



Palm Springs  
UNIFIED SCHOOL DISTRICT

# EMPLOYEE BENEFITS GUIDE

October 2018 - September 2019

FOR CERTIFICATED, CONFIDENTIAL AND MANAGEMENT

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## Palm Springs Unified School District Risk Management Office

Renee Brunelle, Director of Risk Management  
(760) 883-2715 | rbrunelle@psusd.us

Marlyne Velazquez, Benefits Specialist (A-L)  
(760) 883-2715 | mvelazquez@psusd.us

Jennifer Rangel, Benefits Specialist (M-Z)  
(760) 883-2715 | jrangel@psusd.us

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

## BENEFITS YOUR WAY

Dear Valued Employee,

Palm Springs Unified School District is committed to providing comprehensive benefit package options to our employees at an affordable cost. This includes health, dental, vision, life insurance, wellness programs, voluntary plans at a discount, and retirement benefits to help meet the diverse needs of our employees and families.

As an employee you have the opportunity to decide what plans are most suitable to meet your needs now and in the future.

Please review this Enrollment Guide carefully, choose your benefits and enroll yourself and eligible dependents within 30 calendar days of your hire date.

The Benefits Department

## BENEFITS THAT WORK FOR YOU

In partnership with Self-Insured Schools of California (SISC) and (ACSIG), PSUSD offers low-cost comprehensive insurance along with built-in wellness and disease management programs. They are offered in a way that provides the flexibility to select the benefits you need that adds value to your health and well-being, protects your income, and protects your future.

The following table summarizes what is included in your core benefit package and the voluntary plans that eligible employees can enroll in.

Core Benefits			
Medical	Dental	Vision	Other
Blue Shield PPO (2) Blue Shield HDHP (1) Blue Shield HMO (1) Kaiser HMO (1)	Delta Dental PPO (2) Delta Dental DHMO	VSP	Group Life Group AD&D Employee Assistance Program (EAP)
Voluntary Benefits			
Additional Term Life Insurance	Additional AD&D Insurance	Flexible Spending Account (FSA)	
Long Term Care	Colonial Medical Bridge	HSA Accounts	
MetLaw	Disability Insurance	403(b)/457	

## HELPING YOU MAKE YOUR DECISION

In order to make the right benefit decisions for you and your family members, you need to be prepared. Here's a step-by-step list of actions you should take during your enrollment period.

### Enrollment Checklist

**Step 1:** Read this Enrollment Guide to understand your benefits for 2018-2019. Please review the PSUSD Benefits website at [www.psusd.us/benefits](http://www.psusd.us/benefits) for additional information.

**Step 2:** Collect necessary documentation, such as Social Security numbers and Prior years Federal Tax that shows the couple was married/Birth Certificates for eligible dependents.

**Step 3:** Gather a summary of your 2018 health and childcare expenses to help you estimate your Flexible Spending Account (FSA) elections.

**Step 4:** Login into EaseCentral to elect verify your information personal information,

# RESOURCES AND CONTACTS

## Medical - Kaiser Permanente (SISC)

Member Services .....	(800) 464-4000
Kaiser Permanente Website .....	<a href="http://www.kp.org">www.kp.org</a>
Kaiser Chiropractic/Acupuncture provided by American Specialty Health (ASH) .....	(800) 678-9133 <a href="http://www.ashlink.com/ash/kp">www.ashlink.com/ash/kp</a>

## Medical - Blue Shield (SISC)

Customer Service and/or I.D. cards .....	(855) 256-9404 <a href="http://www.blueshieldca.com/sisc">www.blueshieldca.com/sisc</a>
Navitus Prescription Drugs .....	(866) 333-2757 <a href="http://www.navitus.com">www.navitus.com</a>
Medical Second Opinion .....	(855) 201-9925 <a href="http://www.advance-medical.net/sisc">www.advance-medical.net/sisc</a>
24/7 Physician Line .....	(888) 632-2738 <a href="http://www.mdlive.com/ca/sisc">www.mdlive.com/ca/sisc</a>
Blue Shield HMO/PPO Chiropractic .....	(855) 256-9404 <a href="http://www.blueshieldca.com/sisc">www.blueshieldca.com/sisc</a>

