



July 1, 2023 – June 30, 2024

LOS ALAMITOS  
UNIFIED SCHOOL  
DISTRICT

# BENEFITS OVERVIEW GUIDE

*Igniting Unlimited Possibilities*

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# LOS ALAMITOS UNIFIED SCHOOL DISTRICT



Your health and the health of your family are important to Los Alamitos Unified School District – this is the reason we offer a comprehensive benefits package designed to focus on your total well-being.



You have many resources available for any questions related to your plans as you enroll and throughout the year. Take advantage of those resources to be sure you receive the full benefits you need and all that is available to you.



The coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. The Flexible Spending Account (FSA) plan year begins January 1st and ends December 31st. Los Alamitos' benefit year for all other plans begins July 1st and ends June 30th.



# EMPLOYEE ELIGIBILITY

## Eligibility

Los Alamitos Unified School District is committed to offering employees a comprehensive benefits program that helps you stay healthy, feel secure, and maintain a healthy lifestyle. Employee contributions are based upon costs agreed to during negotiations.

### Active Employees:

#### Full-time Classified-CSEA, Certificated-LAEA, Confidential, Supervisory, Management Employees:



Employee and Family Medical Coverage



Employee and Family Dental Coverage



Employee and Family Vision Coverage



Employee and Dependent Life Insurance



Employee AD&D Insurance



Voluntary Insurance Plans



Flexible Spending Accounts

#### Part-Time Certificated-LAEA, Confidential, Supervisory, Management Employees:

*Part-time employees: 0.50 Full-time equivalent [FTE]/20 hours or more*



Employee-only medical insurance



Other types of insurance may be made available at full cost.

#### Part-Time Classified-CSEA:

*Part-time employees: 0.75 Full-time equivalent [FTE]/30 hours or more*



Employee-only medical insurance



Other types of insurance may be made available at full cost.

## Retirees

Certificated and Classified: Eligible retirees are employees that are at least 55 years of age, qualify for retirement under PERS/STRS, and have served the District for 10 years if hired on or before June 30, 2010 or have served the District for 20 years if hired on or after July 1, 2010, are eligible to receive medical, vision and dental coverage at a cost. Classified retiree coverage ends at Medicare age and Certificated retirees are eligible for continued coverage at a cost after turning 65 years of age in accordance with AB528.

# DEPENDENT ELIGIBILITY

## Dependent Eligibility

Our commitment extends beyond the daily obligations of work and services of our employees. Los Alamitos Unified School District cares about your personal well-being and keeping your family healthy. Eligible employees and retirees are permitted to enroll dependents (based upon costs agreed to during negotiations) on any plan that covers dependents

### Eligible Dependents:



- Legal Spouse as recognized by the state of California
- Domestic Partner registered with the state of California
- Children from birth to age 26 (regardless of marital or student status) including step, adopted, under legal guardianship and court ordered
- Adult Disabled Children with no age limit

## Ineligible Dependents

The following individuals are NOT eligible dependents, even if they rely on you for support:

- Grandchildren (unless legal guardianship has been awarded)
- Foster children
- Parents
- Grandparents
- Siblings
- Ex-spouses and their children once a final decree has been issued or legal separation has been obtained (unless the member has been granted legal guardianship or is legally required to provide medical coverage under a QMCSO)

## Certification Of Dependents For Health Plan Coverage

All employees are required to submit proof of eligibility certifying that their dependents meet the eligibility requirements to be enrolled. Before enrolling anyone as your dependent, verify that he or she qualifies under the plan rules.

# ENROLLMENT

It is important that you make your benefit elections within the time frame allowed during your new hire or Open Enrollment period. Postponing the confirmation of your elections will result in a delay in enrollment processing. If you wish to see a doctor or fill a prescription soon after your benefits begin, please make your elections in a timely fashion or you may experience a delay.



## Initial Enrollment Period

This is the first time you may enroll in District benefits after becoming eligible. You cannot enroll in dental and/or vision unless enrolling in medical. Enrollment is optional for dependents. Dependents will be enrolled in the same dental plan as the employee.

