

2019-2020

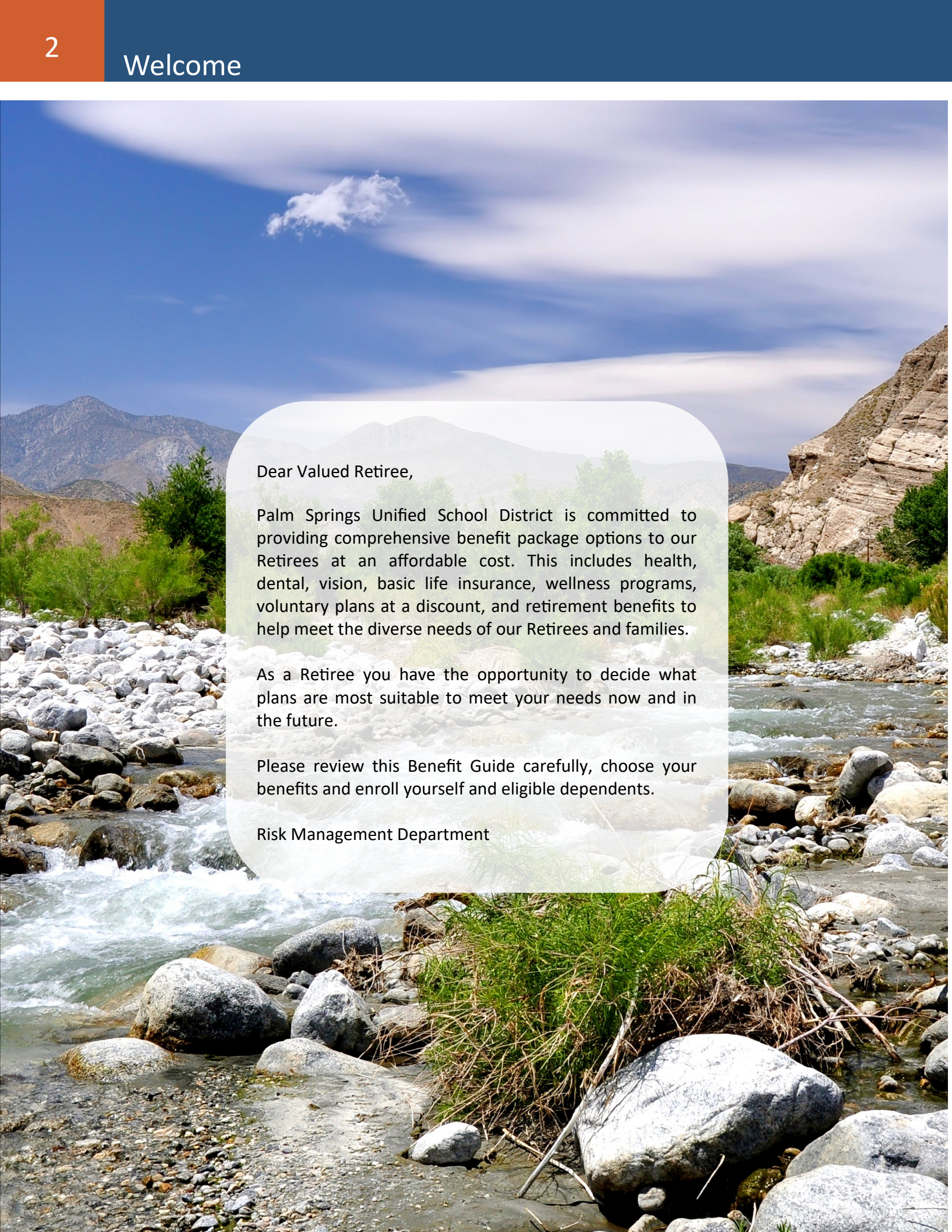


CERTIFICATED | CONFIDENTIAL | MANAGEMENT



# ERIP RETIREES BENEFITS GUIDE





Dear Valued Retiree,

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

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

Please review this Benefit Guide carefully, choose your benefits and enroll yourself and eligible dependents.

