



Certificated, Management and Confidential Medical Enrollment for Your New Benefits

Effective October 1, 2018

Welcome to Your Annual Medical Open Enrollment

Open Enrollment begins May 30th and ends August 20th for benefits effective October 1, 2018 through September 30, 2019.

This year we are excited to announce our move from California's Valued Trust (CVT) to the Self-Insured Schools of California (SISC) beginning October 1, 2018.

SAVE THE DATE

Date	Time	Location	Address
Wednesday, July 18th	9:00-11:00 am 2:00-4:00 pm	District Service Center—Training Room A & B	Information Session 150 District Center Drive Palm Springs, CA 92264
Wednesday, August 15th	3:00-6:00 pm	Rancho Mirage High School—Gym	Extravaganza 31001 Rattler Rd Rancho Mirage, CA 92270



This change will offer PSUSD employee's a low cost comprehensive insurance portfolio along with built-in wellness and disease management programs. Employee's will continue to have the same medical plan options with Blue Shield PPO, HSA, HMO and Kaiser. **To help with the transition over to SISC, all Certificated, Management and Confidential employees are required to register online through our new Benefit portal, Ease Central, and submit a new enrollment form before the August 20th deadline (see page 2 for instructions).** Employees will need to upload supporting documents for spouse and/or dependents (see page 8 for a list of supporting documents). **All supporting documents must have the employee's social security number written on the top right-hand corner.**

The District will be conducting two "additional" information sessions on **July 18, 2018 from 9:00-11:00 am and 2:00-4:00 pm** for employees who were unable to attend the May 30th session and would like to get more information regarding this benefit transition and new benefit options. You will have the opportunity to enroll in your new SISC plan from May 30, 2018 through August 20, 2018. Please keep an eye out for more information that will be sent to your email through "BenefitNews" in the coming weeks.



ACTION REQUIRED! New Enrollment Site: psusd1.easecentral.com

This year you are required to login to the new EaseCentral URL. You **must** log into the site to make your elections effective October 1, 2018. You will receive an email regarding your username and password. Once you receive the email, you will be able to login to EaseCentral at psusd1.easecentral.com and follow the instructions on page 2.

What You Need to Do - Action Required

There are a number of steps you must take for this year's Annual Open Enrollment. Please take time to review your current enrollment, assess your needs and make your benefit elections carefully. Elections made during Open Enrollment are effective October 1, 2018. **No changes are allowed after August 20, 2018 or during the plan year, unless you experience a qualified change in family status as defined by the IRS. See the Employee Benefits Guide for details.**

- Meetings:** Please attend and learn more at **our Open Enrollment meetings/webinars:** Wednesday, July 18th @ 9:00-11:00 am & 2:00-4:00pm and Wednesday, August 15, 2018 @ 3:00-6:00 pm
- Review the Employee Benefits Guide which highlights all our benefit options.
- Enroll online:** Since all plans are new, all enrolling employees are required to login to EaseCentral and review the plans available to you and make your elections effective October 1, 2018.
- The enrollment instructions to EaseCentral is below. You must enroll in benefits no later than **Monday, August 20th.**
- PCP: If you are enrolling in a HMO plan, you will not need to select your Primary Care Physician (PCP) as your current PCP will be rolled over to your SISC Blue Shield plan. If you want to select a "new" PCP, you can change this after October 1st or anytime throughout the year by calling member services.
- Deadline: August 20, 2018 for benefits effective October 1, 2018.**

How to Enroll in EaseCentral



Best used with Chrome or Firefox.

You will be able to enroll in benefits starting Wednesday, May 30th. Steps to Enroll.

