



2026 Benefits Open Enrollment

Presented October 1, 2025



Introductions



Del Mar Union School District

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Today's Agenda



- Open Enrollment Overview
- SISC Plans and Benefits
 - Medical Benefit Options – Full Time
 - Medical Benefit Options – Part Time
 - SISC Value Added Services
- Employee Cost Summary
 - Full Time Employees
 - Part Time Employees
- American Fidelity
- FBC Plans and Benefits
 - Dental, Vision, Hartford Life & MetLife Legal
- Questions & Answers

OPEN ENROLLMENT OVERVIEW

2026 Open Enrollment

- Open Enrollment will be held October 4-24, 2025
 - All changes effective January 1, 2026
- During Open Enrollment you can:
 - Add/ remove dependents
 - Review/ update personal information
 - Review/ change benefit plans
 - Update beneficiary information for group life policies.

IMPORTANT REMINDER!

Outside of Open Enrollment, you may only make changes to your benefits within 30 days of a qualifying event, with required documentation.

Qualifying Events Include:

Marriage/ Divorce

Birth/ Adoption

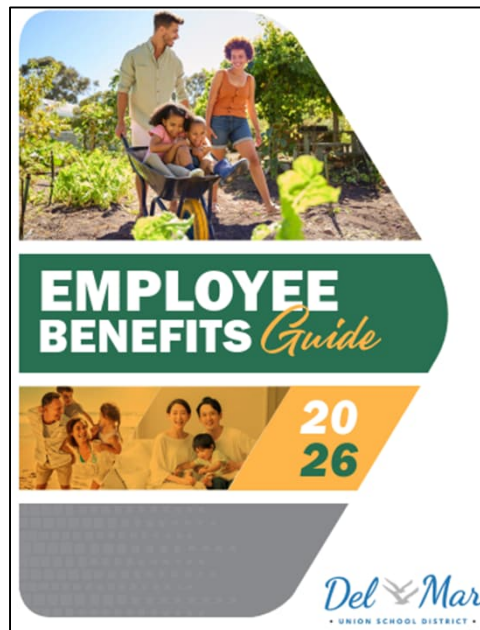
Death

Loss of Other Coverage

Please contact the Benefits Office immediately if you have a qualifying event.

Review your Benefit Guide!

You'll find all the information needed to help you make the most of this year's enrollment. Review benefit programs and services DMUSD offers to ensure you start your 2026 benefit plan year off strong!



What happens if you don't take action during Open Enrollment?

Open Enrollment is passive this year, which means that *most current benefits, including medical, dental and vision, will automatically roll over for 2026 if you take no action.

Reminder: Those who are opting to waive coverage MUST complete the annual waiver form and provide proof of other group coverage to Karlyn Stone in the Benefits Office.

*If you currently have a Flexible Spending Account or Dependent Daycare Account, you MUST re-enroll every year and must meet with an American Fidelity Representative.

Eligibility

Employee Classification	Full-Time	Part-Time	Certificated Shared Assignment
Hours Requirement	100% FTE or 40 hours per week	30 – 39 hours per week 20 – 29 hours per week, after 3 years continuous employment with the District. (Open enrollment during eligibility year, eff 1/1 following plan year.)	Two teachers may share an assignment. They may enroll in full benefit package (M,D,V,L). Medical contribution is prorated, and EE contributes to D,V,L OR they may waive medical and take D,V,L, OR they may waive all coverage.
Waiting Period	- If hired between the 1st – 15th of the month, first day of the calendar month following date of employment. (hire date 8/5, effective 9/1) - If hired between 16th and 31st of the month, first day of the calendar month following one month of employment (hire date 8/19, effective date 10/1).		
Benefits Offered	Medical, Dental, Vision, Basic Life and AD&D \$50,000	Medical	- Basic Life and AD&D \$50,000 - Share medical, dental, and vision as negotiated between shared assignment holders
Voluntary Benefits	All benefit eligible employees may enroll in any of the available voluntary plans offered through the Fringe Benefits Consortium (FBC) and American Fidelity. Part-time employees may enroll in Dental insurance directly through FBC.		
Employee Waivers	- EE may waive/decline M,D,V with proof of group medical coverage. Signed waiver is required annually. - Enrollment in Basic Group Life and AD&D is required	30 hour or 75% FTE EE's may waive/decline medical. Signed waiver is required annually.	- EE may waive/decline medical with proof of group medical coverage. Signed waiver form is required annually. - Enrollment in Basic Group Life and AD&D is required.
Employer Contribution	\$15,000 per year	70% of the EE only cost	\$15,000 per year (medical premium prorated)
When Benefits Terminate	Last day of the month after the last payroll plan contribution.		