## Health Equity - HSA Accounts

Customer Service .....	(866) 346-5800 <a href="http://www.healthequity.com">www.healthequity.com</a>
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## Dental - DeltaCare USA DHMO

Member Services .....	(800) 422-4234
DeltaCare Dental Website .....	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>

## Dental - Delta Dental PPO and Incentive

Member Services .....	(866) 499-3001
Delta Dental Website .....	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>

## Vision - VSP (Vision Service Plan)

Member Services .....	(800) 877-7195
VSP Vision Website .....	<a href="http://www.vsp.com">www.vsp.com</a>

## Employee Assistance Program - Anthem Blue Cross (SISC)

Counselor Services .....	(800) 999-7222
EAP Website .....	<a href="http://www.anthemeap.com">www.anthemeap.com</a>
	Program Name: SISC

## Voluntary Products

American Fidelity Products - Jason Czajkowski .....	(866) 523-1857
Colonial Life—Brian Akian .....	(714) 609-1605
TRANSAMERICA contact—Leiba & Associates Insurance Agency, LLC .....	(760) 718-2426

## Legal Plan - MetLaw

Member Services .....	(800) 821-6400
MetLaw Website .....	<a href="http://www.legalplans.com">www.legalplans.com</a>

# ENROLLMENT INFORMATION

## Who May Enroll

Full-Time Employees	Eligible Dependents
<p>Full-Time employees are required to select a benefit package. No Full-Time Employees can waive benefits.</p> <p>Benefits will be effective the 1<sup>st</sup> of the following month of hire date.</p>	<ul style="list-style-type: none"> <li>• Legally married spouse</li> <li>• Registered domestic partner</li> <li>• Children under age 26 (Natural child, Step child, Adopted, legal guardianship)</li> <li>• Disabled dependent children over age 26 (with certification form and approval)</li> </ul>

## Timelines

When You May Enroll	Effective Dates / Plan Years
<p>Eligible employees may enroll at the following times:</p> <ul style="list-style-type: none"> <li>• As an eligible new hire</li> <li>• Each year, during annual open enrollment</li> <li>• When a current employee has an increase in hours</li> <li>• <b>Within 30 days of a qualifying event</b></li> </ul>	<ul style="list-style-type: none"> <li>■ Medical, Dental, Vision and MetLife Voluntary Benefits: 10/01/2018 to 09/30/2019</li> <li>■ Voluntary Products (Colonial, American Fidelity, Flexible Spending Account): 10/01/2018 to 09/30/2019</li> </ul>

## Requirements

Qualified Life Event	Documents Needed
<p>Each year, there will be an annual open enrollment period where you can make new benefit elections for the following plan year. Once you make your benefit elections, you cannot change plans; however you may add or remove a dependent if you experience a qualifying event. Examples of qualifying events include, but are not limited to the following:</p> <ul style="list-style-type: none"> <li>• Marriage, divorce or annulment</li> <li>• Birth or adoption of a child</li> <li>• A qualified medical child support order</li> </ul>	<p>When you initially enroll or add a dependent, you must provide certificates for them (prior years Federal Tax form that shows the couple was married, birth certificate, court adoption papers, court ordered legal guardianship papers, state registration for domestic partnerships). If you are unable to locate these certificates, please order now to avoid the rush:</p> <ul style="list-style-type: none"> <li>• <a href="http://www.usbirthcertificate.net">www.usbirthcertificate.net</a></li> <li>• <a href="http://www.vitalcheck.com">www.vitalcheck.com</a></li> <li>• <a href="http://www.sos.ca.gov/dpregistry">www.sos.ca.gov/dpregistry</a></li> </ul>

Please note that coverage for a new spouse or newborn child **is not automatic**. If you experience a qualifying event, you have **30 days** to update your coverage and provide the required certificate.

**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.**

## PAYING FOR YOUR COVERAGE

In 2018-19, the District will contribute the following amounts towards the cost of the selected benefit package:

District Contribution (CAP)	
Certificated	Confidential/Mgmt. & Board Members
\$14,520	\$14,100

The District contribution includes coverage for the employee and family under the Medical and Vision. The DeltaCare DHMO plan includes the employee and dependents, while the two Delta Dental PPO plans includes the employee only, with an additional cost paid by the employee to add dependents to those plans (see page 6 or page 8).



# Online Benefits Enrollment



With the EaseCentral 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 EaseCentral to view plan details, coverage amounts and costs.