- URL: psusd1.easecentral.com.
- Username & Password: you will receive an email with your username and password.
- Click the "Get Started" button to start your enrollment.
- Follow enrollment wizard through each benefit coverage. Click NEXT to proceed to the next section.
- Verify your personal information and list missing dependent information.
- IMPORTANT: Employees enrolling their dependents in medical coverage will need to provide supporting documentation in order for them to be enrolled in the SISC Blue Shield and Kaiser medical plans. [Reminder: be sure to add your SSN to each document before uploading in EaseCentral.](#)**
- To upload supporting documents, select:
 - ⇒ **VIEW PROFILE**, then select
 - ⇒ **Documents**, and click I-9 tab
 - ⇒ **Add Document**, then **Select FILE** to upload supporting documentation. Please refer to page 2 for acceptable documentation.
 - ⇒ **TYPE** -> select **U.S. Passport**, this will allow you to add all supporting documents at once. If you need to add additional documents, please select U.S. PASSPORT **again**.
 - ⇒ **ISSUING AUTHORITY** -> enter **PSUSD**
 - ⇒ **DOCUMENT NUMBER** -> enter **123**
- At the end, you will be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms. Mobile app or online ready.
- Review, electronically sign forms, click "Continue" and your enrollment is complete!



IMPORTANT PLAN UPDATES

Below is a summary list of plan design changes effective October 1, 2018. Please review these before making your benefit elections for the 2018/2019 plan year. Full plan details are available on EaseCentral.

Current Benefits End September 30, 2018

NEW BENEFITS October 1, 2018

MEDICAL—California Valued Trust (CVT)
8 Plans: Kaiser & Blue Shield

MEDICAL— Self-Insured Schools of California (SISC)
5 Plans: Kaiser & Blue Shield

Finding a Doctor

- **Kaiser** www.kp.org
- **Blue Shield**
www.blueshieldca.com

SISC ID card:

If you do not receive a new SISC ID card by October 1, 2018 you may call the following numbers to verify coverage and/or request a medical card.

***Blue Shield PPO Member Services & ID Card Requests:**

1-855-256-9404

***Navitus Prescription Drug Coverage: 1-866-333-2757**

Discontinued Medical Plans

Effective September 30, 2018 the CVT plans will no longer be available to employees. All employees must login to EaseCentral if you want medical coverage effective October 1, 2018.

- Blue Shield HMO 1
- Blue Shield HMO 2

- Kaiser HMO 2
- Kaiser HMO 3

- Blue Shield PPO 3C
- Blue Shield PPO 5C

- Blue Shield PPO 8C

- Blue Shield HDHP 1

New Medical Plans

Effective October 1, 2018 you have the option of enrolling in a Kaiser or Blue Shield medical plan. 5 medical plan options are available to you and your dependents.

- Blue Shield HMO \$10/0

- Kaiser HMO \$15/0

- Blue Shield PPO 100-B

- Blue Shield PPO 80-G

- Blue Shield HSA-A

Please review the “NEW” benefit plan summaries and employee contributions on the following pages before making your benefit elections for the 2018/2019 plan year.

For Questions, Contact:

Risk Management Office
Marlyne Velazquez,
Benefits Specialist (A-L):

760.883.2715
mvelazquez@psusd.us

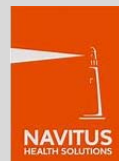
Jennifer O. Rangel,
Benefits Specialist (M-Z):
760.883-2715

jrangel@psusd.us

Visit our Website at :
<https://www.psusd.us/benefits>

HealthEquity
Building Health Savings

Blue Shield HSA Plan: **Health Equity** will continue to provide HSA subscribers an easy and fully integrated solution for your Health Savings Account needs. Please keep an eye out for more information.



The **pharmacy benefit** will be managed by **Navitus** prescription drugs. If you have any concerns regarding your specific medications, you may call Navitus at **1-866-333-2757** let them know you are a new member not yet in the system and want to find out if your medication is covered, they will ask for this code **RXPID7x25**.

Highly recommend that members fill their maintenance prescriptions prior to October 1, 2018 to ensure they have prescription's they need during the transition.