Eligibility

If you enroll in coverage for yourself, you may also elect to provide coverage for your dependents*.

- Legally Married Spouse
- Registered Domestic Partner
- Children Up to Age 26
 - Natural
 - Step-Children
 - Children of Registered Domestic Partner
 - Legally Adopted
 - Legal Guardianship Appointment (medical only)
 - Disabled Adult Child Over Age 26
 - Qualified Medical Support Order (divorced parents)

***Dependent certification documentation required for all dependents at time of enrollment. See Benefit Guide for acceptable forms of documentation.**



SISC PLANS AND BENEFITS

Medical Plan Options – Full Time Employees

Full-Time employees have the choice of the following medical plans:

- Kaiser HMO
- Anthem HMO Full Network (most medical groups in San Diego)
- Anthem HMO Priority Select Network (expanded service locations for *Scripps Clinic, UCSD and UCSD Palomar Health)
- Anthem HMO Select Network (includes Sharp, UCSD)
- Anthem PPO (save \$ with Anthem PPO network providers)
- High Deductible (HDHP) Anthem PPO compatible with a Health Savings Account (HSA) (save \$ with Anthem PPO network providers)

***Scripps and Anthem Blue Cross have agreed to an extension of current contracts through September 30, 2026. Negotiations remain ongoing. While there is no guarantee an agreement will be reached beyond September 30, 2026, both parties remain committed to negotiate in good faith. Updates will be provided as they become available. You can also visit their microsites for additional information:**

<https://www.scripps.org/anthem>

<https://www.anthem.com/ca/scrippshealth/>

Medical Plan Options – Part-Time Employees

Part-Time employees have the choice of the following medical plans:

- Kaiser HMO
- Anthem HMO Priority Select Network (expanded service locations for *Scripps Clinic, UCSD and UCSD Palomar Health)
- Anthem HMO Select Network (includes Sharp, UCSD)

***Scripps and Anthem Blue Cross have agreed to an extension of current contracts through September 30, 2026. Negotiations remain ongoing. While there is no guarantee an agreement will be reached beyond September 30, 2026, both parties remain committed to negotiate in good faith. Updates will be provided as they become available. You can also visit their microsites for additional information:**

<https://www.scripps.org/anthem>

<https://www.anthem.com/ca/scrippshealth/>

HMO Medical Plan Highlights

Information shown reflects In-Network Benefits Only

Plan Benefits	Kaiser HMO	Anthem HMO Full Network	Anthem HMO Priority Select Network	Anthem HMO Select Network
Calendar Year Deductible	N/A	N/A	N/A	N/A
Calendar Year Out-of-Pocket Limit (Not including Rx)	\$1,500 Individual/ \$3,000 Family	\$1,000 Individual/ \$2,000 Family	\$1,000 Individual/ \$2,000 Family	\$1,000 Individual/ \$2,000 Family
PCP Office Visit/ Specialist Office Visit	\$15 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Diagnostic Lab & X-ray	100% Covered	100% or \$100 complex radiology	100% or \$100 complex radiology	100% or \$100 complex radiology
Chiropractic & Acupuncture (All HMO Plans covered through ASH Network)	Not Covered	\$10 Copay, up to 20 visits per calendar year. Referral required.	\$10 Copay, up to 20 visits per calendar year. Referral required.	\$10 Copay, up to 20 visits per calendar year. Referral required.
Urgent Care Visit	\$15 Copay (Primary Care Med Group)	\$10 Copay (Primary Care Med Group)	\$10 Copay (Primary Care Med Group)	\$10 Copay (Primary Care Med Group)
Emergency Room (Waived if admitted)	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
Inpatient Hospital	100% Covered	100% Covered	100% Covered	100% Covered
Outpatient Surgery	\$15 Copay	100% Covered	100% Covered	100% Covered
Prescription Out-of-Pocket Maximum	Included in Medical Out-of-Pocket Maximum	\$1,500 Individual/ \$2,500 family	\$1,500 Individual/ \$2,500 family	\$2,500 Individual/ \$3,500 family
*Prescriptions – Retail-Network (30-days supply)	Kaiser Pharmacy Only \$5 Generic \$20 Brand	\$5 Generic \$20 Brand	\$5 Generic \$20 Brand	\$9 Generic \$35 Brand
Prescriptions – Costco Walk-In	N/A	\$0 Generic (up to 90-day supply) \$20 Brand (30-day supply) \$50 brand (90-day supply)	\$0 Generic (up to 90-day supply) \$20 Brand (30-day supply) \$50 brand (90-day supply)	\$0 Generic (up to 90-day supply) \$35 Brand (30-day supply) \$90 brand (90-day supply)
Prescriptions – Costco Mail Order (90-days supply)	N/A	\$0 Generic \$50 Brand	\$0 Generic \$50 Brand	\$0 Generic \$90 Brand