### New Employees:

New employees are permitted to join the benefit plans within 31 days of the first day of payroll. Employees will be eligible for coverage the 1st of the month following the date of hire on active payroll. Employees may waive their benefits if they can provide proof of other health insurance coverage. You must submit the completed Enrollment Form within 31 days from your date of hire to the District Benefit Services office to enroll in the employer-sponsored benefit plans. Be sure to include any necessary supporting documents (e.g. tax documents, birth certificate, adoption certificate, etc.).

### New Retirees:

Upon satisfying the requirements for qualified retiree benefits outlined on page 4, review your options and make your elections. Please submit your elections to the District Benefit Services Department prior to your retirement date to ensure a smooth transition in coverage.



## Open Enrollment

Open enrollment is the period when you have the opportunity to change your benefit elections for the upcoming plan year and typically occurs during the month of April or May with the elections made during that time taking effect on July 1st. These plan elections remain in place through June 30th of the following year. During open enrollment, you can add or remove coverage for yourself and/or your dependents and otherwise change your coverage options.



**When adding dependents, documentation will be required such as a marriage or birth certificate. Proof of other coverage is required if waiving medical coverage.**



# ENROLLMENT

The coverage(s) you elect during Open Enrollment cannot be changed during the plan year unless you have a Qualifying Life Event.

## Qualifying Life Events

If you experience a Qualifying Life Event and wish to make changes to your current benefit elections, you must notify District Benefit Services within 31 days of the change in status. Documentation supporting the Qualifying Life Event must be provided. Qualifying Life Events as recognized under IRS regulations include:



Legal marital status including marriage, divorce, annulment, death of spouse or legal separation



Change in the number of dependent children including birth of a baby, adoption or death of a dependent child



Employment status including termination or commencement of employment by the employee, spouse or dependent



Change in your residence or worksite, which causes a loss or gain in coverage for the employee, spouse or dependent



Becoming eligible for or losing coverage under a state's premium assistance program through Medicaid/CHIP



Dependent reaches the age of 26 or any similar circumstance as provided in the health plan under which the employee receives or loses coverage



Work schedule including a reduction or increase in hours for employee, spouse or dependent, including a switch between part-time and full-time, or commencement or return from an unpaid leave of absence

## Employees are responsible for notifying District Benefit Services of benefit status changes.



Any benefit change due to a qualifying life event must be made within 31 days of the event (or within 60 days for eligibility changes under Children's Health Insurance Program Act).

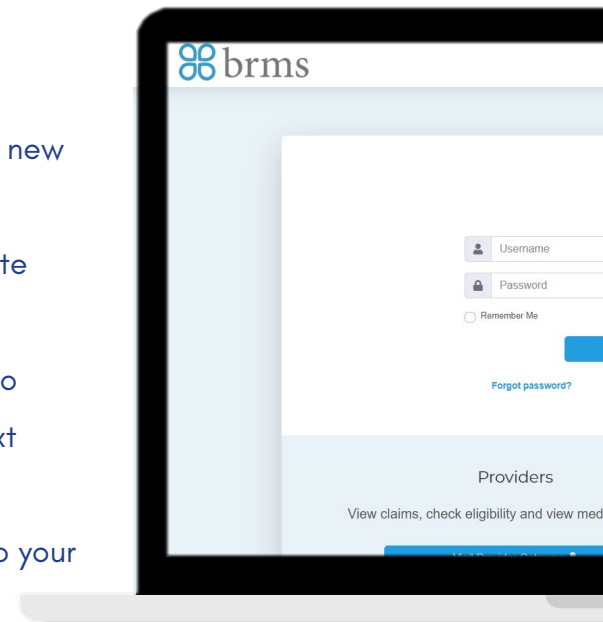
# ONLINE ENROLLMENT

For your convenience, benefits are administered online through BRMS. This is an online benefits enrollment and communication system designed to give you and your eligible dependents access to important benefit information 24/7.

When it is time to enroll, you will need to have names, Social Security numbers and dates of birth for any dependents you wish to enroll and for your life insurance beneficiaries.

## Logging In

1. Go to [www.myhealthbenefits.com](http://www.myhealthbenefits.com).
2. Click **Create New Account**. If you have already registered for a new account, skip to step 4.
3. Complete the registration process. You will be required to validate your account with an active email address.
4. Enter your username and password. The system will prompt you to validate your identity by entering a code (sent via phone call, text message or email).
5. Upon completing the authentication process, you will be taken to your benefits dashboard.



