San Dieguito
UNION HIGH SCHOOL DISTRICT

Employee Benefit Guide

Certificated

Welcome to Your San Dieguito Union High School Employee Benefits

San Dieguito Union High School District is pleased to offer a robust benefits program to employees. This guide provides a summary of your benefit options and is designed to help you make choices and enroll in coverage. If you would like more information about any of the benefits described here, please contact Human Resources.

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"Disclaimer: This summary is merely a brief description of the major benefits of the plan (s) and is not intended to alter or expand benefits, right, or liabilities as set forth in the official plan documents and contracts. Limitations may apply."

Eligibility and Enrollment

SDUHSD Employees

- Benefit eligible Certificated employees working at least half of a full-time contract and their eligible dependents participate in the San Dieguito Union High School District benefits program.
- Non-benefit eligible Certificated employees and their eligible dependents working less than half of a full-time contract may participate in the San Dieguito Union High School District benefits program at a pro-rated rate.

Dependents

- Legally married spouse
- Registered domestic partner
- Children under age 26 regardless of student or marital status or employment.

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- For new hires, you must complete the enrollment process within 30 days of your hire date. Coverage is as follows:
  - For Certificated employees who begin working at the start of the new school year, coverage begins October 1
  - For all other employees hired before the 10th day of the month, coverage begins on the first day of the month following date of hire
  - For all other employees hired after the 10th day of the month, coverage begins on the first day of the month following the second month of being hired
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment on the next page)
- You may enroll in Supplemental Life and AD&D Insurance at any time, subject to proof of good health and carrier approval.

Changes to Enrollment

Our benefit plans are effective January 1 through December 31 of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following January 1 effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption (including placement for adoption) of a child
- Performance of a Qualified Medical Child Support Order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a federal or state premium assistance program under Medicare, Medicaid, or CHIP

Important Note: **Coverage for a new dependent is not automatic.** If you experience a qualifying event, you have 30 days to update your coverage. Please contact Human Resources immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

When Benefits End

- If employment ends **on or before** the tenth day of the month: Coverage ends on the last day of the month in which your employment ends with SDUHSD
- If employment ends **after** the tenth day of the month: Coverage ends on the last day of the month following the second month or when you no longer work the required number of hours for eligibility.
- Exception: if your last date of employment is in the month of June, you **may** be eligible for coverage continuation beyond June 30.

Once your employment ends, you may be eligible to continue your SDUHSD health benefits (at your own expense) under COBRA. To preserve your COBRA rights, you must contact Human Resources within 30 days (or 60 days for certain circumstances) of the qualifying event that results in your loss of coverage. Please contact Human Resources for other circumstances that may allow for benefits to be continued at the employee's expense.

Online Enrollment

Ease Online Enrollment

With the Ease Online Enrollment System, you and your family can access your benefits information anytime, anywhere. Use Ease to view plan details, coverage amounts, and costs.

To Enroll or Make Changes to Your Benefits

For optimal performance, it is recommended that you use Chrome or Firefox as your internet browser.

- You will receive an email with a link to access Ease, or you can navigate to the enrollment homepage: **sduhsd.ease.com**
- You will be prompted to create a password, if you do not already have an Ease password.
- To reset your password, click on "forgot" in the password box.
- Click the "Get Started" button to start your enrollment. Follow enrollment wizard prompts to complete your enrollment.
- You will be asked to verify your personal information and enter your dependent information.
- Make your benefit selections. To enroll family members, click the "checkmark", to waive click the "X". Next, choose the plan you would like by clicking, "Select". Click the "Continue" button to proceed.
- Once you have made your selections you will be prompted to review your Enrollment Summary.
- If required information or required document view is missing, you will be prompted to complete before signing.
- After clicking "Sign Forms", you will be prompted to create your signature; a typed signature and a manual electronic signature using your mouse. Once complete, you will proceed to review and sign your forms. Mobile application or online ready.
- Once you have finished signing, click "Finish" to return to your dashboard.

If you have any questions, please contact Human Resources at **760-753-6491**, ext. **5563**.

Once you are logged into the website, follow the prompts on each page to complete your benefit enrollment. You will be asked to verify that your personal information is correct and enter in any of your dependent information.

Be sure to save Ease as a favorite in your web browser!

If you have any questions, please contact Human Resources at **760-753-6491**, ext. **5563.**

Online Documents

Ease provides easy access to important benefit documents, including the Summary of Benefits and Coverage (SBC), annual notices, carrier summaries, coverage booklets, and claim forms. These resources offer detailed information on SDUHSD benefit plans to help you plan for care. You and your dependents can access Ease anytime, from work or home.

Understanding Your Medical Benefits

Medical Plans

The District offers health care benefits that give you both choice and affordability. With six medical plans, you choose how you want to manage your costs and healthcare provider relationships.

Kaiser Permanente HMO Plan

- All services must be obtained at a Kaiser facility except in the case of emergency.
- While all of your care must be directed through your selected physician, you can choose and change your doctor at any time, for any reason.
- Kaiser Permanente integrates all elements of healthcare such as physicians, medical centers, pharmacies and administration in one convenient facility.

Kaiser Permanente Online, Mobile and Phone Access

Manage your care online by registering at **www.kp.org**. You can locate Kaiser Permanente facilities, make or cancel appointments online, refill prescriptions, email your doctor, view medical records, obtain health and wellness information and much more.

Once you've registered, download the Kaiser Permanente app, available on the **App Store** and **Google Play** for on-the-go convenience. You can also download the KP Preventive care app for preventive care reminders and alerts.

You can reach Kaiser customer service at **800-464-4000**.

Cigna Select HMO

- You must choose a Primary Care Physician (PCP) or medical group in the "**Southern CA Select (St. Joseph Hoag Health Select Plan, Scripps Select Plan, HealthCare Partners Select Plan)**". All of your care must be directed through your PCP or medical group.
- Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization.
- You will receive benefits only if you use the doctors, clinics and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.

Instructions for finding a Cigna Select HMO PCP

- Go to **Cigna.com**, then click "Find a Doctor, Dentist or Facility". Under "Not a Cigna Customer Yet?", click "Plans through your employer or school". Under "Find Providers", enter your desired city and state into the "Search Location" field. Under "Select a Plan", click "Pick", then "Medical Plans". Under HMO, select "**Southern CA Select (St. Joseph Hoag Health Select Plan, Scripps Select Plan, HealthCare Partners Select Plan)**". Then, you'll enter either the doctor's name, specialty or hospital in the "Search" field.
- Locate the PCP ID number associated with the desired physician. If you do not elect a PCP, one will be auto-assigned. For changes to your PCP during the plan year, contact Cigna directly.
- **Make sure you are searching the correct network to find the appropriate PCP ID associated to your provider.**

Cigna Online, Mobile and Phone Access

Manage your care online by registering at **www.MyCigna.com**. You can locate in-network providers, manage and track claims, see cost estimates for medical procedures, compare quality of care for doctors and hospitals, access a variety of health and wellness tools and resources, and much more.

Once you've registered online, download the MyCigna app, available on the **App Store** and **Google Play** for on-the-go convenience.

You can live chat Customer service on the app or call **800-244-6224** or **800-Cigna24**.

Understanding Your Medical Benefits

Medical Plans

The District offers health care benefits that give you both choice and affordability. With four medical plans, you choose how you want to manage your costs and healthcare provider relationships.

VEBA United Healthcare Performance HMO Network

- The VEBA Performance HMO and Alliance plan gives you more information and flexibility in how you spend your health care dollars. The plan provides the same level of coverage as the traditional United Healthcare HMO Plans; the difference is in the distinct networks. The VEBA Performance HMO and Alliance plan places United Healthcare's full network of Participating Medical Groups and providers into three distinct sub-networks. You will select one network that fits your needs.
  - **UHC Performance Network 1**
  - **UHC HMO**
  - **UHC Harmony HMO**

United Healthcare Select Plus PPO Plan

- This is a plan that does not require you to select a Primary Care Provider (PCP) from the network. A PCP is encouraged and will help you get the right care at the right time. You also have coverage if you use out-of-network providers.
- The Carrum Health benefit is added to the PPO.

  VEBA will waive all deductibles and coinsurance for members using a Carrum Health provider for the following categories of procedures: **Spine, Orthopedic and Coronary Artery Bypass Graft**.

  Carrum contracts with the highest quality surgeons and facilities in the state and includes **Stanford, Scripps Green, Providence St. Johns (Santa Monica) and Hoag Orthopedic Institute.**

  Members do not have to use Carrum approved facility for their surgery, but they are encouraged to contact

  Carrum prior to surgery to pre-certify. Failure to pre-certify will result in a **$1,000 pre-certification penalty**. This does not count towards the out-of-pocket limit. **Refer to the Carrum Health benefit flyer for additional information**.

Instructions for finding a United Healthcare Performance HMO PCP

- Go to **welcometouhc.com/csveba**.
- Under "Wondering if your doctor is in our network?" Click on "Find a Network Doctor or Hospital".
- Select the appropriate plan(s): "CS VEBA Performance HMO Networks 1, Alliance or Harmony
- Enter your zip code and click "Continue".
- On the next page, click the X in the top right corner. Now you can search by physician name, specialty or medical group. If you do not select a PCP, one will be auto-assigned. For changes to your PCP during the plan year, contact UHC directly.

