



**2023-2024
Benefit Guide**

East Side Union High School District
Group Benefit Program

Welcome

At East Side Union High School District we recognize the important role our employees play in providing quality education in our community.

The District provides benefit-eligible employees with a competitive and comprehensive benefits package designed to meet your needs and those of your family. See Benefits Coordinator for application.

This guide provides an overview of the District's benefits program, including a summary of each type of coverage. Since this guide is a summary only, please refer to the website, www.esuhsd.benefithub.com, for individual contract, or plan description for additional information.

Because the selection of your benefits is important, we encourage you to carefully review the information in this guide.

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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Benefits Overview

For more information about our benefits, please visit our website at <http://esuhsd.benefithub.com>.

Our Benefits include:

- Medical (Kaiser HMO, Aetna HMO or Aetna PPO)
- Dental (Delta PPO)
- Vision (VSP)
- Employee Assistance Program (Unum)
- \$40,000 Life Insurance Policy (Unum)

Who is Eligible?

Employees hired after the first of the month will be eligible for benefits as of the first of the following month. Certificated employees working 3 periods or more per day (0.6 FTE) and Classified employees working 5 hour per day (.623 FTE) or more are entitled to 100% paid medical, dental, vision benefits; in addition to an employee assistance program and a life insurance policy. Pro-rated benefits are available to members that work part-time according to their prospective union contract. You must enroll within 30 days of your hire date or the date you become benefit eligible.

Note: Employees of ESUHSD whose spouse/domestic partner is also a district employee, are not entitled to coverage as a subscriber and a dependent on any of our medical plans. In lieu of the "double coverage", these employees will receive an HRA benefit. (See Benefit Coordinator for details.)

Eligible dependents and required verification of eligibility:

- All Dependents (dependents must reside in the United States)
 - Social Security Number & Date of Birth for all eligible dependents and beneficiaries
- Spouse/Domestic Partner (who are NOT in the armed forces)
 - Marriage Certificate
 - Certificate of Domestic Partnership or completion of District's Domestic Partner Agreement Packet
- Children (medical until age 26) (vision & dental ages 19-25 if full time student)
 - Birth Certificates
 - Legal Adoption Decree or Court signed and sealed Legal Guardianship papers
 - Student Certification (required for vision for dependent age 19-25)
 - **Exception:** Children who are physically or mentally incapable of self-support, as determined by the physician, may continue on your coverage beyond the normal age limit, if the child has been a continuous dependent listed on the plan, the disability continues and the child remains unmarried. In order to qualify, documentation must be filed with a medical carrier prior to the child reaching the limiting age. Contact the Benefits Office for medical carrier required forms to be completed by the child's physician.

Making Changes to Your Benefit Elections

Open Enrollment

You may make changes to your insurance benefits once per year in May during the District's annual open enrollment period with changes effective July 1 of each year. All selected coverages are in general effective for a full plan year (July 1 through June 30), unless you have a change in status or terminate employment. Such changes are subject to any bargaining agreements or applicable law.

Life Events:

Allowable enrollment change outside of our Annual Open Enrollment Period (Must be within 30 days of event).

- Newly eligible employees (i.e., FTE changes, returning from leave of absence)
- Newly eligible dependents (i.e., marriage, birth, adoption or placement for adoption, legal guardianship)
- When an employee or a dependent does not enroll for the district medical coverage because he/she has other coverage, IRS rules permit enrollment at times other than Open Enrollment when loss of the other coverage occurs, provided the loss of coverage is through no fault of the dependent
- You will have 31 days to drop a dependent due to loss of dependent status (i.e., divorce, dissolution of domestic partnership, loss of guardianship, dependent moved out of United States, join the armed forces)

Medical Benefits Overview

East Side Union High School District provides employees with three medical plans from which to choose:

- Kaiser HMO
- Aetna HMO
- ESUHS Preferred Provider Organization (PPO) on the Aetna PPO Network



All of the District's medical plan options are designed to provide you with cost-effective, comprehensive coverage. While each plan covers most of the same services, the provider networks, and your out-of-pocket medical expenses vary due to the type of services you receive.

The self-funded PPO plan, administered by Aetna, allows you to access covered medical services from any provider you wish, however you must pay attention to whether the provider/facility is 'In-Network' or 'Out-of-Network'. Plan reimbursement for 'Out-of-Network' services will be lower, meaning more out-of-pocket expense and out-of-network balance billing.

The Kaiser Permanente HMO plan requires you to use their providers and facilities (except for emergencies).