Walgreens is EXCLUDED from the SISC Pharmacy Network



OCTOBER 1, 2018-2019 Certificated Rates

The District contributes **\$14,520** towards the cost of the benefit package (based on Medical and Dental plan selected). If the rate for the benefit package is over this amount, the balance is paid by the employee in 11 month payroll deductions using pre-tax dollars:

EMPLOYEE DEDUCTIONS		
Dental Plan Selected	Kaiser HMO	Blue Shield HMO 10
11 MONTH + DELTA INCENTIVE PPO	\$47.28	\$173.83
11 MONTH + DELTA PPO	\$40.64	\$167.18
11 MONTH + DELTACARE DHMO	\$23.23	\$149.77

MEDICAL PLAN FEATURES		
Medical Plan Features	Kaiser HMO	Blue Shield HMO 10
Calendar Year Maximum	Unlimited	Unlimited
Deductible (Annual)	None	None
Co-Insurance (Plan Pays)	100%	100%
Office Visit Copay - Primary Physician/Specialist	\$15 copay / \$15 copay	\$10 copay / \$10 copay
Out-of-Pocket Maximum - Individual / Family	\$1,500 / \$3,000	\$1,000 / \$2,000
Inpatient Hospitalization	No cost	No cost
Outpatient Diagnostic Tests	No cost	No cost
Emergency Services (Copay waived if admitted)	\$100 Copay	\$100 Copay
Urgent Care Copay	\$15 copay	\$10 copay
Preventive Care	No cost	No cost
Mental Health/Substance Abuse - Outpatient Copay/Inpatient	\$15 copay / No cost	\$10 copay / No cost
Chiropractic Copay/Visits per Year	\$10 copay / 30 visits combined	\$10 copay / 30 visits combined

PRESCRIPTION PLAN FEATURES		
Prescription Drugs Plan	Kaiser HMO	Blue Shield HMO 10
Out-of-Pocket Max - Individual / Family	Included in Medical	\$1,500 / \$2,500
Retail Pharmacy—30 Day Supply - Generic/Brand	\$5/\$10	Network \$5/\$20 Costco \$0/\$20
Mail Order Pharmacy - Generic/Brand - Supply Limit	\$15/\$30 61-100 Days	\$0/\$50 90 Days

October 1, 2018-2019 Certificated Rates



The District contributes **\$14,520** towards the cost of the benefit package (based on Medical and Dental plan selected). If the rate for the benefit package is over this amount, the balance is paid by the employee in 11 month payroll deductions using pre-tax dollars:

EMPLOYEE DEDUCTIONS			
Dental Plan Selected	Blue Shield PPO 100-B	Blue Shield PPO 80-G	Blue Shield HSA-A
11 MONTH + DELTA INCENTIVE PPO	\$382.19	\$101.83	\$107.28
11 MONTH + DELTA PPO	\$375.55	\$95.18	\$100.64
11 MONTH + DELTACARE DHMO	\$358.13	\$77.77	\$83.23

MEDICAL PLAN FEATURES			
Medical Plan Features	Blue Shield PPO 100-B	Blue Shield PPO 80-G	Blue Shield HSA-A
Calendar Year Maximum	Unlimited	Unlimited	Unlimited
Deductible (Annual) - Individual / Family - Individual HSA coverage - Family HSA coverage	\$100 / \$300 n/a n/a	\$500 / \$1,000 n/a n/a	\$1,500 / \$3,000 per family \$1,500 per Individual \$2,700 per family member
Co-Insurance (After Deductible)	0%	80%	90%
Office Visit Copay Primary Physician / Specialist	\$20 copay / \$20 copay	\$30 copay / \$30 copay	Ded, 10%
Out-of-Pocket Maximum - Individual - Family	\$1,000 \$3,000	\$2,000 \$4,000	\$3,000 \$6,000
Inpatient Hospitalization	Ded, 0%	Ded, 20%	Ded, 10%
Outpatient Diagnostic Test	Ded, 0%	Ded, 20%	Ded, 10%
Emergency Services (Copay waived if admitted)	\$100 copay / Ded, 0%	\$100 copay / Ded, 20%	\$100 copay / Ded, 10%
Urgent Care Copay	\$20 copay	\$30 copay	Ded, 10%
Preventive Care	No cost	No cost	No cost
Mental Health/Substance Abuse - Outpatient Copay / Inpatient	\$20 copay / Ded, 0%	\$30 copay / Ded, 20%	Ded, 10%
Chiropractic	Ded, 100% Limits apply	Ded, 20% Limits apply	Ded, 10% Limits apply

