100 days</td>
<td>$35 Co-pay/ 30 days</td>
<td>$35 Co-pay/ 30 days</td>
<td>$35 co-pay/ 30 days</td>
</tr>
<tr>
<td>Non Preferred/Specialty Day Supply</td>
<td>$60 Co-pay/ 30 days</td>
<td>$50 Co-pay/ 30 days</td>
<td>$50 Co-pay/ 30 days</td>
<td>$50 co-pay/ 30 days</td>
</tr>
<tr>
<td>Home Delivery-Generic/ Day Supply</td>
<td>$5 Co-pay/ 100 days</td>
<td>$5 Co-pay/ 90 days</td>
<td>$5 Co-pay/ 90 days</td>
<td>$20 co-pay/ 90 days</td>
</tr>
<tr>
<td>Home Delivery-Preferred/ Day Supply</td>
<td>$35 Co-pay/ 100 days</td>
<td>$35 Co-pay/90 days</td>
<td>$35 Co-pay/90 days</td>
<td>$70 co-pay/ 90 days</td>
</tr>
<tr>
<td>Home Delivery-Specialty/ Day Supply</td>
<td>$60 Co-pay/ 30 days</td>
<td>$50 Co-pay/ 90 days</td>
<td>$50 Co-pay/90 days</td>
<td>$100 co-pay/ 90 days</td>
</tr>
<tr>
<td>Newport-Mesa USD</td>
<td>Kaiser</td>
<td>Cigna Select</td>
<td>Cigna</td>
<td>Cigna</td>
</tr>
<tr>
<td>------------------</td>
<td>--------</td>
<td>--------------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>2021 - 22 Medical Plan Options Retirees Age 55-64</td>
<td>HMO - CA &amp; Select Areas</td>
<td>SELECT (HMO) CA Only</td>
<td>NETWORK (HMO) CA Only</td>
<td>OPEN ACCESS PLUS (OAP) Nationwide except HI</td>
</tr>
<tr>
<td>Network Only</td>
<td>Network Only</td>
<td>Network Only</td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
</tbody>
</table>

**OTHER BENEFITS**

<table>
<thead>
<tr>
<th></th>
<th>Kaiser</th>
<th>Cigna Select</th>
<th>Cigna</th>
<th>Cigna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractic</td>
<td>$15 Co-pay</td>
<td>$15 co-pay (Rider)</td>
<td>$20 Co-pay (Rider)</td>
<td>$65 co-pay</td>
</tr>
<tr>
<td>30 visits/calendar year</td>
<td>unlimited days</td>
<td>24 visits/calendar year</td>
<td>20 visits per calendar year</td>
<td></td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>$5 Co-pay</td>
<td>$5 co-pay / $10 Specialist</td>
<td>$20 Co-pay</td>
<td>$65 co-pay</td>
</tr>
<tr>
<td>unlimited days</td>
<td>unlimited days</td>
<td>20 visits per calendar year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy Treatment</td>
<td>No Co-pay</td>
<td>$5 PCP / $10 Specialist co-pay or actual charge (if less)</td>
<td>$20 Co-pay or actual charge (if less)</td>
<td>$65 co-pay or actual charge (if less)</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>$65 co-pay</td>
</tr>
<tr>
<td>12 days max per cal year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic X-ray and Lab</td>
<td>No Co-pay</td>
<td>No Co-pay</td>
<td>No Co-pay</td>
<td>Applicable office copay applies</td>
</tr>
<tr>
<td>Advanced Imaging</td>
<td>No Co-pay</td>
<td>No Co-pay</td>
<td>No Co-pay</td>
<td>$65 Office co-pay 20% Outpt Facility after Ded</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>No Co-pay</td>
<td>No Co-pay</td>
<td>No Co-pay</td>
<td>20% after Ded</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>$5 office co-pay</td>
<td>$10 office co-pay</td>
<td>$20 office co-pay</td>
<td>$65 office co-pay / no deductible applies</td>
</tr>
<tr>
<td>$3,000 max allowable per 36 months (per ear)</td>
<td>$5,000 max allowable per calendar year</td>
<td>$5,000 max allowable per calendar year</td>
<td>$5,000 max allowable benefit every 3 years (after deductible)</td>
<td></td>
</tr>
<tr>
<td>Organ &amp; Tissue Transplants</td>
<td>$250 admit then no Co-pay</td>
<td>$250 admit then no Co-pay</td>
<td>$250 admit + 20% after Ded (Non Life Source Facility)</td>
<td>Not covered</td>
</tr>
<tr>
<td>Skilled Nursing Care</td>
<td>No Co-pay</td>
<td>No Co-pay</td>
<td>No Co-pay</td>
<td>20% after Ded</td>
</tr>
<tr>
<td>(Utilization review required for skilled nursing facility stay) 100 calendar days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health Limited to 100 calendar days</td>
<td>No Co-pay</td>
<td>No Co-pay</td>
<td>No Co-pay</td>
<td>20% after Ded</td>
</tr>
</tbody>
</table>