The table below provides a comparison of highlights between the three plans. For further details, please refer to the vendor plan descriptions or contact the vendor directly.

| | HMO Plans | | East Side Self-Funded PPO Plan | |
|---|--|---|--|--------------------------------------|
| | Kaiser | Aetna HMO | In-Network | Out-of-Network |
| www.aetna.com/docfind – Aetna HMO or Aetna Choice POS II (Open Access) | | | | |
| Calendar Year Deductible | None | None | \$100/individual \$300/family | \$100/individual \$300/family |
| Coinsurance | 100% | 100% | 90% | 80% |
| Out-of-Pocket Maximum Non-Classified Employees | \$1,500/individual \$3,000/family | \$1,500/individual \$3,000/family | \$1,000/individual \$2,000/family | \$1,000/individual \$2,000/family |
| Out of Pocket Maximum- Classified Employees Only | \$1,500/individual \$3,000/family | \$800/individual \$1,600/family | \$500/individual | \$1,000/individual |
| Lifetime Plan Maximum | Unlimited | Unlimited | Unlimited | Unlimited |
| Hospitalization | | | | |
| Room and Board | 100% | 100% | 90% | 80% |
| X-Ray and Lab | 100% | 100% | 90% | 80% |
| Emergency Room | \$50 copay; waived if admitted | \$50 copay; waived if admitted | 90% | 90% |
| Mental Health Services | Inpatient: 100% Outpatient: \$20 copay | Inpatient: 100% Outpatient: \$20 copay | Inpatient: 90% Outpatient: \$20 copay | Inpatient: 80% Outpatient: 80% |
| Substance Abuse Services | Inpatient: 100% (detoxification only) Outpatient: \$20 copay | Inpatient: 100% Outpatient: \$20 copay | Inpatient: 90% Outpatient: \$20 copay | Inpatient: 80% Outpatient: 80% |
| Physician Services | | | | |
| Office Visits | \$20 copay | \$20 copay | \$20 copay | 80% |
| Well Baby Care | 100% (up to age 2) | 100% (up to age 2) | 100% (up to age 2) | 80% |
| Immunizations | 100% | 100% | 100% | 80% |
| Adult Routine Exams | 100% | 100% | 100% | 80% |
| Maternity Care | 100% | 100% | 90% | 80% |
| Chiropractic Care <small>Provided through American Specialty</small> | \$15 copay (30 visits/calendar year) | \$5 copay (40 visits/calendar year) | 80% (25 visits/year) | 80% (25 visits/year) |
| Acupuncture | Not covered | \$15 copay | Maximum plan pays \$35 per visit (\$350 max/calendar year) | |
| Home Healthcare/Private Nursing | 100% (100 visits/calendar year) | \$20 copay (120 visits/calendar year) | 80% (100 visits/calendar year) | |
| Skilled Nursing Facilities | 100% (100 days/calendar year) | 100% (100 days/benefit period) | 100% for the first 10 days, then 80% (lifetime maximum of 180 days) | |
| Physical, Occupational and Speech Therapy | \$20 copay | \$20 copay | 80% after deductible | |
| Prescription Drugs | | | | |
| Rx Out-of-Pocket Maximum Non-Classified Employees | N/A | N/A | \$500 individual, \$1,000/family | |
| Rx Out-of-Pocket Maximum Classified Employees | N/A | N/A | \$4,500/individual, \$9,000/family | |
| Generic | \$15 copay (30 day supply) | \$15 copay (30 day supply) | \$15 copay (34-90 day supply) | |
| Brand | \$30 copay (30 day supply) | \$30 copay (30 day supply) | \$30 copay (34-90 day supply) | |
| Mail Order | Generic: \$30 copay Brand: \$60 copay (90 day supply) | Generic: \$15 copay Brand: \$30 copay (90 day supply) | Generic: \$15 copay (90 day supply) Brand: \$30 copay (90 day supply) | |

Dental Benefits

Administered by Delta Dental



You will pay less out of your pocket if you use dentists who are contracted with Delta Dental. **If you choose to use out-of-network dentists, you will pay the percentage listed below based on the usual and customary charge (UCR) plus the balance for fees above the UCR.**

You may access provider information at www.deltadentalins.com. The site is available 24/7 and allows you to search for providers and filter your search results to find the best provider for you.

| Delta Dental: East Side Self-Funded PPO Plan | |
|--|---|
| Maximum Annual Benefit | \$2,000/person |
| Calendar Year Deductible | None |
| | September 1st through August 31st |
| Preventative* - oral examinations, fluoride treatment, space maintainers, specialist consultation | 70% - 100% 70% 1st year, increases 10% each consecutive year to a max of 100%. If there is a break in service, the coinsurance goes back to 70% |
| Basic - oral surgery (extractions), fillings, root canals, periodontal (gum) treatment, sealants | 70% - 100% 70% 1st year, increases 10% each consecutive year to a max of 100% |
| Crowns, Jackets, Cast Restorations | 70% - 100% 70% 1st year, increases 10% each consecutive year to a max of 100% |
| Prosthetic Benefits -bridges, partial dentures, full dentures | Classified and Management & Administration/Confidential Employees: 70% of contract allowance Certificated & Adult Education Employees: 50% of contract allowance |
| Orthodontic Benefits - for dependent children to age 25 | 50%, subject to a \$1,000 lifetime maximum/person |
| Dental Accident Benefits | 100% of Delta dentist's allowed fee separate (\$1,000 maximum per person, per calendar year) |

*Three cleanings per year in-network, two per year out-of-network

Note: Delta Dental percentage of coinsurance/employee is tracked on a calendar year basis.

