



2025 - 2026

Employee Benefits Guide



TEAMSTERS, CLASSIFIED

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 31 calendar days of your hire date.

Medical and Vision Start Date: _____

Dental Start Date: _____

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About Your Benefits

Palm Springs Unified School District (PSUSD) partners with Northwest Administrators, Inc. (NWA) - Teamsters 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

Anthem Blue Cross PPO (1)
Anthem Blue Cross HMO (1)
Kaiser HMO (1)

Dental

Delta Dental PPO Incentive
Delta Dental PPO
DeltaCare USA DHMO

Vision

Vision Service Plan (VSP)

Life Insurance

Metlife Basic Term Life and AD&D
Prudential Life and AD&D

Employee Assistance Program

HMC HealthWorks Employee Member Assistance Program (EMAP)

Voluntary Benefits

Supplemental

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

125 Accounts

Flexible Spending Accounts

Legal

MetLaw Legal Services Plan

Retirement

403(b) Plan
457 Plan

Questions About Your Benefits?

Contact Risk Management/Benefits Department at:
(760) 883-2715 or riskmanagement@psusd.us

Renee Brunelle	Brandon Aponte	Marlyne Velazquez	Monni M. Villela	Tami Garcia	Jesse Sotelo
Director of Risk Management	Benefits Specialist	Benefits Specialist	Benefits Specialist	Benefits & Work Comp. Specialist	Risk Management Program Analyst
Ext. 4805376	Ext. 4805377	Ext. 4805378	Ext. 4805380	Ext. 4805379	Ext. 4805381
rbrunelle@psusd.us	baponte@psusd.us	mvelazquez@psusd.us	mmunozvillela@psusd.us	tgarcia@psusd.us	jsotelo@psusd.us

View more Benefits information at 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.

<input type="checkbox"/> Step 1	Read this Enrollment Guide to understand your benefits for 2025 – 2026. Please review the Palm Springs Unified School District Benefits Website at www.psusd.us/benefits for additional information.
<input type="checkbox"/> Step 2	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.
<input type="checkbox"/> Step 3	Gather a summary of your 2024 health and childcare expenses to help you estimate your Flexible Spending Account (FSA) elections.
<input type="checkbox"/> Step 4	Log in to Ease at psusd1.ease.com to verify your personal information, elect benefits and upload required documentation.

Who May Enroll

Full-Time Employees	Part-Time Employees	Eligible Dependents
<p>Full-Time employees are required to select a benefit package</p> <ul style="list-style-type: none"> • Medical and Vision Insurance will be effective the 1st of the following month after your 60 day waiting period • Dental Insurance will be effective the 1st of the following month of hire date 	<p>Existing part-time employees may become eligible when their status in position changes to full-time status (7+ hours)</p> <p>For MetLife District Paid Life Insurance, see Page 20</p>	<ul style="list-style-type: none"> • Legally married spouse • Registered domestic partner • Children under age 26 (Natural Child, Step Child, Adopted, Legal Guardianship) • Disabled dependent children over age 26 (with certification form and approval)

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 partners nor their children (unless they qualify as dependents under Section 152) for tax filing purposes, the District 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 Documentation

The following verification documents are required to enroll a dependent in health benefit plans.

Dependent Type	Required Documentation
Spouse	<ul style="list-style-type: none"> County Certified Marriage Certificate
Domestic Partner	<ul style="list-style-type: none"> Certificate of Registered Domestic Partnership issued by State of California (AB 205 Compliant) Affidavit of Domestic Partnership (when applicable)
Children, Stepchildren, and/or Adopted Children up to age 26	<ul style="list-style-type: none"> Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent (s) name & child's DOB) Legal Adoption Documentation
Legal Guardianship up to age 18	<ul style="list-style-type: none"> Legal Court Documentation establishing Guardianship
Disabled Dependents over age 26	<p>Anthem Blue Cross (All items listed below are required)</p> <ul style="list-style-type: none"> Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent (s) name & child's DOB) Completed Anthem Disabled Dependent Certification Form <p>Kaiser (All items listed below are required)</p> <ul style="list-style-type: none"> Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent (s) name & child's DOB) Social Security Numbers (Copy of SS card is recommended but not required) Completed Disabled Dependent Enrollment Application Most recent Kaiser Certification notice (if available)

The District may require additional documentation, but may not require less.