United Healthcare Online, Mobile and Phone Access

Manage your care online by registering at **www.myuhc.com**. **Myuhc.com** is the gateway to your benefits and claim information. You can view your own personalized plan information, choices for where to go for care, budgeting tools, helpful wellness tips and more.

Once you've registered, download the **Health4Me** mobile app, available on the **App Store** and **Google Play** for on-the-go convenience. **Health4Me** mobile app provides instant access to your family's critical health information—anytime and anywhere. Whether you want to check the status of a claim or access your health plan ID card. **Health4Me** is your go-to resource.

You can reach customer service for all United Healthcare plans at **888-586-6365**.

Virtual Visits

Telemedicine Visits

Phone and/or video visits are an excellent option for non-urgent doctor visits that don't require a doctor to see you in person. They are also a good choice for care when away from home or if you need short term prescription drug refills. SDUHSD provides telemedicine coverage with all our medical plans

Kaiser Permanente Phone and Video Visits

- You must be registered on **kp.org** to participate in video Doctor visits.
- You can schedule a phone or video Doctor visit at **kp.org** or by calling **800-290-5000**.
- Phone and video visits do not require a copay.
- For a phone visit, the doctor will call you at the time of the appointment.
- You can access video visits from your desktop computer (with a camera) or from your mobile device by going to **kp.org/mydoctor/videovisits**.

  – **Mobile Device**: Download the My Doctor Online app, open it, and sign in using your kp.org username and password. Go to Appointments and tap on Join to start your video visit.

  – **Desktop Computer**: Click on Get Prepared and follow instructions for downloading and installing the Video Web plug-in. Once that's installed, click Join Your Video Visit.

  – For help, go to **kp.org/mydoctor/videovisits** and click Video Visit Support.

Cigna Telehealth

- Now Cigna provides access to **two** telehealth services as part of your medical plan – **Amwell** and **MDLIVE**
- You must sign up and create an account with one or both **Amwell** and **MDLIVE** to have a visit.

  – **AmwellforCigna.com** or **855-667-9722**

  – **MDLIVEforCigna.com** or **888-726-3171**
- Complete a medical history using their "virtual clipboard"
- Video visits require a $10 copay.
- Download vendor apps to your smartphone/mobile device
- **Amwell** and **MDLIVE** are both quality national telehealth providers, so you can choose your care confidently. When you can't get to your doctor, Cigna Telehealth Connection is here for you.
- Register for one or both today so you'll be ready to use a telehealth service when and where you need it.

United Healthcare—A Virtual Visit lets you see and talk with a doctor from your laptop or mobile device

- You have access to a network of Virtual Visit provider groups. To learn more about Virtual Visits and our network, please log into **myuhc.com** or the United Healthcare **Health4Me** app. Virtual Visits are covered under your health plan benefits either way you decide to access care.
- When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now you don't have to. Virtual Visits let you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write prescriptions, if needed, that you can pick up at your local pharmacy. And its part of your health benefits.
- Conditions commonly treated through Virtual Visits. Doctors can diagnose and treat a wide range of non-emergency medical conditions, including Bladder infection/Urinary tract infection, Bronchitis, Cold/flu, Diarrhea, Fever, Migraine/ Headaches, Pink eye, Rash, Sinus problems, Sore throat, Stomachache.

Virtual Visits

Telemedicine Visits

Phone and/or video visits are an excellent option for non-urgent doctor visits that don't require a doctor to see you in person. They are also a good choice for care when away from home or if you need short term prescription drug refills. SDUHSD provides telemedicine coverage with all our medical plans.

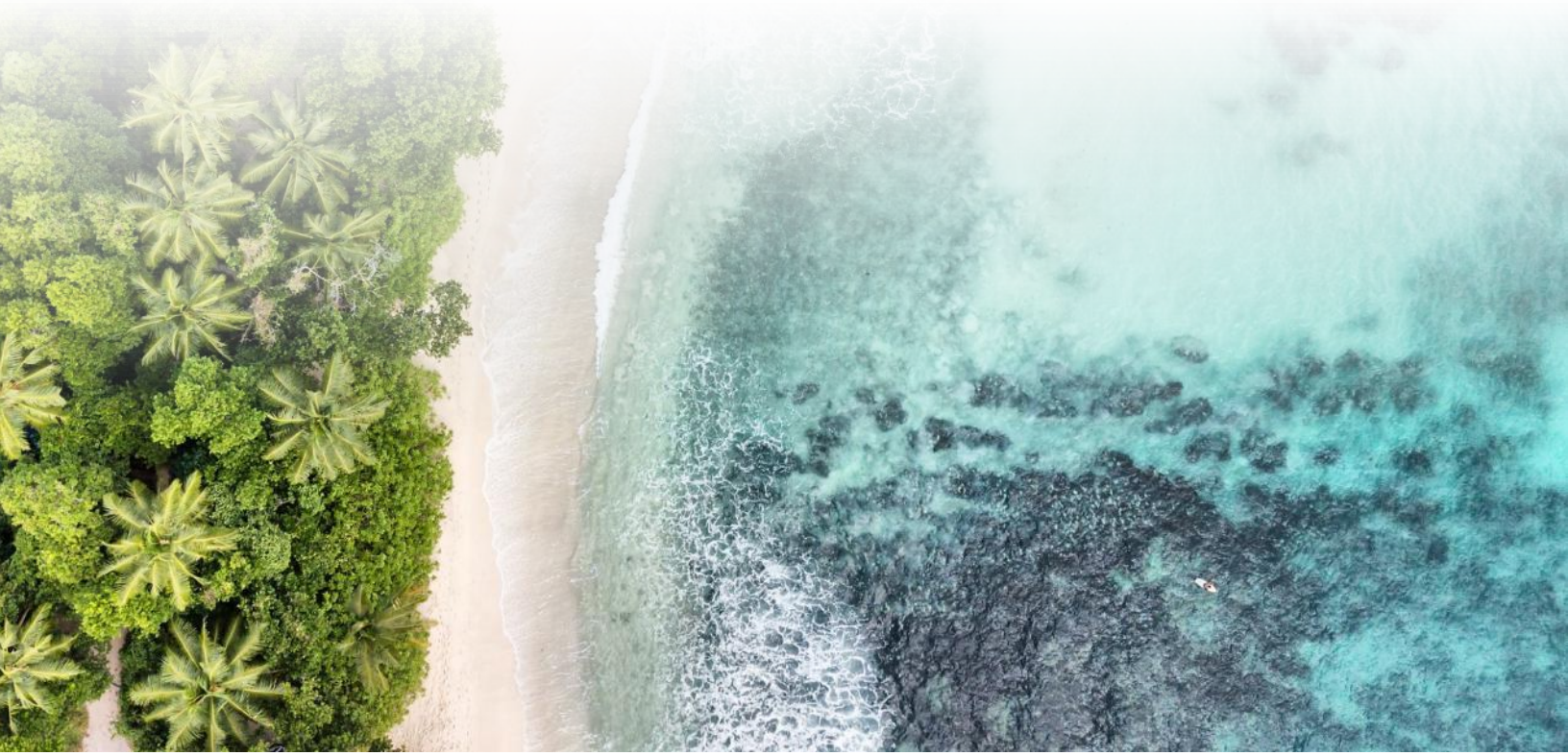
Nurse line—Talk to a registered nurse 24/7

- As a member, you can connect with a nurse by calling the number on the back of your ID card or logging in to **myuhc.com**. When a health question comes up, you can talk with a registered nurse any time, day or night. He or she can help:
- Choose appropriate medical care
- Understand a wide range of symptoms
- Determine if the emergency room, a doctor visit or selfcare is right for your needs
- Find doctors or hospitals that meet your needs and preferences
- Locate an urgent care center and other health resources in your area

Prescription Drug Coverage

Kaiser, Cigna and United Healthcare each have their own drug formulary (a list of prescription drugs including both generic and brand-name medications) that they cover. For a current version of the drug formulary for your health plan, visit:

- **www.kp.org**
- **www.Cigna.com**
- **www.myuhc.com**



Medical Plan Highlights

Plan Name	UHC Performance Network #1	UHC Alliance HMO	UHC Harmony HMO
	In-Network Only	In-Network Only	In-Network Only
Calendar Year Deductible - Individual - Family	None None	None None	None None
Calendar Year Out-of-Pocket Maximum—Medical - Individual - Family	$1,500 $3,000	$3,000 $6,000	$1,500 $3,000
Health Reimbursement Account	None	None	None
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Health Benefits			
Office Visit	$10 copay	$20 / $30 copay	$10 copay
Preventive Care	No charge	No charge	No charge
Diagnostics, Lab and X-Ray	No charge	No charge	No charge
Complex Imaging	No charge	$200 copay	No charge
Urgent Care	$10 copay	$20 copay	$10 copay
Emergency Room—waived if admitted	$100 copay	$150 copay	$100 copay
Inpatient Hospital	No charge	$500 copay	No charge
Outpatient Surgery	No charge	$250 copay	No charge
Chiropractic / Acupuncture[4] (Visits Per Year)	$10 copay Unlimited	$20 copay Unlimited	$10 copay Unlimited
Rx Benefits			
Calendar Year Out-of-Pocket Maximum—RX - Individual - Family	Combined with medical	Combined with medical	Combined with medical
Retail Pharmacy [1&2] - Generic - Preferred Brand - Non-Preferred Brand - Specialty	30-day supply $5 copay $25 copay 50%* n/a	30-day supply $10 copay $30 copay 50%* n/a	30-day supply $5 copay $25 copay 50%* n/a
Mail Order Pharmacy [3] - Generic - Preferred Brand - Non-Preferred Brand - Specialty	90-day supply $10 copay $50 copay 50%** n/a	90-day supply $20 copay $60 copay 50%** n/a	90-day supply $10 copay $50 copay 50%** n/a