When choosing a dentist, you receive a higher level of discounts if you select an in-network dentist



Vision Benefits

Administered by VSP

East Side Union High School District recognizes that Vision care is an important part of overall health, and offers coverage from Vision Service Plan (VSP). The plan covers yearly eye exams, lenses, lens enhancements, and contacts, but frames are covered every 24 months. You can see any provider you wish, but will receive greater discounts when using a VSP provider.

You may access provider information at www.vsp.com. The site is available 24/7 and allows you to search for providers and filter your search results to find the best provider for you.



| Vision Service Plan | | |
|--|--|-------------------------|
| | In-Network | Out-of-Network |
| Copay | \$15 | \$15 |
| Exam every 12 months | 100% after copay | Up to \$45 after copay |
| Lenses every 12 months | | |
| Single | 100% after copay | Up to \$30 after copay |
| Bi-Focal | 100% after copay | Up to \$50 after copay |
| Tri-Focal | 100% after copay | Up to \$65 after copay |
| Lenticular | 100% after copay | Up to \$100 after copay |
| Frames once every 24 months | Up to \$120 after copay | Up to \$70 after copay |
| Contact lenses in lieu of frames/glasses every 12 months | | |
| Visually necessary* | 75% of U&C after copay | Up to \$210 after copay |
| Elective | Up to \$150 plus 15% discount off of cost of contact lens exam, fitting and evaluation | Up to \$105 |

* Visually necessary contacts require pre-approval from VSP

Life Insurance and AD&D Benefits

Administered by Unum

East Side Union High School District provides active eligible employees with Life and Accidental Death & Dismemberment (AD&D) Insurance Coverage through Unum Life Insurance Company. There is no cost to you for Basic Life Insurance.

In addition to the Basic Life and AD&D coverage, the District also offers Voluntary Term Life & AD&D Coverage through Unum. You may elect anywhere from \$10,000 up to the lesser of five times your salary or \$500,000 in \$10,000 increments. Spousal and dependent coverage is also available under the Voluntary Life and AD&D Plan.

When you enroll in Life Insurance, you will need to designate one or more beneficiaries.

| Basic Life/AD&D Plan | |
|----------------------------------|--|
| Basic Life | \$40,000 |
| Accidental Death & Dismemberment | Same as life insurance benefit |
| Repatriation Benefit | Not to exceed the lesser of \$5,000 or 10% of the life benefit |
| Seat Belt Benefit | \$25,000 |
| Airbag Benefit | \$5,000 |
| Age Reduction Formula | Benefit reduces by 33% at age 70, and up to 50% of the original amount at age 75 |
| Employer Contribution | 100% |

| Voluntary Term Life/AD&D | |
|--------------------------|---|
| Employee Coverage | Up to 5 times salary in increments of \$10,000 up to \$500,000 |
| Spouse Coverage* | Up to 100% of employee amount in increments of \$10,000 up to \$500,000 |
| Child Coverage* | Up to 100% of employee amount in increments of \$2,000 up to \$10,000 |

In order to purchase Life and AD&D coverage for your spouse and/or child, you must purchase Life and AD&D coverage for yourself.

Employee Assistance Program (EAP)

Administered by Unum

East Side Union High School District provides free confidential services to help employees and their eligible dependents address life and work issues through the Unum Employee Assistance Program (EAP). Health Advocate provides 24/7 phone access to Master's-level staff clinicians for information, assessment, action planning, crisis intervention assistance, short-term resolutions, and referrals.

Consultations can fall in to any of the following categories:

- Emotional Wellbeing
- Financial Services
- Personal or Work Relationships
- Addiction and Recovery
- Resources for Child and Eldercare
- Legal Services

Employee Assistance Program (EAP) Unum

Unum offers a comprehensive EAP service, with an extensive network. Clinicians, consultants and trainers all work together to help employees manage emotional health, family and work-related challenges.

Employee and dependents of East Side Union High School District are eligible for three visits per six month period.

For more information, call **800.854.1446** or visit www.unum.com/lifebalance.

