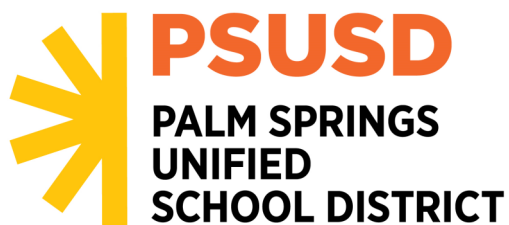


2019-2020



CERTIFICATED | CONFIDENTIAL | MANAGEMENT



# EMPLOYEE BENEFITS GUIDE



## Welcome to Palm Springs Unified School District Employee Benefits

Palm Springs Unified School District (PSUSD) 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.

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# Your Benefits Program Options

## About Your Benefits

Palm Springs Unified School District (PSUSD) partners with SISC and ACSIG to provide comprehensive medical coverage along with built-in wellness and disease management programs. Our benefits program gives you the flexibility to select the right benefits for you and your family. We provide you with a foundation of Core Benefits so you can customize your benefits program with Voluntary Benefits.

### Core Benefits

#### Medical

Blue Shield PPO (2)  
Blue Shield HDHP (1)  
Blue Shield HMO (1)  
Kaiser HMO (1)

#### Dental

Delta Dental PPO  
Delta Dental PPO –Incentive  
DeltaCare USA DHMO

#### Vision

Vision Service Plan (VSP)

#### Life Insurance

Metlife Basic Term Life and AD&D

#### Employee Assistance Program (EAP)

Anthem Blue Cross Employee Assistance Program (EAP)

### Voluntary Benefits

#### Supplemental

Voluntary Term Life and AD&D  
Accident Only Insurance  
Cancer Insurance  
Long Term Care  
Hospital Confinement Indemnity

#### 125 Accounts

Flexible Spending Account  
Health Savings Account

#### Legal Plan

MetLaw Legal Services Plan

#### Retirement

403(b) Plan  
457 Plan

## Questions About Your Benefits?

Contact Risk Management/Benefits at: (760) 883-2715

Renee Brunelle	Marlyne Velazquez	Jennifer Rangel	Monica Munoz Villela	Tami Garcia
Director of Risk Management	Benefits Specialist (A-L)	Benefits Specialist (M-Z)	Office Specialist, Bilingual	Office Specialist
Ext. 4805376	Ext. 4805378	Ext. 4805377	Ext. 4805380	Ext. 4805379
rbrunelle@psusd.us	mvelazquez@psusd.us	jrangel@psusd.us	mmunozvillela@psusd.us	tgarcia@psusd.us

View more Benefits information at [www.psusd.us/benefits](http://www.psusd.us/benefits)

## Enrollment Checklist

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.

<b>Step 1</b> <input type="checkbox"/>	Read this Enrollment Guide to understand your benefits for 2019 – 2020. Please review the Palm Springs Unified School District Benefits Website at <a href="http://www.psusd.us/benefits">www.psusd.us/benefits</a> for additional information.
<b>Step 2</b> <input type="checkbox"/>	Collect necessary documentation, such as Social Security numbers, a prior year’s Federal Tax Return that shows the couple was married, and/or Birth Certificates for eligible dependents.
<b>Step 3</b> <input type="checkbox"/>	Gather a summary of your 2019 health and childcare expenses to help you estimate your Flexible Spending Account (FSA) elections.
<b>Step 4</b> <input type="checkbox"/>	Login into Ease at <a href="http://psusd1.ease.com">psusd1.ease.com</a> to elect verify your information personal information, elect benefits and upload required documentation.

## Who May Enroll

If you are a full-time employee, you and your eligible dependents may participate in the the PSUSD Benefits Program. Your eligible dependents include:

- Legally married spouse
- Domestic Partner
- Children under the age of 26, regardless of student or marital status
- Children under Legal Guardianship up to age 18

Full-Time Employees are required to select a benefit package. Full-Time Employees **CANNOT** waive benefits. The only exception is if you are a Primary Tricare Member. In that case, you have the option to elect Vision and Dental coverage only.

## Important Domestic Partner Benefit Information

### Health Benefits Enrollment

To enroll a Domestic Partner in PSUSD’s Medical, Dental and Vision benefits, employees and their Domestic Partners must:

- Register their Partnership with the Secretary of State in California on the "Declaration of Domestic Partnership" Form pursuant to Division 2.5 of the Family Code.
- Obtain a Notarized and Certified Copy of the "Declaration of Domestic Partnership" Form and provide a copy of the form during the enrollment process.
- Follow all other steps in the health plan and District's enrollment process, including completing enrollment forms and any applicable change forms.

### Tax Information

Because the IRS does not recognize Domestic Partner nor their Children, (unless they qualify as Dependents under Section 152) for tax filing purposes, PSUSD is required to “impute” the value of these benefits and report that amount as taxable income. The applicable amount will be added back into your gross pay as taxable income and you will pay taxes on that amount. In addition, the payroll contributions you make on behalf of your Domestic Partner and/or their Children will be taken on a post-tax basis.

## Dependent Eligibility Required Documents

The following verification documents are required to enroll a dependent in health benefit plans. SISC requires the Social Security Numbers for all Dependents to be covered on the plans and reserves the right to request additional documentation to substantiate eligibility.

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

Districts may require additional documentation but may not require less.

## When You Can Enroll

As an eligible, full-time employee, you may enroll at the following times:

- As a new hire, you may participate in the PSUSD Benefits Program on the first of the month following your date of hire.
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)

## Changes To Enrollment

Our benefit plans are effective October 1 through September 30 of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following October 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
- 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 and provide the required documentation. Please contact the Benefits Department 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.

## DISTRICT CONTRIBUTION TOWARDS YOUR BENEFITS

For 2019 – 2020 PSUSD will make a District Contribution (CAP) toward the cost of the selected benefit package for employees and their eligible dependents.

- **Certificated: \$15,015**
- **Confidential/Management & Board Members: \$14,857**

The District Contribution is applied toward the cost of benefits as follows:

	Employee	Eligible Dependents
Medical/Vision	✓	✓
DeltaCare USA DHMO	✓	✓
Delta Dental PPO	✓	
Delta Dental PPO-Incentive	✓	

**NOTE:** Employees incur an additional cost to add eligible dependents to the Delta Dental PPO and PPO-Incentive Plans. See Rate Page for costs.