Plan Years/Open Enrollment

- Medical and Vision PLAN YEAR: 06/01/2025 to 05/31/2026
- OPEN ENROLLMENT WILL BE IN APRIL—MEDICAL PLAN CHANGE WILL BE EFFECTIVE JUNE
- Dental Benefits PLAN YEAR: 10/01/2025 to 09/30/2026
- OPEN ENROLLMENT WILL BE IN AUGUST—DENTAL PLAN CHANGE WILL BE EFFECTIVE OCTOBER

When You Can Enroll

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

- As a **new hire with full time status**, you may participate in the PSUSD Benefits Program.
 - ◆ **Medical and Vision** Insurance will be effective the 1st of the following month **after your 60 day waiting period**.
 - ◆ **Dental** Insurance will be effective the 1st of the following month of hire date.
 - ◆ **Premiums** for your coverage will start the 1st of the following month of hire.
- Each year, during Open Enrollment.
- **Within 31 days of a qualifying event** as defined by the IRS (see Changes To Enrollment below).
- You may enroll in Voluntary Life Insurance at any time, as long as you complete an Evidence of Insurability form, subject to approval from carrier.
- You may enroll in the Voluntary Benefit post tax plans at any time.

Changes To Enrollment

The Medical and Vision plans are effective June 1 through May 31 and our dental plan is effective October 1 through September 30 of each year. Classified employees have two Annual Open Enrollment period. During the month of April, you can make medical benefit election changes, effective June 1st. In August you can make dental plan changes, effective October 1st. 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
- Significant change in income
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children’s Health Insurance Program (CHIP)
- Becoming eligible for a state’s premium assistance program under Medicaid or CHIP

Important Note: Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 31 days to update your coverage and provide the required certificate. Please contact the benefit office 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.

Paying for Your Coverage

For 2025–2026, the District will make a District Contribution (CAP) toward the cost of the selected benefit package for employees and their eligible dependents.

- Teamsters I: \$19,734
- Teamsters II: \$18,755



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

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

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 dependents 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 prompts to finish.

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

To UPLOAD Supporting Documents, Select:

VIEW PROFILE, then select

DOCUMENTS, then click **ACTIONS**

Click **ADD DOCUMENT**, then click **BROWSE FILES** to find & upload supporting documentation.

To add additional documents, please repeat the process

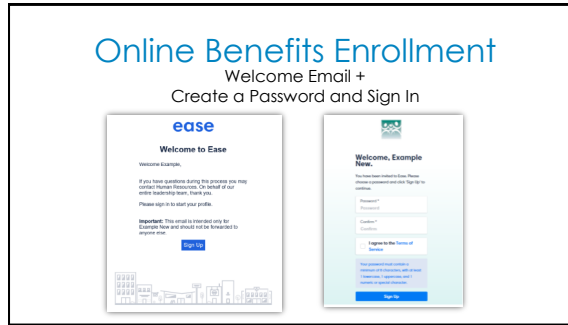
You can also drag the document from your desktop

Please enter the **DISPLAY NAME** using your **LAST NAME**, **FIRST NAME** and the **DESCRIPTION** of the document ex, **TAX RETURN** or **BIRTH CERTIFICATE**



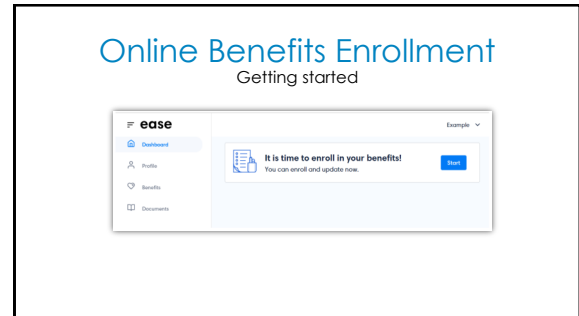
Welcome Email Create a Password and Sign In