URL: [PSUSD1.EASECENTRAL.COM](https://psusd1.easecentral.com)

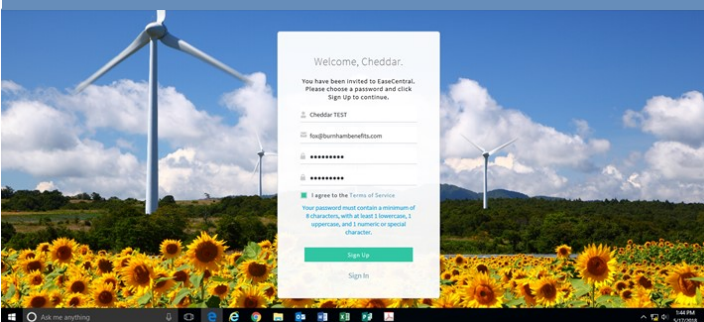


## To Enroll or Make Changes to Your Benefits

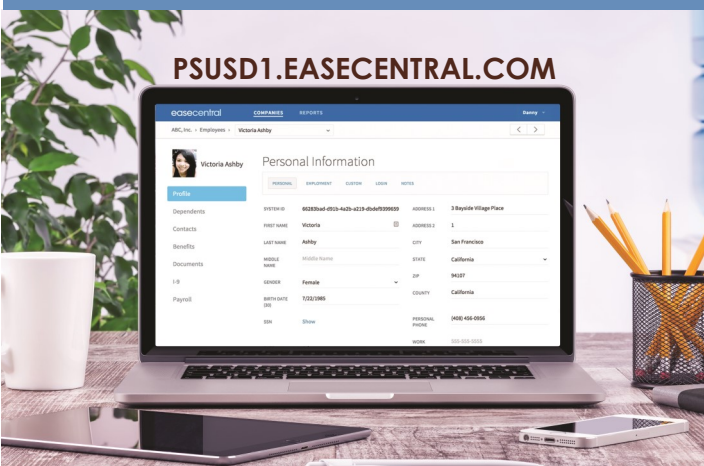
For optimal performance, it is recommended that you use Chrome or Firefox as your internet browser.

⇒ Log in to [psusd1.easecentral.com](https://psusd1.easecentral.com)

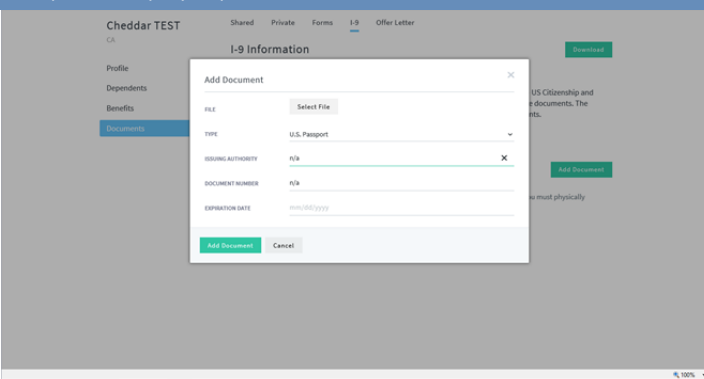
To login: Welcome Email



EaseCentral Profile Screen



To upload: Employee profile -> Documents -> I-9 -> Add Document



### Steps to Enroll.

- URL: [psusd1.easecentral.com](https://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**
- Make your benefit selections by selecting “Enroll” for the medical plan. Select “Enroll” to see plan options
- 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!


**NEW**

# 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
<b>11 MONTH + DELTA INCENTIVE PPO</b>	<b>\$47.28</b>	<b>\$173.83</b>
<b>11 MONTH + DELTA PPO</b>	<b>\$40.64</b>	<b>\$167.18</b>
<b>11 MONTH + DELTACARE DHMO</b>	<b>\$23.23</b>	<b>\$149.77</b>

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 Features	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

	Delta Incentive PPO Dental	Delta PPO Dental	Calculate your Payroll Deduction for your Core Benefits	
<b>Dependents</b>	<b>11 Mo.</b>	<b>11 Mo</b>	Rate for Benefit Package	
One Dependent	\$ 83.56	\$ 75.44	Cost to add dependent to dental plan	+
Two or More	\$ 155.33	\$ 140.21	Total paycheck deduction for Core benefits	=
There is no cost to add dependents on the DeltaCare DHMO plan				