## Enrollment Guide At A Glance (psusd1.ease.com)

1. Log in to Ease by clicking on the link you receive in your email from Risk Management.

For Optimal performance it is recommended that you use

Chrome



or Firefox



as your browser.

2. Click **Start Enrollment** to begin your enrollment.

3. Follow the prompts on each page to complete your benefit enrollment.

Click **Continue** to proceed to the next section.

4. Verify your personal information is correct and enter your dependent information .

5. If requested during the enrollment process, provide any emergency contacts or Medicare status.

6. Please select   your benefit by selecting **Enrolled**   or **Waived**   for each plan.

Click **Continue** to proceed to the next benefit.

7. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device. **Sign form**

8. Before you review your forms



type your name.

THEN

Sign your signature



and follow the prompts to finish.

9. If you have any questions, contact Risk Management.

To UPLOAD Supporting Documents, Select:

- CLICK PROFILE**
- Click "Edit" UNDER I-9 information
- Click **ADD DOCUMENT**, then click **SELECT FILE** to upload supporting documentation.
- Go to **TYPE** -> select **U.S. PASSPORT**, this will allow you to add all supporting documents at once. To add additional documents, please select U.S. PASSPORT again.
- For the **ISSUING AUTHORITY** -> enter **PSUSD**
- For the **DOCUMENT NUMBER** -> enter **123**
- Skip **EXPIRATION DATE**



## Medical Plan Options

PSUSD offers all eligible employees five medical plans to choose from through SISC.

### Kaiser HMO

With the Kaiser HMO plan, you must obtain services at a Kaiser facility, except in the case of an 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.

Chiropractic benefits are provided through American Specialty Health (ASH). For more information, go to [www.ashlink.com/ash/kp](http://www.ashlink.com/ash/kp) or call (800) 678-9133.

### Blue Shield HMO 10

With the Blue Shield HMO plan, you must choose a primary care physician (PCP) or medical group within the plan's network. All 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 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.

### Blue Shield PPO 100 B Blue Shield PPO 80 G

With the Blue Shield PPO plans, you may see any physician you wish. For the highest level of coverage, it is recommended you see physicians that participate in the Blue Shield network. You may obtain services from out-of-network providers, but the coinsurance will be higher and you will be responsible for the difference between the covered amount and the actual charges. You may also be responsible for filing claims.

### Blue Shield HSA-A

The Blue Shield HSA plan is similar to the PPOs, but with some important differences. It is compatible with a Health Savings Account (HSA), which allows you to set aside pre-tax money for eligible health care expenses. You can use your HSA to pay for eligible health care now or save it for the future. See page 27 for more information on HSA.

The plan also includes a high deductible, and no coinsurance or copays apply until the deductible is met.

[kp.org](http://kp.org)  
(800) 464-4000



[www.blueshieldca.com/sisc](http://www.blueshieldca.com/sisc)  
(855) 256-9404



# Certificated Rates: 2019 – 2020

Employee Deductions		
Dental Plan Selected	Kaiser HMO	Blue Shield HMO 10
11 Month + Delta Dental PPO-Incentive	\$65.55	\$159.37
11 Month + Delta Dental PPO	\$58.91	\$152.73
11 Month + DeltaCare USA DHMO	\$41.50	\$135.32

Medical Plan Features	Kaiser Providers and Facilities	In-Network Only
Calendar Year Maximum	Unlimited	Unlimited
Deductible (Annual)	None	None
Out-of-Pocket Maximum – Individual / Family	\$1,500 / \$3,000	\$1,000 / \$2,000
Co-Insurance (Plan Pays)	100%	100%
Office Visit Copay – Primary Physician/Specialist	\$15 copay / \$15 copay	\$10 copay / \$10 copay
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	\$10 copay / 30 visits combined	\$10 copay / 30 visits combined

Prescription Drugs	Kaiser Pharmacy	Navitus
Out-of-Pocket Max – Individual / Family	Included in Medical	\$1,500 / \$2,500
Retail: 30 Day Supply – Generic/Brand	\$5/\$20	Network \$7/\$25 Costco \$0/\$25
Mail Order – Generic/Brand – Supply Limit	\$10/\$40 61 – 100 Days	\$0/\$60 90 Days

	Delta Dental Incentive PPO	Delta Dental PPO
Dependents	11 Mo.	11 Mo
One	\$ 83.56	\$ 75.44
Two or More	\$ 155.33	\$ 140.21

There is no cost to add Dependents on the DeltaCare USA DHMO plan.

Calculate your Payroll Deduction for your Core Benefits	
Rate for Benefit Package	
Cost to add Dependent to Dental Plan	+
Total Payroll Deduction for Core Benefits	=

Employee Deductions			
Dental Plan Selected	Blue Shield PPO 100-B	Blue Shield PPO 80-G	Blue Shield HSA-A
11 Month + Delta Dental PPO-Incentive	\$375.37	\$89.55	\$107.01
11 Month + Delta Dental PPO	\$368.73	\$82.91	\$100.36
11 Month + DeltaCare USA DHMO	\$351.32	\$65.50	\$82.95

Medical Plan Features	In-Network	In-Network	In-Network SINGLE COVERAGE	In-Network FAMILY COVERAGE
Calendar Year Maximum	Unlimited	Unlimited	Unlimited	
Deductible (Annual) – Individual / Family	\$100 / \$300	\$500 / \$1,000	SINGLE COVERAGE \$1,500	FAMILY COVERAGE \$2,700 / \$3,000
Out-of-Pocket Maximum – Individual / Family	\$1,000 / \$3,000	\$2,000 / \$4,000	SINGLE COVERAGE \$3,000 / N/A	FAMILY COVERAGE \$3,000 / \$6,000
Co-Insurance (After Deductible)	0%	80%	90%	
Office Visit Copay – Primary Physician/Specialist	\$20 copay	\$30 copay	Ded, 10%	
Inpatient Hospitalization	Ded, 0%	Ded, 20%	Ded, 10%	
Outpatient Diagnostic Tests	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 Copay	Ded, 0% (limits apply)	Ded, 20% (limits apply)	Ded, 10% (limits apply)	
Prescription Drugs	Navitus	Navitus	Navitus	
Out-of-Pocket Max – Individual / Family	\$1,500 / \$2,500	\$1,500 / \$2,500	Included in Medical	
Retail: 30 Day Supply – Generic/Brand	Network: \$7/\$25 Costco: \$0/\$25	Network: \$7/\$25 Costco: \$0/\$25	\$9/\$35 after Ded	
Mail Order : 90 Day Supply – Generic/Brand	\$0/\$60	\$0/\$60	\$18 – \$90 after Ded	

### **DISTRICT CONTRIBUTION TOWARDS YOUR BENEFITS**

For the 2019-2020 Medical Benefit Year, PSUSD contributes **\$15,015** towards the cost of the benefit package based on the medical and dental plan you select. 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.