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Human Resources department.

| Benefit | Administrator | Phone | Website/Email | Group # |
|---|--|--|---|---|
| Medical | Kaiser | 800.464.4000 | www.kaiserpermanente.org | Classified Employees: #855 |
| | | | | Adult Education Employees: #24200 |
| | | | | Certificated and Management & Administration/ Confidential Employees: #24040 |
| Medical | Aetna Self-funded PPO & HMO | 888.290.8037 | www.aetna.com | PPO group #108423 HMO group #142540 |
| Chiropractic Care | American Specialty | For Kaiser Members: 1.800.678.9133 (TTY 711) For Aetna Members 1.888.290.8037 | For Kaiser Members: ashlink.com/ash/kp For Aetna Members www.aetna.com | |
| Dental | Delta Dental PPO | 866.499.3001 | www.deltadentalins.com | Classified Employees: #6585 |
| | | | | Certificated, Adult Education, and Admin/Confidential Employees: #6178 |
| | | | | Management Employees: #6592 |
| Voluntary Vision | Vision Service Plan (VSP) | 800.877.7195 | www.vsp.com | #12077044 |
| Life and AD&D | Unum | | www.unum.com | Basic Life and AD&D #145452 |
| | | | | Voluntary Term Life and AD&D #145453 |
| Tax Savings Benefit Flexible Spending Account | American Fidelity (FSA) | 800.365.8306 | www.americanfidelity.com | N/A |
| Employee Assistance Program (EAP) | Unum (EAP) | 800.854.1446 | www.unum.com/lifebalance | #ESUHSD |
| Benefits Coordinator | | | https://ESUHSD.Benefithub.com | N/A |

This brochure provides highlights of the benefits provided at the East Side Union High School District effective July 1, 2023. If there are any discrepancies between this summary and the plan contracts, the plan contracts will prevail.



Cost Sharing – Medical, Dental, Vision

For those who qualify, East Side Union High School District pays 100% of the monthly premium for medical, dental and vision for the employee and qualified dependents.

See the charts below to determine the value of your benefits based on your job classification.

| Classified Employees | | | | | |
|----------------------|------------|------------|------------|--------------|---------|
| | Kaiser | Aetna HMO | Aetna PPO | Delta Dental | VSP |
| Employee Only | \$763.96 | \$1,210.29 | \$1,114.62 | \$59.46 | \$10.77 |
| Employee +1 | \$1,527.92 | \$2,541.68 | \$2,229.24 | \$112.96 | \$21.51 |
| Employee + Family | \$2,162.00 | \$3,630.88 | \$3,622.50 | \$193.23 | \$34.63 |

2023-2024 Monthly Benefit Cost, 100% Paid by East Side Union High School District

| Certificated Employees | | | | | |
|------------------------|------------|------------|------------|--------------|---------|
| | Kaiser | Aetna HMO | Aetna PPO | Delta Dental | VSP |
| Employee Only | \$740.16 | \$1,200.16 | \$1,101.13 | \$59.46 | \$10.77 |
| Employee +1 | \$1,480.32 | \$2,520.35 | \$2,202.24 | \$112.96 | \$21.51 |
| Employee + Family | \$2,094.65 | \$3,600.48 | \$3,578.67 | \$193.23 | \$34.63 |

2023-2024 Monthly Benefit Cost, 100% Paid by East Side Union High School District

| Administrative, Management and Confidential Employees | | | | | |
|---|------------|------------|------------|--------------|---------|
| | Kaiser | Aetna HMO | Aetna PPO | Delta Dental | VSP |
| Employee Only | \$740.16 | \$1,200.16 | \$1,101.13 | \$49.50 | \$10.77 |
| Employee +1 | \$1,480.32 | \$2,520.35 | \$2,202.24 | \$94.03 | \$21.51 |
| Employee + Family | \$2,094.65 | \$3,600.48 | \$3,578.67 | \$156.06 | \$34.63 |

2023-2024 Monthly Benefit Cost, 100% Paid by East Side Union High School District

| Adult Education Teachers | | | | | |
|--------------------------|------------|------------|------------|--------------|---------|
| | Kaiser | Aetna HMO | Aetna PPO | Delta Dental | VSP |
| Employee Only | \$652.29 | \$1,200.16 | \$1,101.13 | \$59.46 | \$10.77 |
| Employee +1 | \$1,304.58 | \$2,520.35 | \$2,202.24 | \$112.96 | \$21.51 |
| Employee + Family | \$1,845.97 | \$3,600.48 | \$3,578.67 | \$193.23 | \$34.63 |

2023-2024 Monthly Benefit Cost, 100% Paid by East Side Union High School District



East Side Union High School District
3 - Tier Rates for PART-TIME Employees
July 1, 2023- June 30, 2024