**Mental Health & Substance Abuse**

<table>
<thead>
<tr>
<th></th>
<th>Kaiser</th>
<th>Cigna Select</th>
<th>Cigna</th>
<th>Cigna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Care Facility-based care</td>
<td>$250 per admit</td>
<td>$250 per admit then no Co-pay</td>
<td>$250 per admit then no Co-pay</td>
<td>$250/admit + 20% after Ded</td>
</tr>
<tr>
<td>$5 per visit individual / $2 per visit group</td>
<td>$5 Office or Facility no co-pay</td>
<td>$20 Office or Facility no Co-pay</td>
<td>$65 co-pay</td>
<td>50% after Ded</td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>$250 per admit</td>
<td>$250 per admit then no Co-pay</td>
<td>$250 per admit then no Co-pay</td>
<td>$250/admit + 20% after Ded</td>
</tr>
<tr>
<td>$5 Office or Facility no co-pay</td>
<td>$20 Office or Facility no Co-pay</td>
<td>$65 co-pay</td>
<td>50% after Ded</td>
<td></td>
</tr>
</tbody>
</table>

Note: This is a snapshot summary for comparison and general information, it is not intended to replace the Summary of Benefit Coverage. For more plan specifics see Newport-Mesa USD’s insurance certificate, Summary of Benefit Coverage at www.nmusd.us/benefits. Or from the contact information listed in the front of the Benefit Book.
CIGNA DENTAL PLANS

Cigna remains our provider for the two dental plans from which you may elect coverage.

CIGNA HMO
- You are required to select and enroll with a Primary Care Dentist from Cigna’s Dental HMO network.
- When you visit this dentist, there are no patient charges for most preventive procedures, no claim forms, no deductibles and no annual dollar benefit limit.
- Covered complex procedures are available at low, pre-set patient charges. You may also be referred to a network Specialist with a set fee schedule.
- Services under NMUSD’s P210X plan include preventive, restorative, and orthodontia.

CIGNA PPO
- This plan allows you to visit any dentist you choose.
- If you choose a Cigna “contracted” dentist from the extensive Cigna PPO Network, you will receive $2,000 per calendar year in dental benefits.
- Preventive and diagnostic services paid at 100% and restorative at 80% after the $50 deductible ($150 family).
- Cigna “contracted” dentists agree to offer their services to Cigna’s PPO participants at reduced, contracted fees, thereby saving on your out-of-pocket expenses.
- Go to cigna.com to find “contracted” Cigna PPO dentists.
- If you choose a dentist who is not “contracted” in the Network, you will receive a reduced limit of $1,000 per calendar year.
<table>
<thead>
<tr>
<th></th>
<th>Cigna Dental HMO Network</th>
<th>Cigna Dental PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network Only</strong></td>
<td>Cost with Cigna Dental Care</td>
<td>Based on Reduced Contracted Fee Schedule</td>
</tr>
<tr>
<td><strong>In-Network</strong></td>
<td></td>
<td>Reimburse according to 80% Reasonable and Customary (&quot;R&amp;C&quot;) Allowances, the dentist may balance bill up to their usual fees.</td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
<td></td>
<td></td>
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</tbody>
</table>

### DEDUCTIBLES/MAXIMUMS

<table>
<thead>
<tr>
<th></th>
<th>(Ind / Fam)</th>
<th>(Ind / Fam)</th>
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<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>$50 / $150</td>
<td>$50 / $150</td>
</tr>
<tr>
<td>Calendar Year Maximum Reimbursement Fee (Individual)</td>
<td>$2,000</td>
<td>$1,000</td>
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### DENTAL SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Managed Care</th>
<th>Self Referral</th>
<th>Self Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits</td>
<td>Select Primary Care HMO Network Dentist</td>
<td>Select Cigna PPO Contracted Dentist</td>
<td>Select Non-Contracted Dentist</td>
</tr>
</tbody>
</table>

#### PREVENTIVE CARE

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
<th>Coverage</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams / Routine Prophylaxis</td>
<td>2 per year 100% covered</td>
<td>2 per year 100% covered</td>
<td>2 per year, Cigna pays 100% of the &quot;R&amp;C&quot;</td>
</tr>
<tr>
<td>Bitewing X-rays</td>
<td>2 per year 100% covered</td>
<td>2 per year 100% covered</td>
<td>2 per year, Cigna pays 100% of the &quot;R&amp;C&quot;</td>
</tr>
<tr>
<td>Full mouth and Panorex X-rays</td>
<td>1 every 3 calendar years, 100% Covered</td>
<td>1 every 3 calendar years, 100% Covered</td>
<td>1 every 3 calendar years, Cigna pays 100% of the &quot;R&amp;C&quot;</td>
</tr>
</tbody>
</table>

#### PREMIUMS

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
<th>Coverage</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time Employees</td>
<td>No Monthly Payroll Deduction</td>
<td>Pays Monthly Payroll Deduction, see Rate Chart</td>
<td>Pays Monthly Payroll Deduction, see Rate Chart</td>
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</table>