The tables above reflect rates for the Employee + Family Medical, Employee + Family Vision, and Dental for Employee Only. For each added Dependent enrolled in a PPO Dental plan, there will be an additional cost. There is no cost to add Dependents to the DeltaCARE USA DHMO plan.

# Management/Confidential Rates: 2019 – 2020

Employee Deductions		
Dental Plan Selected	Kaiser HMO	Blue Shield HMO 10
11 Month + Delta Dental Incentive PPO	\$79.92	\$173.73
11 Month + Delta Dental PPO	\$73.27	\$167.09
11 Month + Deltacare USA DHMO	\$55.86	\$149.68
12 Month + Delta Dental Incentive PPO	\$73.26	\$159.26
12 Month + Delta Dental PPO	\$67.17	\$153.17
12 Month + Deltacare USA DHMO	\$51.21	\$137.21

Medical Plan Features	Kaiser Providers and Facilities	In-Network Only
Calendar Year Maximum	Unlimited	Unlimited
Deductible (Annual)	None	None
Out-of-Pocket Maximum – Individual / Family	\$1,500 / \$3,000	\$1,000 / \$2,000
Co-Insurance (Plan Pays)	100%	100%
Office Visit Copay – Primary Physician/Specialist	\$15 copay / \$15 copay	\$10 copay / \$10 copay
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	\$10 copay / 30 visits combined	\$10 copay / 30 visits combined
Prescription Drugs	Kaiser Pharmacy	Navitus
Out-of-Pocket Max – Individual / Family	Included in Medical	\$1,500 / \$2,500
Retail: 30 Day Supply – Generic/Brand	\$5/\$20	Network \$7/\$25 Costco \$0/\$25
Mail Order – Generic/Brand – Supply Limit	\$10/\$40 61 – 100 Days	\$0/\$60 90 Days

Dependents	Delta Dental PPO-Incentive		Delta Dental PPO	
	11 Mo.	12 Mo	11 Mo.	12 Mo
One	\$ 83.56	\$ 76.60	\$ 75.44	\$ 69.15
Two or More	\$ 155.33	\$ 142.39	\$ 140.21	\$ 128.53

**There is no cost to add Dependents on the DeltaCare USA DHMO plan.**

### Calculate your Payroll Deduction for your Core Benefits

Rate for Benefit Package	
Cost to add Dependent to Dental Plan	+
Total Paycheck Deduction for Core Benefits	=

Employee Deductions				
Dental Plan Selected	Blue Shield PPO 100-B	Blue Shield PPO 80-G	Blue Shield HSA-A	
11 Mo. + Delta Dental Incentive PPO	\$389.73	\$103.92	\$121.37	
11 Mo. + Delta Dental PPO	\$383.09	\$97.27	\$114.73	
11 Mo. + Deltacare USA DHMO	\$365.68	\$79.86	\$97.32	
12 Mo. + Delta Dental Incentive PPO	\$357.26	\$95.26	\$111.26	
12 Mo. + Delta Dental PPO	\$351.17	\$89.17	\$105.17	
12 Mo. + Deltacare USA DHMO	\$335.21	\$73.21	\$89.21	

Medical Plan Features	In-Network	In-Network	In-Network SINGLE COVERAGE	In-Network FAMILY COVERAGE
Calendar Year Maximum	Unlimited	Unlimited	Unlimited	
Deductible (Annual) – Individual / Family	\$100 / \$300	\$500 / \$1,000	SINGLE COVERAGE \$1,500	FAMILY COVERAGE \$2,700 / \$3,000
Out-of-Pocket Maximum – Individual / Family	\$1,000 / \$3,000	\$2,000 / \$4,000	SINGLE COVERAGE \$3,000 / N/A	FAMILY COVERAGE \$3,000 / \$6,000
Co-Insurance (After Deductible)	0%	80%	90%	
Office Visit Copay – Primary Physician/Specialist	\$20 copay	\$30 copay	Ded, 10%	
Inpatient Hospitalization	Ded, 0%	Ded, 20%	Ded, 10%	
Outpatient Diagnostic Tests	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 Copay	Ded, 0% (limits apply)	Ded, 20% (limits apply)	Ded, 10% (limits apply)	
<b>Prescription Drugs</b>	<b>Navitus</b>	<b>Navitus</b>	<b>Navitus</b>	
Out-of-Pocket Max – Individual / Family	\$1,500 / \$2,500	\$1,500 / \$2,500	Included in Medical	
Retail: 30 Day Supply – Generic/Brand	Network: \$7/\$25 Costco: \$0/\$25	Network: \$7/\$25 Costco: \$0/\$25	\$9/\$35 after Ded	
Mail Order : 90 Day Supply – Generic/Brand	\$0/\$60	\$0/\$60	\$18 – \$90 after Ded	

### DISTRICT CONTRIBUTION TOWARDS YOUR BENEFITS

For the 2019-2020 Medical Benefit Year, PSUSD contributes **\$14,857** towards the cost of the benefit package based on the medical and dental plan you select. 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.

The tables above reflect rates for the Employee + Family Medical, Employee + Family Vision, and Dental for Employee Only. For each added Dependent enrolled in a PPO Dental plan, there will be an additional cost. There is no cost to add Dependents to the DeltaCARE USA DHMO plan.

## Telemedicine Benefits

Phone and/or video visits are an excellent option for convenient, accessible care when you don't need a doctor to see you in person. They are also a good choice when away from home or if you need short term prescription drug refills. The District provides telemedicine coverage with all medical plans.

