



Employee Benefits Guide

Classified
2026



Welcome to Your San Dieguito Union High School District 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."

Who Can Enroll

- 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.

Your eligible dependents include:

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

Health Benefits

- Medical Insurance
- Wellness Plans
- Dental Insurance

Income Protection Benefits

- Life Insurance
- AD&D Insurance
- Disability Insurance

Tax Savings Benefits

- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account

Wellness Benefits

- Healthy Lifestyles
- Health and Wellness

Life Balance Benefits

- Employee Assistance Plan
- Lifestyle Benefits
- Travel Assistance

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

Enrollment Information

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 of a child
- 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 state's premium assistance program under 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.



Enrollment Information

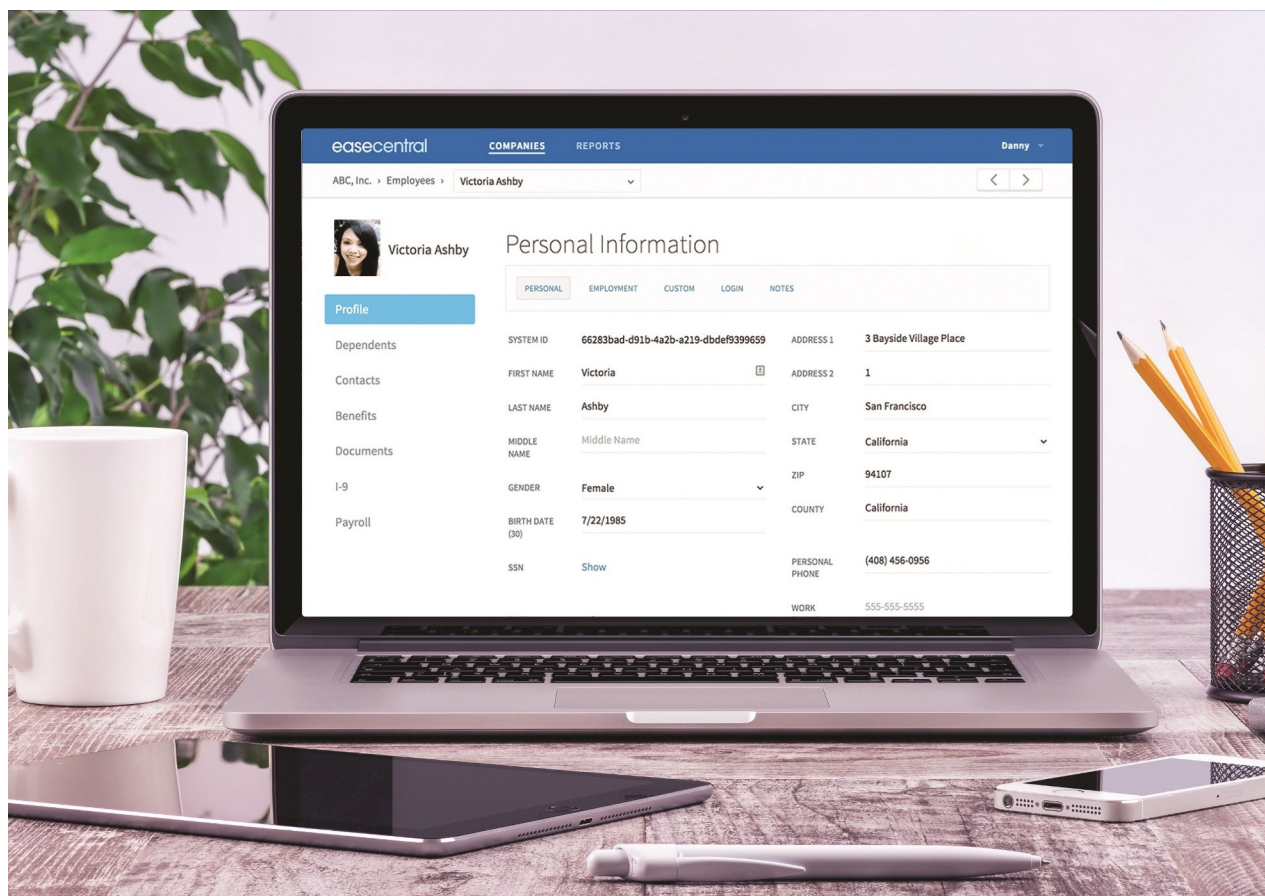
With the Ease Online Enrollment System, you and your family can access your benefits information whenever you want, from home or any place where you have internet access. Use Ease to view plan details, coverage amounts and costs.