# 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
<b>11 MONTH + DELTA INCENTIVE PPO</b>	<b>\$382.19</b>	<b>\$101.83</b>	<b>\$107.28</b>
<b>11 MONTH + DELTA PPO</b>	<b>\$375.55</b>	<b>\$95.18</b>	<b>\$100.64</b>
<b>11 MONTH + DELTACARE DHMO</b>	<b>\$358.13</b>	<b>\$77.77</b>	<b>\$83.23</b>

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, 0% Limits apply	Ded, 20% Limits apply	Ded, 10% Limits apply

ALL BLUE SHIELD PPO DRUG PRESCRIPTIONS ARE ADMINISTERED BY NAVITUS			
Prescription Drugs 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 Features	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

Dependents	Delta Incentive PPO Dental		Delta PPO Dental		Calculate your Payroll Deduction for your Core Benefits	
	11 Mo.	12 Mo	11 Mo	12 Mo		
One Dependent	\$ 83.56	\$ 76.60	\$ 75.44	\$ 69.15	Rate for Benefit Package	
Two or More	\$ 155.33	\$ 142.39	\$ 140.21	\$ 128.53	Cost to add dependent to dental plan	+
					Total paycheck deduction for Core benefits	=

**There is no cost to add dependents on the DeltaCare DHMO plan**



# 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	\$100 / \$300	\$500 / \$1,000	\$1,500 / \$3,000 per family
- Individual HSA coverage	n/a	n/a	\$1,500 per Individual
- Family HSA coverage	n/a	n/a	\$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	\$1,000	\$2,000	\$3,000
- Family	\$3,000	\$4,000	\$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, 0% (Limits apply) 20 Visits/Year	Ded, 20% (Limits apply) 20 Visits/Year	Ded, 10% (Limits apply) 20 Visits/Year

## ALL BLUE SHIELD PPO DRUG PRESCRIPTIONS ARE ADMINISTERED BY NAVITUS

Prescription Drugs 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

# MEDICAL INSURANCE — HMO

## HMO Medical Plans – Blue Shield

With the Blue Shield Health Maintenance Organization (HMO) plan, you must choose a Primary Care Physician (PCP) or medical group. 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. You can receive referrals from your PCP or self-refer to specialists within your PCP's medical group for a higher copay using the Access+ feature of the plan.

### Available Plans

- Blue Shield HMO Medical Plan 1

### Prescriptions

All HMO plan options offer prescription drug benefits through Navitus. For prescription information and potential costs, please call Navitus at (866) 333-2757. If 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**.

**IMPORTANT:** Walgreens is excluded from SISC Pharmacy Network.

### Find a Provider

Go to [www.blueshieldca.com](http://www.blueshieldca.com) or call (888) 235-1765.

### To access Chiropractic/Acupuncture Benefits for Blue Shield HMO & PPO Members

Go to <https://blueshieldca21-prod.modolabs.net/> and click on the three lines going parallel in the right corner.

- ⇒ Select Find a Doctor
- ⇒ **HMO Members:** Select Find Providers within California under Access+ HMO
- ⇒ **PPO Members:** Select Find Providers within California under PPO
- ⇒ Choose Alternative Medicine
- ⇒ Type in your zip code
- ⇒ Click the arrow and select Chiropractor or Acupuncture

### New Blue Shield Members that are enrolled and do not have an ID Card

Call Blue Shield Member Services (855) 256-9404 and ask for your ID Number and Group Number. This information will allow you to register on Blue Shield's portal and print a temporary ID card.

### Away From Home

Away From Home coverage is for dependents that go to school or have work assignments that require them to work and live out of state for extended periods of time. This value-added is available in most states but not all. For information please call Blue Shield (800) 622-9402.

## HMO Medical Plans – Kaiser Permanente

With the Kaiser Permanente Health Maintenance Organization (HMO) plans, services must be obtained at a Kaiser facility, except in the case of emergency. Kaiser integrates all elements of healthcare such as physicians, medical centers, pharmacy and administration in one convenient facility. In addition, Kaiser offers online tools so you can email your doctor's office, make appointments, refill prescriptions, and more.