#### Dental Procedures

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
<th>Coverage</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>No Charge</td>
<td>20% charge after Ded has been met</td>
<td>20% charge after Ded has been met, Cigna pays 80% of &quot;R&amp;C&quot;</td>
</tr>
<tr>
<td>Restorative</td>
<td>Charges apply, reference Patient Charge Schedule (PCS)</td>
<td>20% charge after Ded has been met</td>
<td>20% charge after Ded has been met, Cigna pays 80% of &quot;R&amp;C&quot;</td>
</tr>
<tr>
<td>Fluoride</td>
<td>No Charge, 2 per calendar year</td>
<td>No charge, 1 per year under the age of 19</td>
<td>Cigna pays 100% of &quot;R&amp;C&quot;, 1 per year under the age of 19.</td>
</tr>
<tr>
<td>Sealants</td>
<td>No charge, no limit per calendar year</td>
<td>No charge, 1 treatment per tooth every 3 years.</td>
<td>Cigna pays 100% of &quot;R&amp;C&quot;, 1 treatment per tooth every 3 years.</td>
</tr>
<tr>
<td>Crowns and Inlays</td>
<td>Replacement every 5 years</td>
<td>Replacement every 5 years</td>
<td>Replacement every 5 years</td>
</tr>
<tr>
<td>Athletic Mouth Guard</td>
<td>One per calendar year, $110 co-pay</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Orthodontic</td>
<td>Charges apply, reference Patient Charge Schedule (PCS)</td>
<td>50% of Cigna PPO contracted fee with $1,000 lifetime maximum</td>
<td>50% of Cigna PPO &quot;R&amp;C&quot; fee $1,000 lifetime maximum</td>
</tr>
</tbody>
</table>

**Note:** This is a snapshot summary for comparison and general information, it is not intended to replace the Summary of Benefit Coverage. For more plan specifics see Newport-Mesa USD’s insurance certificate, Summary of Benefit Coverage at www.nmusd.us/benefits. Or from the contact information listed in the front of the Benefit Book.
VSP – VISION SERVICE PLAN

- No ID cards or claim forms.
- Find a VSP doctor through their website www.vsp.com or customer service 800-877-7195 and make your appointment.
- Tell the doctor you are a Newport-Mesa USD VSP member, your doctor and VSP will handle the rest.
- Eligibility includes an eye exam every 12 months with $20 co-pay, lenses every 12 months and frames every 24 months, with in-network allowance of $130.00 for retail frames.
- For contact lenses exam up to $60 co-pay and $130 contacts allowance.
- Find further information in the Benefits-at-a-Glance Chart.
## Vision Service Plan

**VSP**

### Actives and Early Retirees

Not affiliated with Cigna or Kaiser, Access Cigna HealthCare or Kaiser Permanente for medical conditions of the eyes.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WellVision Exam</strong></td>
<td>$20 co-pay for exam and glasses</td>
<td>up to $50</td>
</tr>
<tr>
<td><strong>PRESCRIPTION GLASSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td></td>
<td>up to $70</td>
</tr>
<tr>
<td>• $130 allowance for a wide selection of frames</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• $150 allowance for featured frame brands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 20% savings on the amount over your allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lenses</td>
<td></td>
<td>up to $50</td>
</tr>
<tr>
<td>• Single vision, lined bifocal, and lined trifocal lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Polycarbonate lenses for dependent children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Every 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lens Enhancements</td>
<td>$50</td>
<td>up to $105</td>
</tr>
<tr>
<td>• Standard progressive lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Premium progressive lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Custom progressive lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Average savings of 35-40% on other lens enhancements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contacts</td>
<td>up to $60</td>
<td>up to $105</td>
</tr>
<tr>
<td>• Extra $20 to spend on featured frame brands. Go to vsp.com/special offers for details.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP Provider on the same day as your WellVision exam.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Coverage

**Diabetic Eyecare Plus Program**

### Extra Savings

**Glasses and Sunglasses**

• Extra $20 to spend on featured frame brands. Go to vsp.com/special offers for details.

• 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP Provider on the same day as your WellVision exam.

**Retinal Screening**

• No more than $39 co-pay on routine retinal screening as an enhancement to a WellVision Exam

**Laser Vision Correction**

• Average 15% off regular price or 5% off the promotional price; discounts only available from contracted facilities

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Note: This is a snapshot summary for comparison and general information, it is not intended to replace the Summary of Benefit Coverage. For more plan specifics see Newport-Mesa USD's insurance certificate, Summary of Benefit Coverage at www.nmusd.us/benefits. Or from the contact information listed in the front of the Benefit Book.
METLIFE - GROUP LIFE INSURANCE

RETIREE BASIC LIFE INSURANCE

All eligible Early Retirees are covered with a $10,000 group term life insurance policy until the first of their birthday month that they reach age 65. To be eligible, retirees had to have been eligible for health benefits before retirement.

To file a claim against life insurance benefits, the insured or the family should contact the Benefits Management department. If the employee is considered terminally ill, the family should contact the Benefits Management Department for the necessary claim forms and filing assistance to obtain advance benefits.

LIFE INSURANCE PLAN FEATURES AND OPTIONS

Conversion Privilege
Following termination of group basic life insurance eligibility, employee has 31 days to convert their life insurance to an individual policy, without a physical exam. MetLife will contact you with a conversion offer.
(Convert plan to a Whole Life Policy, no longer part of NMUSD group policy)

Portability
Following termination of employment, employee has 31 days to port their optional life insurance policy, without a physical exam. MetLife will contact you for this portability.
(Port coverage keeps the same coverage as NMUSD but moved into a portable pool, no longer part of NMUSD group policy)

Beneficiary Designation
Insured retirees may name anyone they desire as beneficiary and may change the beneficiary at any time.
Forms are available from Benefits Management at www.nmusd.us/benefits.
GENERAL NOTICE OF YOUR RIGHTS
GROUP HEALTH CONTINUATION COVERAGE UNDER COBRA

THIS LETTER IS FOR YOUR INFORMATION ONLY. PLEASE RETAIN FOR FUTURE REFERENCE.
THERE HAS NOT BEEN A CHANGE IN YOUR STATUS WITH YOUR COMPANY.