### Kaiser Members: Phone and Video Visits

- Log in to your Kaiser account at [kp.org](http://kp.org) to make a free phone or video appointment with your doctor or call **(800) 464-4000**
- For phone visits, the doctor will call you at the time of the appointment
- For video visits, go to <https://mydoctor.kaiserpermanente.org/ncal/videovisit/#>, click Join your visit and log in
- There is no copay for phone or video visits

### Blue Shield Members: MDLIVE

- MDLIVE gives you access to doctors 24/7 via phone or secure video for non-emergency medical conditions.
- **\$5 copay per visit.** MDLIVE doctors have 15 years experience practicing medicine on average.
- Pediatricians are on call.
- You can access behavioral health therapy and psychiatrist visits through MDLive
- Access MDLIVE at **(888) 632-2738**, visit [mdlive.com/sisc](http://mdlive.com/sisc) or download the app from the App Store or Google Play

Common Conditions Treated by MDLIVE			
General Care			Pediatric Care
Allergies	Fever	Respiratory Infections	Cold & Flu
Asthma	Headache	Sinus Infections	Constipation
Bronchitis	Infections	Skin Infections	Ear Infections
Cold & Flu	Insect Bites	Sore Throat	Nausea
Diarrhea	Joint Aches	Urinary Tract Infections	Pink Eye
Ear Infections	Rashes	And More!	And More!

## Advance Medical

- A free, 100% confidential benefit available to all Anthem and Kaiser plan members.
- Unlimited access to a top physician if you or a family member receive a difficult diagnosis.
- Your Physician Case Manager is backed by a team of leading doctors around the world, and the team collaborates to determine/confirm the correct diagnosis and the optimal plan for treatment.
- Your Physician Case Manager helps navigate the ins and outs of the health care system, making care more efficient and helping ease stress.
- Receive on-demand support in understanding the course of treatment, what to expect and what the likely results are.
- Access Advance Medical benefits at **855-201-9925** or visit [advance-medical.net/sisc](http://advance-medical.net/sisc).

## Biometric Screenings

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

## Healthy Lifestyle Programs

- You have access to an array of free programs designed to support you in cultivating good health, fitness and well being.
- To learn more and/or join any of them, go to [kp.org/healthylifestyles](https://kp.org/healthylifestyles).

## Healthy Lifestyle Programs for Chronic Conditions

These programs are designed to support people living with chronic conditions or health issues. Go to [kp.org/healthylifestyles](https://kp.org/healthylifestyles) to join them.

- **Care for Diabetes:** Receive support in managing diabetes to help you lead a healthier, more satisfying life.
- **Care for Your Health:** A customized plan to help you handle medications and treatments, and deal with daily challenges
- **Care for Pain:** A personalized pain management plan can help you enjoy life to the fullest while dealing effectively with your chronic pain.

## Wellness Coaching

Partner with a wellness coach (available in both English and Spanish) at no cost to you. Programs are available to help you:

- Manage your weight
- Quit tobacco
- Reduce stress
- Increase activity
- Eat healthier
- Call (866) 862-4295 to get started.

## ChooseHealthy Discounts

- This program offers a directory of complementary care, an online store, fitness club discounts, savings on health products and services, and more.
- When you register for ChooseHealthy, you'll also receive a free annual Premium Membership (a \$69.95 value). This membership gives you access to online resources and tools to help you achieve your health and fitness goals. You can develop a personalized exercise or meal plan, track your progress, and more.
- To get started, go to [kp.org/choosehealthy](https://kp.org/choosehealthy) or call (877) 335-2746.



### Costco Prescription Discounts

- Members of the **Blue Shield Medical Plans** can receive **free generic medications at Costco** in addition to standard Costco discount pricing on other prescription drugs. (Narcotics, pain relievers and cough syrup with pain reliever are not eligible for the free generic medication offer.)
- A Costco Membership is not required.
- This benefit is not available to the Blue Shield HSA plan.

### No Cost Hip, Knee, and Spine Surgical Options

- Access top-quality surgeons at Scripps with no out-of-pocket cost through Carrum Health.
- All medical bills, including deductibles, coinsurance and even travel expenses are covered
- To learn more, call Carrum Health at **(888) 855-7806**

### Diabetes Prevention Program: Solera4ME

- If you qualify, you can get access to a 16-week cutting-edge program that helps with weight loss, adopting healthy habits and can significantly reduce your risk of developing diabetes
- To find out if you qualify, go to <https://solera4me.com/sisc> and take a 1-minute quiz

### Fitness Your Way

- Work out at any network fitness location for only \$25/month per person
- Go to [fitnessyourway.tivityhealthy.com/bsc](https://fitnessyourway.tivityhealthy.com/bsc), click “Enroll” and complete the steps to enroll, or call **(833) 283-8387**

### Personalized Care

- Prenatal Program
- Disease Management
- Shield Support Case Management and Care Coordination

### Discounted Hearing Aids

- Use your \$700 hearing aid allowance through Blue Shield to purchase hearing aids
- Just go to a TruHearing provider to be fitted and adjusted for a wide variety of the latest digital hearing aids. You will save about \$980 per hearing aid compared to national average prices
- To access your TruHearing benefit, call **(866) 754-1607**

### Wellness Discount Programs

- 24 Hour Fitness
- ClubSport and Renaissance ClubSport:
- Weight Watchers
- Alternative Care Discount Program
- Vision Discount Provider Network
- MESVision Optics
- Laser Eye Surgery



To understand how your medical plan works, read the medical plan term definitions below and take a few minutes to watch the quick benefit videos shown below.

- **Coinsurance:** The percentage of the charges the member is required to pay for a medical or dental service in a plan. For example, with the Blue Shield PPO 80-G plan, Blue Shield pays 80% of the covered claim and the member pays 20% of the remaining amount after the deductible has been met.
- **Copay:** The flat fee paid by the member when a medical or dental service is received. This is usually associated with doctors office visits, prescription drugs or certain dental services under the DeltaCare plan.
- **Deductible:** The set dollar amount a member must pay before insurance coverage for medical or dental expenses can begin. For medical plans with a deductible (not including the HSA plan), there is a **4th-Quarter Carryover**. This means that any money you pay toward the deductible between October 1 and December 31 will be credited toward your deductible for the following year.
- **Out-of-Pocket Maximum:** The maximum amount the member will have to pay in a calendar year for eligible expenses in the medical plan. After reaching the Out-of-Pocket Maximum, the plan pays 100% of the allowable charges for covered services for the remainder of the calendar year.