**Subject to a $40 minimum and $175 maximum*
***Subject to a $80 minimum and $350 maximum*
[1 & 2:] Pay standard copay if filled at an EAN Pharmacy. Pay standard copay plus $5/prescription if filled at Non-EAN Pharmacy
[3:] You will pay Retail Refill Allowance (RRA) penalty if you fill maintenance prescription at a network pharmacy other than Smart90
[4:] Services must be medically necessary and may be subject to prior authorization from Optum Health

Medical Plan Highlights

Plan Name	Cigna Select HMO	Kaiser Permanente HMO
	In-Network Only	In-Network Only
Calendar Year Deductible - Individual - Family	None None	None None
Calendar Year Out-of-Pocket Maximum—Medical - Individual - Family	$1,000 $3,000	$1,500 $3,000
Health Reimbursement Account	None	None
Lifetime Maximum Benefit	Unlimited	Unlimited
Health Benefits		
Office Visit	$10 copay	$10 copay
Preventive Care	No charge	No charge
Diagnostics, Lab and X-Ray	No charge	No charge
Complex Imaging	No charge	No charge
Urgent Care	$10 copay	$10 copay
Emergency Room—waived if admitted	$100 copay	$100 copay
Inpatient Hospital	No charge	No charge
Outpatient Surgery	No charge	$10 / Procedure
Chiropractic / Acupuncture (Visits Per Year)	$10 copay 20-days max[1]	$10 copay Unlimited[2]
Rx Benefits		
Calendar Year Out-of-Pocket Maximum—RX - Individual - Family	Combined with medical	Combined with medical
Retail Pharmacy - Generic - Preferred Brand - Non-Preferred Brand - Specialty	30-day supply $10 copay $20 copay $35 copay $35 copay	30-day supply $10 copay $20 copay n/a $20 copay
Mail Order Pharmacy - Generic - Preferred Brand - Non-Preferred Brand - Specialty	90-day supply $20 copay $40 copay $70 copay $70 copay	100-day supply $20 copay $40 copay n/a Not Covered

1: Acu/Chiro benefits are carved-in through Cigna and not through Optum like the rest of the plans
2: Services must be medically necessary and may be subject to prior authorization from Optum Health

Medical Plan Highlights

Plan Name	UHC Journey Harmony	Kaiser Permanente Journey
	In-Network Only	In-Network Only
Calendar Year Deductible - Individual - Family	$2,000 $4,000	$2,000 $4,000
Calendar Year Out-of-Pocket Maximum—Medical - Individual - Family	$3,500 $7,000	$3,500 $7,000
Health Reimbursement Account	$1,000 / $1,600 / $2,200	$1,000 / $1,600 / $2,200
Health Benefits		
Office Visit	$25/$40 copay	$25/$40 copay
Preventive Care	No charge	No charge
Diagnostics, Lab and X-Ray	No charge	No charge
Complex Imaging	$100 copay	$100 copay
Urgent Care	$25 copay	$25 copay
Emergency Room—waived if admitted	Ded, 20%	Ded, 20%
Inpatient Hospital	Ded, 20%	Ded, 20%
Outpatient Surgery	Ded, 20%	Ded, 20%
Chiropractic / Acupuncture[4] (Visits Per Year)	$30 copay	$30 copay
Rx Benefits		
Calendar Year Out-of-Pocket Maximum—RX - Individual - Family	n/a	n/a
Retail Pharmacy - Generic - Preferred Brand - Non-Preferred Brand - Specialty	30-day supply [1&2] $10 copay $30 copay 50%* n/a	30-day supply $10 copay $30 copay n/a 50%***
Mail Order Pharmacy - Generic - Preferred Brand - Non-Preferred Brand - Specialty	90-day supply[3] $20 copay $60 copay 50%** n/a	100-day supply $20 copay $60 copay n/a n/a

** Subject to a $40 minimum and $175 maximum*
*** Subject to a $80 minimum and $350 maximum*
****Subject to a $175 maximum*
[1 & 2:] Pay standard copay if filled at an EAN Pharmacy. Pay standard copay plus $5/prescription if filled at Non-EAN Pharmacy
[3:] You will pay Retail Refill Allowance (RRA) penalty if you fill maintenance prescription at a network pharmacy other than Smart90
[4:] Services must be medically necessary and may be subject to prior authorization from Optum Health

Medical Plan Highlights

Plan Name	UHC Select Plus PPO	
	In-Network	Out-of-Network
Calendar Year Deductible - Individual - Family	$500 $1,000	$1,000 $2,000
Calendar Year Out-of-Pocket Maximum—Medical - Individual - Family	$2,000 $4,000	$4,000 $8,000
Health Reimbursement Account	None	None
Lifetime Maximum Benefit	Unlimited	Unlimited
Health Benefits		
Office Visit	$20 copay	30%, after deductible
Preventive Care	No charge	No coverage
Diagnostics, Lab and X-Ray	No charge	30%,after deductible
Complex Imaging	10%, after deductible	30%, after deductible
Urgent Care	$50 copay	30%, after deductible
Emergency Room—waived if admitted	$100 copay	$100 copay
Inpatient Hospital	10%, after deductible	30%, after deductible
Outpatient Surgery	10%, after deductible	30%, after deductible
Chiropractic / Acupuncture[4] (Visits Per Year)	$20 copay Unlimited	30%, after deductible Unlimited
Rx Benefits		
Calendar Year Out-of-Pocket Maximum—RX - Individual - Family	Combined with medical	Combined with medical
Retail Pharmacy[1&2] - Generic - Preferred Brand - Non-Preferred Brand - Specialty	30-day supply $10 copay $30 copay 50%* n/a	Retail: with submission of a paper claim, member will be reimbursed at the rate the Plan would have paid had the member used an in-network pharmacy less the member's copay
Mail Order Pharmacy[3] - Generic - Preferred Brand - Non-Preferred Brand - Specialty	90-day supply $20 copay $60 copay 50%** n/a	No coverage

** Subject to a $40 minimum and $175 maximum*
***Subject to a $80 minimum and $350 maximum*
1 & 2: Pay standard copay if filled at an EAN Pharmacy. Pay standard copay plus $5/prescription if filled at Non-EAN Pharmacy
3: You will pay Retail Refill Allowance (RRA) penalty if you fill maintenance prescription at a network pharmacy other than Smart90
4: Acu/chiro benefits have no annual visit maximums, must be medically necessary and may be subject to prior authorization from UMR 5:

Other Medical Benefits

VEBA Health Advocacy

The District provides free health advocacy support to all District health plan members through VEBA Advocacy. This benefit can help when you:

- Experience an issue with a doctor or insurance company
- Need help getting a referral or second option
- Have quality of care or other escalated issues

To learn more, contact VEBA Advocacy by calling **888-276-0250, option 2** or visiting **www.vebaonline.com**. (Leave a message if no one answers and they will return your call.)

OptumHealth Chiropractic and Acupuncture Benefits

District medical plan members receive VEBA chiropractic and acupuncture benefits from participating OptumHealth Physical Health of California (Optum) providers. Your chiropractic and acupuncture benefits include:

- Unlimited visits (subject to medical necessity)
- Copays that align with your PCP office visit copay
- X-rays as authorized
- 100% coverage for durable medical equipment up to $50

Chiropractic and Acupuncture visit copays are set based on your regular doctor's office visit copay as follows:

- If your PCP copay is $0, $5, or $10, your chiropractic or acupuncture visit copay is **$10**
- If your PCP copay is $15 or $20, your chiropractic or acupuncture visit copay is **$20**
- If your PCP copay is $25, $30, $35, or $40, your chiropractic or acupuncture visit copay is **$30**

Please note that coverage is **only** for participating Optum chiropractors and acupuncturists. Before receiving services, please confirm the chiropractor still participates with Optum.

To find an Optum provider, visit **www.myoptumhealthphysicalhealthofca.com** and click on "Provider Directory" then on the pull-down menu called "Plan/Product" select "California Schools VEBA" you can also call Optum at **800-428-6337**.

Carrum Health

Carrum Health is a special surgery benefit available to employees and family members enrolled in VEBA insurance plans.

Members must meet their deductible if they're on a high-deductible plan, but copays and coinsurance are waived.

Covered surgeries include heart surgery, total joint replacements, neck and back (spine) and other orthopedic/musculoskeletal surgeries for shoulders, elbows, wrist/hands, hips, knees, ankles/feet. **Note**: this is not an exhaustive list of covered procedures. **Please contact Carrum Health at 888- 855-7806 to ensure your procedure will be covered**.

Carrum doctors have more experience performing procedures and lower complication rates than 90% of providers. The Carrum team does all of the planning, preparation, and paperwork so you can focus on what matters — your health.