Risk Management Department

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**What makes you an eligible retiree for  
District-Paid benefits at time of Retirement  
Also known as the Early Retirement Incentive Program (ERIP)**

### CERTIFICATED

**Certificated:** *(for full description please refer to the PSTA CBA 2017-2020 )*

- Bargaining Unit Members shall receive District-Paid Health and Welfare Benefits as negotiated for bargaining unit member until age sixty-five (65) or five (5) years, whichever occurs first
- All teachers eligible to retire within STRS or PERS
- Placed in salary Column 4 and above, Step 14 and above
- Have a minimum of 10 years of service in the District in a position requiring certification
- Retire from the District
- Employee has proposed the retirement voluntarily
- 

### CONFIDENTIAL/MANAGEMENT

**Confidential/Management:** *(for full description please refer to the AR 4317.1 Management Supervisory and Confidential Personnel)*

**For those employees who become a Management/Confidential employee PRIOR to January 1, 2013:**

- Retiree shall receive upon retirement, the current District-Paid medical, dental, vision and basic life insurance benefits for (10) ten years regardless of the age
- Employees must have served in the District in a regular permanent position for consecutively **7 years** or more, prior to retirement
- Retire within STRS or PERS
- Retire from the District

**For those employees who become a Management/Confidential employee on or AFTER January 1, 2013:**

- Retiree shall receive upon retirement, the current District-Paid medical, dental, vision and basic life insurance benefits until age 65 or for ten (10) years, whichever comes first
- Employees must have served in the District in a regular permanent position for consecutively **10 years** or more, prior to retirement
- Retiree must be at least 55 years of age
- Retire within STRS or PERS
- Retire from the District

# ERIP Enrollment Information

## Plan Years

- Medical, Dental and Vision: 10/01/2019 to 09/30/2020
- MetLife Basic Term Life Insurance Benefits: 10/01/2019 to 09/30/2020

## When You May Enroll

Eligible District Paid Retirees may enroll at the time of Retirement

## Documents Required to Enroll Dependent(s)

<b>Spouse</b>	<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>• SISC Affidavit of Marriage to be completed only if you do not file taxes jointly</li> <li>• For newly married couples where prior year's tax return is not available, a marriage certificate will be accepted.</li> </ul>
<b>Domestic Partner</b>	<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>
<b>Children, Stepchildren, and/or Adopted Children up to age 26</b>	<ul style="list-style-type: none"> <li>• Legal Birth Certificate or Hospital Birth Certificate [to include full name of child, child's date of birth and parent(s) name]</li> <li>• Legal Adoption Documentation</li> </ul>
<b>Legal Guardianship up to age 18</b>	<ul style="list-style-type: none"> <li>• Legal Court Documentation establishing Guardianship</li> </ul>

## Changes to Enrollment and/or Qualifying Life Event

**Changes:** Each year there will be an annual open enrollment period where you can make new benefit selections for the following plan year. Once you make your benefit selections, you cannot change plans; however you may add or remove a dependent if you experience a qualifying life event.

**Life Event:** Please contact the Benefits Department **within 30 days from the qualifying life event date** to complete the appropriate selection forms. If you do not update your coverage **within 30 days**, you must wait until the next annual open enrollment period.

## MEDICARE INFORMATION

It is the Retiree's responsibility to submit a copy of the Medicare Card to the Benefits Department (both for Retiree and Dependent turning age 65). If proof of your Medicare Card is not provided, the following illustrates the surcharge that will be applied to the monthly premium of the Retiree. The surcharge will be applied the first of the month in which the member turns age 65 until the Medicare card is produced.

### 2018-2019 SURCHARGE

Missing Part A	\$550
Missing Part B	\$550
Missing Part A & B	\$1,100

## INITIAL MEDICARE ENROLLMENT PERIOD

- **Strongly Recommend contacting Social Security 3 months PRIOR** to your 65th birthday to enroll in Medicare
- **AFTER** age 65, contact Social Security **3 months PRIOR** to your retirement date to enroll in Medicare
- If you have deferred Medicare Part B for some reason and now need to enroll, contact Social Security

## MEDICARE COVERAGE

### GENERAL MEDICARE ENROLLMENT PERIOD

- If you don't sign up for Part A and Part B when you're first eligible, age 65 or at retirement, you will have the opportunity to enroll between January 1 and March 31 each year, for a July 1 effective date
- Active employee **working at age 65 and older**, SISC does not require Medicare until employee retires = group plan is primary
- Early Retiree **under age 65** (even if spouse is over 65) = group plan is primary
- Retiree **over age 65** or with Medicare = Medicare is primary = group plan is secondary

# Medical Insurance - HMO and PPO Plans

## 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.

### Kaiser HMO plan options available:

Kaiser HMO plan options available:	Early Retiree Under 65	Retiree Medicare A&B
Kaiser HMO Medical Plan	•	
Kaiser Senior Advantage HMO Medical Plan		•

**Finding a Kaiser Permanente Medical Provider:** Go to [www.kaiserpermanente.org](http://www.kaiserpermanente.org) or call (800) 464-4000

## HMO Medical Plans – Blue Shield

With the Blue Shield of California Health Maintenance Organization Access+ (HMO) plans, you will be required to select a Primary Care Physician (PCP) within the Blue Shield Access+ HMO network. Your PCP will coordinate all of your medical care. 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.