CLASSIFIED employees working less than 5 hours or less than .625 FTE

| KAISER - Classified Group# 855 | Employee Paid | Employer Paid | Total Premium |
|---|-------------------|---------------|---------------|
| Employee Only | \$381.98 | \$381.98 | \$763.96 |
| Employee + 1 | \$763.96 | \$763.96 | \$1,527.92 |
| Employee + Family | \$1,081.00 | \$1,081.00 | \$2,162.00 |
| AETNA HMO - Classified Group# 142540 | Employee Paid | Employer Paid | Total Premium |
| Employee Only | \$605.15 | \$605.15 | \$1,210.29 |
| Employee + 1 | \$1,270.84 | \$1,270.84 | \$2,541.68 |
| Employee + Family | \$1,815.44 | \$1,815.44 | \$3,630.88 |
| AETNA PPO - Classified Group# 108423 | Employee Paid | Employer Paid | Total Premium |
| Employee Only | \$557.31 | \$557.31 | \$1,114.62 |
| Employee + 1 | \$1,114.62 | \$1,114.62 | \$2,229.24 |
| Employee + Family | \$1,811.25 | \$1,811.25 | \$3,622.50 |

CERTIFICATED employees working less than 3 periods or less than .6 FTE

| KAISER - Certificated Group# 24040 | Employee Paid | Employer Paid | Total Premium |
|---|-------------------|---------------|---------------|
| Employee Only | \$370.08 | \$370.08 | \$740.16 |
| Employee + 1 | \$740.16 | \$740.16 | \$1,480.32 |
| Employee + Family | \$1,047.33 | \$1,047.33 | \$2,094.65 |
| AETNA HMO - Certificated Group# 142540 | Employee Paid | Employer Paid | Total Premium |
| Employee Only | \$600.08 | \$600.08 | \$1,200.16 |
| Employee + 1 | \$1,260.18 | \$1,260.18 | \$2,520.35 |
| Employee + Family | \$1,800.24 | \$1,800.24 | \$3,600.48 |
| AETNA PPO - Certificated Group# 108423 | Employee Paid | Employer Paid | Total Premium |
| Employee Only | \$550.57 | \$550.57 | \$1,101.13 |
| Employee + 1 | \$1,101.12 | \$1,101.12 | \$2,202.24 |
| Employee + Family | \$1,789.34 | \$1,789.34 | \$3,578.67 |

CLASSIFIED and CERTIFICATED Part-Time Employees

| DELTA DENTAL Classified - Group# 6585-00004 Certificated - Group# 6178-00004 | Employee Paid | Employer Paid | Total Premium |
|--|----------------|---------------|---------------|
| Employee Only | \$29.73 | \$29.73 | \$59.46 |
| Employee + 1 | \$56.48 | \$56.48 | \$112.96 |
| Employee + Family | \$96.61 | \$96.62 | \$193.23 |
| VSP Vision - Group# 12077044 | Employee Paid | Employer Paid | Total Premium |
| Employee Only | \$5.38 | \$5.39 | \$10.77 |
| Employee + 1 | \$10.75 | \$10.76 | \$21.51 |
| Employee + Family | \$17.31 | \$17.32 | \$34.63 |
| UNUM LIFE & AD&D (\$40,0000 policy) | Employee Paid | Employer Paid | Total Premium |
| Employee Only | \$3.60 | \$3.60 | \$7.20 |

*Note: In order avoid an interruption in benefits during the summer months, you will have the option to have a double deduction for the last two pay warrants of the school year or to pay your part of the contributions with a personal check or money order payable to ESUHSD.

East Side Union High School District
3 - Tier Rates for ADULT EDUCATION Employees
 July 1, 2023- June 30, 2024