Depending on your medical plan and the type of care you need, you may first need to meet your deductible, but otherwise most, if not all, costs are often covered. Second opinions are provided at no cost to members, and do not require payment of any deductible. To see how much you may need to pay, complete your Carrum Health profile or connect with the care team today. Sometimes, to get the best care possible, you may need to travel to a specialized hospital or care center. Fortunately, in these instances, travel expenses like airfare, hotel fees, and even meals are often covered for you and a companion, depending on the care you need. Your Carrum Care Specialist will even make all of your travel arrangements. To access your Carrum Health Benefits, visit **carrum.me/CSVEBA** or call **888-855-7806**.

Other Medical Benefits

Omada: A Virtual Diabetes Benefit

Omada for Diabetes is a virtual program that makes it easier to manage your diabetes and reach your health goals. With expert support from a dedicated care team and smart devices to monitor your progress, you'll learn to make small changes that last– at your pace– so you live healthier, feel better and have more energy.

To see if you're eligible visit **express-scripts.com/health-solutions**.

Teladoc Expert Medical Opinions

The District medical plan members are covered by Teladoc Expert Medical Opinions. This benefit allows you to access free, valuable medical advice from leading medical experts. The service is easy and 100% confidential. Get answers to your healthcare questions and take advantage of medical opinions from world-leading experts. Teladoc Expert Medical Opinions has over 50,000 world-renowned specialists in over 450 specialties and subspecialties.

You can use Teladoc Expert Medical Options to answer medical questions, double-check a diagnosis, help decide on a treatment plan, or guide about a surgery. This benefit enables you to make clear and informed medical decisions.

For more information, visit **teladoc.com/medicalexperts** or call **800-835-2362**.

Kindbody: A Fertility, Family-Building, and Menopause Benefit

District employees and spouses/domestic partners enrolled in a United Healthcare **PPO** health plan receive free coverage under Kindbody. Benefits include:

- Up to one full KindCycle including in vitro fertilization (IVF), intrauterine insemination (IUI) with fertility medication through KindbodyRx
- Conception, fertility, and male assessments to help you learn more about your fertility
- Six sessions of virtual holistic health services; support includes menopause, mental well-being, nutrition, doula/birth coaches, lactation support, back-to-work care, and more
- Access to Kindbody's menopause program offering specialty providers who will support women experiencing menopause; services include lifestyle assessment, hormone testing, and virtual holistic sessions
- Dedicated Kindbody Care Navigation Team
- Access to Kindbody's full suite of services and network of partner clinics
- Access to Kindbody's library of resources, videos, events, and support groups
- A personalized patient portal

Please note:

Kaiser members are eligible for up to 20% self pay discount **only** on Kindbody Clinics.

Cigna members can receive up to a 20% discount at Kindbody Clinics, as well as some of the other available services. (Contact Kindbody for more information)

To get started, create a free account at **kindbody.com/activate**. Confirm your eligibility using access code: KINDCSVEBA and your Unique User ID as follows:

- Employee: First Name + Last Name + -E + last four digit of your social security number(Example: JaneDoe-E1234)
- Spouse/domestic partner: First Name + Last Name + -D + last four digit of the spouse/domestic partner's social security number (Example: JonDoe-D5678)

For more information and questions, call **855-950-2053** or email **employeebenefits@kindbody.com**.

Other Medical Benefits

KindMan: Male Diagnostic & Fertility Services

Infertility occurs equally between both males and females. If you and your partner are trying to conceive, it's important to be aware of male infertility factors that elevate your risk and how they can affect your chances of successful conception.

KindMan Coverage:

- Abnormal Semen Analysis Follow-up Consult, includes male hormone panel and DNA fragmentation testing
- IUI Diagnostic Workup (Epigenetic Sperm Quality Testing + Results Consult) to determine if IUI is the most appropriate treatment plan
- Testicular Sperm Extraction (TESE) and Percutaneous Epididymal Sperm Aspiration (PESA) procedures

To get started, create a free account at **kindbody.com/activate**. Confirm your eligibility using access code: KINDCSVEBA and your Unique User ID as follows:

- Employee: First Name + Last Name + -E + last four digit of your social security number (Example: JaneDoe-E1234)
- Spouse/domestic partner: First Name + Last Name + -D + last four digit of the spouse/domestic partner's social security number (Example: JonDoe-D5678)

For more information and questions, call **855-950-2053 x option 3** or email **employeebenefits@kindbody.com**.

KindDoula: Virtual Care with Doula Specialists

KindDoula is a program designed to optimize your health during and after pregnancy. Our primary goal is to have a healthy parent and baby. Our doulas will support you through your pregnancy during the eight included sessions – helping you build and communicate your specific birth plan with your provider.

Benefits include:

- Trimester-specific education
- Addressing common pregnancy symptoms
- Education on pregnancy complications
- What to expect at routine visits
- Blood pressure education
- Nutrition support
- Physical activity guidance
- Signs of preterm labor
- Birth plan development
- Fetal kick counts
- Preparing for delivery
- Bringing baby home
- Infant feeding/lactation support
- Post delivery self-care
- Postpartum depression

To get started, create a free account at **kindbody.com/activate**. Confirm your eligibility using access code: KINDCSVEBA and your Unique User ID as follows:

- Employee: First Name + Last Name + -E + last four digit of your social security number (Example: JaneDoe-E1234)
- Spouse/domestic partner: First Name + Last Name + -D + last four digit of the spouse/domestic partner's social security number (Example: JonDoe-D5678)

For more information and questions, call **855-950-2053 x option 3** or email **employeebenefits@kindbody.com**.

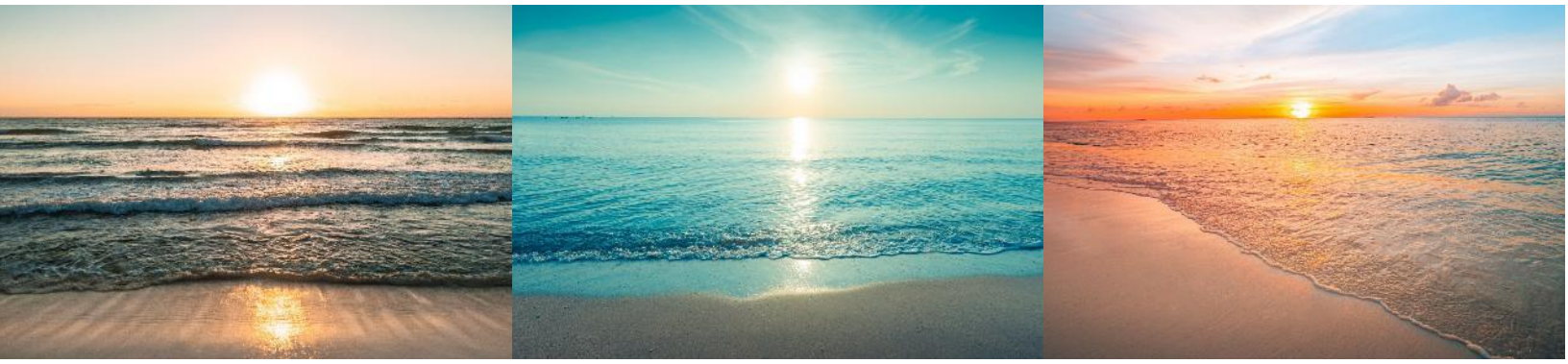
Health Benefit Tips

Tips on Getting the Most from Your Health Benefits

1. **Utilize Your Free Preventive Care Benefits to Stay Healthy**
   Take advantage of these important benefits now to hopefully avoid major illnesses and costs in the future.
2. **Get the Right Health Care and Save Money**
   Choosing the right care for your medical situation will help save you money out-of-pocket:
   - Doctor's Office visit or Telemedicine visit: This is a good choice for non-urgent medical issues.
   - An Urgent Care visit is the best choice for non-life-threatening medical issues that require immediate in-person care when you can't get an appointment for a Doctor's Office Visit.
   - You should use the Emergency Room for life threatening emergencies or for other issues that require immediate, in-person medical care outside Urgent Care hours.
3. **Use Generic and Over the Counter Drugs When Available**
   The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.
4. **Order Maintenance Medications through Mail Order Prescription Drug Programs**
   The mail order pharmacy is a fast, easy and convenient way to save time and money on your maintenance medications. You can order additional supplies of medication at a discount. See carrier provisions for details.

Video: Medical Plan Terms
Check out this quick, entertaining video for a better understanding of how our medical plans work:
https://info.baldwin.com/terms/.

Save Money on Your Health Care Expenses
When you use your Flexible Spending Account (see page 24) or to pay for eligible, unreimbursed medical, dental and vision care expenses, you reduce your taxable income and can save money on taxes.



Supplemental Health Benefits

You may purchase additional insurance from Trustmark that will help to cover additional out-of-pocket expenses. These policies offer direct-to-the-policyholder cash payouts to help cover what other insurance does not. Coverage options are available for you and your spouse, and your child(ren). Your premiums are paid through payroll deductions on a post-tax basis. These policies are portable, which means that you can keep them should you change jobs or retire.

Trustmark | Accident

The Accident plan pays you benefits to help cover out-of-pocket medical and other costs in case of an off-the-job accident.

Trustmark | Critical Illness

The Critical Illness plan helps protect you and your family from the unexpected cost of fighting a life-threatening illness.