Step 1



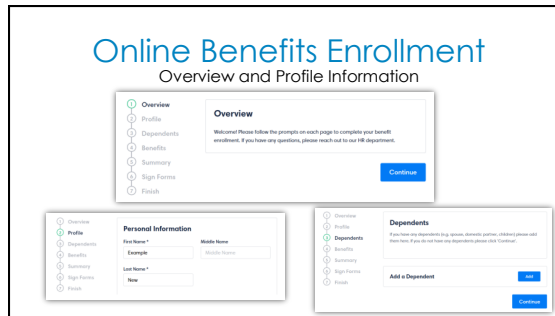
Getting started

Step 2



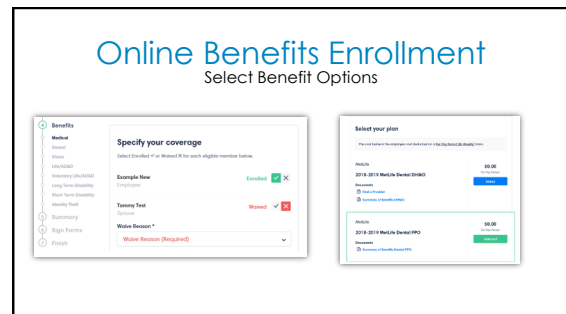
Overview and Profile Information

Step 3



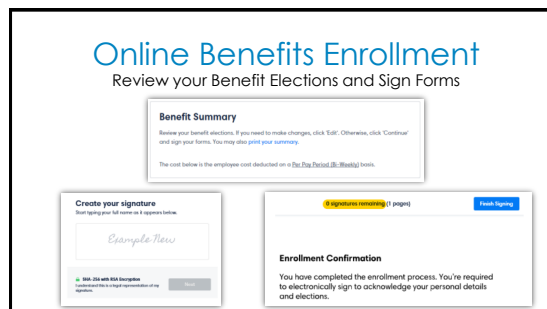
Select Benefit Options

Step 4



Review your Benefit Elections and Sign Forms

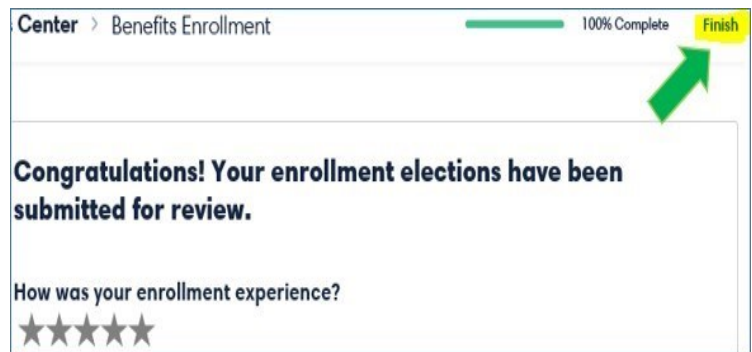
Step 5



Click on the **Finish** button



After you have completed your enrollment. Click on the **Finish** button in the upper right-hand corner



Upload Documents when required



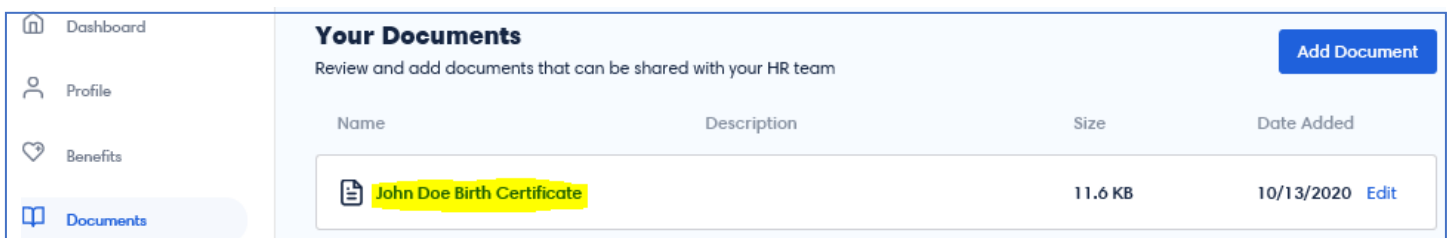
Via the left-hand menu, **navigate to Documents**, then click **Add**



Select File you would like to upload, Name the file, then click Add Document



The document has now been added to your Ease profile.