### Available Plans

- Kaiser Traditional HMO Medical Plan

### Find a Provider

Go to [www.kp.org](http://www.kp.org) or call (800) 464-4000.

### To access Kaiser Chiropractic / Acupuncture Benefits

Go to [www.ashlink.com/ash.kp](http://www.ashlink.com/ash.kp) or call (800) 678-9133 to find an American Specialty Health (ASH) participating provider.

### New Kaiser Members that are enrolled and do not have an ID Card

Call Member Services at (800) 464-4000 to confirm enrollment and request your Medical Record Number (MRN).

# MEDICAL INSURANCE — PPO

NEW

## PPO Medical Plans – Blue Shield

The Blue Shield of California Preferred Provider Organization (PPO) plans allow you to direct your own care. Please visit providers in the Blue Shield of California PPO network and you may self-refer to specialists. If you receive care from a physician who is a member of the PPO network, a greater percentage of the entire cost will be paid by the insurance plan. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

### Available Plans

- **Blue Shield PPO 100-B**
- **Blue Shield PPO 80-G**
- **High Deductible Health Plan (HDHP) PPO Medical Plan:** This plan requires that you meet an annual deductible before medical and prescription drug benefits are covered. You'll pay only 20% of the cost after you have met the deductible. The District will contribute \$2,400 annually at \$200 per month. This plan also meets the requirements for a Health Savings Account (HSA). Call the Benefits Department for additional details.

### Prescriptions

All PPO plan options offer prescription drug benefits through Navitus. For prescription information and potential costs, please call Navitus at (866) 333-2757. If 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**.

**IMPORTANT:** Walgreens is excluded from SISC Pharmacy Network.

### Find a Provider

Go to [www.blueshieldca.com](http://www.blueshieldca.com) or call (888) 236-9404.

### SISC Value-Added Services

#### Diabetes Prevention Program

SISC recently introduced new diabetes prevention benefit for Blue Shield HMO and PPO members. It's a 16-week, cutting edge program that can help members with prediabetes lose weight, adopt healthy habits and significantly reduce their risk of developing diabetes. It's available at no cost to members that qualify.

#### Advanced Medical - Get Expert Medical Opinions

Advanced Medical provides members with access to the best health care possible by assisting patients with any and all healthcare questions. The benefit also provides access to medical opinions from world-leading experts without having to leave home. To access Advanced Medical services, call (855) 201-9925 or visit [www.advance-medical.net/sisc](http://www.advance-medical.net/sisc)

#### Biometric Screenings

offered in the Spring. Those enrolled on a SISC medical plan can earn a \$25 reward and entered in a raffle to win a \$500 prize just for participating.

#### Costco - Free Generic Medications

Blue Shield HMO and PPO members can get free generic medications at Costco and through Costco Mail Order (excludes certain pain and cough medications). No need to be a Costco member. Call (800) 774-2678 (press 1) to find a Costco location.

### MDLIVE

Blue Shield's HMO and PPO plans includes MDLIVE, a 24/7/365 service where you have access to doctors and pediatricians to help you anytime, anywhere with your medical care. You can register by calling MDLIVE toll free at 888-632-2738 or going on the internet at [www.mdlive.com/sisc](http://www.mdlive.com/sisc). Be prepared to provide your name, the patient's name (if you are not calling for yourself), the last 4 digits of your Social Security Number, your date of birth, and the patient's phone number.

MDLIVE™

#### When to use MDLIVE:

- If you are considering the ER or urgent care center for non-emergency medical use.
- Your primary care doctor is not available.
- Traveling and in need of medical care.
- During or after normal business hours, nights, weekends and holidays.
- Note: Refer to your MDLIVE I.D. card for the name and contact information

# DENTAL INSURANCE

## DeltaCare USA DHMO Dental Plan

With the Dental Health Maintenance Organization (DHMO) plan through DeltaCare USA, it is required to select a general dentist to provide your dental care. You will contact your general dentist for all of your dental needs, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO plan booklet. This will show the copays that apply to all of the dental services that are covered under this plan.

## PPO Dental Plans

With the Delta Dental Preferred Provider Organization (PPO) Dental plan, you may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a PPO dentist, your out-of-pocket expenses will be less. You may also obtain services using a non-network dentist. However, you will be responsible for the difference between the covered amount and the actual charges.

