

Summary of Health Benefits—Certificated/Management

This is a summary of the benefits through Pajaro Valley Unified School District. The Summary of Benefits booklet is found on the Benefits website and has complete coverage details. (See bottom of this page.)

Your coverage will begin the first of the month following your qualified hire date. Processing time for initial enrollment into the various plans is approximately 6 weeks from the time the Benefits office receives your enrollment forms. If you should need verification of coverage prior to receiving your Medical ID card phone 786-2317, email mark_bernhardt@pvusd.net or maria_burnett@pvusd.net

Annual Open Enrollment is the month of May for an effective date of October 1st for changes to plans or adding eligible dependents. Marriage, Birth, Adoption or loss of other coverage are “Qualifying Events” that allow the addition of dependents within 30 days of the event. A SISC Change form and supporting documents will be required at the time.

Self-Insured Schools of California (SISC)

Medical Coverage: (800) 642-6155 - Billing address: P. O. Box 272540, Chico, CA 95927-2540

Administrator	Blue Shield of California (SISC)
Website for finding a Provider	www.blueshieldca.com
Group Number:	SC13530001 - Blue Shield of California PPO SCB0560000 – Blue Shield of California PPO Anchor Bronze HSC2450001 - Blue Shield Access+HMO NHS0030001 - Blue Shield Access+HMO SaveNet
Employees’ Monthly Premium Amount	\$56 for 1 dependent; \$90 for 2 or more dependents – based on working 100% contract Pro-rated of full premium amount if working less than 100% contract.
Identification Number:	(Social Security Number-temporarily)
24/7 MDLIVE	24/7 physician available by phone for medical questions - (888) 632-2738
Employee Assistance Program (SISC)	SISC EAP – (800) 999-7222

Prescription Drug Plan – (866) 333-2757

Administrator	Navitus Health Solutions www.navitus.com BIN – 610602 PCN – NVT RxGroup – RX4SISC
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Dental Coverage: (866)499-3001

Administrator:	Delta Dental (SISC) Billing address: P. O. Box 997330, Sacramento, CA 95899-7330 www.deltadentalins.com
Group Number:	5363-1000 – PPO plus Premier Plan 5363-1200 – PPO plus Premier Buy Up Plan 5363-1100 – PPO Only Plan
Maximums paid by insurance per member per calendar year	PPO plus Premier Plan: \$1,000 Premier dentist; \$1,200 PPO dentist. PPO plus Premier Buy Up Plan: \$1,200 Premier dentist; \$1,500 PPO dentist. PPO ONLY Plan: \$1,500 (100%) PPO dentist, \$1,000 (at 50%) non-PPO dentist.

Vision Coverage: (800)877-7195

Administrator	Vision Service Plan (SISC) www.vsp.com
Group Number:	2606615A
Coverage:	First appointment establishes the first calendar year for coverage
Eye Examination	Once every Calendar year
*Lenses	Every other calendar year
Frame	Every other calendar year

*Some changes in your vision may result in allowing replacement earlier than 24 months. Contact VSP for more information.

Life Insurance: \$10,000 Group Term life insurance policy

Administrator:	Sun Life
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Employee Assistance Program: (800)535-4985

Administrator:	Managed Health Network, Inc. (MHN) https://members.mhn.com Company Code: pajarovalley
Coverage:	3 free sessions per family member per incident

Additional information, Summary Plan Documents, forms available at <http://www.pvusd.net/benefits>
R12/14