Medical Plan Options

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

Kaiser HMO Plan

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.

Anthem Blue Cross HMO Plan

With the Anthem Blue Cross 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.

For Chiropractor Services call
(800) 849-7938

Anthem Blue Cross PPO Plan

With the Anthem Blue Cross 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.

Chiropractor and Acupuncture benefits are provided through American Specialty Health Network (ASH). For more information, go to www.ashlink.com/ash/kp or call **(800) 678-9133**.

www.kp.org
(800) 464-4000



www.anthem.com/ca
(844) 849-7938 (HMO)
(877) 214-8928 (PPO)



IMPORTANT

Employee deductions noted below are not in Ease. Please refer to rates below for the cost of the benefit package you select.

PSUSD contributes **\$19,734** towards the cost of the benefit package. The employee pays any benefits package costs over this amount in 11 or 12 months payroll deductions using pre-tax dollars:

EMPLOYEE DEDUCTIONS - 11 MONTHLY DEDUCTIONS (Rates include employee + dependents)

Dental Plan Selected	Kaiser HMO Plan	Anthem Blue Cross HMO	Anthem Blue Cross PPO
11 MONTH + DELTA INCENTIVE PPO	0.00	0.00	0.00
7+ HRS (100%) 11 MONTH + DELTA PPO	0.00	0.00	0.00
11 MONTH + DELTACARE DHMO	0.00	0.00	0.00

EMPLOYEE DEDUCTIONS - 12 MONTHLY DEDUCTIONS (Rates include employee + dependents)

Dental Plan Selected	Kaiser HMO Plan	Anthem Blue Cross HMO	Anthem Blue Cross PPO
12 MONTH + DELTA INCENTIVE PPO	0.00	0.00	0.00
7+ HRS (100%) 12 MONTH + DELTA PPO	0.00	0.00	0.00
12 MONTH + DELTACARE DHMO	0.00	0.00	0.00

Medical Plan Features	Kaiser HMO Plan	Anthem Blue Cross HMO	Anthem Blue Cross PPO
Calendar Year Maximum	Unlimited	Unlimited	Unlimited
Deductible (Annual) - Individual/Family	None	None	\$500 / \$1,500
Co-Insurance (Plan Pays)	100%	100%	80%
Office Visit Copay - Primary Physician / Specialist	\$10 / \$10	\$10 / \$15	Ded, then 20%
Out-of-Pocket Maximum - Individual / Family / Prescription	\$1,500 / \$3,000	\$2,000 / \$6,000	Medical: \$2,000 / \$6,000 Prescription: \$1,200
Inpatient Hospitalization	No charge	No charge	Ded, then 20%
Outpatient Diagnostic Tests	No charge	No charge	Ded, then 20%
Emergency Services (Copay waived if admitted)	\$100 Copay	\$100 Copay	Ded, then 20%
Urgent Care Copay	\$10	\$50	Ded, then 20%
Preventive Care/Screening	No charge	No charge	No charge
Mental Health/Substance Abuse - Outpatient Services - Inpatient Services	\$10 (individual visit)/\$5 (group visit) No charge	Provided by HMC \$10 Copay No charge	Provided by HMC Ded, then 20% Ded, then 20%
Chiropractic Copay/Visits per Yr.	Not covered	\$15 / limits may apply	Ded, then 20% / 40 visits

PRESCRIPTION PLAN FEATURES—ALL ANTHEM BLUE CROSS DRUG PRESCRIPTION PLANS ARE ADMINISTERED BY OPTUMRx

Prescription Drugs Plan	Kaiser HMO Plan	Anthem Blue Cross HMO	Anthem Blue Cross PPO
Retail Pharmacy - Generic/Brand/Non-Formulary - Supply Limit	\$10/\$15 Up to 100-day supply	\$10/\$15/\$30 Up to 30-day supply	\$10/\$15/\$15 Up to 30-day supply
Mail Order Pharmacy - Generic/Brand/Non-Formulary - Supply Limit	\$10/\$15 Up to 100-day supply	\$10/\$20/\$35 Up to 90-day supply	\$10/\$20/\$35 Up to 90-day supply

Important - If you are a grandfathered part-time benefit eligible employee, request part-time rate sheet.

