

San Dieguito
UNION HIGH SCHOOL DISTRICT

Employee Benefit Guide

Board of Trustees

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."

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.

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[4] 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 (through Accredo)	30-day supply $5 copay $25 copay 50%* $10/$50/50%**	30-day supply [1&2] $10 copay $30 copay 50%* $20/$60/50%**	30-day supply $5 copay $25 copay 50%* $10/$50/50%**
Mail Order Pharmacy [3] - Generic - Preferred Brand - Non-Preferred Brand - Specialty (through Accredo)	90-day supply $10 copay $50 copay 50%** $10/$50/50%**	90-day supply [3] $20 copay $60 copay 50%** $20/$60/50%**	90-day supply $10 copay $50 copay 50%** $10/$50/50%**

**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[4] (Visits Per Year)	$10 copay[5] 20-days max	$10 copay Unlimited[4]
Rx Benefits		
Calendar Year Out-of-Pocket Maximum—RX - Individual - Family	 Included In Medical Included In Medical	 Included In Medical Included In 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

** 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
[5:] Cigna acu/chiro benefits are carved-in through Cigna and not through Optum like the rest of the plans

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[4]	30%, after deductible Unlimited[4]
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 [1&2] $10 copay $30 copay 50%* $20/$60/50%**	No coverage
Mail Order Pharmacy - Generic - Preferred Brand - Non-Preferred Brand - Specialty	90-day supply [3] $20 copay $60 copay 50%** $20/$60/50%**	No coverage

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***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
[5:] Cigna acu/chiro benefits are carved-in through Cigna and not through Optum like the rest of the plans

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.

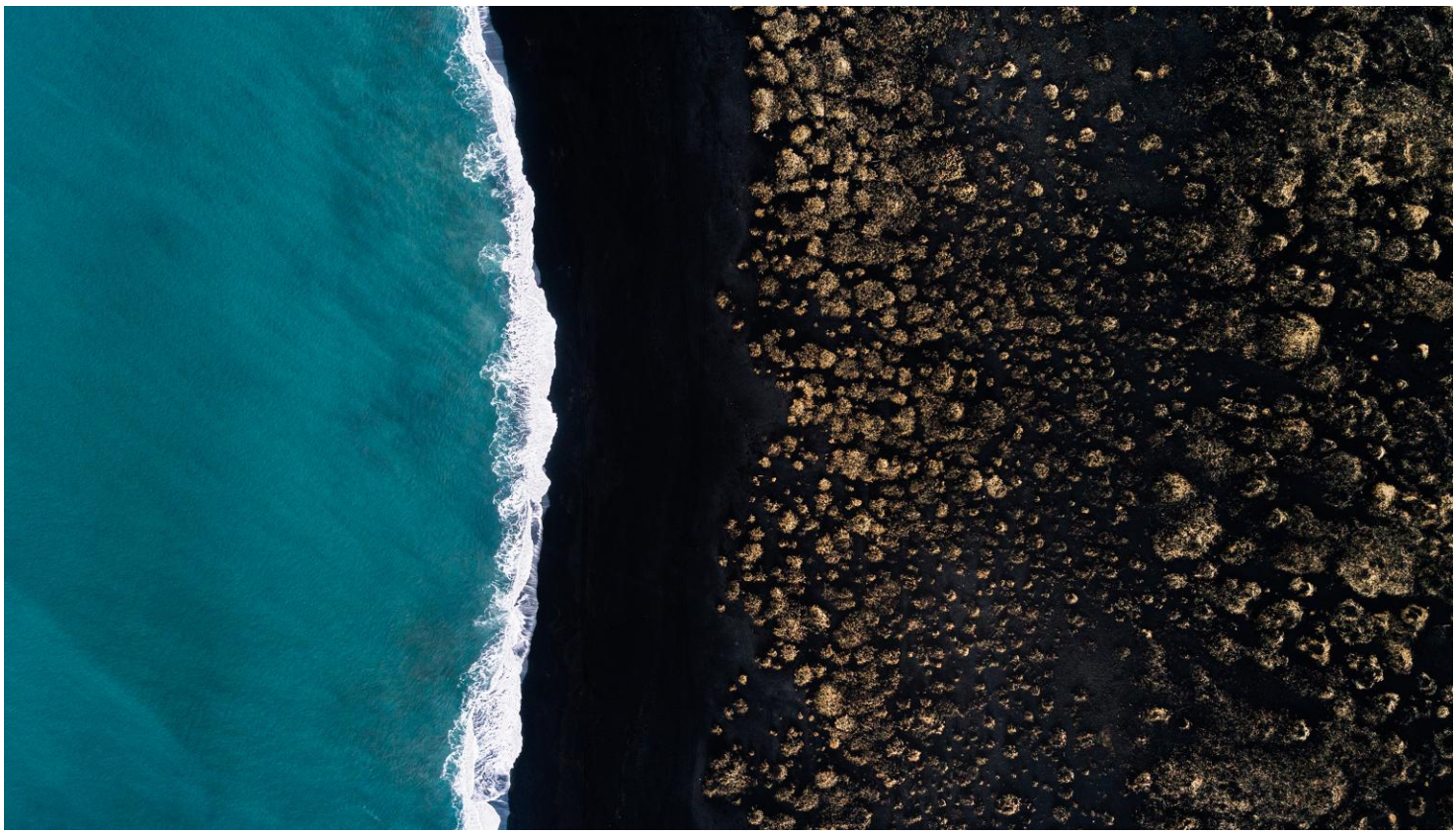
What's covered?

- 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

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 $1,926.43 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.

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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

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.



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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