All HMO plan options offer prescription drug benefits through **Navitus-Health Solutions**. 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.

### Blue Shield HMO 10 plan options available:

Blue Shield HMO 10 plan options available:	Early Retiree Under 65	Retiree Medicare A&B
Blue Shield HMO 10 Medical Plan	•	

**Finding a Blue Shield HMO Medical Provider:** [www.blueshieldca.com](http://www.blueshieldca.com) or call (855) 256-9404 *Refer to the Access+ HMO network when prompted.*

## 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.

All PPO plan options offer prescription drug benefits through **Navitus-Health Solutions**. For prescription information and potential

### Blue Shield PPO plan options available:

Blue Shield PPO plan options available:	Early Retiree Under 65	Retiree Medicare A&B
Out-Of-Network: When using non-PPO Providers you may be responsible for paying additional non-participating charges. Pre-authorization is required where it applies.		
<b>Blue Shield PPO Medical Plan 100-B</b>	•	
<b>Blue Shield PPO Medical Plan 80-G</b>	•	
<b>Blue Shield HSA-A High Deductible Health Plan (HDHP) PPO Medical Plan:</b> 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 your deductible. This plan also meets the requirement for a Health Savings Account (HSA).	•	
<b>Blue Shield PPO Medical Plan 100-A</b>		•

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.

# Medical Insurance Summaries

MEDICAL PLAN FEATURES			
Medical Plan Features	Kaiser HMO	Kaiser Senior Advantage HMO Medicare Plan	Blue Shield HMO 10
Plan Options Available To:	Early Retiree Under 65	Retiree Medicare A&B	Early Retiree Under 65
Calendar Year Maximum	Unlimited	Unlimited	Unlimited
Deductible (Annual)	None	None	None
Co-Insurance (Plan Pays)	100%	100%	100%
Office Visit Copay - Primary Physician/Specialist	\$15 copay / \$15 copay	\$10 copay / \$10 copay	\$10 copay / \$10 copay
Out-of-Pocket Maximum - Individual / Family	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,000 / \$2,000
Inpatient Hospitalization	No cost	No cost	No cost
Outpatient Diagnostic Tests	No cost	No cost	No cost
Emergency Services (Copay waived if admitted)	\$100 Copay	\$50 Copay	\$100 Copay
Urgent Care Copay	\$15 copay	\$15 copay	\$10 copay
Preventive Care	No cost	No cost	No cost
Mental Health/Substance Abuse - Outpatient Copay/Inpatient	\$15 copay / No cost	\$10 copay / No cost	\$10 copay / No cost
Chiropractic Copay/Visits per Year	\$10 copay / 30 visits combined	\$10 copay / 30 visits combined	\$10 copay / 30 visits combined

ALL BLUE SHIELD HMO & PPO DRUG PRESCRIPTIONS ARE ADMINISTERED BY NAVITUS (NOT FOR KAISER MEMEBERS)			
Prescription Drugs Plan Features	Kaiser HMO	Kaiser Senior Advantage HMO Medicare Plan	Blue Shield HMO 10
Out-of-Pocket Max - Individual / Family	Included in Medical	Included in Medical	\$1,500 / \$2,500
Retail Pharmacy—30 Day Supply - Generic/Brand	\$5/\$20	100 Days \$10/\$20	Network \$7/\$25 Costco \$0/\$20
Mail Order Pharmacy - Generic/Brand - Supply Limit	\$15/\$30 61-100 Days	\$10/\$20 100 Days	\$0/\$50 90 Days

This summary is for comparison purposes only. Please refer to the PSUSD Website for detailed plan summaries.