IMPORTANT

Employee deductions noted below are not in Ease. Please refer to rates below for the cost of the benefit package you select.

PSUSD contributes **\$18,755** towards the cost of the benefit package. The employee pays any benefits package costs over this amount in 11 or 12 months payroll deductions using pre-tax dollars:

EMPLOYEE DEDUCTIONS - 11 MONTHLY DEDUCTIONS (Rates include employee + dependents)			
Dental Plan Selected	Kaiser HMO Plan	Anthem Blue Cross HMO	Anthem Blue Cross PPO
7+ HRS (100%) 11 MONTH + DELTA INCENTIVE PPO	0.00	0.00	0.00
11 MONTH + DELTA PPO	0.00	0.00	0.00
11 MONTH + DELTACARE DHMO	0.00	0.00	0.00

EMPLOYEE DEDUCTIONS - 12 MONTHLY DEDUCTIONS (Rates include employee + dependents)			
Dental Plan Selected	Kaiser HMO Plan	Anthem Blue Cross HMO	Anthem Blue Cross PPO
7+ HRS (100%) 12 MONTH + DELTA INCENTIVE PPO	0.00	0.00	0.00
12 MONTH + DELTA PPO	0.00	0.00	0.00
12 MONTH + DELTACARE DHMO	0.00	0.00	0.00

Medical Plan Features	Kaiser HMO Plan	Anthem Blue Cross HMO	Anthem Blue Cross PPO
Calendar Year Maximum	Unlimited	Unlimited	Unlimited
Deductible (Annual) - Individual/Family	None	None	\$500 / \$1,500
Co-Insurance (Plan Pays)	100%	100%	80%
Office Visit Copay - Primary Physician / Specialist	\$10 / \$10	\$10 / \$15	Ded, then 20%
Out-of-Pocket Maximum - Individual / Family / Prescription	\$1,500 / \$3,000	\$2,000 / \$6,000	Medical: \$2,000 / \$6,000 Prescription: \$1,200
Inpatient Hospitalization	No charge	No charge	Ded, then 20%
Outpatient Diagnostic Tests	No charge	No charge	Ded, then 20%
Emergency Services (Copay waived if admitted)	\$100 Copay	\$100 Copay	Ded, then 20%
Urgent Care Copay	\$10	\$50	Ded, then 20%
Preventive Care/Screening	No charge	No charge	No charge
Mental Health/Substance Abuse - Outpatient Services - Inpatient Services	\$10 (individual visit)/\$5 (group visit) No charge	Provided by HMC \$10 Copay No charge	Provided by HMC Ded, then 20% Ded, then 20%
Chiropractic Copay/Visits per Yr.	Not covered	\$15 / limits may apply	Ded, then 20% / 40 visits

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Prescription Drugs Plan	Kaiser HMO Plan	Anthem Blue Cross HMO	Anthem Blue Cross PPO
Retail Pharmacy - Generic/Brand/Non-Formulary - Supply Limit	\$10/\$15 Up to 100-day supply	\$10/\$15/\$30 Up to 30-day supply	\$10/\$15/\$15 Up to 30-day supply
Mail Order Pharmacy - Generic/Brand/Non-Formulary - Supply Limit	\$10/\$15 Up to 100-day supply	\$10/\$20/\$35 Up to 90-day supply	\$10/\$20/\$35 Up to 90-day supply

Important - If you are a grandfathered part-time benefit eligible employee, request part-time rate sheet.

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 Anthem PPO plan, Anthem 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.
- **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
Anthem HMO Plan	N/A	Yes	Yes	N/A
Antem PPO Plans	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 Anthem 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 Anthem Blue Cross 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>.

NWA—Teamsters Medical Administrators Customer Service

Northwest Administrators Inc. (NWA) understands that customer service is important to help you manage your benefits successfully. To supplement our dedicated customer service staff and to provide you access to your benefit information, NWA provides the participants of the Teamsters Miscellaneous Security Trust Fund with a website and mobile applications on the iPhone and Android platforms.