Plan Name	Trustmark Accident	Trustmark Critical Illness
Plan Differences		
Covered Conditions	Ambulance, ER visits, Fractures, Dislocations, Major Diagnostic Exams, PT, and more	Heart Attack, Stroke, Cancer, Progressive Diseases, Organ Failure and more. Critical HealthEvents is available in lieu of the traditional Critical Illness plan. With this option, benefits are paid for early detection as well as for later-stage diagnosis. A replenishing annual amount allows you to remain covered for new or reoccurring condition(s). Depending on the diagnosis, your benefit payment will be 100%, 50% or 10% of your selected benefit amount, not to exceed the annual maximum available.
Wellness Benefit	$50	$50
Guarantee Issue (without medical questions)	No health questions required	A few health questions required
Pre-Existing Condition Limitation	None	12 months
Options	Payment amounts made for each item according to benefit schedule from $50 - $50,000	Up to $50,000 for you, up to 50% of your elected amount for your spouse, and up to 10% of your elected amount for your child(ren)
Rates Per Pay Period		
Employee Only Employee + Spouse Employee + Child(ren) Employee + Family	$16.22 $23.82 $31.25 $38.79	Volume and age-rated. Please refer to VBA.

For More Information

- To learn more about the Voluntary Accident and Critical Health Events Insurance plans and rates, call Voluntary Benefit Advisors (VBA) at 888-973-6202.
- **Web:** Go to **www.trustmarksolutions.com/individual/file-claim.**

Please note: *Supplemental Health benefits are not directly sponsored or endorsed by your employer and are offered as optional coverage opportunities through third-party issuers based on your status as an employee. These benefits are exempt from many requirements of the Employee Retirement Income Security Act (ERISA), allowing employees to partner with external providers for participation.*

Dental Benefits

Delta Dental | DHMO Plan

With this plan, you are required to select a General Dentist from the Delta Dental network to provide your dental care; there is no coverage outside the network. If specialty care is needed, your general dentist will provide a referral. For covered procedures , you'll pay the pre-set copay fee described in your DHMO plan booklet. Please keep a copy of your plan booklet to refer to when utilizing your dental care. This will show the applicable copays that apply to all of the dental services that covered under the plan.

Delta Dental | PPO Plan

This plan allows you the option to visit any licensed dentist. You will usually save more on your out-of-pocket costs when you visit a Delta Dental PPO dentist. The Delta Dental Premier network also provides cost-saving features and is the next best option when you cant find a PPO dentist. Non-Delta Dental (out-of-network) dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. You are responsible for the difference between what Delta Dental pays and the dentist's fee.

Plan Name	**Delta Dental HMO**	**Delta Dental PPO Plan**	
Network Name	**In-Network**	**In-Network**	**Out-of--Network**
Calendar Year Deductible	None	None	
Calendar Year Maximum Benefit	Unlimited	$2,000 per individual	$1,500 per individual
Calendar Year Maximum Benefit	N/A	**Does Not count towards Diagnostic & Preventive**	
Preventive Care			
Exams, Cleanings, X-rays	No Charge for Most Services	No charge	0% UCR + difference
Basic Services			
Fillings, Oral Surgery, Endodontics, Periodontics	See Copay Schedule	No charge	0% UCR + difference
Major Services			
Crowns, Prosthetics	See Copay Schedule	60% (50% prosthodontics)	50% UCR + difference
Orthodontia			
Children Adults	$1,600 $1,800	Not covered	
Lifetime Maximum Benefit	N/A	N/A	

Finding a Dental Provider

- **Telephone:** Call 866-499-3001.
- **Web:** Go to **www.deltadentalins.com.**
  - **DHMO:** Refer to the "Delta Care HMO" network.
  - **PPO:** Refer to the "Delta Dental Premier PPO" network.

Dental Benefits

Enhanced Dental Benefits for Delta Dental Members

The Delta Dental PPO plan includes a program that adds extra oral health coverage at 100% at no additional cost when you qualify and opt-in.

Next Stage Women's Health

Extra care during pregnancy and midlife

This program offers enhanced dental benefits during two pivotal life stages, pregnancy and menopause, plus specialty telehealth and curated partner products. These benefits are covered at 100% each plan year for eligible employees and are effective 24 hours after opt-in.

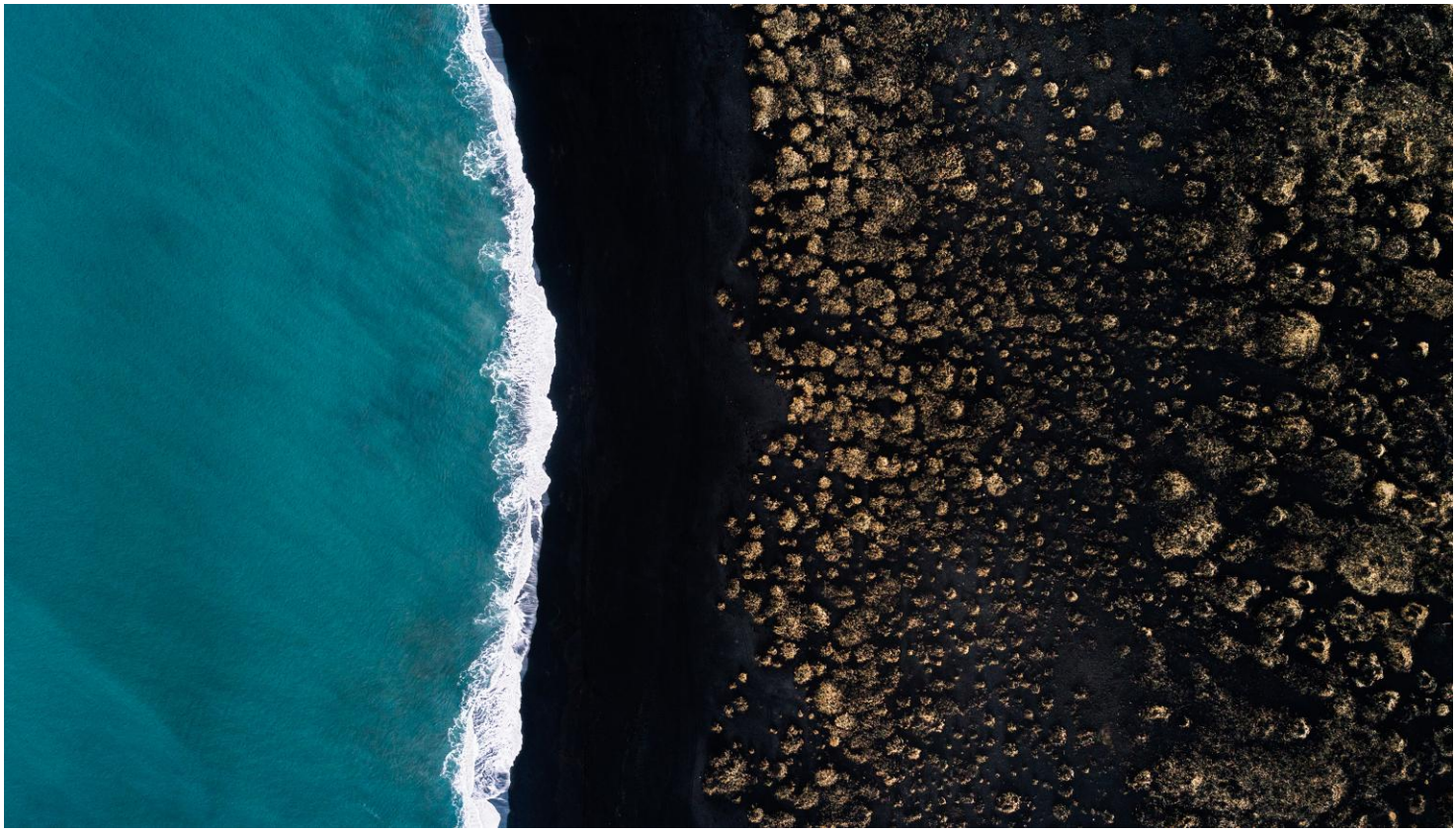
What's covered?

- 2 additional oral exams per year (up to 4 total)
- Teeth cleaning, periodontal maintenance, or scaling – 4 per calendar year (any combination)
- 1 additional set of bitewing X-rays per year
- 2 fluoride treatments per year (adults, regardless of age)

Partner perks

- Midi Health (virtual menopause care) – **joinmidi.com/deltadental**
- Embr Labs (Embr Wave wearable temperature device) – **embrlabs.com/deltadental**

For more information, visit deltadentalins.com/members/womenshealth



Vision Benefits

EyeMed | Vision Plans

The Districts gives you the opportunity to purchase vision care coverage through EyeMed Vision Plan at discounted rates. When you access vision care from in-network providers, your coverage will be greater. If you access care from out-of-network providers, your out-of-pocket costs will be greater.