## Enrolling in Benefits During Open Enrollment

1. On your benefits dashboard, click **Open Enrollment**.
2. Before you begin your enrollment, you will be asked to verify your personal information. To begin the verification process, click **Get Started**.
3. When you have finished the verification process, click **Proceed to Open Enrollment** to begin enrolling in benefits.
4. Starting with your first Benefit Election, the system will guide you through the election process for all benefit types available to you.
5. Click the appropriate option that indicates the action you want to take for each benefit. If you want to change any of your elections, click **I would like to change my election**.
6. When making changes, use the **Next** and **Back** buttons to move from page to page and be sure to click **Save** after making each change.
7. If you are satisfied with your elections, click the red button labeled **Click here to submit your elections** to complete your enrollment.



# UNDERSTANDING YOUR MEDICAL COVERAGE

Los Alamitos offers employees a comprehensive PPO (Preferred Provider Organization) medical plan administered by BRMS borrowing the Anthem network of doctors. The PPO plan offers freedom of choice by allowing members to choose any recognized provider or hospital, either in or out of the Anthem network when seeking care. Because this plan allows the flexibility of choosing from PPO or non-PPO providers, it is important to keep in mind there are significant cost advantages when utilizing Anthem's contracted PPO providers as the plan reimburses a percentage of the Usual, Customary and Reasonable (UCR) charge.

If you seek care from a non-PPO provider, you may have to pay the difference between the non-preferred provider's billed charge and UCR, plus the higher coinsurance and deductibles. Also note that any amount the provider bills above UCR does not count toward your deductible or out-of-pocket maximum. Your out-of-pocket exposure will be much higher when utilizing non-preferred providers.

## Understanding Insurance Terms

**Coinsurance:** Coinsurance is your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount.

**Copay:** A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

**Deductible:** The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is \$900, your plan won't pay anything until you've met your \$900 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible as it is covered 100% by your medical plan.

**Out-of-Pocket Maximum:** The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

# MEDICAL COVERAGE



Medical PPO Plan		
	In-Network (PPO)	Out-of-Network (Non-PPO)
<b>Calendar Year Deductible</b>		
Individual	\$300	\$600
Family	\$900	\$1,800
<b>Calendar Year Out-of-Pocket Maximum</b>		
Individual	\$2,500	\$5,000
Family	\$6,250	\$12,500
<b>Preventive Care – Office Visits – Diagnostic</b>		
<b>Preventive Care</b> Routine Physical Exams & Immunizations	Plan pays 100% no deductible	Not covered
<b>Office Visits</b> Including Mental Health	\$20 copay no deductible	Plan pays 60% after deductible
<b>Specialist Visit</b>	\$20 copay no deductible	Plan pays 60% after deductible
<b>Diagnostic Lab &amp; X-Ray</b> (Outpatient Pre-Operative Testing)	Plan pays 100% after deductible (Plan pays 80% after deductible)	Plan pays 100% after deductible (Plan pays 60% after deductible)
<b>Physical/Occupational Therapy</b> (max 60 visits/year combined)	\$20 copay no deductible	Plan pays 60% after deductible
<b>Chiropractic Care</b> (max 30 visits/year)	\$20 copay no deductible	Not covered
<b>Home Health Visits &amp; Skilled Nursing Facilities</b>	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Hospital Services</b>		
<b>Urgent Care</b>	\$20 copay no deductible	Plan pays 60% after deductible
<b>Inpatient Hospital</b>	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Outpatient Surgery</b>	Plan pays 80% no deductible	Plan pays 60% no deductible
<b>Emergency Room</b> Non-emergencies are not covered	\$150 copay then the plan pays 80% after deductible	\$150 copay then the plan pays 60% after deductible
<b>Ambulance Service</b>	Plan pays 80% after deductible	Plan pays 80% after deductible

This is meant to be a brief summary only. For full plan details, exclusions and limitations, refer to the SPD.