On April 7, 1986, a federal law called COBRA was enacted (Public Law 99-272, Title X), requiring that most employers sponsoring group health plans offer employees and their families (qualified beneficiary/ies) the opportunity for a temporary extension of health coverage at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights as a qualified beneficiary and obligations under COBRA. Both you and your spouse, if applicable, should take the time to read this notice carefully. This notice does not fully describe COBRA or other rights under the Newport-Mesa USD’s group health plans ("Group Health Plan"). For additional information you should review the Group Health Plan's Summary Plan Description at www.nmusd.us/benefits or contact Newport-Mesa USD’s Plan Administrator at (714) 424-5010. Also, you may visit the Department of Labor website (www.dol.gov) for more information on COBRA.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. The Marketplace in California is Covered California at www.coveredca.com. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

QUALIFYING EVENTS
If you are an employee of Newport-Mesa USD covered by a Group Health Plan, you have a right to choose COBRA if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

If you are the spouse of an employee covered by a Group Health Plan, you have the right to choose COBRA for yourself if you lose group health coverage under a Group Health Plan for any of the following reasons:

1. The death of your spouse;
2. A termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment with Newport-Mesa USD;
3. Divorce or legal separation from your spouse; or
4. Your spouse becomes entitled to Medicare.

In the case of a dependent child of an employee covered by a Group Health Plan, he or she has the right to choose COBRA if the Group Health Plan is lost for any of the following reasons:

1. The death of the parent-employee;
2. A termination of the parent-employee's employment (for reasons other than gross misconduct) or reduction in the parent-employee's hours of employment with Newport-Mesa USD;
3. The parent-employee's divorce or legal separation;
4. The parent-employee became entitled to Medicare prior to his/her qualifying event; or
5. The dependent child ceases to be a dependent child under a Group Health Plan.

Children born to or adopted by a covered employee during the continuation coverage period may also elect continuation coverage, provided that the covered employee has elected COBRA coverage for himself or herself.
The coverage period will be determined according to the date of the qualifying event that resulted in the covered employee's COBRA coverage.

Sometimes, filing a bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Newport-Mesa USD and that bankruptcy results in the loss of coverage of any retired employee under a Group Health Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under a Group Health Plan.

**COVERAGE PROVIDED**

Under COBRA, the employee or a family member has the responsibility to inform Newport-Mesa USD Plan Administrator at (714) 424-5010 of a divorce, legal separation, or a child losing dependent status under the Group Health Plan within 60 days of the later of (1) the date of the qualifying event or (2) the date on which coverage would be lost as a result of the qualifying event.

If notification is not made within 60 days after the applicable qualifying event occurs or if you do not timely provide any additional documentation or information (if requested) in a timely manner, your notification will be rejected and COBRA coverage will not be offered.

Newport-Mesa USD has the responsibility to notify the COBRA administrator WEX Discovery Benefits, LLC of the employee’s death, termination, and reduction in hours of employment or Medicare entitlement. Once the plan receives notice that a qualifying event has occurred, COBRA coverage will be offered to each qualified beneficiary. Each qualified beneficiary will have an independent right to elect COBRA coverage for 60 days from the later of the date coverage is lost under the plan or the date of notification to elect COBRA coverage. Covered employees may elect COBRA coverage on behalf of their spouse, and parents may elect COBRA coverage on behalf of their eligible dependent children. If a qualified beneficiary does not elect COBRA/continuation coverage within this period, the right to COBRA/continuation coverage will terminate.

If you elect COBRA, Newport-Mesa USD is required to give you and your covered dependents, if any, coverage that is identical to the coverage provided under the plan to similarly situated employees or family members. Under COBRA, you may have to pay all or part of the premium for your continuation coverage.

**PERIOD OF COVERAGE**

COBRA requires that you be afforded the opportunity to maintain coverage for 36 months unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required COBRA period is 18 months.

The 18-month period may be extended to 29 months if an individual is determined by the Social Security Administration (SSA) to be disabled (for Social Security purposes) at any time during the first 60 days of COBRA coverage or before COBRA coverage began and you are still disabled at the end of the original maximum continuation period of coverage (generally 18 months). To benefit from this extension, a qualified beneficiary must notify WEX Discovery Benefits, LLC at (866) 451-3399 of that determination within 60 days of the later of (1) the date the qualified beneficiary is determined to be disabled by the Social Security Administration; (2) the date of the qualifying event; and (3) the date on which the qualified beneficiary would lose coverage because of the qualifying event, and before the end of the original 18-month period.

If the above notification is not made within 60 days of the date of the disability determination made by the Social Security Administration and before the end of the 18-month period of COBRA/continuation coverage, or if you do not provide the additional documentation or information (if requested) in a timely manner, your notification will be rejected and any additional COBRA/continuation coverage beyond the original 18-month period will not be offered.
The affected individual must also notify WEX Discovery Benefits, LLC within 30 days of any final determination that the individual is no longer disabled.