| KAISER HMO Group# 24200-0000 | Employee Contribution | 100% Employer Contribution | 33% Employee Contribution | 67% Employer Contribution | 50% Employee Contribution | 50% Employer Contribution |
|--|--------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Employee Only | \$- | \$652.29 | \$215.26 | \$437.03 | \$326.15 | \$326.15 |
| Employee + 1 | \$- | \$1,304.58 | \$430.51 | \$874.07 | \$652.29 | \$652.29 |
| Employee + Family | \$- | \$1,845.97 | \$609.17 | \$1,236.80 | \$922.99 | \$922.99 |
| AETNA HMO Group# 142540-10-002 | Employee Contribution | 100% Employer Contribution | 33% Employee Contribution | 67% Employer Contribution | 50% Employee Contribution | 50% Employer Contribution |
| Employee Only | \$- | \$1,200.16 | \$396.05 | \$804.11 | \$600.08 | \$600.08 |
| Employee + 1 | \$- | \$2,520.35 | \$831.72 | \$1,688.63 | \$1,260.18 | \$1,260.18 |
| Employee + Family | \$- | \$3,600.48 | \$1,188.16 | \$2,412.32 | \$1,800.24 | \$1,800.24 |
| AETNA PPO Group# 108423-10-002 | Employee Contribution | 100% Employer Contribution | 33% Employee Contribution | 67% Employer Contribution | 50% Employee Contribution | 50% Employer Contribution |
| Employee Only | \$- | \$1,101.13 | \$363.37 | \$737.76 | \$550.57 | \$550.57 |
| Employee + 1 | \$- | \$2,202.24 | \$726.74 | \$1,475.50 | \$1,101.12 | \$1,101.12 |
| Employee + Family | \$- | \$3,578.67 | \$1,180.96 | \$2,397.71 | \$1,789.34 | \$1,789.34 |
| DELTA DENTAL Group# 6178-00005 | Employee Contribution | 100% Employer Contribution | 33% Employee Contribution | 67% Employer Contribution | 50% Employee Contribution | 50% Employer Contribution |
| Employee Only | \$- | \$59.46 | \$19.62 | \$39.84 | \$29.73 | \$29.73 |
| Employee + 1 | \$- | \$112.96 | \$37.28 | \$75.68 | \$56.48 | \$56.48 |
| Employee + Family | \$- | \$193.23 | \$63.77 | \$129.46 | \$96.61 | \$96.62 |
| VSPVISION Group# 12077044 | Employee Contribution | 100% Employer Contribution | 33% Employee Contribution | 67% Employer Contribution | 50% Employee Contribution | 50% Employer Contribution |
| Employee Only | \$- | \$10.77 | \$3.55 | \$7.22 | \$5.38 | \$5.39 |
| Employee + 1 | \$- | \$21.51 | \$7.10 | \$14.41 | \$10.75 | \$10.76 |
| Employee + Family | \$- | \$34.63 | \$11.43 | \$23.20 | \$17.31 | \$17.32 |
| Employee ONLY UNUM LIFE & AD&D Group# 145452 | Employee Contribution | Employer Contribution | | | | |
| 100% qualified | \$- | \$7.20 | | | | |
| 67% qualified | \$2.38 | \$4.82 | | | | |
| 50% qualified | \$3.60 | \$3.60 | | | | |
| UNUM Voluntary Life & AD&D | Employee Contribution | | | | | |
| 10 month employee | various | | | | | |
| 12 month employee | various | | | | | |

An employee who teaches a minimum of 15 hours per week for 13 consecutive weeks, exclusive of summer school and substituting, shall be entitled to benefits according to the AFT Collective Bargaining Agreement. Please refer to your contract for further details.

| Teaching Hours Per Week | FTE Equivalent | Employee Contribution | Employer Contribution |
|----------------------------|----------------|--------------------------|--------------------------|
| 15 - 19 | 50% | 50% | 50% |
| 20 - 24 | 67% | 33% | 67% |
| 25+ | 100% | 0% | 100% |

*Note: In order to avoid an interruption in benefits during the summer months, you will have the option to have a double deduction for the last two pay warrants of the school year or to pay your part of the contributions with a personal check or money order payable to ESUHSD.

Tax Savings Benefits Flexible Spending Accounts

Administered by American Fidelity

East Side Union High School District offers employees two flexible spending accounts (FSAs) through American Fidelity Assurance Company – Healthcare and Dependent Care – that allow you to use pre-tax dollars to pay for certain health and dependent care expenses. You can participate in one or both of the accounts. Each year, you decide how much to contribute on a pre-tax basis. The annual amount you elect is deducted from your paycheck in equal amounts each pay period. As you incur eligible expenses during the year, you can request reimbursement with your untaxed money from the appropriate account.

Healthcare Flexible Spending Account (FSA)

The Healthcare Flexible Spending Account allows you to pay for certain Healthcare expenses that are not covered or only partially covered by your Healthcare plans (medical, dental, vision and prescription drug). Examples of eligible expenses include, but are not limited to, copays for office visits and prescription drugs, coinsurance, deductibles, and fees for acupuncture, chiropractic care, laser eye surgery and orthodontia.

Eligible expenses can be incurred by you, or any of your eligible dependents. You can contribute up to \$3,050 per year to the Healthcare Spending Account. You can rollover up to \$610 of your unused balance into the next plan year.

Refer to the American Fidelity website, www.americanfidelity.com for a complete list of eligible expenses and for details about the rollover provision.

Dependent Care Flexible Spending Account (FSA)

The Dependent Care Spending Account is designed for people who need dependent care so that they can work. You are eligible to participate if you are single or married. However, if you are married, your spouse must either work, go to school full-time or be unable to care for your eligible dependents due to a disability in order for you to use the Dependent Care Spending Account.

Dependent care can be for your children, spouse or parents. Dependents must live with you and be claimed as a dependent on your federal income tax return. The most you can contribute per year to the Dependent Care Spending Account is \$5,000 per IRS household.