What Expenses Apply to the Out-of-Pocket Maximum?				
Plan	Coinsurance	Copay: Medical Care	Copay: Rx	Deductible
Kaiser Plan	N/A	Yes	Yes	N/A
Blue Shield HMO Plan	N/A	Yes	Yes	N/A
Blue Shield PPO Plans	Yes	Yes	Yes	Yes
Blue Shield HSA Plan	Yes	Yes	Yes	Yes

## Accessing Care Out-of-Network

A network provider is a hospital, doctor, medical group, dentist or other health care provider contracted to provide services to members at a contracted or discounted rate. Health care providers who are not contracted are considered to be Out-of-Network providers.

For the Blue Shield HMO plan, there is no coverage outside the network except in case of an emergency. While access to Out-of-Network providers is allowed for the Blue Shield PPO and HSA plans, the coinsurance you pay for benefits is higher and you are subject to **balance billing**. Out-of-Network providers can charge any amount they wish for a service. However, if that amount is higher than what the insurance company says is “Reasonable & Customary,” the member is responsible for paying the difference.

Before seeking care with an Out-of-Network provider, it is recommended that you find out what their charges are and check with the insurance company to make sure they are considered “Reasonable & Customary.”



### Benefit Videos – Medical Plan Terms and Health Savings Accounts

Medical Plan Terms, such as coinsurance, copays, deductibles, and out-of-pocket maximums can be confusing. For a quick video that shows how these work, visit <http://video.burnhambenefits.com/terms>.

To better understand how High Deductible Health Plans and Health Savings Account Plans work, visit <http://video.burnhambenefits.com/hdhp>.

## Dental Plan Options

PSUSD offers eligible employees three dental plans to choose for all groups.

### DeltaCare USA DHMO

You choose a primary care dentist from the Delta Care network. All services must be provided or coordinated by your primary care dentist, and must be with DeltaCare Providers. Copays vary depending on the service being provided; please see the next page for an overview of copays.

### Delta Dental PPO

With the Delta Dental PPO plan, most In-Network services are covered at a higher level than Out-of-Network services.

When you obtain services from In-Network dentists, your out-of-pocket costs are lower.

In-Network dentists agree to discount their charges and benefit payments are based on the discounted fees.

When you obtain services from Out-of-Network dentists (dentists who do not participate in the PPO network), eligible expenses are paid based on Reasonable & Customary (R&C) fees.

Since the expenses are not discounted, your out-of-pocket expenses may be greater.

### Delta Dental PPO Incentive

The Delta Dental PPO Incentive plan is similar to the PPO plan in regard to using In-Network and Out-of-Network dentists. However, the coinsurance is very different for the PPO Incentive Plan.

Delta Dental pays 70% of allowed fees for covered services the first year you are eligible. Coverage then increases by 10% each year (to a maximum of 100%) for each family member, provided the covered individual accesses dental care at least once during the year. If a family member becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70% for that individual.

## Additional Benefits for Delta Dental Members

### Cost Estimator

- Looking to budget your dental costs? Try the Cost Estimator. This feature of Delta Dental's online account gives you a personalized estimate of how much you'll pay for your next dentist visit.
- Log in to your account at [deltadentalins.com](https://deltadentalins.com), then click on the **Cost Estimator** link by your name.

### Hearing Aids through Amplifon

- You now have access to discounts on hearing aids through Amplifon Hearing Health Care. Delta Dental has selected Amplifon, a leader in hearing health care, to act as your personal concierge. Amplifon will guide you through every step, from using your discounts to finding the right products and care for your hearing needs.
- Visit [amplifonusa.com/deltadentalins](https://amplifonusa.com/deltadentalins) or call **(888) 779-1429** to get started.

### LASIK Services through QualSight

- Delta Dental has selected QualSight to offer you access to discounts on LASIK services. Through QualSight, you can save 40% to 50% off the national average price of Traditional LASIK along with big savings on custom and custom bladeless LASIK procedures.
- To learn more visit [qualsight.com/-delta-dental](https://qualsight.com/-delta-dental) or call **(855) 248-2020**.

## Dental Plan Highlights

Plan Features	DeltaCare USA Dental Plan	Delta PPO Plan		Delta Dental PPO Incentive	
	In-Network Only	PPO Dentist	Out-of-Network	PPO Dentist	Out-of-Network
Annual Deductible	N/A (copays may apply)	N/A	N/A	N/A	N/A
Calendar Year Maximum Benefit	Unlimited	\$2,000	\$2,000	\$2,700	\$2,500
Preventive Cleanings	See Copay Schedule	100%	100%	70% / 80% / 90% / 100%	
Oral Exams/X-Rays	See Copay Schedule	100%	100%	70% / 80% / 90% / 100%	
Basic Services	See Copay Schedule	90%	80%	70% / 80% / 90% / 100%	
Major Services	See Copay Schedule	60%	50%	70% / 80% / 90% / 100%	
Prostodontics	See Copay Schedule	60%	50%	50%	50%
Orthodontia (Children/Adults)	Your cost: \$1,700/\$1,900	50% Lifetime Maximum: \$1,500		Not covered	

*Note: Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier contracted fees and the program allowance for non-Delta Dental Dentists.*

**www.deltadentalins.com**  
**DHMO: (800) 422-4234 | PPOs: (866) 499-3001**

**Important Note:** It is recommended that you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.



## Vision Service Plan (VSP)

The District includes vision coverage for District Medical Plan Members through VSP. 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.

**Note:** VSP has the largest network of private-practice eye care doctors in the industry. VSP’s network includes 37,000 access points nationwide. Most of the U.S. population lives within four miles of a VSP provider.

To find a VSP provider, go to [www.vsp.com](http://www.vsp.com) or call (800) 877-7195.