To find network providers, visit **www.eyemed.com** or call **866-939-3633.**

Plan Name	EyeMed Vision Plan	
Network Name	In- Network	Out-of-Network
Copay		
Examination Materials	100% 100%	*See Plan Summary for out-of-network benefits
Exam		
Provider Retinal Imaging	100% Up to $39 copay	
Glasses		
– Frames – PLUS Providers Retail – Wholesale	 $250 allowance, 20% off balance $200 allowance, 20% off balance $140 allowance	
Lenses – Single Vision – Bifocals – Trifocals – Standard Progressive – Premium Progressives (Tier 1-4) **Lens Options** – Polycarbonate Lenses for Adults – Polycarbonate Lenses for Children* – UV Treatment – Tint – Standard scratch coating – Standard AR – Premium AR (Tier 1-3) – Photochromic – Other	 100% 100% 100% 100% $85, $95, $110, $175 copay $40 copay 100% $15 copay $15 copay $15 copay $45 copay $57, $68, $85 copay $75 copay 20% off retail	
Contact Lenses (In Lieu of Frames and Lenses)		
– Contact Lens fit & follow-up Standard – Premium	 Up to $40 10% off retail	
Medically Necessary, One Pair**	100%	
Elective – Conventional – Disposable	 $200 allowance, 15% off balance over $100 $200 allowance	
Benefit Frequency		
Exams	12	
Lenses	12	
Frames	12	
Contact Lenses	12, in lieu of frames & lenses	

*For Dependent Children through age 19
** Approval from EyeMed is required

Life Balance Benefits

Emotional Wellbeing—The VEBA Resource Center

All SDUHSD medical plan members have access to VEBA emotional wellbeing resources, including:

- VEBA Care Advocate
- Optum Emotional Wellbeing Support
- VEBA Whole Health Coaching Program
- Talkspace
- MindPath (formerly Psychiatric Centers at San Diego)
- Navigating Life Transition Support Group
- Mental Well-being Hub (learn more at **https://vebaresourcecenter.com/mental-wellbeing**)
- Live classes, from yoga, to cooking, to meditation (learn more at **https://vebaresourcecenter.com/calendar**

Take a Tour of All the Benefits Available to You at the VEBA Resource Center

You can schedule a tour of the many free resources available to you by emailing **vrc@mcgregorinc.com**.

VEBA Care Advocate

Create a wellness plan for yourself with a free appointment with a holistic nurse Care Navigator. Your plan will be customized for you based on your unique story, values and experiences. Together with your Care Navigator, you'll create a tailored plan designed to create the best version of you. Care Navigation includes:

- An integrated health and well-being assessment
- A tailored care plan for your overall health and well-being
- Guidance to find appropriate resources
- Motivation support and encouragement to help overcome obstacles
- Follow-up appointments (phone, virtual or in-person) to monitor your progress

To learn more about how this benefit can help you, and to make an appointment with a Care Navigator, visit **http://vebaresourcecenter.com/programs/care-navigation**.

Life Balance Benefits

Emotional Wellbeing—The VEBA Resource Center

Optum Employee Assistance Program

SDUHSD provides employees with support for a wide variety of challenges through the Employee Assistance Program (EAP) through Optum. If you or a family member needs assistance with personal, family or work-life balance issues, you can contact the EAP for confidential assistance. Benefits include 5 counselling sessions per issue, and referrals to help you deal with a wide variety of items, such as:

- **Issues/needs such as**: Adult/elder support services; alcohol and drug misuse, including co-dependency; anxiety, sadness, depression, grief and loss; child and parenting support services; chronic condition support services; convenience services; family and parenting issues, relationship problems; financial consultation; legal consultation; life changes and personal crisis; life learning educational support services; medication services; stress related to work or personal issues
- **Consultation and counseling**: Unlimited, 24/7 access to EAP specialists. Referrals to in-person counselors from nationwide network of more than 105,000 clinicians
- **Virtual Visit capability**: Offers additional convenience to fit your busy schedule
- **Specialty Help Centers**: Immediate access to professionals who consult on building better relationships, nurturing families and parenting, succeeding at work, and coping with grief and loss
- **Liveandworkwell.com**: Reliable, trusted URAC-accredited website, carefully curated and customized to VEBA, with a vast information library, work-life resources, interactive tools, calculators, assessments, videos, forums and more at **liveandworkwell.com**
- **Work-life support**: EAP specialists help employees find work-life services on **liveandworkwell.com**
- **Legal assistance and financial counseling**: Grief consultations on specific legal or financial issues at no initial cost to
- the individual, and discounted fees for attorneys retained through EAP

Solution-focused Consultation With an EAP Specialist:

- Get expert guidance on managing almost any challenge affecting your well-being
- Specialists listen and help identify issues, barriers, and ways to overcome them
- No appointment necessary
- Available 24/7 by phone
- Explore other Trust-sponsored benefits available to you
- Guide to online tools and resources on **liveandworkwell.com**

You can access your EAP benefits by calling **888-625-4809**.

Optum Worklife Services Program

Concierge-like services that employees and their families value, appreciate and return to time after time. More than 100 service areas covered—from schools and childcare to plumbers and pet sitters. Individuals submit requests online or by calling. Work-life specialists respond with verified resources, usually within 48 hours. No limits on follow-up contact with our master's-level work-life specialists

- Counseling sessions for qualifying events
- Child & Eldercare support services
- Legal and financial consultations
- Convenience Services
- Phone consultations and referrals from anywhere in the United States

Life Balance Benefits

Emotional Wellbeing—The VEBA Resource Center

VEBA Whole Health Coaching Program

The VEBA Whole Health Coaching Program allows you to partner with a coach to identify your health goals, strengths, and values, and move forward into building the life you want to live. You start with a consultation with a VEBA Care Navigator, who then connects you with a Whole Health Coach. Your first five sessions will focus on goal setting, planning, and development of a sustainable vision that includes improved overall health and wellbeing.

The Whole Health Coach is there to listen to, and support, your whole health goals – mind, body, spirit – and help you connect to needed support resources. Whether it is through a single session or ongoing support, you have an unlimited number of visits. Accessing your coach is easy with both virtual and in-person appointments.

You can schedule a program consultation with a VEBA Care Navigator and join the Whole Health Coaching Program at **https://vebaresourcecenter.com/whole-health-coaching**.

Talkspace

Talkspace allows you to reach out to a licensed, in-network EAP provider 24/7 from anywhere. To access this benefit, call the EAP at **888-625-4809** for a preauthorization code for your first visit. Once you have the code, you can register at **talkspace.com/connect**. After you register, download the Talkspace app on your mobile phone. Talkspace is supported by Chrome, FireFox, Safari or Edge browsers on your desktop computer.

You can start therapy within hours of choosing your EAP provider. You can message them at any time—no appointments are needed. You will get messages back throughout the day, five days a week. You can also access real-time, face-to-face video visits by appointment when needed.

MindPath (formerly Psychiatric Centers at San Diego)

If you need an appointment through Optum Emotional Wellbeing Solutions immediately, MindPath telehealth services can help. You can take advantage of group therapy and personalized therapy sessions through your Optum Emotional Wellbeing Solutions benefit.

Expedited appointments are available. You will first have to get an authorization code. Then, call MindPath to schedule an appointment within one week. Here's how:

1. Call Optum at **888-625-4809** to obtain an authorization code.
2. Schedule your appointment by calling **619-528-4600** with your authorization code.

Navigating Life Transition Support Group

The Navigating Life Transitions program, is designed to support individuals facing life changes, such as preparing for marriage, adjusting to parenthood, embarking on a new career, or facing unforeseen challenges. Led by licensed therapist Crystal Powers, MA, LMFT, this eight-week program offers a supportive environment for individuals to embrace change and thrive amidst uncertainty. This program provides a journey of self-discovery and empowerment.

You are free to join any, or all, of the eight sessions offered, either virtually or in person. You can learn more and register for the program at **https://vebaresourcecenter.com/navigating-life-transitions**.

How to Access Your EAP and Worklife Benefits

You can access your EAP and Worklife benefits at **www.liveandworkwell.com** (access code: VEBA) or by calling **888-625-4809**.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are tax-advantaged accounts that help you pay for eligible out-of-pocket healthcare and dependent care expenses. If elected, your account(s) will be funded with tax-free dollars through convenient payroll deductions. Only expenses for services incurred during the plan year are eligible for reimbursement.

If you use an FSA debit card, be sure to **save your receipts** in case American Fidelity Assurance Company requests verification. Per IRS guidelines, all receipts must be itemized to show the product or service purchased.

American Fidelity Assurance Company | Health Care FSA

This plan helps cover expenses not paid by your health insurance, such as deductibles, coinsurance, copays, and other health services and products. You can contribute up to $3,400 (divided equally between paychecks, September – June) pre-tax per year to pay for eligible expenses, including:

- Coinsurance, Copays, and Deductibles
- Medical and Prescriptions
- Dental and Orthodontia
- Eye Exams, Eyeglasses, and Lasik Eye Surgery
- Eligible over-the-counter medications and supplies

Click here for a list of eligible Healthcare FSA expenses.

Go to **www.fsastore.com** to shop for FSA-eligible products and for a list of eligible expenses.

American Fidelity Assurance Company | Dependent Care FSA

This plan helps cover eligible childcare or disabled dependent care expenses while you work. You can contribute on a pre-tax basis per plan year:

- $7,500 if single or married filing jointly
- $3,750 if married and filing separately

Eligible expenses include:

- Licensed nursery schools, qualified childcare centers, and preschool
- After-school programs and summer camps (for children under 13)
- Adult daycare facilities

Managing Your FSAs

- **Telephone:** Call 866-523-1857.
- **Web:** Go to **www.afadvantage.com**.