### PPO plan options available:

- **Delta Dental PPO**
- **Delta Dental PPO Incentive:** In this incentive plan, Delta Dental pays 70% of the contract allowance for covered diagnostic, preventive and basic services and 70% of the contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

You do not need a dental ID card. When you visit the dentist you will need to provide the following information:

- Your name
- Your date of birth
- Your social security number (or enrollee ID number)

Plan Features	DeltaCare USA DHMO	Delta Dental PPO		Delta Dental PPO Incentive	
	Network	Network	Non-Network	Network	Non-Network
Calendar Year Maximum Benefit	Unlimited	\$2,000	\$2,000	\$2,700	\$2,500
Deductible (Annual)	None	None	None	None	None
- Individual	None	None	None	None	None
- Family	None	None	None	None	None
Preventive (Plan Pays) Cleanings	See Copay Schedule	100% 2 Per Year	100% 2 Per Year	70% - 100% 2 Per Year	70% - 100% 2 Per Year
Basic (Plan Pays)	See Copay Schedule	90%	80%	70% - 100%	70% - 100%
Major (Plan Pays)	See Copay Schedule	60%	50%	70% - 100%	70% - 100%
Prostodontics	See Copay Schedule	60%	50%	50%	50%
Orthodontia (Child(ren) / Adults)	Your cost: \$1,700 / \$1,900	50% with \$1,500 Lifetime Max		Not Covered	



### Finding a DeltaCare DHMO Dental Provider:

Go to [www.deltadentalins.com/enrollees](http://www.deltadentalins.com/enrollees) or call (800) 422-4234. Under Find a dentist, select DeltaCare USA as your network.

### Finding a Delta Dental PPO Provider:

Go to [www.deltadentalins.com](http://www.deltadentalins.com) or call (866) 499-3001. Refer to the Premier or PPO network when prompted.

# VISION INSURANCE

The Vision Service Plan (VSP) provides professional vision care and high quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with VSP Vision.

Plan Features	VSP Vision PPO	
	VSP Providers	Non VSP Providers
WellVision Exam (Every 12 months)	\$15 Copay for exam & glasses	\$45 Allowance
Lenses (Every 12 Months) - Single Vision - Bifocal - Trifocal	Combined with exam	\$45 Allowance \$65 Allowance \$85 Allowance
Frames (Every 24 Months)	\$120 allowance (wide selection) \$140 allowance (featured brands) 20% savings over your allowance \$65 Costco- frame allowance	\$47 Allowance
Contact Lenses (Every 12 Months) - Cosmetic/Elective	(in lieu of frames/lenses)	
	\$105 Allowance	\$105 Allowance



## Finding a VSP Vision Provider:

Go to [www.vsp.com](http://www.vsp.com) or call (800) 877-7195 to find a provider near you. VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes 50,000 access points nationwide. VSP also contracts with Costco Optical, Eye Care Centers of America / Vision works, and other affiliate retail providers. Please note, benefits may vary at affiliate locations.

# EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) through **Anthem Blue Cross** provides employees and their family members with free confidential assistance to help with personal or professional problems that may interfere with family or work responsibilities and obligations.

Services include:

- **Face-to-Face Counseling Sessions:** Employees and their family members can receive up to 6 visits for each personal situation, as needed.
- **Legal Assistance:** You can receive a free 30 minute consultation in person or over the phone at a time that is convenient for you. You can even receive a discount on fees should you retain the attorney. Online resources include free legal forms and a full library of articles.
- **Dependent Care and Daily Living Resources:** Specialists refer employees to options and provide support, guidance, and informational materials to empower them to make informed choices about child care, elder care and assistance with other daily life issues
- **Identity Recovery:** Specialists are available 24/7 to access your risk level and then identify steps to resolve potential identity theft. All services provided free of charge. Specialists will work with you to restore your financial identity to its pre-theft status.
- **Work/Life Services:** Specialists refer employees to options and provide support, guidance, and informational materials to empower them to make informed choices about child care, elder care and assistance with other daily life issues
- **Website Access:** Full library of health and emotional well-being articles. Monthly webinars. Self-assessment tools on topics such as depression, relationships, anxiety, anger, alcohol, eating and more.
- **Tobacco Cessation (Online and Coaching):** online program—LivingFree is a free 1– sessions, online training program which will help you learn how to break the tobacco habit.