**IMPORTANT:** Whether you choose to see a PPO or non-PPO provider, a pre-authorization **MUST** be obtained for any service that will result in claims exceeding \$1,000.

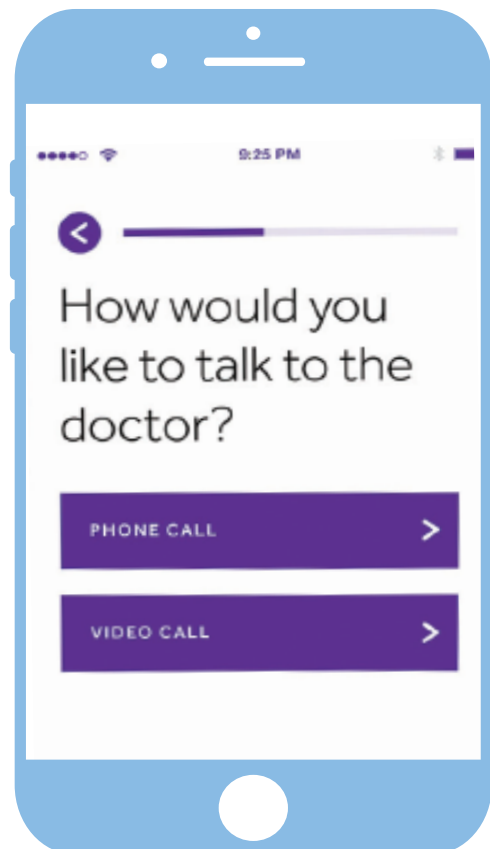
# TELEMEDICINE

Teladoc virtual care makes your life easier. Teladoc is a healthcare service that offers convenient, confidential access to quality doctors 24/7, anytime, anywhere. By scheduling a visit with a U.S board-certified and licensed medical doctor, you can be diagnosed, treated and prescribed medication if necessary. With Teladoc you don't wait weeks for an appointment. Teladoc doctors, therapists, and specialists can help you with the flu, infections, anxiety, stress, skin conditions, and provide advice on serious medical conditions.



## Talk to a Doctor for Free!

- 1** Use a phone, app or website to create an account and complete your medical history
- 2** Request a time and a Teladoc doctor will contact you
- 3** The doctor will diagnose symptoms and send a prescription if necessary



### What can I use Teladoc for?

Teladoc can help you with everyday, non-emergency healthcare issues, including sinus problems, allergies, flu symptoms and much more. Teladoc helps skip the waiting room and the trip to urgent care.

### Does Teladoc replace my regular doctor?

No. Teladoc doesn't replace your primary care doctor. Teladoc should be used for non-emergency illnesses when it is not convenient to get to the doctor or it is outside of regular office hours.

### Is there a time limit when talking to the doctor? And am I charged more for taking longer?

There is no time limit for visits, and there is no extra charge for longer doctor visits.

### Do I need to have my insurance information available?

No. Teladoc is a separate benefit, and your insurance information is not required.

# PRESCRIPTION DRUG COVERAGE



When you enroll in the Los Alamitos medical plan, you are automatically enrolled in prescription drug coverage through MaxorPlus. This chart outlines the cost when obtaining prescription drugs at a participating pharmacy.

In-Network Benefits	Maxor Participating Pharmacy
Annual Deductible	\$250 (applies to specialty drugs only)
<b>Out-of-Pocket Maximum</b>	Combined with medical plan
<b>Retail (30 days)</b>	
▶ Generic	\$5 copay
▶ Preferred Brand Name	\$25 copay
▶ Non-Preferred Brand Name	\$40 copay
<b>Mail Order (90 days)</b>	
▶ Generic	\$10 copay
▶ Preferred Brand Name	\$50 copay
▶ Non-Preferred Brand Name	\$80 copay
<b>Specialty Drugs</b>	\$60 copay for up to 30 day supply (after deductible)

Out-of-network services are not covered. For full plan details refer to the SPD.

## Saving on Prescriptions

If you regularly take the same medications, the mail order program allows you to get a three-month supply for just two times the retail copay, saving you money, trips to the pharmacy and time waiting in line. In addition, many chain pharmacies offer certain generic medications at deep discounts and some will dispense certain antibiotics for free. Check with your pharmacy to determine if any special programs are available.