Through these service offerings you have access to information about your benefit program, details on claims and eligibility, out of pocket and deductible information, HIPAA authorizations so you can see your family members' claims under a single login and secure email contact with the administrative office.

How Do I Connect with NWA?

The NWA website at www.nwadmin.com and the NWA iPhone and Android applications are a secure way for Participants of the Teamsters Miscellaneous Security Trust Fund to access their benefit information.

What Do I Get as a Participant?

Participants are granted private and secure access to their claims, eligibility status, out of pocket and deductible status, forms, and documents as well as a secure e-mail feature which allows you to communicate with the administrative office via an email exchange. You also have the ability to update your personal information such as address and phone number, and grant access to a family member to view your claims.

What Do I Need to Register?

Participants need to have at least one month of eligibility reported to the administrative office, an email address, and a device with internet access.

How Do I Register?

Go to www.nwadmin.com, click **Register Now** and then select the appropriate role.

- Fill out the Registration Form and click *Register* – that's it! Now you have access to all of the services available to you under the role you selected.
- Make sure you elect to receive Email Message Notifications so we can notify you via email when an important message has been posted to the website.

How Do I Enable Email Alerts?

If you are already registered and not sure if you are setup to receive email notifications follow the instructions below:

- Login to the website
- Select **Edit Account**
- Select **Change Email Notification Preferences**
- Select **Yes** and click **Submit**

You're now set to get email notifications the moment an important notice is posted!

What About Mobile Apps?

The iPhone and Android mobile apps provide you all the same features that the website does without being tethered to a desk. In order to use the mobile app you must have already registered on the NWA website at www.nwadmin.com. Search for NWA Mobile on the iTunes App Store or on Google Play.



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. However, you will be responsible for the difference between the covered amount and the actual charges.

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, 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 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 or call **(855) 248-2020**.

Dental Plan Highlights

Dental Benefits	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 (Plan Pays) Cleanings	See Copay Schedule	100% 2 Per Year	100% 2 Per Year	70% / 80% / 90% / 100% 2 Per Year	
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%	
Prosthodontics	See Copay Schedule	60%	50%	50%	50%
Orthodontia* - Child(ren) <u>up to age 19</u> - Adults	Your cost: \$1,700 \$1,900	50% Lifetime Maximum: \$1,500 <i>All costs that exceeds the \$1,500 lifetime maximum is the member's responsibility</i>		50% Lifetime Maximum: \$1,500 <i>All costs that exceeds the \$1,500 lifetime maximum is the member's responsibility</i>	

IMPORTANT

- Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier contracted fees and the program allowance for non-Delta Dental Dentists.
- *Child(ren) over the age of 19 years are considered adults for orthodontia coverage.

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

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)

Create Online Account at www.deltadentalins.com

- Find a dentist
- Coverage details
- View claims
- Get answers to common questions about your dental plan
- Read articles, browse recipes and watch videos about oral health and wellness

Download Mobile App by visiting the [App Store](#) or [Google Play](#) and search for "Delta Dental"

- Download electronic ID card
- Find a dentist
- Coverage details
- Cost estimator



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. The VSP vision plan 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 or call **(800) 877-7195**.

Vision Benefits	Vision Service Plan (VSP)	
	In-Network	Non-Network
Plan Features		
WellVision Exam (Every 12 months)	\$10 copay for exam and glasses	\$45 allowance
Examination (Every 12 Months)	100%	Up to \$45
Lenses (Every 12 Months) – Single Vision – Bifocal – Trifocal	100% 100% 100%	Up to \$30 Up to \$50 Up to \$65
Frames (Every 24 Months)	\$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings over your allowance	Up to \$70
Contact Lenses (Every 12 Months)	In Lieu of Frames and Lenses	
– Cosmetic / Elective – Medically Necessary	\$150 allowance 100%	\$105 allowance



HMC HealthWorks (EMAP). The EMAP offers a confidential support service and referral program for eligible participants of the Teamsters Miscellaneous Security Trust Fund. It is designed to help you and your family with personal issues.