SECOND QUALIFYING EVENT EXTENSION
If the original event causing the loss of coverage was a termination (other than for gross misconduct) or a reduction in hours, another extension of the 18-month continuation period may occur, if during the 18 months of COBRA coverage, a qualified beneficiary experiences certain secondary qualifying events:

1. Divorce or legal separation
2. Death
3. Medicare entitlement
4. Dependent child ceasing to be a dependent

You will be required to have certain information available about your qualifying event, including: the type of qualifying event (divorce, legal separation, losing dependent coverage); the date of the divorce, legal separation or dependent losing coverage; the name and Social Security number of the covered employee; and the name, address and Social Security number of the covered spouse or dependent who is losing coverage.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare eight months before the date on which his employment terminates, COBRA coverage for his spouse and eligible dependents can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months’ minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA coverage can be extended.

If a second qualifying event does take place, COBRA provides that the qualified beneficiary may be eligible to extend COBRA up to 36 months from the date of the original qualifying event. If a second qualifying event occurs, it is the qualified beneficiary’s responsibility to inform the Newport-Mesa USD Plan Administrator within 60 days of the event. In no event, however, will COBRA last beyond three years from the date of the event that originally made the qualified beneficiary eligible for COBRA. If COBRA coverage is elected, the coverage previously in effect will generally be continued. From time to time, some changes in coverage are possible. For example, benefits and cost will be modified as regular changes are made to the plan. Once you make your election, you will have up to 45 days to pay your first COBRA coverage premium, which will include any make-up premiums you missed. COBRA coverage will be effective the day after the qualifying event or the last day of active coverage, whichever is later. Premiums will be equal to the entire cost of the coverage, with an additional two percent to cover administrative expenses.

If the above notification is not made within 60 days after the second qualifying event occurs or if you do not provide any additional documentation or information (if requested) in a timely manner, your notification will be rejected and any additional COBRA coverage beyond the original 18- (or 29-) month period will not be offered.

SPECIAL RULE FOR HEALTH FSAs
COBRA coverage under the WEX Discovery Benefits, LLC Health FSA will be offered only to qualified beneficiaries losing coverage that have under-spent accounts. A qualified beneficiary has an under-spent account if the annual limit elected by the covered employee, reduced by reimbursable claims submitted up to the time of the qualifying event, is equal to or more than the amount of the premiums for the WEX Discovery Benefits, LLC Health FSA COBRA coverage that will be charged for the remainder of the plan year. COBRA coverage will consist of the WEX Discovery Benefits,
LLC Health FSA coverage in force at the time of the qualifying event. The use-it-or-lose-it rule will continue to apply, so any unused amounts will be forfeited at the end of the plan year, and the COBRA coverage for the FSA plan will terminate at the end of the plan year.

Unless otherwise elected, all qualified beneficiaries who were covered under the WEX Discovery Benefits, LLC Health FSA will be covered together for Health FSA COBRA coverage. However, each qualified beneficiary could alternatively elect separate COBRA coverage to cover that beneficiary only with a separate Health FSA annual limit and a separate premium. If you are interested in this alternative, contact WEX Discovery Benefits, LLC TEST at (866) 451-3399 during business hours for more information.

SPECIAL RULE FOR EMPLOYEES IN THE UNIFORMED SERVICES
If you are an employee and your coverage under the plan terminates due to your service in the uniformed services, you may elect special continuation coverage under the Uniformed Services Employment and Reemployment Rights Act (USERRA) for yourself and your covered spouse and covered dependents. This special continuation of coverage may extend for up to 24 months beginning from the date your plan coverage would otherwise terminate due to your service in the uniformed services. Service in the uniformed services includes your performance of duty on a voluntary or involuntary basis in the Armed Forces (including the Coast Guard and the Reserves), the Army National Guard, the Air National Guard, and the commissioned corps of the Public Health Service. If you believe this special continuation of coverage rule applies to you, please contact your human resources contact at your employer.

ALTERNATE RECIPIENTS UNDER QMCSOs
A child of the covered employee who is receiving benefits under the Plan pursuant to a qualified medical child support order (QMCSO) received by Newport-Mesa USD during the covered employee's period of employment with Newport-Mesa USD is entitled to the same rights to elect COBRA as an eligible dependent child of the covered employee.

PLAN CONTACT INFORMATION
To ensure that all covered individuals receive information properly and timely, it is important that you notify Newport-Mesa USD Benefits Department at benefitsmanagement@nmusd.us or at (714) 424-5010 of any change in dependent status or any address change of any family member as soon as possible. Certain changes must be submitted to us in writing. Failure on your part to notify us of any changes may result in delayed notification or loss of continuation of coverage options.

OTHER COVERAGE OPTIONS
Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Covered California or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov or www.coveredca.com

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

If you have any questions about COBRA, please contact our Customer Service Department at (866) 451-3399 during business hours.

Sincerely,
WEX Discovery Benefits, LLC TEST
WHAT HAPPENS AT AGE 65?