MEDICAL PLAN FEATURES				
Medical Plan Features	Blue Shield PPO 100-B	Blue Shield PPO 100-A	Blue Shield PPO 80-G	Blue Shield HSA-A
Plan Options Available To:	Early Retiree Under 65	Retiree Medicare A&B	Early Retiree Under 65	Early Retiree Under 65
Calendar Year Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Deductible (Annual) - Individual / Family - Individual HSA coverage - Family HSA coverage	\$100 / \$300 n/a n/a	\$0 / \$0 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%	0%	80%	90%
Office Visit Copay Primary Physician / Specialist	\$20 copay / \$20 copay	\$0 copay / \$0 copay	\$30 copay / \$30 copay	Ded, 10%
Out-of-Pocket Maximum - Individual - Family	\$1,000 \$3,000	\$1,000 \$3,000	\$2,000 \$4,000	\$3,000 \$6,000
Inpatient Hospitalization	Ded, 0%	Ded, 0%	Ded, 20%	Ded, 10%
Outpatient Diagnostic Test	Ded, 0%	Ded, 0%	Ded, 20%	Ded, 10%
Emergency Services (Copay waived if admitted)	\$100 copay / Ded, 0%	\$100 copay / Ded, 0%	\$100 copay / Ded, 20%	\$100 copay / Ded, 10%
Urgent Care Copay	\$20 copay	\$0 copay	\$30 copay	Ded, 10%
Preventive Care	No cost	No cost	No cost	No cost
Mental Health/Substance Abuse - Outpatient Copay / Inpatient	\$20 copay / Ded, 0%	\$0 copay / Ded, 0%	\$30 copay / Ded, 20%	Ded, 10%
Chiropractic	Ded, 0% Limits apply	Ded, 0% Limits apply	Ded, 20% Limits apply	Ded, 10% Limits apply

ALL BLUE SHIELD HMO & PPO DRUG PRESCRIPTIONS ARE ADMINISTERED BY NAVITUS (NOT FOR KAISER MEMEBERS)				
Prescription Drugs Plan Features	Blue Shield PPO 100-B	Blue Shield PPO 100-A	Blue Shield PPO 80-G	Blue Shield HSA-A
Out-of-Pocket Max - Individual / Family	\$1,500 / \$2,500	\$1,500 / \$2,500	\$1,500 / \$2,500	Included in Medical
Retail —30 Days Supply Generic/Brand	Network \$7/\$25 Costco \$0/\$25	Network \$0/\$25	Network \$7/\$25 Costco \$0/\$25	\$9/\$35 after Deductible
Mail Order—90 Day Supply Generic/Brand	\$0/\$60	\$0/\$60	\$0/\$60	\$18-\$90 after Deductible

## 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) - Individual - Family	None None	None None	None 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%
Prosthodontics	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 USA 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	\$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.

## District-Paid Basic Term Life and AD&D Insurance

Life insurance protects your family or other beneficiaries in the event of your death while you are enrolled in our **Early Retirement Incentive Program (ERIP)** with the Palm Springs Unified School District. The District pays in full for Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance, offered through MetLife.

The following are the amounts of coverage for the **Retiree (ERIP)**, spouse and dependent children:

RETIREE	Basic Term Life	AD&D
ERIP Certificated:	\$ 50,000	\$ 50,000
ERIP Confidential/Management:	\$ 150,000	\$ 150,000
Retiree's 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.*

# RATES 2019-2020: CERT/CONF/MGMT

## SISC Medical Plan - Rates (under 65)

	Retiree Only	Retiree + 1 Dependent	Retiree + Family
Retiree and Dependents under 65 (UUU) also includes (MUU) and (UMU)			
BS PPO 100-B	\$758.00	\$1,476.00	\$2,067.00
BS PPO 80-G	\$629.00	\$1,219.00	\$1,701.00
BS HSA-A	\$522.00	\$1,044.00	\$1,488.00
BS HMO 10	\$661.00	\$1,281.00	\$1,790.00
Kaiser HMO	\$616.00	\$1,202.00	\$1,683.00

## SISC Medical Plan - Rates (over 65)

	Retiree Only	Retiree + 1 Dependent	Retiree + Family
Retiree and Dependents over 65			
BS PPO 100-A	\$542.00	\$1,084.00	\$1,407.00
Kaiser Senior Advantage	\$229.00	\$458.00	N/A

## Delta Dental Plan - Rates

	Retiree Only	Price to add 1 or more Dependents	Price to add 2 or more Dependents
DeltaCare USA DHMO	\$ 20.56	\$ 33.95	\$ 50.17
Delta Dental PPO	\$ 56.36	\$ 69.15	\$ 128.53
Delta Dental PPO Incentive	\$ 62.45	\$ 76.60	\$ 142.39

## Vision Services Plan - Rates

	Retiree Only	Retiree + 1 Dependent	Retiree + Family
Vision Services Plan (VSP)	\$ 10.56	\$ 21.12	\$ 31.15

# How to Calculate Premiums

The PSUSD Contribution amount for your ERIP will be the same as the CAP Amount you received on the Fiscal Year you retired.