## Member Portal and App

MaxorPlus offers a member portal and app to connect you to your benefits and empower you to make the best purchasing decisions for you and your family. You may download the app (MaxorPlus) for free from iTunes or Google Play or visit [www.maxor.com](http://www.maxor.com) to access the member portal.

**Message Center:** Contact a Member Advocate directly from the Member Portal or App. Your messages are secure and answered quickly.

**Calculate Costs:** Preview estimated costs for brand and generic medications on your plan.


**Quick Refill:** Snap a picture of your prescription with your phone to refill.

# DENTAL COVERAGE

Los Alamitos offers two comprehensive dental plans to choose from. Dental coverage is designed to assure that you receive regular preventive care. With routine examinations, minor dental problems can be diagnosed and treated before major more costly problems set in.

## Direct Referral HMO Dental Plan

The Dental Net DHMO plan pays a high level of coverage provided you use a selected Dental Net dentist. There are no deductibles or copays for diagnostic or preventive services keeping your out-of-pocket expenses to a minimum. However, some procedures require a copay that you will need to pay at the time of service. The plan is simple to use. Just select a participating dentist at enrollment—then refer to your Schedule of Benefits to see what's covered and your costs.

<b>Anthem</b> 	
<b>DHMO In-Network</b>	
Network Access Level	
Calendar Year Deductible	None
Annual Maximum Benefit	Unlimited
Services	
Oral Exams	No charge
Teeth Cleaning	No charge (Limit 2)
Fluoride Treatment	No charge
Amalgam Fillings	No charge
Periodontal Scaling/Planing	No charge
Crowns	\$0 - \$85 copay
Orthodontia	
Child	\$1,695 copay
Adults	\$1,895 copay
The above is a high-level overview of the coverage available. For complete coverage details, please refer to the Schedule of Benefits	

### Plan Highlights

- You have a \$0 copay per office visit.
- Routine cleanings and maintenance services are limited to twice a year.
- The participating dentist you select at enrollment will provide your routine dental care.
- Orthodontic Services are available for adults and children under this plan. Please refer to the Schedule of Benefits for additional information.

The Schedule of Benefits includes covered services, information on any limitations and charges for procedures, and services. It's important that you review this information before you see your dentist for the first time. You may request the Schedule of Benefits from your Benefits Coordinator.



### Dental Plan ID Cards

Newly enrolled members will receive an ID card by mail. If you are a current Anthem Dental member and need to replace your ID card visit [www.anthem.com/ca](http://www.anthem.com/ca)

# DENTAL COVERAGE

## Delta Dental PPO Plan

This plan is a traditional, non-referral based plan that allows members the freedom to choose any recognized dentist, in or out of network. This plan makes it easy for you to find a dentist and to control your costs when you visit a network dentist by offering access to one of the largest dental networks in the country.

PPO network dentists accept reduced fees for covered services, so you'll usually pay the least when you visit a PPO network dentist. This also ensures Delta Dental dentists won't balance bill you the difference between the contracted amount and their usual fee. Reimbursement is based on the PPO contracted fees or Reduced Fee Schedule (RFS) for dentists both in and out of network.



### Annual Deductible

Individual/Family

### Annual Maximum Benefit

### Diagnostics & Preventative Services

Periodic Exam, Teeth Cleaning, X-Rays

Plan pays 80%\*

Plan pays 80% RFS\*

### Basic Services

Amalgam Fillings, Root Canal, Oral Surgery,  
Simple Extractions, Periodontics

Plan pays 80%\*

Plan pays 80% RFS\*

### Major Services

Crowns, inlays, onlays and cast  
restorations

Plan pays 50%\*

Plan pays 50% RFS\*

### Dental Accidents Benefits

Dental Accident Benefits

Plan pays 100%  
(Separate \$1,000 maximum per person each calendar year)

\*After Deductible

This is meant to be a brief summary only. For full plan details refer to the SPD.

## Check in without an ID


You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account at [www.deltadentalins.com](http://www.deltadentalins.com) to view or print your card.





# VISION COVERAGE

Los Alamitos understands the importance of good visual health and the need for regular eye examinations by providing one of the leading vision plans in the country. This vision plan, administered by EyeMed, is designed to provide you with access to qualified eye care professionals and coverage for a comprehensive vision examination and materials (eyeglasses or contact lenses).

		Plus Providers	In-Network	Out-Of-Network
		You pay:	You pay:	Plan reimburses you up to:
Eye Exam		\$0 copay	\$10 Copay	Up to \$40
Frames		Amount over \$180 allowance (20% discount for over allowance)	Amount over \$130 allowance (20% discount for over allowance)	Up to \$91
<b>Standard Plastic Lenses</b>				
Single		\$0 copay	\$0 copay	Up to \$30
Bifocal		\$0 copay	\$0 copay	Up to \$50
Trifocal - Lenticular		\$0 copay	\$0 copay	Up to \$70
Progressive - Standard		\$0 copay	\$0 copay	Up to \$50
<b>Contact Lenses</b>				
Conventional		Amount over \$130 allowance (15% discount for over allowance)	Amount over \$130 allowance (15% discount for over allowance)	Up to \$91
Disposable		Amount over \$130 allowance	Amount over \$130 allowance	Up to \$91
Medically Necessary		\$0 copay	\$0 copay	Up to \$300
This is meant to be a brief summary only. For full plan details refer to the SPD.				

## How Often Can You Use Your Benefits

Schedule of Benefits	Frequency
Eye Exam	Every 12 months
Frames	Every 24 months
Lenses (in lieu of contacts)	Every 12 months
Contact Lenses (in lieu of lenses)	Every 12 months



## EyeMed Member ID Cards

EyeMed provides two ID cards in your name, but you aren't required to have it at the time of service. If you lose your card or need extras for your family, you can print a replacement by creating an account at [www.eyemed.com](http://www.eyemed.com) or downloading the EyeMed Members App to pull up a digital version anytime, anywhere.

# VISION PLAN HIGHLIGHTS



Being an EyeMed member has its perks. You get a mix of special offers and discounts that give your benefits a boost — so you can keep your eyes healthy and save money.

## Plan Highlights

- A separate allowance for frames and contact lens that gives you the ability to use the frame and contact lens allowances in the same benefit year – worth up to an extra \$130
- A separate contact lens fit & follow-up coverage (leaving the entire allowance for materials)
- 40% off additional pairs of glasses during the same visit
- 15% off Lasik or PRK from US Laser Network Providers

**As an EyeMed member you can also use your in-network benefits to purchase contact lenses and eyewear online at:**



## How It Works:



Find a doctor at  
<https://eyemed.com>



Schedule an  
appointment



Complete  
your exam



Pay your  
\$10 copay



Pick the frames/lenses  
that fit your budget  
(in-store or online)



## Manage Your EyeMed Benefits In A Few Easy Steps:

1. Visit [www.eyemed.com](http://www.eyemed.com) and click on Member Login.
2. Click on Create an Account.
3. Register using your member ID or the last four digits of your social security number. You'll get an email asking to confirm your account.
4. Finish setting up your new account with your email address and a password.
5. Come back anytime to change your password, email address and billing preferences. It's all under Manage Profiles.

# FLEXIBLE SPENDING ACCOUNT (FSA)

Jan 1<sup>st</sup> –  
Dec. 31<sup>st</sup>  
Plan Year

Los Alamitos provides you with an opportunity to participate in two different flexible spending accounts (FSAs) administered by BRMS. Each year that you would like to participate in the FSAs, you must elect the amount you want to contribute to either or both of the FSAs.

Your contributions will be deducted from your paychecks in equal installments throughout the year and deposited into your account(s). Both accounts function separately.

## Health Care FSA

You can use this account for qualified medical, dental and vision expenses for yourself, your spouse or your dependent children. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Orthodontia
- Eye exams/eyeglasses
- LASIK eye surgery
- Arches/orthotic Inserts
- First aid supplies
- Prescription sunglasses

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf)

## Dependent Care FSA

You can use this account for expenses for services that allow you and your spouse (if you are married) to work or attend school full time. These services generally include day care, babysitters, most day camps, and caregivers for dependent children under age 13 and disabled dependents. Another eligible expense is care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent.