- Your Newport-Mesa health insurance comes to an end on the first day of your birthday month. A couple of months before your 65th birthday, you will receive a letter from Newport-Mesa Unified School District Benefits Management containing information on health benefits after age 65.
- Your medical plan options at age 65 will be SCAN Basic or SCAN Enhanced (HMO plans), Kaiser Senior Advantage (HMO plan) or Cigna Medicare Expand OAP (Open Access Plus a PPO like Plan).
- Cigna Dental HMO & PPO will also be offered, however Vision Service Plan and MetLife are not available for this group.
- If you choose to continue medical and/or dental, your premiums will be due on the first of each month beginning with the month of your 65th birthday.
  - Your currently enrolled spouse or domestic partner under 65 could remain on their current medical choice, even if you choose to enroll in one of the District’s other options.
  - If the currently enrolled spouse is 65, they would have the option of Cigna Medicare Expand OAP, SCAN (Basic or Enhanced) or Kaiser Senior Advantage.
  - Spouse or Domestic Partner can only be enrolled in the same CIGNA dental plan in which retiree is enrolled.

Medicare Part D drug program:
- NMUSD retiree who is over the age of 65, may choose to enroll in the Cigna Medicare Expand OAP, one of the SCAN HMO Medicare Advantage Plans; or in Kaiser Senior Advantage (all include prescription drug coverage);
  - OR
- You can choose to enroll in a Medicare prescription drug plan. If you choose to enroll in a Medicare prescription drug plan (Medicare Part D), you will not be eligible to continue with the District sponsored plans.

Offer to Re-enroll
- If continuance of Newport-Mesa USD medical coverage is not elected (declined/dis-enrolled), or there is no response, the 65+ retiree will be allowed the opportunity to enroll in a district sponsored medical plan at the next Open Enrollment.
- If the next open enrollment period occurs in less than 12 months, the 65 + retiree will be permitted to enroll in the subsequent open enrollment period in order to provide the retiree a minimum 12-month period to experience coverage in a non-Newport-Mesa USD plan.
- After no re-enrollment or no response (spanning more than 12 months), no additional enrollment request in a NMUSD medical plan will be approved.
- No additional offers of dental enrollment will be allowed once declined/dis-enrolled.

Note: In order for the 65+ Retiree to re-enroll in a Newport-Mesa USD 65+ better medical plan you must contact Newport-Mesa Benefits Department at (714) 424-5010 prior to the next Open Enrollment period. This offer does not extend to dependents that have been termed from a NMUSD medical plan.

If you choose to enroll in Cigna Medicare Expand OAP, SCAN Health Plan(s), or Kaiser Senior Advantage, but do not enroll in CIGNA dental, you will be terminated from the CIGNA dental plan and will NOT be eligible to re-enroll in CIGNA dental in the future.
RETIREE RESOURCES

SOCIAL SECURITY 800-772-1213
CalPERS 888-225-7377
CalSTRS 800-228-5453
AON Retiree HealthCare Exchange (Free Service) 800-350-1470
https://retiree.aon.com

INDIVIDUAL HEALTH INSURANCE OPTIONS FOR RETIREES OVER 65 NOT ELECTING CONTINUATION OF DISTRICT MEDICAL BENEFITS.

The following is a partial listing of available options for purchasing individual health insurance coverage. This is not intended as endorsement of any private plan by Newport-Mesa Unified School District:

**MEDICARE SUPPLEMENTAL/MEDIGAP PLANS**
AARP Medicare Supplement Insurance Plans 866-894-6032
Insured by United HealthCare Insurance Company
Anthem Blue Cross Supplement Insurance Plans 800-777-6000
Blue Shield Supplement Insurance Plans 800-963-8008
Cigna-HealthSpring Stand Alone Part D 855-391-2557
Cigna Medicare Supplement Insurance 855-569-8741

**HMO MEDICARE ADVANTAGE PLANS**
United Healthcare 800-950-9355
AETNA Medicare Advantage Plan 800-529-5586
AETNA Medicare Advantage PPO Golden Choice
Anthem Blue Cross Senior Advantage 800-777-6000
BLUE SHIELD Medicare Advantage 800-963-8008
Cigna-HealthSpring Medicare Advantage 855-552-0698
SCAN Health Plan Medicare Advantage 800-915-7226

**INSURANCE BROKERS**
Bianca Lee
SoCal Benefits Insurance Services 949-246-4921
Email: Bianca@socalins.net

Matt McGuirk/Benefits Advisor 949-429-9849
The LBL Group
Email: matt@lblgroup.com

Paul Sansevieri
Sansevieri Insurance Services Inc. 949-722-6078
Email: help@paulsansevieri.com

**Note:** Individual health insurance policies are subject to approval by the applicable insurance company.

**HICAP - HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM**
Provides health insurance counseling for California senior citizens. Call the HICAP toll-free telephone number (800) 434-0222 for a referral to your local HICAP office. HICAP is a service provided free of charge by the State of California.

www.cahealthadvocates.org/hicap/.
NEWPORT-MESA UNIFIED SCHOOL DISTRICT
65 AND BETTER RATE SHEET
ALL RATES EFFECTIVE October 1, 2021

MEDICAL PLANS:
- Rates are for Retirees over 65 and spouses OVER 65
- Retiree and spouse are responsible for paying their Medicare Part B premium to Social Security
- Part B Medicare premium is NOT included in the rates listed below