Important IRS Rules

1. Plan carefully! Any FSA money that has not been used by the following school year will be forfeited. This is sometimes known as the “Use It or Lose It” rule.
2. You cannot change or stop your FSA contributions during the year unless you terminate employment.
3. Money cannot be transferred between accounts. For example, you cannot use your Dependent Care FSA to reimburse yourself for Healthcare expenses and vice versa.



Additional Voluntary Benefits

In addition to the Voluntary Life/AD&D and Flexible Spending Account programs highlighted on the previous pages, East Side Union High School District offers additional voluntary/optional benefits to you and your eligible dependents. These optional supplemental plans are designed to complement the ESUHSD medical and disability plans with premium payments through convenience payroll deduction.

Enrollment is only available during the annual Open Enrollment period, or during your New Hire window.

Voluntary Benefits from American Fidelity Assurance Company

Available Benefits:

- Section 125 FSA and Dependent Day Care Accounts
- Disability Income Insurance
- Cancer Insurance
- Life Insurance
- 403(b) Annuities
- Accident Only Insurance

Contact American Fidelity Assurance Company at **800.365.8306** or **916.683.8306** or www.americanfidelity.com.

Voluntary Term Life and AD&D from Unum

All eligible employees working at least 30 hours or more, qualify to purchase additional coverage up to 5 times your annual salary to a maximum of \$200,000 for yourself, \$50,000 for your spouse/domestic partner and \$10,000 for your eligible children. For questions, contact Unum Customer Service at **800.421.0344** or www.Unum.com.

Planning for Retirement with TSA Consulting Group

A 403(b)/457(b) plan can supplement your pension. Most pension plans, even when combined with Social Security benefits, may not provide enough to make it through retirement, especially with growing healthcare costs.

TSA Consulting Group is the Third Party Administrator for the ESUHSD 403(b) and 457 Plans. To inquire about approved vendors for ESUHSD, FAQ, Forms or to access a financial retirement calculator, please visit www.tsacg.com/individual/plan-sponsor/california/east-side-union-high-school-district/.

Legal Shield/Identity Theft

Legal insurance helps you address everyday situations like dealing with traffic tickets, resolving warranty issues or buying a home. Legal Shield has you covered.

Legal Shield also monitors your identity from every angle and ensures everything connected to you is safe. You will receive an immediate notice in an identity theft emergency. Legal Shield is available 24 hours a day, 365 days a year. Visit www.legalshield.com/info/esuhsd for more information.

Commuter Benefits by the P&A Group

The Commuter Benefit enables you to use pre-tax deductions to pay for work-related parking or transit expenses. The money you elect to withhold for commuter is credited to a debit card which you can use to pay for our parking and/or transit costs.

Santa Clara County Federal Credit Union

www.sccfcu.org

Tickets at Work

Access exclusive savings on movie tickets, theme parks, hotel, tours, Broadway & Vegas shows, and more. For more information, please visit Ticketsatwork.com, Company code: ESUHSDSV.

Additional Information

Your Payment Responsibility – Non-PPO Providers

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. Contact your claims payer or insurer for more information. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or any of your dependents because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan (if you or your dependents lose eligibility for that other coverage). However, you must request enrollment within 30 days after other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. We urge you to notify us as soon as possible, including before the effective date of the event. To request special enrollment or obtain more information, contact the Human Resources Department.

Notice Regarding the Newborns' Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information, please visit www.dol.gov/EBSA.

Notice of Women's Health and Cancer Rights Act (WHCRA)

Our medical plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for

- All stages of reconstruction of the breast on which the mastectomy was performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses, and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please review the plan option you elected to determine the actual deductible and coinsurance provisions. Contact the Human Resources Department for more information.

HIPAA Special Enrollment Notice

Our records show that you are eligible to participate in the Health Plan.

A federal law called HIPAA requires that we notify you about an important provision in the plan: If you acquire a new dependent, or if you decline coverage under this plan for an eligible dependent while other coverage is in effect, and later lose the other coverage for certain qualifying reasons, you have a right to enroll them in the plan under its "special enrollment provision".

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll your dependents in this plan if they lose eligibility for the other coverage (or if the employer stops contributing toward your dependents' other coverage). However, you must request enrollment within 30 days after your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll your dependents in this plan if they lose eligibility for the other coverage. However, you must request enrollment within 60 days after your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll your dependents in this plan. However, you must request enrollment within 60 days after your dependents' determination of eligibility for such assistance. To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact the Human Resources Department.

Summary of Benefits and Coverage

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across plans. The SBCs are available from Human Resources.