Vision Benefits	Vision Service Plan (VSP)	
	In-Network	Non-Network
<b>Plan Features</b>		
<b>WellVision Exam (Every 12 months)</b>	\$15 copay for exam and glasses	\$45 allowance
<b>Examination (Every 12 Months)</b>	100%	Up to \$45
<b>Lenses (Every 12 Months)</b> – Single Vision – Bifocal – Trifocal	100% 100% 100%	Up to \$45 Up to \$65 Up to \$85
<b>Frames (Every 24 Months)</b>	\$120 allowance for a wide selection of frames \$140 allowance for featured frame brands \$65 Costco frame allowance	Up to \$47
<b>Contact Lenses (Every 12 Months)</b> – Cosmetic / Elective – Medically Necessary	In Lieu of Frames and Lenses	
	\$105 allowance 100%	\$105 allowance

## Wellbeing Committee

PSUSD Wellbeing Committee. Our goal is targeted to inform, encourage and promote the health and well-being for all district employees.

*Commit To Be Fit*  
*Commit To Be Fit*  
*Commit To Be Fit*



PSUSD is pleased to provide employees and their families with a confidential Employee Assistance Program (EAP) - The Anthem Blue Cross EAP through SISC. This program is available 24/7/365 and provides significant support in a wide variety of areas.

## Anthem Blue Cross Employee Assistance Program

<b>Eligibility</b>	Employees participating in SISC and their household members
<b>Support and Counselling</b>	<p>The Employee Assistance Program (EAP) provides confidential support in balancing a wide array of challenges in areas such as:</p> <ul style="list-style-type: none"> <li>• Relationship difficulties</li> <li>• Managing change and stress</li> <li>• Legal and financial problems</li> <li>• Marriage, family or parenting concerns</li> <li>• And more</li> </ul> <p>The EAP provides you with to 6 counselling sessions per issue per benefit year</p>
<b>Identity Monitoring and Theft Resolution</b>	<ul style="list-style-type: none"> <li>• Free identity monitoring and theft resolution services through IDnotify</li> <li>• Your IDnotify customer care team is available 24/7/365, with robust knowledge in both credit and non-credit restoration, with CITRMS (Certified Identity Theft Risk Management Specialist), FCRA, and FACTA certifications.</li> <li>• Your IDnotify Specialist will help you determine if an identity theft event has occurred and guide you through any necessary restoration activities.</li> </ul>
<b>Legal and Financial Resources</b>	<ul style="list-style-type: none"> <li>• <b>Legal Assist:</b> A library of articles on legal topics and issues</li> <li>• <b>Legal Forms:</b> 100 legal forms for a variety of family and consumer situations</li> <li>• <b>State Specific Legal Forms:</b> Advanced directives and instructions for each state</li> <li>• <b>Estate Planning:</b> Articles and resources to address estate planning questions</li> <li>• <b>Financial Calculators:</b> Will allow you to get answers and explore different options regarding home and personal financing, investing, and retirement</li> <li>• <b>Pocketsmith Discount:</b> PocketSmith Personal Financial Manager is an online tool that uses an innovative calendar-based approach to help employees quickly and easily manage their personal finances.</li> </ul>
<b>myStrength</b>	<ul style="list-style-type: none"> <li>• Helps you learn to reduce stress, anxiety, depression or substance abuse</li> <li>• Helps keep you motivated with engaging activities that help you learn new ideas</li> </ul>
<b>Seminars and Articles</b>	Online resources for a wide array of topics, including both a library of articles and on-demand seminars
<b>Savings Center</b>	<ul style="list-style-type: none"> <li>• Discount shopping program that is provided through Perks At Work</li> <li>• Discounts of up to 25% on name brand, practical, and luxury items</li> </ul>
<b>How to Access EAP Benefits</b>	<ul style="list-style-type: none"> <li>• Call <b>(800) 999-7222</b></li> <li>• Visit <b>anthemEAP.com</b> (to log in, enter SISC as the program name).</li> </ul>

## Basic Term Life and Accidental Death &amp; Dismemberment (AD&amp;D) Insurance

<b>Carrier</b>	MetLife
<b>Plan Benefits</b>	District Paid
– Life Insurance	<ul style="list-style-type: none"> <li>• Certificated: \$50,000 coverage</li> <li>• Confidential/Management: \$150,000 coverage</li> <li>• Spouse/Dependent Children: \$1,500 coverage</li> </ul>
– AD&D Insurance	Death benefit equals your Life Insurance benefit; partial benefits paid for accidents that result in serious injuries (e.g., loss of limbs or eyesight)
<b>Employee Contribution</b>	None; PSUSD pays the full cost for this coverage for employees who work 3 hours or more.

## Voluntary Term Life and Accidental Dental &amp; Dismemberment (AD&amp;D) Insurance

<b>Carrier</b>	MetLife
<b>Plan Benefits</b>	<p>In addition to the District paid Basic Term Life and AD&amp;D coverage, you may elect to purchase additional Term Life and Accidental Death and Dismemberment (AD&amp;D) Insurance at discounted group rates provided by MetLife. You pay for this coverage with after-tax dollars through convenient payroll deductions. You may elect coverage as follows:</p> <ul style="list-style-type: none"> <li>• <b>Employee:</b> You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of \$500,000, not to exceed 5 times your annual salary.</li> <li>• <b>Spouse:</b> 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.</li> <li>• <b>Child(ren):</b> If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child (ren) in the following amounts: Age: live birth to 25 years: Flat \$2,500, \$5,000 or \$10,000.</li> </ul>
<b>Guarantee Issue</b>	<p>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). For <b>2019/2020 Open Enrollment</b>, MetLife has agreed to allow all PSUSD employees an opportunity to enroll in Supplemental Life/AD&amp;D coverage up to the Guarantee Issue amounts described below. This is a great opportunity to reconsider your own Life Insurance needs for you and your families. The Guarantee Issue is available in the following amounts:</p> <p>Guarantee issue is available in the following amounts:</p> <ul style="list-style-type: none"> <li>• Employee: \$100,000</li> <li>• Spouse: \$20,000</li> <li>• Child(ren): \$10,000 (Maximum allowed)</li> </ul> <p>To increase coverage above the Guarantee Issue, you or your Spouse will be asked to provide proof of good health by completing the Statement of Health Questionnaire, which is subject to Insurance Carrier approval. MetLife may approve or decline coverage based on a review of your health history.</p>
<b>Employee Contribution</b>	You pay the full cost for this coverage