Important FSA Rules

Plan Year: 01/01/2027– 12/31/2027

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health Care FSA

Any unused funds in your Healthcare FSA/Limited Purpose FSA are forfeited after your eligible expenses for the year have been reimbursed. The IRS does not allow refunds of unused balances and funds cannot carry over to the next plan year unless the plan includes a Grace Period or a Rollover option.

Dependent Care FSA

Unused funds will NOT be returned to you or carried over to the following year. You must incur claims by December 31st of each plan year.

Flexible Spending Accounts
https://info.baldwin.com/fsa/

Life and AD&D Insurance

	Basic Life and AD&D Insurance
Carrier	**Minnesota Life**
Employee Plan Benefits – Life Insurance – Accidental Death & Dismemberment Insurance (AD&D)	 $50,000 $50,000; partial benefits paid for accidents that result in serious injuries (e.g., loss of limbs or eyesight)
Dependent Plan Benefits - Life Insurance	 $5,000 per dependent (spouse and eligible children age 15 days up to age 26
How Long Benefits Last – Employee – Spouse	 The amount of basic life and basic AD&D insurance will reduce by 50% when you reach age 70 Not available for spouse
Employee Contribution	None; cost for coverage paid by SDUHSD

Choosing a Beneficiary

Beneficiaries are the individuals or entities you choose to receive benefits from your policy. If you don't designate a beneficiary, benefits will be paid to your estate. Here's what you need to know:

- You can change your beneficiary at any time.
- You may designate one or multiple beneficiaries and allocate payment percentages accordingly.
- To select or update your Life Insurance beneficiary, contact Human Resources.
- Note: If you live in a community property state (e.g., California), your spouse must consent to any primary beneficiary other than them.

Life and AD&D Insurance

	Voluntary Life Insurance
Carrier	**Minnesota Life**
Plan Benefits	
– Employee	You may purchase coverage in increments of $10,000, up to $500,000 maximum
– Spouse/Registered Domestic Partner	You may purchase coverage for your spouse/domestic partner in increments of $10,000, up to $250,000 maximum not to exceed 100% of employees total basic and supplemental coverage
– Child(ren)	Birth to age 26: Elect from $10,000 or $15,000
Guarantee Issue	
– Employee –	$250,000; amounts over $250,000 require Evidence of Insurability and approval by Minnesota Life
– Spouse/Registered Domestic Partner	$50,000; amounts over $50,000 require Evidence of Insurability and approval by Minnesota Life
– Child(ren)	$10,000 or $15,000
– Important Note	All amounts require Evidence of Insurability if employee, spouse/domestic partner and child(ren), **do not enroll** in a plan when first eligible and choose to enroll at a later date. Child Life is guaranteed without underwriting, if elected during Annual Enrollment each year.
Employee Contribution	100% employee paid; see table below

Other Life Insurance Benefits

- Portability: If you leave SDUHSD, you can take your Voluntary Life coverage with you.
- Accelerated Death Benefit: If you are deemed terminally ill, you may receive a portion of your life insurance benefit while still living. The life insurance amount will be reduced by the amount of Accelerated Death Benefit paid.
- Waiver of Premium: If you become totally disabled (per the Minnesota Life definition), you may apply to continue your voluntary coverage without premium payment.

	Voluntary Life Rates per $1,000
Age	**Employee & Spouse/Domestic Partner[1]**
<25	$.048
25 – 29	$.048
30 – 34	$.048
35 – 39	$.096
40 – 44	$.120
45 – 49	$.180
50 – 54	$.276
55 – 59	$.504
60 – 64	$.792
65 – 69	$1.452
70 – 74	$2.352
75	$2.352
Dependent Child(ren)	$1.12 for $10,000 of coverage or $1.68 for $15,000 of coverage

1 Spouse/Domestic Partner rate is based on employee's age

Life and AD&D Insurance

	Basic Life and AD&D Insurance
Carrier	**Minnesota Life**
Plan Benefits – Employee or Family	You may purchase coverage in increments of $10,000, up to $250,000 Maximum (spouse max-$150,000 & child max-$37,500) Spouse with children: 50% / no children: 60% Each child with spouse: 10% / no spouse: 15%
Guarantee Issue – Employee or Family	All coverage elections
Employee Contribution	100% employee paid; see table below

Other Life Insurance Benefits

- Portability: If you leave SDUHSD, you can take your Voluntary AD&D coverage with you.
- Waiver of Premium: If you become totally disabled (per the Minnesota Life definition), you may apply to continue your voluntary coverage without premium payment.

	Voluntary AD&D Rates per $1,000
Employee	$.030
Family	$.054

Lifestyle Benefits offered by Securian Financial (Minnesota Life)

The SDUHSD group insurance programs help protect your financial wellness. You also have even more resources at your disposal.

- **Legal, financial and grief resources**: Whether is creating a will or advice on a legal matter, getting a handle on your financial life, or struggling to cope with the loss of a loved one—whatever the situation—get the professional help you need.
  - How to access: **LifeBenefits.com/Lfg** (username: **lfg** | password: **resources**)
- **Travel assistance**: Planning to travel 100 or more miles from home? Access pre-trip planning and emergency services.
  - How to access: **LifeBenefits.com/travel** (U.S./Canada: **855-816-5433** | All other locations: **415-484-4677**)
- **Legacy planning resources**: Get the support you need to ensure your family's affairs are in order.
  - How to access: **Securian.com/legacy**
- **Beneficiary financial counseling**: Beneficiaries will have access to professional guidance to help them make sound financial decisions regarding policy proceeds

Life and AD&D Insurance

Trustmark | Voluntary Universal Life Insurance

You have the option to purchase Universal Life coverage – which includes a long-term care benefit – for yourself, your spouse and your dependent children. This plan is portable, which means you can take it with you if you leave SDUHSD.

To learn more about the Voluntary Universal Life Insurance plan, the Universal LifeEvents option, and rates, call Voluntary Benefit Advisors (VBA) at **888-973-6202**.

Voluntary Universal Life	Benefits
Benefits	Permanent life insurance coverage that provides additional financial security for your family. This benefit also includes a long-term care benefit that is funded by life insurance. Premium rates are determined by your age at time of enrollment, so the plan remains affordable, as opposed to term policies that become cost-prohibitive as you age.
Benefits Amounts	Coverage is available up to $300,000 for employees and spouses, and you may purchase coverage for your children. Some health questions will be required.
Universal LifeEvents Option	Universal LifeEvents is available in lieu of the traditional Universal Life Insurance plan to employees **under age 64**. This option pays a higher death benefit during your working years when expenses are high. At age 70, when financial needs are typically lower, the death benefit reduces to one third the original amount. The long-term care benefit does not reduce; the coverage continues throughout retirement to match the potentially greater need for long term care
Employee Contribution	100% employee paid

Disability Insurance

Standard Insurance Company | Salary Continuation Plan

SDUHSD provides employees with income protection in the event of sickness or a serious accident that prevents you from working.

Salary Continuation Plan	Benefit
When Benefits Begin	Once a disability begins, you are eligible for the Salary Continuation Plan after seven consecutive regular days of required attendance or 30 calendar days, whichever is less Benefits begin once you are eligible for Salary Continuation Pay.
Sick Leave Benefits	When you use your fully paid sick leave while waiting for Salary Continuation Pay benefits to start, you will receive an additional $12.50 per day in addition to your sick leave (you will receive $25 per day while you are hospitalized to a maximum of 60 days of disability)
Salary Continuation Pay Benefits	75% of regular daily contract salary or $30 per day, whichever is greater Benefits will be offset by income from other sources such as STRS, PERS, Workers' Compensation, Social Security, etc. so benefits do not exceed 75% of earnings
Benefit Duration	To a maximum of one year
Employee Contribution	SDUHSD pays the full cost of the Salary Continuation Plan

Trustmark | Short-Term Disability

You have the option to purchase Short Term Disability coverage for yourself. This plan is portable, which means you can take it with you if you leave SDUHSD.

To learn more about the Voluntary Short Term Disability Insurance plan and rates, call Voluntary Benefit Advisors (VBA) at 888-973-6202.

Short-Term Disability	Benefit
Benefit	If you become disabled and unable to work, this plan provides you with up to 20% of your base earnings. This benefit does not offset with other benefits received.
Maximum Benefit Duration	6 months
Pre-Existing Condition Limitation	There is a pre-existing condition limitation on the plan of 12/12 months. This means that if you become disabled because of a pre-existing condition that occurred 12 months prior to the plan's effective date, the disability is not covered until you have been fully insured for 12 months. A disability due to pregnancy is covered as the same as any other sickness when it begins 10 months after the effective date of the plan
Benefit Duration	To a maximum of six months
Employee Contribution	100% employee paid

Voluntary Benefits

The benefits listed below are offered to you at discounted group rates. These optional offerings give you access to valuable resources at a lower price than you'd typically pay on your own. Details on these programs and how to sign up are included below.

Voluntary Legal Insurance and Identity Theft Protection

SDUHSD provides you with the option purchase Legal Insurance and Identity Theft Protection through ARAG.

Legal insurance gives you a place to turn to help address and resolve life's legal or financial issues – like disputing a contractor's charges, getting your will done or receiving a traffic ticket.