## Accessing the EAP:

To access EAP benefits, go to [www.anthemEAP.com](http://www.anthemEAP.com) and enter SISC or you may call (800) 999-7222 to be immediately connected to an EAP counselor.

# DISTRICT BASIC TERM LIFE AND AD&D

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the District. Palm Springs Unified School District pays in full for District Basic Term Life Insurance and AD&D Insurance, offered through MetLife.

The following are the amounts of coverage for the employee, spouse and dependent children:

	Basic Term Life	AD&D
Certificated:	\$ 50,000	\$ 50,000
Confidential/Management:	\$ 150,000	\$ 150,000
Spouse/Dependent Children:	\$ 1,500	\$ 1,500

## Note:

Consider updating your beneficiary designation if you have experienced a life changing event such as marriage, divorce, birth of a child, etc.



# METLIFE VOLUNTARY TERM LIFE & AD&D

## Voluntary Term Life – MetLife

You may elect to purchase Voluntary Term Life Insurance at discounted group rates provided by MetLife. You pay for this coverage with after-tax dollars through convenient payroll deductions.

**Note:** Rates are subject to the policy’s right to change premium rates, and the employer’s right to change employee contributions. Age based rates will change to the next age band as the employee ages. Rates are based on your age as of your last birthday. Rates are available in the benefit guides.

### Employee

You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of \$500,000, not to exceed 5 times of your annual salary.

### Spouse

If you buy coverage for yourself, you may also purchase coverage for your eligible spouse. Benefits for your spouse are available in increments of \$10,000 to a maximum benefit of \$500,000 and may not exceed 100% of your employee election.

### Children

If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren) in the following amounts: \$2,500, \$5,000, \$10,000.

### Voluntary Term Life Guarantee Issue

Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you during your initial eligibility period (upon hire).

If you are no longer in your initial eligibility period, you may enroll in Voluntary Term Life Insurance anytime during open enrollment as long as you provide proof of good health. To provide proof of good health, you will be asked to complete a health questionnaire and are subject to insurance carrier approval. MetLife may approve or decline coverage based on a review of your health history.

## RATES – VOLUNTARY TERM LIFE

Employee or Spouse	Tenthly Rate per \$1,000
Under 30	\$0.048
Age 30 to 34	\$0.048
Age 35 to 39	\$0.072
Age 40 to 44	\$0.108
Age 45 to 49	\$0.180
Age 50 to 54	\$0.276
Age 55 to 59	\$0.468
Age 60 to 64	\$0.780
Age 65 to 69	\$1.308
<b>Cost of your Child(ren)</b>	<b>\$ 0.240</b>

## Voluntary AD&D – MetLife

You may elect to purchase Voluntary Accidental Death and Dismemberment Insurance at discounted group rates provided by MetLife. You pay for this coverage with after-tax dollars through convenient payroll deductions.

### Employee

You may purchase coverage for yourself in the following benefit amounts: \$10,000, \$25,000, \$50,000, \$100,000, \$250,000 or \$500,000. Amounts exceeding \$100,000 may not exceed 10 times your annual salary.

### Spouse

If you buy coverage for yourself, you may also purchase coverage for your eligible spouse. Benefits for your spouse are available for 60% of the employee principal amount. (Assumes no child coverage)

### Children

If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren). Benefits for your children are available for 25% of the employee principal amount (less \$2,000 and not to exceed \$50,000) -Assumes no spousal coverage.

### Spouse and Children

If you buy coverage for yourself, you may also purchase coverage for your eligible spouse and dependent child(ren). Benefits for your spouse are available for 50% of the employee principal amount and child(ren) are available for 20% of the employee principal amount (less \$2,000 and not to exceed \$50,000).

## RATES – VOLUNTARY AD&D

	Tenthly Rate per \$1,000
Employee Coverage	\$0.049
Employee & Family	\$0.06

# VOLUNTARY BENEFITS

## Accidental Only Insurance - American Fidelity

American Fidelity's Limited Benefit Accident Only insurance plan may help you with the rising costs associated with an accident injury or death. Benefits include accident emergency treatment, medical imaging, inpatient confinement, ambulance and more. Several benefit plan options are available.