Tenthly Rate for Voluntary Term Life and AD&D Per \$1,000 Coverage	
Employee/Spouse Age	\$1,000 Coverage
Under 30	\$0.091
30 – 34	\$0.115
35 – 39	\$0.127
40 – 44	\$0.145
45 – 49	\$0.211
50 – 54	\$0.307
55 – 59	\$0.535
60 – 64	\$0.811
65 – 69	\$1.561
70+	\$2.497
<b>Child(ren)</b>	<b>\$0.384</b>

### Important Facts About Beneficiaries

Beneficiaries are individuals or entities that you select to receive benefits from your policy. If you do not have a beneficiary, benefits are paid to your estate. 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(s) allocated
- To select or change your Life Insurance beneficiary, call the Risk Management Department for a copy of the Beneficiary Designation Form

American Fidelity / Transamerica / Colonial Plans	
<b>Accident Only Insurance</b>	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.
<b>Cancer Insurance</b>	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.
<b>Long Term Care Insurance</b>	Transamerica 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).
<b>Hospital Confinement Indemnity Insurance</b>	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.
<b>Employee Contribution</b>	You pay the full cost for all coverages you elect

## Legal Benefits

Voluntary Legal Services Plan — MetLaw Legal Services	
<b>Voluntary Legal Services Plan</b>	Palm Springs Unified School District offers you the opportunity to purchase MetLaw Legal Services through Hyatt Legal Plan 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.
<b>Employee Contribution</b>	You pay the full cost for all coverages you elect



The Flexible Spending Account (FSA) Plan, administered by American Fidelity, allows you to pay certain qualifying expenses with pre-tax dollars. Because deductions for these expenses are subtracted from your gross pay, your taxable income is reduced, less taxes are withheld, and your take-home pay may increase.

The District provides employees with a debit card for use with the Medical Expense Account. This card allows employees to purchase and immediately pay for eligible expenses (e.g., copays, coinsurance, ).

Employees enrolled in the FSA Plan contribute to their account(s) during the 12-month Plan Year (October 1 – September 30).



## Benefit Video – How FSAs Can Help Save You Money

For a better understanding of how Flexible Spending Accounts work, watch this quick video at <http://video.burnhambenefits.com/fsa>.

### Medical Expense Reimbursement Account

The Medical Expense Account allows you to set aside pre-tax dollars to pay for qualifying out-of-pocket medical, dental, vision and Rx expenses, including deductibles, coinsurance and copays for yourself or your dependents. The maximum amount you can contribute to the Medical Expense Reimbursement Account is \$2,700.

Please note you cannot enroll in the Medical Expense Reimbursement Account if you are enrolled in the Blue Shield HSA plan.

### Dependent Daycare Reimbursement Account

The Dependent Daycare Reimbursement Account allows you to set aside pre-tax dollars to pay for eligible dependent care expenses to a maximum of \$5,000 per plan year, per household. This includes child care, elder care, or other eligible dependent care.

### 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.

## Flexible Spending Account (FSA) Plan

### Spending Account Rules

You must designate how much money you wish to contribute annually to each account at the beginning of the plan year (October 1 or date of hire). Money set aside for one account cannot be moved to another account.

You may change your annual contributions within 30 days of experiencing a qualifying “change in family status,” such as marriage, divorce, addition or loss of a dependent, a change in your spouse’s employment, etc.

It is important to carefully review your estimated expenses since any unclaimed funds remaining in each account as of **December 31** of the following plan year will be forfeited, with exception of \$500, which can be rolled over into next plan year. Expenses must be incurred between **October 1** of the current plan year and **December 15** of the following plan year. All expenses must be submitted by **December 31** of the following plan year to qualify for reimbursement.

### The FSA Debit Card/Direct Deposit

The FSA Debit Card enables you to pay for eligible health care expenses directly from your Health Care Spending Account. Your Spending Account is electronically debited whenever you use the card. IRS regulations require that you provide documentation to verify eligibility of certain expenses but you don’t have to wait for reimbursement. The FSA Debit Card is accepted by eligible merchants and providers who use the Mastercard or VISA system.

You may also elect to have reimbursements deposited directly into your bank account.

### Example: How You Can Save Money With an FSA

	Without the Health Care FSA	With the Health Care FSA
Gross Annual Pay	\$45,000	\$45,000
Pre-Tax Health Care FSA	Not Elected	\$1,200
Taxable Gross Income	\$45,000	\$43,800
Payroll Taxes (at 30%)	\$13,500	\$13,140
Health Care Cost	\$1,200	\$0
Net Pay	\$30,300	\$30,660
Annual Net Pay Increase	\$0	<b>\$360</b>

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

## How the Health Savings Account (HSA) Works

The opportunity to establish and contribute to a Health Savings Account is available when you elect the Blue Shield HSA medical plan option. It's a personal, tax-free savings account for health care expenses that earns interest. Any unused money rolls over from year to year.

You may elect to make contributions into your account up to IRS maximums.

IRS Maximums for 2019 are:

- Employee: \$3,500
- Family: \$7,000
- Catch-up if you are 55 years of age or older: \$1,000

IRS Maximums for 2020 are:

- Employee: \$3,550
- Family: \$7,100
- Catch-up if you are 55 years of age or older: \$1,000

The portion of your paycheck that you contribute to your HSA will be taken out before you pay federal income taxes, Social Security taxes and most state taxes (excluding state taxes in AL, CA and NJ). Any contributions you make can be increased or decreased over the course of the year.

You can decide how to manage your money. The money in your HSA is yours to save and spend on eligible health care expenses whenever you need it, whether in this plan year or in future plan years. You can use the funds in your account to pay tax-free for qualifying out-of-pocket Medical, Dental and Vision expenses such as deductibles, coinsurance and copays. Your account balance earns interest and the unused balance rolls-over from year to year.

The money is yours to keep even if you leave PSUSD, no longer participate in a high deductible health plan, or retire. You may continue to make contributions to your HSA if you enroll in another qualified high deductible health plan, or elect COBRA Continuation Coverage for your Blue Shield coverage if your employment terminates.

