

Lakeside Union School District
SUMMARY OF BENEFITS 2021

HEALTH CHOICES*

See LTA and CSEA Health Insurance Premium Spreadsheets for Employee/Employer Paid Premium Details.

KAISER – Group# 4113-00

\$10 Co-pay
Kaiser Facilities Only
1-800-464-4000
kp.org

UNITED HEALTHCARE/PACIFICARE – Group# 147467

Co-pay varies between the 2 Networks, Alliance 1200 Plan, and Harmony 10
Doctor/Facilities
1-888-586-6365
myuhc.com

You can go online www.vebaonline.com for full health plan comparisons.

CHIROPRACTIC/ACUPUNCTURE – OPTUM

No forms to complete – you are automatically enrolled. Kaiser enrollees will receive an Optum card whereas United Healthcare enrollees use their UHC card. If you have any questions, please call 1-800-428-6337 or visit myoptumhealthphysicalhealthofca.com.

DENTAL CHOICES*

District pays premium for Employee Only

Spouse/Dependent coverage is a voluntary payroll deduction; 10-month pay (Sept-June)

Cards are not issued; you use your social security number.

HMO – DELTA CARE – Group# 00745-0001

- 1 Dependent = \$27.61, 2+ Dependents = \$56.67. This is a HMO Plan meaning you must select a dentist from the provider list located online at www.deltadentalins.com. If you want to change your dentist, it could take 1-2 months. You would need to call Customer Service at 1-800-422-4234. The book gives description of benefits and copayments. Each dentist has their own rates.

- There is No Maximum per year.
- Orthodontics

PPO – DELTA DENTAL – Group# 7128-2301

- 1 Dependent = \$38.79, 2+ Dependents = \$68.99. This is a DPO. You may go to any Dentist that takes Delta Dental. You can change dentists anytime without contacting Delta Dental. You may select a network dentist from the provider list located online at www.deltadentalins.com. These dentists have agreed to only charge set prices. Delta Dental's direct Customer Service number is: 1-800-765-6003.

- No Orthodontics coverage
- \$1,500.00 maximum paid per year per person.

VISION COVERAGE – VSP PLAN – VOLUNTARY ONLY (District does NOT cover)

Premium Plan – Employee only \$10.99, Emp+1 Dep = \$17.08, Family = \$27.09

HYATT METLAW LEGAL PLAN- VOLUNTARY ONLY (District does NOT cover) \$23.40 Per Month

LIFE INSURANCE – HARTFORD*

The District provides Benefit eligible employees \$15,000 Basic Life and Basic AD&D. You must select a Beneficiary for both. If employee would like to purchase additional supplemental life insurance, they may do so. It would be a voluntary payroll deduction. Rates will vary depending on your age.

EAP (Employee Assistance Program)

No forms to complete, just simply call the number below.

Kaiser/United Healthcare 1-888-625-4809

****Please note that it is the employee's responsibility to contact the Business Services Department to remove dependents when they have lost their eligibility status or no longer need coverage.***

****Any questions?**

**Please contact Keri Wutzke in the Business Services Department
(619) 390-2613 or kwutzke@lsusd.net**