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**.



Enrollment Information

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.

See Employee Contributions on page 31 for your costs and the 2026 District health care credit. For additional details, please contact Human Resources.



Health Benefits

Medical Plan Descriptions

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 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**.

Health Benefits

Medical Plan Descriptions

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 Alliance**
 - **UHC Harmony**

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, 2 or Alliance 20/30"
- 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**.

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 user name 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.

Health Benefits

Telemedicine | Prescription Drug Coverage

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

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.

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

Health Benefits

Medical Plan Highlights

	UHC Performance Network #1	UHC Alliance	UHC Harmony HMO
Provisions	In-Network Only	In-Network Only	In-Network Only
Calendar Year Deductible			
– Individual	None	None	None
– Family	None	None	None
Calendar Year Out-of-Pocket Maximum—Medical			
– Individual	\$1,500	\$3,000	\$1,500
– Family	\$3,000	\$6,000	\$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 / Acupuncture⁴ (Visits Per Year)	\$10 copay Unlimited	\$20 copay ⁴ Unlimited	\$10 copay Unlimited
Rx Benefits			
Calendar Year Out-of-Pocket Maximum—RX			
– Individual	Combined with medical	Combined with medical	Combined with medical
– Family			
Retail Pharmacy^{1&2}			
– Generic	30-day supply \$5 copay	30-day supply ^{1&2} \$10 copay	30-day supply \$5 copay
– Preferred Brand	\$25 copay	\$30 copay	\$25 copay
– Non-Preferred Brand	50%*	50%*	50%*
– Specialty (through Accredo)	\$10/\$50/50%**	\$20/\$60/50%**	\$10/\$50/50%**
Mail Order Pharmacy³			
– Generic	90-day supply \$10 copay	90-day supply ³ \$20 copay	90-day supply \$10 copay
– Preferred Brand	\$50 copay	\$60 copay	\$50 copay
– Non-Preferred Brand	50%**	50%**	50%**
– Specialty (through Accredo)	\$10/\$50/50%**	\$20/\$60/50%**	\$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

Health Benefits

Medical Plan Highlights

	Cigna Select HMO	Kaiser Permanente HMO
Provisions	In-Network Only	Kaiser Providers/Facilities Only
Calendar Year Deductible		
– Individual	None	None
– Family	None	None
Calendar Year Out-of-Pocket Maximum—Medical		
– Individual	\$1,000	\$1,500
– Family	\$3,000	\$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 ⁵ 20-days max	\$10 copay Unlimited ⁴
Rx Benefits		
Calendar Year Out-of-Pocket Maximum—RX		
– Individual	Included In Medical	Included In Medical
– Family	Included In Medical	Included In Medical
Retail Pharmacy	30-day supply	30-day supply
– Generic	\$10 copay	\$10 copay
– Preferred Brand	\$20 copay	\$20 copay
– Non-Preferred Brand	\$35 copay	N/A
– Specialty	\$35 copay	\$20 copay
Mail Order Pharmacy	90-day supply	100-day supply
– Generic	\$20 copay	\$20 copay
– Preferred Brand	\$40 copay	\$40 copay
– Non-Preferred Brand	\$70 copay	N/A
– Specialty	\$70 copay	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