## Eligible HSA Expenses

### Medical

- Providers (Doctors, Specialists, Nurses)
- Prescription Drugs
- Inpatient Hospital Services
- Laboratory & X-Ray
- Emergency Services
- Acupuncture / Chiropractic

### Dental

- Providers (Dentists, Specialists, Orthodontists)
- Teeth Cleaning
- Dental Treatment
- Orthodontia

### Vision

- Providers (Optometrists, Ophthalmologists)
- Exams
- Glasses
- Contact Lenses
- Lasik Surgery

### Premiums

- COBRA
- Long-Term Care
- Medicare

Ineligible HSA Expenses include expenses that are not medical or health related as well as cosmetic surgery.

## 403(b) and 457(b) Plans

The District provides all employees with the opportunity to build savings for long term financial goals, such as retirement. You are eligible to contribute to the 403(b) and 457(b) plans starting at date of hire.

**To enroll, visit Fringe Benefits Consortium (FBC) or call (619) 541-5805 to establish a 403(b) and/or 457(b) account.**

	403(b) Plan		457(b) Plan
	Traditional Option	Roth Option	Traditional Option Only
<b>Benefit</b>	Save for your future with <b>pre-tax</b> dollars	Save for your future with <b>after-tax</b> dollars	Save for your future with <b>pre-tax</b> dollars
<b>Tax Advantages</b>	<p>Your contributions are tax-free and lower your taxable income now</p> <p>You pay tax on your contributions and investment earnings when you withdraw your funds during retirement</p>	<p>Your contributions are made with after-tax dollars</p> <p>When you withdraw funds during retirement, you do not pay taxes on your contributions; however investment earnings <b>may</b> be subject to State income tax</p>	<p>Your contributions are tax-free and lower your taxable income now</p> <p>You pay tax on your contributions and investment earnings when you withdraw your funds during retirement</p>
<b>Annual Contribution Limit – Separate IRS Maximum Contribution Limits for the 403(b) and 457(b) Plans</b>	Up to 100% of eligible earnings up to the IRS maximum (Traditional and Roth options combined)		Up to 100% of eligible earnings up to the IRS maximum
<b>Plan Investments</b>	You choose how to invest your retirement savings. A variety of investment options are available, as well as free investment consultations		
<b>Rollovers</b>	You have the option to rollover qualified retirement plans.		
<b>Loans</b>	You have the option to take a loan if you wish. Please note that loan payments are made with after-tax money, and when you withdraw 403(b) or 457(b) funds during retirement, they will be subject to tax again at that time.		



## The Affordable Care Act and You

Until December 31, 2018, the Affordable Care Act (ACA) requires nearly every American to be enrolled in medical coverage or pay a penalty. This is referred to as the individual mandate. You have several options to satisfy this requirement:

- Enroll in a medical plan offered by the District or another group plan
- Purchase coverage through a health insurance marketplace
- Enroll in coverage through a government sponsored program
- Have no coverage and incur a tax penalty

Because PSUSD’s medical plans are considered affordable and meet minimum value under Health Care Reform, you 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.

To learn more about the Affordable Care Act, visit [www.healthcare.gov](http://www.healthcare.gov).

## Annual Notices

Various state and federal laws require that employers provide disclosure and annual notices to their plan participants. The District has posted all federally required annual notices on our district website for you to download and read at your convenience, go to [www.psusd.us/benefits](http://www.psusd.us/benefits).

Annual notices include the following:

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



Below is a list of insurance carrier contacts should you require assistance with your benefits questions following Open Enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact Risk Management.

	Phone	Website
<b>Health Benefits</b>		
SISC	(661) 636-4410	<a href="http://www.sisc.kern.org">www.sisc.kern.org</a>
Kaiser Permanente ASH (Chiropractic)	(800) 464-4000 (800) 678-9133	<a href="http://www.kp.org">www.kp.org</a> <a href="http://www.ashlink.com/ash/kp">www.ashlink.com/ash/kp</a>
Blue Shield MDLive	(855) 256-9404 (888) 632-2738	<a href="http://www.blueshieldca.com/sisc">www.blueshieldca.com/sisc</a> <a href="http://www.mdlive.com/ca/sisc">www.mdlive.com/ca/sisc</a>
Navitus Health Solutions (Rx)	(866) 333-2757	<a href="http://www.navitus.com">www.navitus.com</a>
Advance Medical	(855) 201-9925	<a href="http://www.advance-medical.net/sisc">www.advance-medical.net/sisc</a>
DeltaCare USA DHMO Delta Dental PPOs	(800) 422-4234 (866) 499-3001	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Vision Service Plan (VSP)	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Voluntary Products</b>		
American Fidelity Voluntary Accident Only Insurance Cancer Insurance	(619) 665-0890 (Jason Czajkowski)	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>
Transamerica Voluntary Long Term Care Insurance	(760) 718-2426 (Leiba & Associates Insurance Agency)	<a href="http://www.leibainsurance.com">www.leibainsurance.com</a>
Colonial Life Voluntary Hospital Confinement Indemnity Insurance	(714) 609-1605 (Brian Akian)	<a href="http://www.coloniallife.com">www.coloniallife.com</a>
<b>Flexible Spending Account</b>		
American Fidelity Flexible Spending Account	(619) 665-0890 (Jason Czajkowski)	<a href="http://www.afadvantage.com">www.afadvantage.com</a>
Health Equity Health Savings Account (HSA)	(866) 346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
<b>Employee Support Benefits</b>		
Anthem BC Employee Assistance Program (SISC)	(800) 999-7222	<a href="http://www.anthemeap.com">www.anthemeap.com</a>
MetLaw Voluntary Legal Services Plan	(800) 821-6400	<a href="http://www.legalplans.com">www.legalplans.com</a>
Fringe Benefits Consortium (FBC)	(619) 541-5805	<a href="http://www.MyFBCretirement.com">www.MyFBCretirement.com</a>
calSTRS	(800) 228-5453	<a href="http://calstrs.com">calstrs.com</a>





**150 District Center Drive | Palm Springs, California 92264  
Telephone: (760) 883-2700**



**2211 Michelson Drive, Suite 1200 | Irvine, California 92612  
Telephone: (949) 833-2983 | Fax: (949) 833-9549**

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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 benefit program, please contact the Human Resources Department.