Monthly District Contribution (CAP)		
Fiscal Year	MGMT/CONF	Certificated
2008/2009	\$1,041.67	\$1,101.25
2009/2010	\$1,041.67	\$1,101.25
2010/2011	\$1,041.67	\$1,101.25
2011/2012	\$1,041.67	\$1,101.25
2012/2013	\$1,104.17	\$1,167.33
2013/2014	\$1,104.17	\$1,167.33
2014/2015	\$1,104.17	\$1,167.33
2015/2016	\$1,145.83	\$1,167.33
2016/2017	\$1,175.00	\$1,188.17
2017/2018	\$1,175.00	\$1,188.17
2018/2019	\$1,175.00	\$1,210.00
2019/2020	\$1,238.08	\$1,251.25

Calculate Monthly Rates	New Program Year 10/1/2019- 9/30/2020
Medical Rate	_____
Retiree Dental Rate <b>ONLY</b>	+ _____
Vision Rate	+ _____
Sub-Total Monthly Cost	= _____
District Contribution	- _____
Retiree Monthly Payment	= _____
Dental Rate for Dependent(s)	+ _____
<small>Retiree is responsible for the full amount of Dependent's dental plan.</small>	
Total Monthly Cost	= _____

Your Enrollment Plan Information	
<small>Example</small>	<small>PPO 100-B</small>
Medical Plan	
Dental Plan	
Vision Plan	

Your Benefit Eligibility Dates	
End Date of Active Benefits	
ERIP Start Date	
ERIP End Date	

## MDLIVE—Access Doctors Online *(Not available for Kaiser Members)*

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 the following: your name or patient's, (if you are not calling for yourself), the last 4 digits of Social Security Number, date of birth, and phone number.

### When to use MDLIVE:

- If you are considering the ER or Urgent Care center for non-emergency medical use.
- If your primary care doctor is not available.
- When traveling and in need of medical care.
- During or after normal business hours, nights, weekends and holidays.
- To request prescriptions or get refills.
- The copay for PPO members is \$5 and \$40 for HDHP members.



## SISC Value-Added Services

### Diabetes Prevention Program

SISC recently introduced a new diabetes prevention benefit for Blue Shield HMO and PPO members. It's a 16-week, cutting edge program that can help members 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)

### 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.

## Employee Assistance Program *(Available for all PSUSD Employees)*

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 also receive a discount on fees should you retain the attorney. Online resources include free legal forms and a full library of articles.
- **Daily Living Resources/Dependent Care:** 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 assess your risk level and then identify steps to resolve potential identity theft. All services provided are free of charge. Specialists will work with you to restore your financial identity to its pre-theft status.
- **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 Program:** LivingFree is a free, 1-session, 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.

## 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**

## 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.pusd.us/benefits](http://www.pusd.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



# Resources and Contacts

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact the Benefits Department.

	Phone	Website
<b>Health Benefits</b>		
SISC (Self-Insured Schools of California)	(661) 636-4410	www.sisc.kern.org
Kaiser Permanente ASH (Chiropractic)	(800) 464-4000 (800) 678-9133	www.kp.org www.ashlink.com/ash/kp
Blue Shield Blue Shield Customer Service and/or I.D. Cards MD Live (24/7 Physician Line) Blue Shield HMO/PPO Chiropractic & Acupuncture Health Equity—HSA Accounts Customer Service	(855) 256-9404 (888) 632-2738 (855) 256-9404 (866) 346-5800	www.blueshieldca.com/sisc www.mdlive.com/ca/sisc www.blueshieldca.com/sisc www.healthequity.com
Navitus Health Solutions (Rx)	(866) 333-2757	www.navitus.com
Advance Medical	(855) 201-9925	www.advance-medical.net/sisc
DeltaCare USA DHMO Delta Dental PPOs	(800) 422-4234 (866) 499-3001	www.deltadentalins.com
Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
<b>Employee Support Benefits</b>		
Anthem BC Employee Assistance Program (SISC)	(800) 999-7222	www.anthemeap.com
<b>Other Resources/ Vendors</b>		
CalPERS (Retirement) CalSTRS (Retirement) American Fidelity Products—Jason Czajkowski Transamerica Long Term Care - Jason Leiba Marv Law (Medicare Expert)	(888) 225-7377 (800) 228-5453 (619) 665-0890 (760) 718-2426 (760) 345-4705	www.leibainsurance.com marvlaw@HealthBridgeInsurance.com

## 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 <b>(A-L)</b>	Benefits Specialist <b>(M-Z)</b>	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)



150 District Center Drive  
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.