You'll have access to a network of 12,000 attorneys who can:

- Working with you in-person, over the phone or online to consult with you on legal issues
- Review and prepare documents
- Make follow-up calls or write letters on your behalf
- Represent you if needed

When you go to an in-network attorney most legal matters are covered at 100%. To see a full list of coverages available under your plan, visit **ARAGLegalCenter.com** and go to "Plan Details". For any services not covered, you will receive a 25% discount on the network attorney's normal rate. There is one plan option available for enrollment:

UltimateAdvisor Plus (with Identity Theft Protection)

To learn more about these plans and rates, call Voluntary Benefit Advisors (VBA) at **888-973-6202**. You may also call ARAG at **800-247-4184** or email **service@ARAGlegal.com**.

Genomic Life Genetic Screenings, Counseling and Post Diagnosis Assistance

SDUHSD provides you the option to purchase coverage through Genomic Life that provides you and your family with dedicated resources, technology, and genetic testing needed to effectively navigate actionable conditions, including cancer. Their post cancer diagnosis support improves your experience and chances for survival.

To learn more about the Voluntary Genomic Life plan and rates, call Voluntary Benefit Advisors (VBA) at **888-973-6202**. You may also call Genomic Life at **844-694-3666** or email **memberservices@genomiclife.com**.

Proactive Services

- Genetic Health Screening and Counseling: Identifies risk for cancer, cardiovascular and other diseases
- Carrier Testing: Informs family planning decisions based on genetics
- Pharmacogenomics (PGx): Optimizes medication based on the member's DNA
- Receive advanced counseling and education about your results from an expert

Cancer Post Diagnosis Services

- Nurse Advocates navigate all services as part of your care team
- Comprehensive Genomic Profiling to identify the right therapy
- Digital Pathology Review for confirmation, grading and molecular status
- Cancer Navigation Services for clinical trial matching, financial services, and insurance benefits optimization
- Cancer Information Line: Available to you and your immediate family members to provide personalized support
- Medical Records Platform: Provides access to a secure cloud-based solution for storing and sharing records

Two Plan Levels are available so you can select the level of coverage that is right for you. Pricing based on Employee Age. Tenthly rates shown.	
Employee & Children	Under Age 50: $21.60 | Age 50-64: $24.00 | Age 65+: $31.20
Employee, Spouse & Children	Under Age 50: $43.20 | Age 50-64: $48.00 | Age 65+: $62.40

Employee Contributions

Your cost per paycheck. Ten Months.

SDUHSD shares the cost for your health benefits. To calculate your tenthly benefit cost, take your District benefits contribution and reduce it by the sum of the premiums from your selections below. Full-time employees receive, at a minimum, a $1,031.00 medical or health care credit (monthly rate September – June payroll deductions).

Kaiser Permanente HMO	
Employee Only	$998.00
Employee + 1 Dependent	$1,990.00
Employee + Family	$2,816.00
Kaiser Journey	
Employee Only	$944.00
Employee + 1 Dependent	$1,883.00
Employee + Family	$2,669.00
United Healthcare Performance HMO	
Employee Only	$1,374.00
Employee + 1 Dependent	$2,714.00
Employee + Family	$3,809.00
United Healthcare Alliance HMO	
Employee Only	$1,411.00
Employee + 1 Dependent	$2,603.00
Employee + Family	$3,646.00
United Healthcare Harmony HMO	
Employee Only	$1,237.00
Employee + 1 Dependent	$2,425.00
Employee + Family	$3,401.00
UHC Harmony Journey	
Employee Only	$1,123.00
Employee + 1 Dependent	$2,148.00
Employee + Family	$3,002.00
Cigna Select HMO	
Employee Only	$1,345.00
Employee + 1 Dependent	$2,796.00
Employee + Family	$3,983.00
United Healthcare Select PPO	
Employee Only	$2,296.00
Employee + 1 Dependent	$4,505.00
Employee + Family	$6,413.00

Employee Contributions

Your cost per paycheck. Ten Months.

SDUHSD shares the cost for your health benefits. To calculate your tenthly benefit cost, take your District benefits contribution and reduce it by the sum of the premiums from your selections below. Full-time employees receive, at a minimum, a $1,031.00 medical or health care credit (monthly rate September – June payroll deductions).

Delta Dental HMO	
Employee Only	District Paid
Employee + 1 Dependent	District Paid
Employee + Family	District Paid
Delta Dental PPO	
Employee Only	District Paid
Employee + 1 Dependent	$60.80
Employee + Family	$93.10
EyeMed Vision	
Employee Only	$14.21
Employee + 1 Dependent	$25.58
Employee + Family	$36.66

Paying for Coverage

You pay for the cost of your medical plan; full-time employees receive a District health care credit to be applied to that cost. SDUHSD pays the employee only portion of the dental plan premium. The cost of your health benefits is based on your selected medical and dental plans along with the number of dependents enrolled. If the health benefits you elect cost more than the District health care credit SDUHSD provides you with, the additional cost will be deducted from your pre-tax income on your paycheck.

SDUHSD provides an income protection plan, group term life and AD&D insurance for benefit eligible employees, and an employee assistance program at no cost to you. Benefit eligible employees may also choose to participate in the Supplemental Life and AD&D plans, and the Flexible Spending Accounts.

For additional details, please contact Human Resources.

Opt-Out Provision

A limited number of certificated employees may have the option to waive medical coverage through the District if coverage is available from another group plan and if there is an opening on the Waiver List. If the Health Insurance Waiver List is full, you may add your name to the waiting list and wait for an opening.
To waive medical coverage, you must sign a *Declination of Medical Coverage* form each year and submit to Human Resources with proof of your other group coverage.

Carrier Contacts

Plan	Phone Number	Website | Email
Medical		
Kaiser Permanente HMO Plan	800-464-4000	www.my.kp.org/veba
United Healthcare HMO and PPO Plans	888-586-6365	www.myuhc.com
Cigna HMO Plan	800-244-6224	www.cigna.com
Express Scripts (UHC members)	800-918-8011	www.express-scripts.com
Inside Rx Pets	800-722-8979	www.insiderxpets.com
Optum - Chiropractic/Acupuncture Benefits	800-428-6337	www.myoptumhealthphysicalhealthofca.com
Teladoc Medical Experts	800-835-2362	www.teladoc.com/medical-experts/
Carrum Health	888-855-7806	www.carrum.me/csveba
Wellness Benefit		
Kaiser Permanente	N/A	www.kp.org/healthylifestyles
United Healthcare	N/A	www.uhc.com
Cigna	N/A	www.mycigna.com
Dental Benefits		
Delta Dental Dental PPO and DeltaCare Plan	866-499-3001	www.deltadentalins.com
Vision Benefit		
EyeMed Voluntary Vision	866-939-3633	www.eyemed.com
Tax Savings Benefits		
American Fidelity Assurance Company Flexible Spending Accounts	866-523-1857	www.afadvantage.com
Income Protection Benefits		
Minnesota Life Basic Life / AD&D and Voluntary Life / AD&D Insurance	651-665-3789 or 800-392-7295	www.ochsinc.com
Standard Insurance Salary Continuation Plan	800-522-0406	www.cta.org
Voluntary Enrollment Assistance Voluntary Benefit Advisors (VBA)	866-797-3236	N/A
Trustmark Customer Care Team Claims Customer Service	800-918-8877, option 6 877-201-9373	www.trustmarksolutions.com/individual/file-claim
Genomic Life	844-694-3666	www.genomiclife.com email: memberservices@genomiclife.com
ARAG Legal & ID Theft	800-247-4184	www.ARAGlegal.com/myinfo email: service@ARAGlegal.com Access Code: 18453san
Employee Assistance Benefits		
Optum Employee Assistance Program (EAP)	888-625-4809	www.liveandworkwell.com (access code: VEBA)
Retirement Benefits		
CalSTRS 403(b) Plan	800-943-9179	www.calstrs403bcomply.com
CalSTRS Pension2 457 Plan	888-394-2060	www.pension2.com

Important Information

The Affordable Care Act (ACA) and You

The Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Rhode Island, Vermont, or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay the penalty – these states have an individual mandate requirement.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by SDUHSD or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through the federal health insurance marketplace or a state-based insurance exchange;
- Enroll in coverage through a government-sponsored program (if eligible).

If you choose to purchase coverage through the marketplace or a state exchange, because SDUHSD's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a premium tax subsidy, and you may not see lower premiums or out-of-pocket costs with these enrollment options. In addition, employer contributions to your medical benefits will be lost, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For More Information

- **Web:** Go to **www.healthcare.gov**.

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by SDUHSD. Please refer to the SBCs and carrier contracts provided by our health plan carriers for additional plan details.

The SBCs are available at Ease.

Annual Notices

SDUHSD publishes Annual Notices each year outlining your legal rights regarding benefits. This year's notices can be found at Ease.

The following is a list of Annual Notices:

- **Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by the SDUHSD group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.
- **Women's Health and Cancer Rights Act (WHCRA):** This act contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** This act affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.
- **Special Enrollment Rights:** Plan participants are entitled to certain special enrollment rights outside of SDUHSD's open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.
- **Medicaid and Children's Health Insurance Program:** Some states offer premium assistance programs for those who are eligible for health coverage from their employers but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.

Notes

Notes

Learn more at **www.baldwin.com**

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment, nor is this guide a legal plan document. If there is a disagreement or an ambiguity between this guide and the official plan documents, the provisions of the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefits program, please contact Human Resources.

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