## Cancer Insurance - American Fidelity

If you are diagnosed with cancer, American Fidelity's Limited Benefit Cancer insurance plan may help you maintain your standard of living. Benefit payments can be used however you'd like, including house payments, utilities, and meals/lodging expenses. This policy is portable, which means that you can keep it should you change jobs or retire, with no increase in premiums. Please note, this policy must be in place prior to a cancer diagnosis.

## Legal Plan - MetLaw

Palm Springs Unified School District offers you the opportunity to purchase Legal Services through Hyatt Legal Plans with after-tax dollars at discounted group rates. This plan provides coverage for a number of legal matters such as will preparation, buying or selling a primary home, document review, civil litigation defense by telephone and office consultations for numerous matters (except employment related), business or pre-existing matters.

## Long Term Care

Long Term Care Insurance provides benefits to help you pay for care during a chronic illness or if you are unable to perform, without substantial assistance from another individual, two or more activities of daily living such as eating, bathing, continence, dressing toileting, transferring, or if you require substantial supervision by another individual to protect your health and safety due to severe cognitive impairment (such as Alzheimer's disease or mental illness).

## Hospital Confinement Indemnity Insurance - Colonial Life Medical Bridge

Hospital Confinement Indemnity Insurance from Colonial Life & Accident Insurance Company helps provide a lump-sum benefit for a covered hospital confinement and a covered outpatient surgery to assist with costs that your medical plan may not cover. It pays one hospital confinement benefit per covered person per year. Coverage is available for you, your spouse and your dependent children. Benefits are paid directly to you, unless you specify otherwise. Benefits are paid regardless of any other insurance you may have with other insurance companies.

# FLEXIBLE SPENDING ACCOUNTS

You can set aside money in Flexible Spending Accounts (FSA) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You choose how you want to receive reimbursement for your eligible expenses. You may use a debit card provided by American Fidelity, sign up for direct deposit to your bank account or you may have a check sent to your home.

Please remember that if you are using your debit card, you must save your receipts, just in case American Fidelity needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

## Medical Expense Reimbursement Account

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. Employees may defer up to \$2,550 pre-tax per year.

## Dependent Daycare Reimbursement Account

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to \$5,000 pre-tax per year.

Note: Your current FSA elections will expire on September 30th. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.

## Important Note About the FSA:

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule. According to this rule, you must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year. We encourage you to plan ahead to make the most of your FSA dollars. If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.

## Note:

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. Palm Springs Unified School District will distribute (via email) all federally required annual notices upon hire and during each annual open enrollment period. Annual notices will also be posted on our district website for you to download and read at your convenience. If you have questions regarding annual notices, please contact the Benefits Department.

# ANNUAL NOTICES

Annual notices include:

- 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. This notice also provides a written procedure for individuals to request and receive Certificates of Creditable Coverage.
- HIPAA Notice of Privacy Practices: This notice is intended to inform employees of the privacy practices followed by Palm Springs Unified School District's 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): The Women's Health and Cancer Rights Act (WHCRA) contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy. The U.S. Departments of Labor and Health and Human Services are in charge of this act of law which applies to group health plans if the plans or coverage provide medical and surgical benefits for a mastectomy.
- Newborns' and Mothers' Health Protection Act: The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) 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 Palm Springs Unified School District'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 & 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.
- 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. The new regulation is designed to help you better understand and evaluate your health insurance choices.

## The Affordable Care Act and You



The Affordable Care Act (ACA) has created new options for purchasing health insurance coverage through a Federal Health Insurance Marketplace.

Because Palm Springs Unified School District's medical plans are considered affordable and meet minimum value under Health Care Reform, eligible employees will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For more information, please visit [www.healthcare.gov](http://www.healthcare.gov).



150 District Center Dr., Palm Springs, CA 92264  
Telephone: (760) 883-2715  
[www.psusd.us](http://www.psusd.us)



2211 Michelson Drive, Suite 1200, Irvine, CA 92612  
Telephone: (949) 833-2983 / Fax: (949) 833-9549  
[www.burnhambenefits.com](http://www.burnhambenefits.com)

This brochure 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 brochure 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 benefit program, please contact the Risk Management Department.

Photos by Sal Cavazos ([www.bit.ly/salcavazos](http://www.bit.ly/salcavazos))  
Administrative Secretary—Student Services