

Your 2023 BENEFITS At-A-Glance



Your benefits are an important part of your overall compensation. That's why San Bernardino City Unified School District is pleased to offer a comprehensive array of quality benefits to protect your health, your family and your way of life. This brochure is designed to answer many of the questions you may have about benefits. Please read it carefully along with the more detailed, supplemental materials you receive.

OPEN ENROLLMENT REMINDERS

Once a year during open enrollment you can make changes to your benefits. For instance, you can choose a different medical plan, add or drop dependents or enroll for the first time in plans you previously declined.

QUALIFYING LIFE EVENT

You cannot change your plan selections, or add or drop coverage until the next Open Enrollment period unless you have a qualified change in status as defined by the IRS Section 125 rules. Examples of qualifying events are:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- Loss of other health coverage
- Change in your dependent's eligibility status because of marriage, age, etc.

TO MAKE A CHANGE AT ANY TIME BESIDES OPEN ENROLLMENT

You must notify the Benefits Department within 30 days of a qualifying life event. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your changes.

ELIGIBILITY

You are eligible for the District's benefits on the first of the month following your date of hire.

ELIGIBLE DEPENDENTS

When you become eligible for these benefits, so do your eligible dependents. In general, eligible dependents include your spouse or legal domestic partner and children up to the age of 26. If your child is mentally or physically disabled, coverage may continue beyond the age of 26. Children may include natural, adopted, stepchildren, domestic partner's children or court ordered dependents. When you add a new dependent to your insurance plans, be prepared to show proof of dependent eligibility, such as a marriage license, birth certificate, adoption certificate, court order to provide coverage or divorce decree.

COST OF BENEFITS

If you are a full-time employee, the Health Net HMO, dental plan of your choice and vision plan and basic life is paid in full by the District. If you are a part-time employee, you share a proportionate amount of the cost for coverage with the District. The amount you pay for coverage is based on the weekly or daily number of hours you work.

MEDICAL OVERVIEW

Nothing is more important than your health and your family's health. That is why the District offers you medical plan choices designed to help you get the care you need at a price you can afford. Your options include two HMO's through Health Net and Kaiser and a PPO through Health Net.

If you enroll in an HMO, you must select a primary care physician to provide your care and refer you to specialists. Only in-network care is covered under an HMO, except in the case of a true emergency as determined by the plan.

The HMO through Health Net is referred to as Elect Open Access and allows you to access PPO providers for **office visits only**; a higher copay is required when you visit PPO providers.

If you enroll in the Health Net PPO, you have the freedom to visit any licensed provider each time you need care; however, you will save money when you visit Health Net preferred providers. See the table below for a comparison of medical plan options:

	Health Net Elect Open Access HMO	Kaiser HMO	Health Net PPO	
Plan Features			Preferred Provider	Non-Preferred Provider
Calendar Year Deductible				
Single	-	-	\$250	\$250
Family			\$750	\$750
Out-of-Pocket Maximum				
Single	\$1,500	\$1,500	\$3,000	\$5,000
Family	\$4,500	\$3,000	\$6,000	\$10,000
Routine Preventive Care	\$0 Copay	\$0 Copay	Plan pays 100%	Not covered
Well-Baby Care	\$0 Copay	\$0 Copay	Plan pays 100%	Not covered
Office Visit	\$15 Copay (PPO Provider: \$30 Copay - office visit only)	\$15 Copay	Plan pays 100% after \$15 Copay; 90% AD for associated lab & x-ray	Plan pays 70% AD
Inpatient Hospital	\$250 Copay when authorized	\$0 Copay	\$250 Copay +10% AD	\$250 Copay +30% AD
Outpatient Hospital	\$250 Copay when authorized	\$15 Copay	\$250 Copay +10% AD	\$250 Copay +30% AD
Ambulance	\$0 Copay	\$0 Copay	\$50 +10% AD	\$50 +10% AD
Emergency Room Visit	\$75 Copay	\$50 Copay	Plan pays 90% after \$100 Copay	Plan pays 90% after \$100 Copay
Urgent Care	\$15 Copay (PPO Provider: \$30 Copay - office visit only)	\$15 Copay	Plan pays 90% after \$100 Copay	Plan pays 90% after \$100 Copay
Prescription Drugs (Retail 30-day supply)				
Generic	\$10 Copay	\$10 Copay	\$10 Copay	50% after \$10 Copay
Brand-Name	\$25 Copay	\$20 Copay	\$25 Copay	50% after \$25 Copay
Non-Formulary	\$35 Copay	-	\$35 Copay	50% after \$35 Copay
(Mail order 90-day supply)				
Generic	\$20 Copay	\$20 Copay	\$20 Copay	-
Brand-Name	\$50 Copay	\$40 Copay	\$50 Copay	-
Non-Formulary	\$70 Copay	-	\$70 Copay	-

AD=After Deductible

BENEFITS AT-A-GLANCE

DENTAL

Good health includes healthy teeth and gums. The dental plans are designed to help you maintain a healthy smile through regular preventive dental care, and to fix any problems as soon as they occur.