Continuation Of Coverage Rights

Your group health plan may contain certain options to continue your and or your dependent's health benefits following termination of coverage. These continuation options may include federal COBRA rights, conversion rights, and/or state mandated continuation rights. Commencing January 1, 2014, State and Federal Marketplace exchanges can also provide medical coverage with no health questions plus you may be eligible to qualify for a subsidy to make the coverage affordable to you. Additionally, your group life insurance certificates or booklets may also include and describe certain continuation options that may be available to you. Please examine your options carefully before declining this coverage. You should be aware that companies selling individual health insurance typically require a review of your medical history that could result in a higher premium or you could be denied coverage entirely.

Notice Of Availability Of Privacy Practices

Our company provides health care benefits and related benefits to eligible employees and their eligible dependents. By so doing, it may create, receive, use, and maintain health information about plan participants which is protected by federal law (protected health information or PHI). The Health Insurance Portability and Accountability Act (HIPAA) requires health plan(s) to provide plan participants and others with a notice of the plan's privacy practices with regard to the health information it creates and maintains in the course of providing benefits (Notice of Privacy Practices). This Notice of Privacy Practices describes the ways the plan uses and discloses PHI. To obtain a copy of the plan's Notice of Privacy Practices, you should contact the member services department for your health coverage. Their contact information is located on your ID card the notice is generally available on their respective websites. Additionally, you may contact our Human Resources department.

More Information

More information about your rights can be found in your Summary Plan Description, insurance certificates or booklets, as well as any required notices that are sent to you separately regarding these rights. If you would like more information about any of these notices, please contact the Human Resources Department.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **866.444.EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your state for more information on eligibility.

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| ALABAMA – Medicaid |
| http://myalhipp.com 855.692.5447 |
| ALASKA – Medicaid |
| The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx |
| ARKANSAS – Medicaid |
| http://myarhipp.com 855.MyARHIPP (855.692.7447) |
| CALIFORNIA – Medicaid |
| Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov |
| COLORADO – Medicaid and CHIP |
| Health First Colorado (Colorado’s Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442 |
| FLORIDA – Medicaid |
| www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html 877.357.3268 |
| GEORGIA – Medicaid |
| GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2 |

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| INDIANA – Medicaid |
| Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584 |
| IOWA – Medicaid and CHIP (Hawki) |
| Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562 |
| KANSAS – Medicaid |
| https://www.kancare.ks.gov/ 800.792.4884 HIPP Phone: 800.766.9012 |
| KENTUCKY – Medicaid |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov |
| LOUISIANA – Medicaid |
| www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP) |
| MAINE – Medicaid |
| Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/off/applications-forms 800.977.6740 TTY: Maine relay 711 |
| MASSACHUSETTS – Medicaid and CHIP |
| https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 617.886.8102 |
| MINNESOTA – Medicaid |
| https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739 |

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| MISSOURI – Medicaid |
| http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005 |
| MONTANA – Medicaid |
| http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HHSHIPProgram@mt.gov |
| NEBRASKA – Medicaid |
| http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178 |
| NEVADA – Medicaid |
| http://dhcfp.nv.gov 800.992.0900 |
| NEW HAMPSHIRE – Medicaid |
| https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218 |
| NEW JERSEY – Medicaid and CHIP |
| Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710 |
| NEW YORK – Medicaid |
| https://www.health.ny.gov/health_care/medicaid/ 800.541.2831 |
| NORTH CAROLINA – Medicaid |
| https://medicaid.ncdhhs.gov/ 919.855.4100 |
| NORTH DAKOTA – Medicaid |
| http://www.nd.gov/dhs/services/medicalsev/medicaid 844.854.4825 |
| OKLAHOMA – Medicaid and CHIP |
| http://www.insureoklahoma.org 888.365.3742 |
| OREGON – Medicaid |
| http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075 |
| PENNSYLVANIA – Medicaid and CHIP |
| https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437) |

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| RHODE ISLAND – Medicaid and CHIP |
| http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line) |
| SOUTH CAROLINA – Medicaid |
| http://www.scdhhs.gov 888.549.0820 |
| SOUTH DAKOTA – Medicaid |
| http://dss.sd.gov 888.828.0059 |
| TEXAS – Medicaid |
| http://gethipptexas.com 800.440.0493 |
| UTAH – Medicaid and CHIP |
| Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669 |
| VERMONT – Medicaid |
| http://www.greenmountaincare.org Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access 800.250.8427 |
| VIRGINIA – Medicaid and CHIP |
| https://www.coverva.org/en/famis-select https://www.coverva.org/hipp/ Medicaid and Chip: 800.432.5924 |
| WASHINGTON – Medicaid |
| https://www.hca.wa.gov/ 800.562.3022 |
| WEST VIRGINIA – Medicaid |
| https://dhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447) |
| WISCONSIN – Medicaid and CHIP |
| https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002 |
| WYOMING – Medicaid |
| https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269 |

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebesa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)



Notes



This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting