

Benefits at a Glance



FUHSD offers meaningful benefits to inspire you to have fun and live well. This flyer gives you a highlight of your available benefit plan options. FUHSD sponsors the majority of the premium cost of the medical, dental, and vision plans. The applicable contribution premium is listed for each plan.

Medical • Anthem HDHP/PPO

FUHSD offers comprehensive medical plans to choose from. Both PPO plans offer a wide network of providers nationwide. You will be eligible to establish a Health Savings Account should you elect the HDHP.

	HDHP	PPO
Preventive Care	Covered 100%, No copay, No deductible	Covered 100%, No copay
Deductible	\$1,500 individual (\$2,800) \$3,000 family	\$250/member (major medical only) 3 member max
Office Visit	10% after deductible	\$20 copay
Most Services	10% (in-network after deductible)	Basic: 0% (covered at 100%); Major: 20%
Retail Rx Tier	\$5 / \$15 / \$40 / \$60	\$10 / \$30 / \$50
Out-of-Pocket Max	\$3,000 individual \$6,000 family	\$1,000 individual \$1,000/member family

Medical • Kaiser HDHP/HMO

Kaiser is only available to Northern California employees, and benefits are only available within the Kaiser network. You will be eligible to establish a Health Savings Account should you elect the HDHP.

	HDHP	HMO
Preventive Care	Covered 100%, No copay, No deductible	Covered 100%, No copay
Deductible	\$1,500 individual (\$2,800) \$3,000 family	None
Office Visit	10% after deductible	\$20 copay
Most Services	10% after deductible All care must be within Kaiser	Various copays apply All care must be within Kaiser
Retail Rx Tier	\$10 / \$30	\$10 / \$30
Out-of-Pocket Max	\$3,000 individual \$6,000 family	\$1,500 individual \$3,000 family

Medical Cost of Coverage (Your tenthy premium contribution to enroll in the plan)

Employee	\$0*
Cost for Spouse/RDP who does not have access to other group coverage	\$150*
Cost for Spouse/RDP who does have access to other group coverage	\$280*
Cost for Child(ren)	\$25*

*A pro-rated premium is required for less than full-time employees. This premium is based on the composite cost of benefits for all Fremont Education Association (FEA) members. The spousal/RDP contribution applies in addition to the pro-rated premium.

Medical in-network benefits only are shown. Benefit limitations or maximums may apply. Out-of-network benefits, when available, are significantly reduced. See applicable carrier plan documents for details.

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Dental • Delta Dental PPO

Vision • VSP

Coverage		Coverage	
Deductible	None	Vision Exam (1x every 12 month)	\$5 copay
Preventive Care (Routine Exams/Cleanings)	70% - 100%	Glasses (1x every 12 month)	Copay combined with exam + cost for lens enhancements and frames over \$120 allowance
Annual Plan Maximum	\$2,000/covered member	Contacts (in lieu of glasses)	\$120 allowance
Orthodontia (Children Only)	50% to \$1,000 lifetime max	Contact Lens Fitting	Combined with contact lens allowance

Dental & Vision Cost of Coverage

FUHSD pays 100% of the premium for full-time employees and their eligible dependents. Part-time employees pay a pro-rated share of the total benefits cost.

Dental and vision in-network benefits only are shown. Benefit limitations or maximums may apply. Out-of-network benefits, when available, are significantly reduced. See applicable carrier plan documents for details.

Pre-Tax Accounts

- **Flexible Spending Arrangements:** Set aside pre-tax payroll dollars* to use for qualified healthcare expenses or for qualified childcare expenses for your children age 12 and younger.
- **Commuter Plans:** Load funds onto a Commuter Debit Card using pre-tax payroll reductions*. Commuter funds can then be used for qualified transit or parking expenses.
- **Health Savings Account (HSA):** If you enroll in the HDHP, FUHSD will contribute to your HSA account. Maximize savings and contribute to your tax-preferred HSA using pre-tax payroll deductions*.

**IRS annual contribution limits apply. Subject to IRS regulations. See plan documents for details and limitations.*

Protection for Peace of Mind

FUHSD provides all benefit-eligible employees with company paid life insurance and disability insurance. In addition to these plans, you may purchase additional coverage at reasonable rates.

- **Life and AD&D Insurance:** Employer paid coverage equal to a flat \$50,000.
- **Optional Life:** Purchase additional life and AD&D coverage for yourself in \$10,000 increments to a maximum of \$100,000. You can also purchase coverage for your spouse and/or child(ren). Rates are based on age; see plan details for additional information.
- **Short-Term Disability:** If you are sick or injured and unable to work, this plan provides partial income replacement benefits up to 75% of your regular daily contract salary, combined with other sources.
- **Long-Term Disability:** If you continue to be unable to work due to illness or injury, this plan provides up to 50% of your regular monthly contract salary, combined with other sources. This benefit will be paid based on your age at the time of disability.

Other Benefits

- **Employee Assistance Program:** The EAP is a confidential and professional consultation service designed to provide employees with support for personal problems including relationships, loss, stress and more. Call 24/7 for consultation or assistance with life events. Includes 5 face-to-face visits per incident annually.