You must visit in-network dentists under either of the dental HMOs. If you are enrolled in the PPO, you have the freedom to visit the provider of choice. However, visiting in-network (Delta PPO) providers will save you money on out-of-pocket costs. When you visit out-of-network providers, you are responsible for charges above Delta Dental's contract allowance.

Plan Features	Delta Dental PPO		DeltaCare HMO	MetLife HMO
	In-Network	Out-of-Network	In-Network	In-Network
Calendar Year Deductible	\$2,500	\$2,000	N/A	N/A
Out-of-Pocket Maximum Single Family	N/A	\$100 \$300	N/A	N/A
Routine Treatment (e.g., oral exams, X-rays, cleanings, fillings, oral surgery)	(Changes each January; must visit dentist annually) Plan pays: 1st year*: 70% 2nd year: 80% 3rd year: 90% 4th year: 100%	(Changes each January; must visit dentist annually) Plan pays: 1st year*: 70% 2nd year: 80% 3rd year: 90% 4th year: 100%	\$0 Copay	\$0 Copay
Crowns and Pontics	Same as above; limitations may apply		\$0 Copay	\$0 Copay (charges apply for upgrades)
Bridges, Dentures & Implants	80% of contract allowance	50% of contract allowance	\$0 Copay	\$0 Copay
Orthodontia (Lifetime Maximum)	Plan pays 80% \$2,000 (children only)		\$1,800 Copay (adults & full-time students) \$1,600 Copay (children) \$350 start-up fee (excludes records)	\$400 Copay (adults) \$400 Copay (children)

VISION

Eligible employees have the option to enroll in vision coverage through VSP. You may visit a doctor within the VSP network and take advantage of higher benefits coverage, or visit an out-of-network provider of your choice for a reduced benefit.

Your Coverage with a VSP Provider			
BENEFIT	DESCRIPTION	COPAY	FREQUENCY
EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$15 (exam and glasses)	Every 12 months
FRAMES	<ul style="list-style-type: none"> \$145 featured frame brands allowance \$125 featured frame allowance 20% savings on the amount over your allowance \$125 Costco/Walmart/Sam's Club frame allowance 	Combined with exam	Every 12 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Combined with exam	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Anti-glare coating Premium progressive lenses 	\$0 \$25 \$90 - \$105	Every 12 months
CONTACTS (Instead of glasses)	<ul style="list-style-type: none"> \$100 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Impact-resistant lenses for dependent children 	Up to \$60	Every 12 months

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

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BABYLON - Have a Phone or Video Visit with a Doctor in Minutes 24/7

All Health Net medical plan members are eligible for the added medical benefit of Telemedicine through Babylon. Babylon gives you and your eligible dependents 24/7/365 access to U.S. board-certified doctors through the convenience of phone or video consults at no charge. Babylon is an easy, affordable option for getting the medical attention you need, from the comfort of your home or while on the go! To get started, download the app, register using code: **HNCOM** or call (800) 475-6168.

Common reasons to use Babylon instead of waiting for a doctor's appointment, Urgent Care or Emergency Care:

- Pinkeye
- Allergies
- Urinary Tract Infection
- Ear Infection
- Cold or Flu
- Mental Health
- Bronchitis
- Cough

A doctor will assess your condition, provide a treatment plan and send a prescription to your preferred pharmacy.

WELLNESS BENEFITS

Both Health Net and Kaiser offer wellness benefits to help you and your family get—and stay—healthy. Benefits include online health risk assessments as well as discounts on gym memberships, fitness books and videos, vitamins, weight management programs, and much more. Go to www.healthnet.com or www.kp.org for details, or request an information kit on your Materials Order Form.

CHIROPRACTIC CARE

Health Net HMO plan members have access to chiropractic care through American Specialty Health Plans (ASH). Coverage includes 30 visits per year at \$10 per visit. Members may select a contracted provider by visiting www.ashcompanies.com or by contacting ASH at (800) 678-9133. A referral is not needed to visit a participating chiropractor.

For those enrolled in the Health Net PPO plan, you can access your chiropractic benefit directly through Health Net. The PPO plan includes 12 visits, combined in and out of network, with a \$15 copay in-network and 30% coinsurance out-of-network. Members can search for a provider at healthnet.com.