Health Benefits

Medical Plan Highlights

United Healthcare Select Plus PPO		
Provisions	In-Network	Out-of-Network
Calendar Year Deductible		
– Individual	\$500	\$1,000
– Family	\$1,000	\$2,000
Calendar Year Out-of-Pocket Maximum—Medical		
– Individual	\$2,000	\$4,000
– Family	\$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 (Visits Per Year)	\$20 copay Unlimited ⁴	30%, after deductible Unlimited ⁴
Rx Benefits		
Calendar Year Out-of-Pocket Maximum—RX		
– Individual	Combined with medical	Combined with medical
– Family		
Retail Pharmacy	30-day supply ^{1&2}	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.
– Generic	\$10 copay	
– Preferred Brand	\$30 copay	
– Non-Preferred Brand	50%*	
– Specialty	\$20/\$60/50%**	
Mail Order Pharmacy	90-day supply ³	No coverage
– Generic	\$20 copay	
– Preferred Brand	\$60 copay	
– Non-Preferred Brand	50%**	
– Specialty	\$20/\$60/50%**	

* 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

^{5:} Cigna acu/chiro benefits are carved-in through Cigna and not through Optum like the rest of the plans

Health Benefits

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 or acupuncturist 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 CSVEBA 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**.

NEW! 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/medicalexerts 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.

Health Benefits

Other Medical Benefits

NEW! KindMan: Make 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 make 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.

NEW! 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 | • Signs of preterm labor |
| • Addressing common pregnancy symptoms | • Birth plan development |
| • Education on pregnancy complications | • Fetal kick counts |
| • What to expect at routine visits | • Preparing for delivery |
| • Blood pressure education | • Bringing baby home |
| • Nutrition support | • Infant feeding/lactation support |
| • Physical activity guidance | • 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.

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 22) or to pay for eligible, unreimbursed medical, dental and vision care expenses, you reduce your taxable income and can save money on taxes.



Health Benefits

Supplemental Health Plans

You may purchase supplemental insurance from Trustmark that will help to cover additional out-of-pocket health expenses. These policies offer direct-to-the-policyholder cash payouts to help cover what other insurance doesn't. Your premiums are paid through payroll deductions on an after-tax basis. These Trustmark policies are offered and maintained by Trustmark and are portable, which means you can take it with you if you leave SDUHSD.

	Trustmark Accident	Trustmark Critical Illness
How it Works	Pays you benefits to help cover out-of-pocket medical and other costs in case of an accidental injury	Helps you protect yourself and your family from the unexpected cost of fighting a life-threatening illness
Covered Conditions	Ambulance, ER visits, Fractures, Dislocations, Burns, Lacerations, Major Diagnostic Exams, Physical Therapy, 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.
Health Screening Benefit	\$50	\$50
Guarantee Issue	No health questions required	A few health questions required
Pre-Existing Condition Limitation	None	12 months
Optional Dependent Coverage	Spouse / Domestic Partner, Child (ren)	Spouse / Domestic Partner, Child(ren)
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)
Employee Contribution	100% Employee Paid	100% Employee Paid
Rates Per Pay Period (10)		
Employee Only	\$16.22	Volume and age rated, please refer to VBA for more information.
Employee + Spouse	\$23.82	
Employee + Child(ren)	\$31.25	
Employee + Family	\$38.79	

To learn more about the Voluntary Accident and Critical Health Events Insurance plans and rates, call Voluntary Benefit Advisors (VBA) at **888-973-6202**.

DeltaCare HMO

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 can't 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.

To find network providers, go to www.deltadentalins.com or call 866-499-3001

	Delta Dental Delta Care HMO	Delta Dental PPO	
Provisions	In-Network Only	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	You Pay	You Pay	
Exams, Cleanings, X-rays	No Charge for Most Services	No charge	0% UCR + difference
Basic Services	You Pay	You Pay	
Fillings, Oral Surgery, Endodontics, Periodontics	See Copay Schedule	No charge	0% UCR + difference
Major Services	You Pay	You Pay	
Crowns, Prosthetics	See Copay Schedule	60% (50% prosthodontics)	50% UCR + difference
Orthodontia	You Pay	You Pay	
Children	\$1,600	Not covered	
Adults	\$1,800		
Lifetime Maximum Benefit	N/A	N/A	