The EMAP is here to help you resolve personal problems in the early stages. Eligible members and their dependents can call for help 24 hours a day, 7 days a week. The mental health and substance abuse benefits for Teamsters Miscellaneous Security Trust Fund Employee Member Assistance program is managed by HMC. HMC is a national specialty healthcare company that has administered behavioral healthcare and EAP services for over 35 years.

HMC Employee Member Assistance Program

Support and Counselling

The Employee Assistance Program (EAP) provides confidential support in balancing a wide array of challenges in areas such as:

- Relationship difficulties
- Managing change and stress
- Legal and financial problems
- Marriage, family or parenting concerns
- And more

Legal and Financial Resources

- **Legal Assist:** A library of articles on legal topics and issues
- **Legal Forms:** 100 legal forms for a variety of family and consumer situations
- **State Specific Legal Forms:** Advanced directives and instructions for each state
- **Estate Planning:** Articles and resources to address estate planning questions
- **Financial Calculators:** Will allow you to get answers and explore different options regarding home and personal financing, investing, and retirement

How to Access EMAP Benefits

- Call **(866) 269-7391**
- Visit <http://hmc.personaladvantage.com> Access Code: **TMISC**

Wellness Program

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



*Commit To
Be Fit!*

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

Through Palm Springs Unified School District	Basic Term Life	AD&D
Full-Time employees only, provided by PSUSD through MetLife (7 + Hours)	\$ 20,000	\$ 20,000
Part-Time employees that work between 3hrs and 5.75hrs daily, provided by PSUSD through MetLife	\$ 50,000	\$ 50,000
Full-Time & Part-Time employee spouse/dependent children only, paid directly by PSUSD:	\$ 1,500	\$ 1,500
Through Teamsters Misc. Security Trust Fund	Basic Term Life	AD&D
Full-Time only, provided by Teamsters Misc. Security Trust Fund through Prudential:	\$ 30,000	\$ 30,000
Full-Time employees spouse/dependent children only, provided by Teamsters Misc. Security Trust Fund through Prudential:	Spouse \$5,000 Children \$2,500	N/A
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)	
Employee Contribution	None; PSUSD pays the full cost for this coverage for employees who work 3 hours or more.	

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 or log in to the ease online portal at psusd1.ease.com

PSUSD Voluntary Term Life and Accidental Death & Dismemberment (AD&D) Insurance

Carrier	MetLife
Plan Benefits	<p>In addition to the District paid Basic Term Life and AD&D coverage, you may elect to purchase additional Supplemental Term Life/Accidental Death and Dismemberment (AD&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"> • Employee: You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of \$500,000, not to exceed 5 times your annual salary. • Spouse: If you buy coverage for yourself, you may also purchase coverage for your eligible spouse. Benefits for your spouse are available in increments of \$10,000 to a maximum benefit of \$500,000 and may not exceed 100% of your employee election. • Child(ren): 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.
Guarantee Issue	<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). 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"> • Employee: \$100,000 • Spouse: \$20,000 • Child(ren): \$10,000 (Maximum Allowed) <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>
Employee Contribution	<p>You pay the full cost for this coverage</p> <p>IMPORTANT NOTE: Payroll deductions for Voluntary Life and AD&D coverage will be deducted in <u>September for October coverage.</u></p>

Tenthly Rate for Voluntary Term Life and AD&D Per \$1,000 Coverage

Employee/Spouse Age	Employee \$1,000 Coverage	Spouse \$1,000 Coverage
Under 30	\$0.091	\$0.101
30 – 34	\$0.115	\$0.128
35 – 39	\$0.127	\$0.142
40 – 44	\$0.145	\$0.162
45 – 49	\$0.211	\$0.236
50 – 54	\$0.307	\$0.346
55 – 59	\$0.535	\$0.605
60 – 64	\$0.811	\$0.918
65 – 69	\$1.561	\$1.768
70+	\$2.497	\$2.830
Child(ren)	\$0.428	

American Fidelity and Transamerica Plans

Accident Only Insurance

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

Cancer Insurance

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.

Long Term Care Insurance

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).

Employee Contribution

You pay the full cost for all coverages you elect

Legal Benefits

Voluntary MetLaw Legal Services Plan

Voluntary Legal Services Plan

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.

Employee Contribution

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 for 2025 is \$3,200.

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 \$610, 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	\$360

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.

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 (833) 752-6322 to establish a 403(b) and/or 457(b) account.

	403(b) Plan		457(b) Plan
	Traditional Option	Roth Option	Traditional Option Only
Benefit	Save for your future with pre-tax dollars	Save for your future with after-tax dollars	Save for your future with pre-tax dollars
Tax Advantages	Your contributions are tax-free and lower your taxable income now You pay tax on your contributions and investment earnings when you withdraw your funds during retirement	Your contributions are made with after-tax dollars When you withdraw funds during retirement, you do not pay taxes on your contributions; however investment earnings may be subject to State income tax	Your contributions are tax-free and lower your taxable income now You pay tax on your contributions and investment earnings when you withdraw your funds during retirement
Annual Contribution Limit – Separate IRS Maximum Contribution Limits for the 403(b) and 457(b) Plans	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
Plan Investments	You choose how to invest your retirement savings. A variety of investment options are available, as well as free investment consultations		
Rollovers	You have the option to rollover qualified retirement plans.		
Loans	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

Beginning 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.

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.

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 benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact the benefits office.

	Phone	Website
Teamster Benefits Administrator, Inc. (NWA)		
NWA TEAMSTERS Customer Service	(877) 214-8928	www.nwadmin.com
NWA TEAMSTERS Fax	(626) 463-6048	
Teamsters Misc. Security Trust Fund		www.teamsters911.com
Health Benefits		
Kaiser Permanente - Member Services - Mental Health Services (through Windstone)	(800) 464-4000 (800) 577-4701	www.kp.org
Anthem Blue Cross HMO - Member Services - Chiropractic - Mental Health through HMC	(844) 849-7938 (844) 849-7938 (844) 849-7938	www.anthem.com/ca
Anthem Blue Cross PPO - Member Services - Provider Finder - Chiro/Acupuncture (American Specialty Health Network) - Mental Health through HMC	(877) 214-8928 (800) 810-2583 (800) 678-9133 (866) 269-7391	www.anthem.com/ca www.anthem.com/ca www.anthem.com/ca
Anthem Blue Cross Resources - HMO/PPO Pre-Admission - HMO/PPO Prior Authorization - HMO/PPO Nurse Help 24/7 - Prescription Drugs—Optum Rx - Specialty Medication—Optum Rx	(800) 274-7767 (800) 274-7767 (800) 700-0197 (800) 797-9791 (866) 218-5445	www.anthem.com/ca www.anthem.com/ca www.anthem.com/ca www.optumrx.com www.optumrx.com
DeltaCare USA DHMO Delta Dental PPOs	(800) 422-4234 (866) 499-3001	www.deltadentalins.com www.deltadentalins.com
Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
Voluntary Products		
American Fidelity Voluntary Accident Only Insurance Cancer Insurance	(619) 665-0890 (Jason Czajkowski)	www.americanfidelity.com
Transamerica Voluntary Long Term Care Insurance	(760) 718-2426 (Leiba & Associates Insurance Agency)	www.leibainsurance.com
Flexible Spending Account		
American Fidelity Flexible Spending Accounts	(619) 665-0890 (Jason Czajkowski)	www.afadvantage.com
Employee Support Benefits		
Employee Assistance Program (EAP) through HMC Healthworks (HMC)	(866) 269-7391	www.hmc.personaladvantage.com Access Code: TMISC
MetLaw Voluntary Legal Plan	(800) 821-6400	www.legalplans.com
Fringe Benefits Consortium (FBC)	(833) 752-6322	www.fbcmodelplan.com
CalPERS (Retirement)	(888) 225-7377	www.calpers.ca.gov



150 District Center Drive | Palm Springs, California 92264
Telephone: (760) 883-2700
Learn more at www.pusd.us

We would like to acknowledge and thank the PSUSD staff and students who provided artwork for the 2025-2026 Employee Benefits Guides. We appreciate your contribution.



Formerly Burnham Benefits

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

Learn more at www.baldwin.com

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefits program, please contact the Risk Department.

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