PPO Medical Plan Highlights

Information shown reflects In-Network Benefits Only

Plan Benefits	Anthem PPO Plan	Anthem HDHP PPO Plan
Calendar Year Deductible	\$200 Individual/ \$500 Family	\$1,700 Individual – if Single Enrollee \$3,400 Individual – if enrolled as Family
Calendar Year Out-of-Pocket Limit	\$1,000 Individual/ \$3,000 Family	\$3,400 Individual/ \$6,800 Family (No individual > \$3,400)
PCP Office Visit	\$0 Copay for visits 1-3, then \$20 Copay for visits 4+	10% Coinsurance – After Deductible
Specialist Office Visit	\$20 Copay	10% Coinsurance – After Deductible
Diagnostic Lab & X-ray	10% Coinsurance – After Deductible	10% Coinsurance – After Deductible
Chiropractic & Acupuncture	10% Coinsurance – After Deductible	10% Coinsurance – After Deductible
Urgent Care Visit	\$20 Copay	10% Coinsurance – After Deductible
Emergency Room (May be waived if admitted)	\$100 Copay, then 10% Coinsurance – After Deductible	\$100 Copay, then 10% Coinsurance – After Deductible
Inpatient Hospital	10% Coinsurance – After Deductible	10% Coinsurance – After Deductible
Outpatient Surgery	10% Coinsurance – After Deductible	10% Coinsurance – After Deductible
Prescriptions – Retail-Network (30-days supply)	\$5 Generic, \$20 Brand	\$9 Generic, \$35 brand After Deductible
Prescriptions – Costco Walk-In	\$0 Generic (up to 90-day Supply) \$20 Brand (30-day Supply) \$50 Brand (90-day Supply)	\$0 Generic (up to 90-day Supply) \$35 Brand (30-day Supply) \$90 Brand (90-day Supply) After Deductible
Prescriptions – Costco Mail Order (90-days supply)	\$0 Generic, \$50 Brand	\$0 Generic, \$90 Brand After Deductible

This is a brief description of each plan. Any variances from the master policy, the master policy will prevail.

Anthem PPO Plan Reminders

- Anthem's PPO plans allows you to receive care from both in-network and out-of-network providers
 - You receive the highest level of benefit when you use an in-network provider
 - Deductibles apply (the amount you pay before the insurance policy pays). Not applicable to preventive services
 - Coinsurance applies (the amount you pay to share the cost of covered services after your deductible has been paid. For example, the District's PPO plan pays 90% of the claims, you pay 10%)
 - Out-of-Pocket maximums apply (the most you will pay during a calendar year for coverage). Includes:
 - ✓ Deductibles
 - ✓ Copayments
 - ✓ Coinsurance
 - ✓ Excludes out-of-network costs beyond the permitted amount and the overall charges and payroll deductions, except emergencies.
- Anthem High Deductible (HDHP) PPO
 - Most services (aside from preventive and virtual care) apply to the deductible before the policy pays coinsurance/copays. This includes Rx.

Anthem Provider Finder Instructions

Anthem HMO Plans

Go to <https://www.anthem.com/ca/sisc/find-care/>

- Under Find a Doctor click on the corresponding provider network
 - HMO California Care (Full Network)
 - HMO Select Network
 - HMO Priority Select Network
- Click on Search for an HMO/Select/Priority Select Provider
- Choose type of provider looking for (Doctor/Medical Professional is default). Enter your zip code and distance from your zip code. Optional to choose by specialty or provider's name. Click on Search.
- Once find your doctor enter 6-digit PCP ID/Enrollment ID on the enrollment form. If the provider is your current physician be certain to indicate Yes on the enrollment form.

Important Reminder:
In-network providers are subject to change due to contract negotiations. Changes may occur mid-plan year. You may refer to these instructions to see the most current list of Anthem providers.

Anthem PPO's – California

Go to <https://www.anthem.com/ca/sisc/find-care/>

- Under Find a Doctor click on PPO Prudent Buyer
- Click on Search for a PPO Network Provider
- Choose type of provider looking for (Doctor/Medical Professional is default). Enter your zip code and distance from your zip code. Optional to choose by specialty or provider's name. Click on Search.

You do not need to choose a PCP if you select a PPO plan.

Note: If you are searching for a provider outside California, click on PPO and Select PPO (Outside of California) instead of choosing PPO (Full Network).

SISC Value Added Services

- **Centivo Health (Anthem PPO)** - Virtual, ongoing, primary care and mental health care, 24hrs/day, 7 days/week. Available to Anthem PPO Members only MDLive (Anthem PPO & HMO) – Virtual office visits, 24hrs/day, 7 days/week, for both medical and behavioral health visits.
- Teladoc (All Plans) – Expert Medical 2nd Opinion - Free Service
- SISC Employee Assistance Program (EAP) (All employees) – Free Service includes counseling, consultation with an attorney, financial planning, ID theft recovery & monitoring, skill builders and more. Six no cost face to face visits!
- VIDA Health – Digital Health Coaching (Anthem PPO & HMO) – One-on-one coaching, therapy, digital programs and other tools and resources via online or mobile access.
- Discounted Gym Memberships
 - Anthem PPO & HMO – Discounted Gym Network - \$25 Registration Fee and \$25 per month
 - Kaiser HMO – One Pass provides members with in-person and digital fitness memberships, pricing starting at \$10 per month

EMPLOYEE COST SUMMARY

Cost Summary- HMO Plans

Payroll deduction amounts listed are taken 11thly and include district contributions.

*Includes Medical, Dental, Vision and Life Insurance for Full-Time Employees.

Coverage	Employee Only	Employee Plus 1 Dependent	Employee Plus 2 or More Dependents
Full-Time Employees – District Contribution \$15,000 Annually			
Kaiser HMO	\$0.00	\$779.88	\$1,377.69
Anthem HMO Full Network	\$0.00	\$1,133.33	\$1,850.06
Anthem HMO Priority Select Network	\$0.00	\$900.97	\$1,544.60
Anthem HMO Select Network	\$0.00	\$846.42	\$1,474.78
*Part -Time Employees – District Contribution for Employee Medical Only			
Kaiser HMO	\$302.40	\$1,300.58	\$1,898.40
Anthem HMO Priority Select Network	\$316.47	\$1,388.84	\$2,032.47
Anthem HMO Select Network	\$306.98	\$1,356.44	\$1,984.80

Cost Summary – PPO Plans

Payroll deduction amounts listed are taken 11thly and include district contributions.

*Includes Medical, Dental, Vision and Life Insurance for Full-Time Employees.

Coverage	Employee Only	Employee Plus 1 Dependent	Employee Plus 2 or More Dependents
Full-Time Employees – District Contribution \$15,000 Annually			
Anthem PPO	\$11.88*	\$1,243.51	\$1,997.33
Anthem HDHP PPO	\$0.00	\$603.15	\$1,159.51
*Part Time Employees not eligible for PPO Plans.			

*The monthly employee only cost for Anthem PPO does exceed the district contribution. Enrollees may consider moving to the HDHP plan and open an HSA account.

HSA Plans offer triple tax savings:

- tax-deductible contributions
- earn interest tax-free
- tax-free withdrawals for qualified medical expenses.

Reminder - 2026 HSA Contributions
Self-Only \$4,400
Family \$8,750
Age 55 or older catch-up provision:
\$1,000

AMERICAN FIDELITY

American Fidelity

American Fidelity Representatives will be Visiting Sites Between October 4th through October 24th

Be sure to make an appointment to discuss any of the following:

- Benefit review and enrollment process
- Flexible Spending Accounts (FSA) - **You must re-enroll each year!**
 - ✓ Health/Medical FSA – Up to \$3,300 Annual Contribution
 - ✓ Dependent Care – Up to \$7,500 Annual Contribution **Newly Increased Limit!**
- HDHP Plan and Health Savings Account Information
- Supplemental options like disability income protection, life insurance, specified disease coverage and more

Options for Enrollment

- **Online Enrollment:**
 - Through AFenroll®, you can enroll in a secure online enrollment system that is accessible from any desktop browser. The site contains educational resources about your supplemental benefit options.
- **Meet with an American Fidelity Representative:**
 - They can assist you through the benefit review and enrollment process. A roving sub will be provided to assist with classroom coverage – please coordinate with your site's Administrative Assistant for the day and time.
 - Schedule your appointment at:
<https://americanfidelity.com/pages/del-mar-union-school-district>
or call the branch office at 800-365-9180

FBC PLANS AND BENEFITS

QUESTIONS?

Thank you for your time!



Please note that all benefits described in this presentation are subject to carrier and plan provisions. Evidence of coverage and contract documents supersede any and all information provided.