ALL BLUE SHIELD PPO DRUG PRESCRIPTIONS ARE ADMINISTERED BY NAVITUS

Prescription Plan Features	Blue Shield PPO 100-B	Blue Shield PPO 80-G	Blue Shield HSA-A
Out-of-Pocket Max - Individual / Family	\$1,500 / \$2,500	\$1,500 / \$2,500	Included in Medical
Retail —30 Days Supply Generic/Brand	Network \$7/\$25 Costco \$0/\$25	Network \$7/\$25 Costco \$0/\$25	\$9/\$35 after deductible
Mail Order—90 Day Supply Generic/Brand	\$0/\$60	\$0/\$60	\$18-\$90 after deductible



October 1, 2018-2019 Management/Confidential Rates

The District contributes **\$14,362** towards the cost of the benefit package (based on Medical and Dental plan selected). If the rate for the benefit package is over this amount, the balance is paid by the employee in 11 or 12 month payroll deductions using pre-tax dollars:

EMPLOYEE DEDUCTIONS		
Dental Plan Selected	Kaiser HMO	Blue Shield HMO 10
11 MONTH + DELTA INCENTIVE PPO	\$61.64	\$188.19
11 MONTH + DELTA PPO	\$55.00	\$181.55
11 MONTH + DELTACARE DHMO	\$37.59	\$164.13
12 MONTH + DELTA INCENTIVE PPO	\$56.51	\$172.51
12 MONTH + DELTA PPO	\$50.42	\$166.42
12 MONTH + DELTACARE DHMO	\$34.46	\$150.46

MEDICAL PLAN FEATURES		
Medical Plan Features	Kaiser HMO	Blue Shield HMO 10
Calendar Year Maximum	Unlimited	Unlimited
Deductible (Annual)	None	None
Co-Insurance (Plan Pays)	100%	100%
Office Visit Copay - Primary Physician/Specialist	\$15 copay / \$15 copay	\$10 copay / \$10 copay
Out-of-Pocket Maximum - Individual / Family	\$1,500 / \$3,000	\$1,000 / \$2,000
Inpatient Hospitalization	No cost	No cost
Outpatient Diagnostic Tests	No cost	No cost
Emergency Services (Copay waived if admitted)	\$100 Copay	\$100 Copay
Urgent Care Copay	\$15 copay	\$10 copay
Preventive Care	No cost	No cost
Mental Health/Substance Abuse - Outpatient Copay/Inpatient	\$15 copay / No cost	\$10 copay / No cost
Chiropractic Copay/Visits per Yr.	\$10 copay / 30 visits combined	\$10 copay / 30 visits combined

PRESCRIPTION PLAN FEATURES		
Prescription Drugs Plan	Kaiser HMO	Blue Shield HMO 10
Out-of-Pocket Max - Individual / Family	Included in Medical	\$1,500 / \$2,500
Retail Pharmacy—30 Day Supply - Generic/Brand	\$5/\$10	Network \$5/\$20 Costco \$0/\$20
Mail Order Pharmacy - Generic/Brand - Supply Limit	\$15/\$30 61-100 Days	\$0/\$50 90 Days

October 1, 2018-2019 Management/Confidential Rates



The District contributes **\$14,362** towards the cost of the benefit package (based on Medical and Dental plan selected). If the rate for the benefit package is over this amount, the balance is paid by the employee in 11 or 12 month payroll deductions using pre-tax dollars:

EMPLOYEE DEDUCTIONS			
Dental Plan Selected	Blue Shield PPO 100-B	Blue Shield PPO 80-G	Blue Shield HSA-A
11 MONTH + DELTA INCENTIVE PPO	\$396.55	\$116.19	\$121.64
11 MONTH + DELTA PPO	\$389.91	\$109.55	\$115.00
11 MONTH + DELTACARE DHMO	\$372.50	\$92.13	\$97.59
12 MONTH + DELTA INCENTIVE PPO	\$363.51	\$106.51	\$111.51
12 MONTH + DELTA PPO	\$357.42	\$100.42	\$105.42
12 MONTH + DELTACARE DHMO	\$341.46	\$84.46	\$89.46