Health Benefits

Vision Plan

EyeMed Vision Plan

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

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

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 child care 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

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

Tax Savings Benefits

Flexible Spending Accounts

	Health Care Flexible Spending Account (FSA)
Carrier	American Fidelity Assurance Company
Plan Benefits	Pre-tax contributions can be used to pay for qualified out-of-pocket medical, dental, vision and prescription drug expenses, including deductibles, copays and coinsurance for you and your dependents
Plan Year	January 1 – December 31
Eligible Expenses	For a complete list of eligible expenses for the Flexible Spending Accounts, visit https://fsastore.com/fsa-eligibility-list
Maximum Plan Year Contribution	\$3,300 (divided equally between paychecks, September –June)
Benefits Debit Card/Reimbursement	You can pay for eligible health care expenses by submitting receipts for reimbursement. You can also choose to be reimbursed via direct deposit or by check



Video – Flexible Spending Accounts

Check out this quick video to better understand how the Flexible Spending Accounts work by visiting <https://info.baldwin.com/fsa/>.

	Dependent Care Flexible Spending Account (FSA)
Carrier	American Fidelity Assurance Company
Plan Benefits	Pre-tax contributions may be used to pay for qualified dependent care expenses, including child care, elder care and other eligible dependent care while you and your spouse can work or attend school full time
Plan Year	January 1 – December 31
Maximum Plan Contribution	\$7,500 (\$2,500 if married filing separately)

Tax Savings Benefits

Flexible Spending Accounts

Example: How You Can Save Money With FSAs

	With FSA	Without FSA
Your Taxable Income	\$50,000	\$50,000
Pre-Tax Contribution to FSAs	\$2,000	\$0
Federal and Social Security Taxes	\$11,701	\$12,355
After-Tax Dollars Spent on Eligible Expenses	\$0	\$2,000
Spendable Income After Expenses and Taxes	\$36,299	\$35,645
Tax Savings	\$654	\$0

Flexible Spending Account Rules

- You must designate how much money you wish to contribute annually to each account at the beginning of the Plan Year. Money set aside for one account cannot be moved to another account.
- You may change your annual contributions only if you experience a qualifying “change in family status,” such as marriage, divorce, addition or loss of a dependent or a change in your spouse’s employment.
- It is important to carefully review your estimated expenses before enrolling. Unspent funds remaining in the Health Care FSA at the end of the Plan Year will be forfeited – referred to as the “Use It or Lose It Rule.” In addition, any unspent funds in the Dependent Care FSA will be forfeited.



Income Protection Benefits

Life and Accident Insurance

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



Beneficiaries

Beneficiaries are individuals or entities that you select to receive benefits from your policy. If you do not have a beneficiary, no one receives a benefit. Here's what you need to know about beneficiaries:

- You can change your beneficiary designation at any time
- You may designate a sole beneficiary or multiple beneficiaries to receive payment in the percentage allocated
- To select or change your beneficiary, contact Human Resources

Income Protection Benefits

Life and Accident 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

Income Protection Benefits

Life and Accident Insurance

	Voluntary 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 love one—whatever the situation—get the professional help you need.
 - How to access: LifeBenefits.com/Lfg (user name: **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.

Income Protection Benefits

Life and Accident Insurance

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 Insurance	
Carrier	Trustmark
Benefit	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.
Benefit 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



Income Protection Benefits

Disability Insurance

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
Carrier	Standard Insurance Company
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



Income Protection Benefits

Voluntary Income Protection Plans

Voluntary Short Term Disability Insurance

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**.

Voluntary Short Term Disability Insurance	
Carrier	Trustmark
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
When Benefits Begin	The eighth day of disability due to accident or sickness
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 Plans

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](https://www.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

Tenthly Contributions

SDUHSD shares the cost for your health benefits. To calculate your tenthly benefit cost, take your District Flex Spending Account and reduce it by the sum of the premiums from your selections below. Full-time employees receive a \$1,771.43 Flex Spending Account (monthly rate September - June payroll deductions).

Medical Plan Tenthly Contributions

	Tenthly Premium Payroll Deduction
Kaiser Permanente HMO Plan	
Employee Only	\$1,140.00
Employee + One Dependent	\$2,249.00
Employee + Family	\$3,170.00
UHC Performance Network #1	
Employee Only	\$1,219.00
Employee + One Dependent	\$2,408.00
Employee + Family	\$3,379.00
UHC Alliance 20/30	
Employee Only	\$1,258.00
Employee + One Dependent	\$2,320.00
Employee + Family	\$3,248.00
Harmony HMO	
Employee Only	\$1,102.00
Employee + One Dependent	\$2,159.00
Employee + Family	\$3,028.00
CIGNA Select HMO	
Employee Only	\$1,224.00
Employee + One Dependent	\$2,544.00
Employee + Family	\$3,624.00
United Healthcare Select PPO Plan	
Employee Only	\$2,141.00
Employee + One Dependent	\$4,202.00
Employee + Family	\$5,981.00

Employee Contributions

Tenthly Contributions

SDUHSD shares the cost for your health benefits. To calculate your tenthly benefit cost, take your District Flex Spending Account and reduce it by the sum of the premiums from your selections below. Full-time employees receive a \$1,771.43 Flex Spending Account (monthly rate September - June payroll deductions).

Dental and Vision Plan Tenthly Contributions

	Tenthly Premium Payroll Deduction
DeltaCare Dental HMO Plan	
Employee Only	District Paid
Employee + One Dependent	District Paid
Employee + Family	District Paid
Delta Dental PPO Plan	
Employee Only	District Paid
Employee + One Dependent	\$60.80
Employee + Family	\$93.10
EyeMed Vision Plan	
Employee Only	\$14.21
Employee + One Dependent	\$25.58
Employee + Family	\$36.66



Resources and Contacts

Plan	Phone	Website/Email
Medical Benefits		
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 Benefits		
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 Benefits		
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

Annual Notices

Various state and federal laws require that employers provide disclosure and annual notices to their plan participants. SDUHSD posts all federally required annual notices on the district website for you to download and read at your convenience. SDUHSD distributes all federally required annual notices upon hire and during each annual open enrollment period. Annual notices include the following:

- Medicare Part D Notice of Creditable Coverage
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program

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 Affordable Care Act and You

Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2024 tax year. In addition, several other states, including Massachusetts, New Jersey, Rhode Island and Vermont, as well as the District of Columbia, have reinstated an individual mandate requirement, and others are considering doing so.

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 a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

However, if you choose to purchase coverage through the marketplace, because SDUHSD's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. 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

Go to www.healthcare.gov

Medicare Part D Notice of Creditable Coverage

Important Notice from San Dieguito Union High School District About Your Prescription Drug Coverage and Medicare

Please read this Notice carefully and keep it where you can find it. This Notice has information about your current prescription drug coverage with San Dieguito Union High School District under the United Healthcare, Cigna and Kaiser plans and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this Notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. San Dieguito Union High School District has determined that the prescription drug coverage offered under the above plan option(s), on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage with San Dieguito Union High School District will not be affected. If you decide to join a Medicare drug plan and drop your current medical plan coverage, be aware that you and your dependents will be able to get this coverage back (for example, at the next annual open enrollment period or upon incurrence of a special enrollment event).

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with San Dieguito Union High School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About Your Medicare Prescription Drug Coverage Options

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage

- Visit www.medicare.gov;
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help; or
- Call **(800) MEDICARE** or **(800) 633-4227**. TTY users should call **(877) 486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For more information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or you may call them at (800) 772-1213—TTY (800) 325-0778.

REMEMBER: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact Human Resources for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through San Dieguito Union High School District changes. You also may request a copy of this notice at any time.

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Formerly Burnham Benefits

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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. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, 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 the Human Resources Department.

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