**OPTION ONE**
Cigna OAP Expand / Coordination of Benefits (PPO like plan)

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Two-Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must show Medicare card indicating enrollment in Parts A &amp; B</td>
<td>734.35</td>
<td>1,517.59</td>
</tr>
</tbody>
</table>

*Due to State Legislations in Texas, Missouri and Oklahoma may have different rates.*

Contact Benefits for more information

**OPTION TWO**
Kaiser Senior Advantage / Medicare Advantage Program (managed care plan)

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Two-Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must show Medicare card indicating enrollment in Parts A &amp; B</td>
<td>184.63</td>
<td>369.26</td>
</tr>
</tbody>
</table>

**OPTIONS THREE & FOUR**
SCAN / Medicare Advantage Program (managed care plans) – BASIC & ENHANCED

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Two-Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>195.13</td>
<td>390.26</td>
</tr>
<tr>
<td>Enhanced</td>
<td>342.47</td>
<td>684.94</td>
</tr>
</tbody>
</table>

For Spouse or Dependent under the age of 65, without Medicare, add the following rate to rates above:

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Kaiser (HMO)</td>
<td>526.12</td>
</tr>
<tr>
<td>Single Cigna Select (HMO)</td>
<td>728.99</td>
</tr>
<tr>
<td>Single Cigna Network (HMO)</td>
<td>853.75</td>
</tr>
<tr>
<td>Single Cigna Open Access Plus (OAP)</td>
<td>981.86</td>
</tr>
</tbody>
</table>

Medical Premium Examples:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree has Medicare A &amp; B</td>
<td>734.35</td>
</tr>
<tr>
<td>Spouse is under 65 with no Medicare</td>
<td>981.86</td>
</tr>
<tr>
<td>1,716.21</td>
<td>1,716.21</td>
</tr>
</tbody>
</table>

For Additional Rates and Combinations *NOT* shown - Contact NMUSD Benefits Department

**DENTAL PLANS:**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Single</th>
<th>Two-Party</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIGNA Dental Care – HMO</td>
<td>28.34</td>
<td>47.65</td>
<td>82.06</td>
</tr>
<tr>
<td>CIGNA Dental Care – PPO</td>
<td>57.43</td>
<td>105.45</td>
<td>153.47</td>
</tr>
</tbody>
</table>
The Medicare Modernization Act of 2003 is a Federal program called Medicare Part D which provides for Medicare prescription drug coverage for Medicare eligible retirees. One of the requirements of the program is that employers provide all Medicare eligible individuals with a Notice of Creditable Coverage.

The Notice contains information about the District’s current drug coverage and the coverage from Medicare for people with Medicare. Benefits Management will be sending you an updated notice each year prior to July 1st. You should keep that updated **Notice of Creditable Coverage** in your personal files.

- The Notice is provided for information purposes only.
- The Medicare Part D plan is geared toward those individuals who have no pharmacy plans.
- You cannot double dip – you cannot be enrolled in the District’s plan & Medicare Part D.
- If at some time you decide to leave the District’s plan and go on the Medicare Part D plan, you will not be penalized as you will have proof by way of this Notice that you had Creditable Coverage.

If you enroll in Medicare Part D, you will be dis-enrolled from the Newport- Mesa USD plan. For options on re-enrolling, reference ‘Offer to Re-enroll’ on page 31 of this booklet.

The following two pages contain a **SAMPLE** of the Notice that you will receive each year.
Important Notice from Newport-Mesa 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 Newport-Mesa 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 two 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. Newport-Mesa Unified School District has determined that the prescription drug coverage offered by the Newport-Mesa Unified School District Health and Welfare Benefit Plan is, 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 through December 7th.

However, 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 current Newport-Mesa Unified School District coverage may be affected. You can choose to enroll in a Medicare prescription drug plan OR you can be enrolled in one of the Newport-Mesa USD sponsored plans which include prescription drug coverage. You cannot be enrolled in both – you must enroll in one OR the other.

If you do decide to join a Medicare drug plan and drop your current Newport-Mesa Unified School District coverage, be aware that you and your dependents will not be able to get this coverage back.

CMS Form 10182-CC

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Notice of Creditable Coverage
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 Newport-Mesa 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.

For More Information About Your Options Under Drug Coverage

Contact the person listed below for further information. 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 Newport-Mesa Unified School District changes. You may also 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
• 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, 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: July 1, 2021
Name of Entity/Sender: Newport-Mesa Unified School District
Contact--Position/Office: Benefits Management
Address: 2985 Bear Street, Costa Mesa, CA 92626
Phone Number: (714) 424-5010

CMS Form 10182-CC
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
2021 Open Enrollment

August 1st through August 31st, 2021
Welcome to the 2021 Health Benefit Open Enrollment Period for retired employees of the Newport-Mesa Unified School District. Participation in Open Enrollment is Required. You must return your completed Open Enrollment form by August 31, 2021 If your form is not returned your benefits will end September 30, 2021.

What’s New!

- Medical HMO Plans and Cigna Open Access Plan remain unchanged.
- Premium Changes:
  - All Cigna Medical Plans rate increase of 3.42%.
  - Kaiser Permanente rates increase 7.2%.
  - No change to Cigna Dental HMO rates.
  - No change to Cigna PPO rates.
  - No change to VSP - Vision Service Plan.
  - MetLife – no change
- Kaiser Optical Benefit: available at Kaiser Optical Center; glasses or contact lenses every 24 months, $175 benefit allowance.
- State legislation for residents of Texas, Missouri and Oklahoma
  Option to select full or limited abortion. Limited abortion selection for 2021-22 has a reduced rate. Contact Benefits Management for more information.