MEDICAL PLAN FEATURES			
Medical Plan Features	Blue Shield PPO 100-B	Blue Shield PPO 80-G	Blue Shield HSA-A
Calendar Year Maximum	Unlimited	Unlimited	Unlimited
Deductible (Annual) - Individual / Family - Individual HSA coverage - Family HSA coverage	\$100 / \$300 n/a n/a	\$500 / \$1,000 n/a n/a	\$1,500 / \$3,000 per family \$1,500 per Individual \$2,700 per family member
Co-Insurance (After Deductible)	0%	80%	90%
Office Visit Copay: Primary Physician / Specialist	\$20 copay / \$20 copay	\$30 copay / \$30 copay	Ded, 10%
Out-of-Pocket Maximum* - Individual - Family	\$1,000 \$3,000	\$2,000 \$4,000	\$3,000 \$6,000
Inpatient Hospitalization	Ded, 0%	Ded, 20%	Ded, 10%
Outpatient Diagnostic Test	Ded, 0%	Ded, 20%	Ded, 10%
Emergency Services (Copay waived if admitted)	\$100 copay / Ded, 0%	\$100 copay / Ded, 20%	\$100 copay / Ded, 10%
Urgent Care Copay	\$20 copay	\$30 copay	Ded, 10%
Preventive Care	No cost	No cost	No cost
Mental Health/Substance Abuse - Outpatient Copay / Inpatient	\$20 copay / Ded, 0%	\$30 copay / Ded, 20%	Ded, 10%
Chiropractic	Ded, 100% (Limits apply)	Ded, 20% (Limits apply)	Ded, 10% (Limits apply)

ALL BLUE SHIELD PPO DRUG PRESCRIPTIONS ARE ADMINISTERED BY NAVITUS

Prescription Plan Features	Blue Shield PPO 100-B	Blue Shield PPO 80-G	Blue Shield HSA-A
Out-of-Pocket Max - Individual / Family	\$1,500 / \$2,500	\$1,500 / \$2,500	Included in Medical
Retail —30 Days Supply Generic/Brand	Network \$7/\$25 Costco \$0/\$25	Network \$7/\$25 Costco \$0/\$25	\$9/\$35 after deductible
Mail Order—90 Day Supply Generic/Brand	\$0/\$60	\$0/\$60	\$18-\$90 after deductible

IMPORTANT DOCUMENTS NEEDED TO ENROLL

To enroll in a medical plan you must provide the following documents to enroll your spouse and dependents. Please note your spouse and dependent's **will not be enrolled** if the documentation below is not submitted via EaseCentral—Refer to page 8 for details on how to submit your dependent eligibility documents

Dependent Type	Required Documentation
Spouse	<ul style="list-style-type: none"> • Prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out) • For newly married couples where prior year's tax return is not available, a marriage certificate will be accepted.
Domestic Partner	<ul style="list-style-type: none"> • Certificate of Registered Domestic Partnership issued by State of California (AB 205 Compliant) • SISC Affidavit of Domestic Partnership (when applicable)
Children, Stepchildren, and/or Adopted Children up to age 26	<ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent (s) name & child's DOB) • Legal Adoption Documentation
Legal Guardianship up to age 18	<ul style="list-style-type: none"> • Legal Court Documentation establishing Guardianship
Disabled Dependents over age 26	<p>Anthem Blue Cross (All items listed below are required)</p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent (s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Anthem Disabled Dependent Certification Form
	<p>Blue Shield (All items listed below are required)</p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent (s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Declaration of Disability for Overage Dependent Child
	<p>Kaiser (All items listed below are required)</p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent (s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Disabled Dependent Enrollment Application • Most recent Kaiser Certification notice (if available)

To upload supporting documents to EaseCentral, select:

VIEW PROFILE, then select

Documents, and click I-9 tab

Add Document, then **Select FILE** to upload supporting documentation. Please refer to page 2 for acceptable documentation.

TYPE -> select **U.S. Passport**, this will allow you to add all supporting documents at once. If you need to add additional documents, please select U.S. PASSPORT again.

⇒ **ISSUING AUTHORITY** -> enter **PSUSD**

⇒ **DOCUMENT NUMBER** -> enter **123**