Kaiser's HMO plan members have access to chiropractic care through Optum Health. Coverage is based on medical need and includes unlimited visits at a \$20 copay. Members will receive an Optum ID card, which can be shown at the time of service. To locate a provider, please visit www.myoptumhealthphysicalhealthofca.com and look for VEBA on the list in the column headed "Participating Provider for." You may also contact Optum Member Services at (800) 428-6337.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Because unresolved personal issues can affect every aspect of one's life, including work performance, the District provides you and your family with an Employee Assistance Program Support Services through The Counseling Team International (TCTI), at no cost to you. Call TCTI 24 hours a day, 7 days a week at (800) 222-9691, for confidential assistance with nearly any personal matter you may be experiencing. Counselors can provide you with access to face-to-face counseling for issues such as marital and family problems, stress/burnout, separation/divorce, grief/bereavement, substance abuse, career concerns as well as many other issues.

BASIC LIFE & AD&D INSURANCE

The District provides you with employee life insurance and AD&D coverage at no cost to you, if you are a full-time employee. (Part-time employees pay a proportionate share of the cost.) Please complete an enrollment form to obtain the life insurance benefit of \$50,000 and/or AD&D coverage. Benefits are reduced at age 70. Be sure to choose a beneficiary to receive benefits in the event of your death.

The District also provides life insurance coverage for your spouse and children in the following amounts:

- **Spouse or Domestic Partner:** \$1,500
- **Child(ren):** \$1,500
 - Must be unmarried and less than 26 years of age
 - Must be financially dependent on you
 - Stepchildren must live with the parent who has the coverage

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VOLUNTARY LIFE INSURANCE

You can purchase additional life insurance coverage for yourself if you choose. You can choose amounts from \$20,000 to \$500,000 (or 5 times basic annual earnings, whichever is less, rounded to the next highest \$10,000).

If you currently participate in the voluntary life insurance program, you can purchase an additional \$10,000 of coverage (to a maximum of \$150,000) without submitting a Voluntary Group Health statement.

If you enroll for additional coverage for yourself, you may choose to elect coverage for your spouse in the following amounts:

- \$5,000 to \$250,000, in \$5,000 increments (up to the lesser of 50% of employee amount or \$250,000)

Please Note: Evidence of insurability is required prior to approval. Your spouse must complete and submit a Voluntary Group Health statement, which you may request from the Benefits Department.

VOLUNTARY AD&D INSURANCE

You may purchase additional AD&D coverage, which provides benefits in the event of a death or dismemberment due to an accident. Coverage is available for you and your eligible dependents, as long as you elect coverage for yourself.

- **Employees:** \$10,000 to \$500,000 (amounts in excess of \$250,000 may not exceed 10 times your annual salary)
- **Dependents:** equal to a percentage of the principal sum you elect (see table below). Please note that coverage for children is to age 19 or to age 26, if a full-time student. Children must be dependent upon you for support in order to qualify.

Voluntary AD&D	Spouse Benefit without Dependent Coverage	Spouse Benefit with Dependent Coverage	Child Benefit without Spouse Coverage	Child Benefit with Spouse Coverage
Percentage of Employee AD&D Principal Sum	60% up to \$300,000	50% up to \$250,000	20% up to \$25,000	10% up to \$25,000

RATES

Full Time Employees: If you are a full-time employee, the Health Net HMO medical plan, the dental plan of your choice, the vision plan if you elect it, and basic life insurance are paid in full by the District according to the terms of your collective bargaining agreement.

Your monthly cost for medical, dental and vision coverage is based on your medical plan selection as shown in the table:

Medical Plan	Employee Only	Employee + 1	Employee + Family
Health Net HMO	\$0	\$0	\$0
Kaiser HMO	\$117.17	\$124.25	\$225.57
Health Net PPO	\$503.41	\$1,082.33	\$1,485.01

Part Time Employees: If you are a part-time employee, you share a proportionate amount of the cost for medical, dental and vision coverage with the District. The amount you pay for coverage is based on the weekly or daily number of hours you work. Please refer to the separate rate sheets for benefit costs.

WHEN YOUR PAYROLL DEDUCTIONS BEGIN

For new hires and current employees, your payroll deductions should begin with the first paycheck of the month following your eligibility date. **It is your responsibility to notify the Benefits Department immediately if no benefit deductions are subtracted from your paycheck.** If you do not contact the Benefits Department immediately, you may receive retroactive payroll deductions on future paychecks to make up for the deductions that were not taken. **This could be costly for you and/or result in cancellation of benefits.**