Dental Plans - CIGNA HMO and PPO
The plans continue with no plan changes.

Vision - VSP (Vision Service Plan)
The plans continue with no plan changes.
Your ‘Open Enrollment Form’ has been personalized and is provided separate from this booklet.

All eligible retired employees must return this form by August 31, 2021, in order to enroll in the medical and/or dental benefits offered.

- Please review your Open Enrollment form.
- Check the appropriate boxes to let us know your enrollment selection.
- Please provide any updates to your address, phone number or email.
- Sign and date the form return it to Benefits Management by August 31, 2021.
- If you wish to make changes, please note the specific change on the form.

To Opt-out / Decline coverage:

- If you choose not to continue your enrollment in one or more of the Newport-Mesa USD benefit plan offers, make selection on Open Enrollment form and return.

Early Retiree Rate Sheet 2021-22, save to review with your WEX Discovery Benefits invoice. Final OCAP rates to follow after negotiations and Board Approval.

Did you know...?

- You may continue to cover your over age 65 spouse at the same active early retiree rate until the 1st of the month that you turn 65. Your spouse or Domestic Partner should contact Social Security three months prior to their birthday to enroll in Medicare A & B. Medicare becomes primary for them the first of their birthday month.

- If you are enrolled in one of the CIGNA dental plans, your spouse may only be enrolled in the plan in which retiree subscriber is enrolled.

- 65 & Better retirees have the opportunity of declining medical enrollment and have a one-time opportunity to re-enroll in a District offered medical benefit plan during the following open enrollment period. If enrollment is declined mid-year and the next open enrollment period is less than 12 months, the retiree will be allowed to enroll in the subsequent open enrollment period in order to provide a minimum of 12 months in a non-Newport-Mesa USD plan.
  - It is the retiree’s responsibility to contact NMUSD Benefits Management Department at (714) 424-5010 or benefitsmanagement@nmusd.us with their intention to re-enroll within the required timeframe. At that time the retiree will be included in the subsequent Open Enrollment. Refer to Page 30 of this booklet ‘Offer to Re-enroll’ for more details.

- You can save money! You can receive a 90-day supply of your monthly prescription for only one month’s co-pay with Cigna’s Express Scripts Pharmacy. Kaiser’s pharmacy co-pay is the same for pick-up or home delivery.
### MEDICAL OPTIONS

Total OCAP examples using Benefit FTE of 1 Declining Medical, and Enrolling in Dental and/or Vision

Max OCAP 1 part time rate is shown.

Part Time at Retirement - OCAP 1 will be pro-rated by FTE at Retirement Date for retirees enrolled in Medical, Dental and/or Vision, Declining Medical, and Enrolling in Dental and/or Vision - Pay OCAP 1 only

Due to State Legislations in Texas, Missouri and Oklahoma may have different rates. Contact Benefits Management for more information.

**OCAP NOTES:**
- Employee’s enrolled in medical, dental and/or vision are charged an over cap contribution(s) (OCAP*) plus any applicable provider premium deductions
- No OCAP is charged if ALL Health Benefits are declined

<table>
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<th>OCAP Deductions</th>
<th>BENEFIT FTE</th>
<th>.8775 - 1.00</th>
<th>.7775 - .8774</th>
<th>.6775 - .7774</th>
<th>.5775 - .6774</th>
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<td>5.99</td>
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**RATES EFFECTIVE OCTOBER 1, 2021**

Rates and Plans subject to change each Open Enrollment Pending Board Approval

**META LIFE BASIC LIFE PLUS AD&D**

**ADDITIONAL PLANS AT NO COST TO EMPLOYEE - No OCAP contributions**

**METHLIFEBASIC LIFE PLUS AD&D - Reduced to $10,000**

<table>
<thead>
<tr>
<th><em>OCAP NOTES:</em></th>
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<td>- The following groups that retired on or before June 30, 2011 will not be charged an OCAP contribution up to age 65 when Early Retiree Benefits end.</td>
</tr>
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<td>CSEA/Classified</td>
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**VISION OPTIONS**

**VISION SERVICE PLAN**

**DENTAL OPTIONS**

**CIGNA DENTAL CARE HMO**

**CIGNA DENTAL PPO**

**ADDITIONAL PLANS AT NO COST TO EMPLOYEE - No OCAP contributions**

**METHLIFEBASIC LIFE PLUS AD&D - Reduced to $10,000**

*OCAP NOTES:*
- The following groups that retired on or before June 30, 2011 will not be charged an OCAP contribution up to age 65 when Early Retiree Benefits end.
- N-MFT/Certificated, NSMAA/Management, NMSU/Supervisor, NMACF/Confidential
- The following groups that retired on or before June 30, 2012 will not be charged an OCAP contribution up to age 65 when Early Retiree Benefits end.
- CSEA/Classified

**Rates are shown 12thly - Verify with Discovery Benefits**

*Find OCAP (Over the Cap) Information at: [www.nmusd.us/benefits](http://www.nmusd.us/benefits) Health Benefits Information*