## Adoption Assistance Account

Adoption Assistance is a valuable addition to your benefits. It helps you pay for expenses related to what for many is an important life goal – having a family. Think of adoption assistance like a flexible spending account for common eligible adoption expense. An Adoption Assistance Account must be elected during open enrollment. The tax year for which you can claim the credit depends on when the expenses are paid; whether it's a domestic adoption or a foreign adoption; and when, if ever, the adoption was finalized. The IRS determines which expenses can be reimbursed, however, some of the most common items include adoption agency fees, travel expenses (including meals and lodging while away from home) and court costs.

# FLEXIBLE SPENDING ACCOUNT (FSA)

## 2023 Contribution Limits

Health Care FSA	Dependent Care FSA	Adoption Assistance
<b>\$3,050</b> 2023 IRS Annual Maximum Contribution	<b>\$5,000</b> 2023 IRS Annual Maximum Contribution	<b>\$15,950</b> 2023 IRS Annual Maximum Contribution

## Health Care FSA Roll Over:

Los Alamitos has elected to offer the FSA Rollover feature for your Health Care FSA. It does not pertain to Dependent Care FSA. The FSA Rollover feature, allows you to roll over up to \$610 of your unused Health Care FSA balance into the next plan year instead of 'losing it'.

## Important Rules To Keep In Mind

FSAs offer sizeable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the following:

- The IRS has a strict "use it or lose it rule": If you do not use the full amount in your FSAs by the end of the plan year, you will lose any remaining funds above the rollover amount of \$610.
- All claims must be submitted within 90 days of the end of the plan year.
- In the event of employment termination, contributions to our plan stop and you can no longer incur expenses for reimbursement. Claims must be submitted within 30 days of termination date.
- Once you enroll in the FSAs, you cannot change your contribution amount during the year unless you experience a qualified status change.
- You cannot transfer funds from one FSA account to another.

## Why Enroll?

- By putting money aside pre-tax, this lowers your taxable income – which in turn may increase your spendable income!
- Funds can be used for planned and unplanned eligible health care expenses. You don't need to earmark funds for a specific purpose.

# FLEXIBLE SPENDING ACCOUNT (FSA)

## Flexible Spending Card

The Benefits Card makes using your FSA dollars simple and easy. The card deducts each payment directly from your FSA account. It's as convenient as using an ordinary credit card. What's more, the Benefits Card virtually eliminates the endless paperwork and reimbursement wait time that used to make FSAs so complex and cumbersome. All you need to do is save receipts for all your FSA purchases in the event they are requested by your plan administrator. In many cases you won't have to send in a receipt, because with the Benefits Card, your purchases will be auto-substantiated at thousands of retailer locations nationwide.



Medical-related facilities, including doctor's offices and hospitals, will accept your flex debit card. Retailers, such as drugstores and pharmacies with computer systems that recognize eligible expenses when scanned, will also accept your flex debit card.



Some expenses cannot be substantiated at the point-of-sale such as chiropractic, orthodontic, retail purchases and more. Be sure to save your receipts!

All purchases made over \$200 will require additional documentation to BRMS to substantiate the expense.

Because these retailers have an Inventory Information Approval System (IIAS) in place, they will know instantly which items you purchase are eligible FSA purchases. With one swipe of your Benefits Card, approved purchases will be authorized and debited from your FSA account. You will be asked to remit another form of payment for the noneligible items. For optimal convenience, your Benefits Card offers 24/7/365 online access, so you can check your account balance and other vital information with a single click.

### Important Note:

Regardless if you are enrolled in a Health Care FSA or Dependent Care FSA, you will use the same card. You can request an additional debit card for your dependents and/or spouse.

# BASIC LIFE AND AD&D

Life and Accidental Death & Dismemberment coverages help ensure that if the unforeseen should happen, short-and long-term financial obligations could be met. It's important to take steps to make sure your family would be financially prepared if you were no longer there to handle expenses like:

100%  
Employer  
Paid

- Mortgage or rent payments
- Insurance premiums
- Transportation
- Utilities
- Childcare/education fees
- Credit card bills

**Los Alamitos provides full-time employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance through VOYA and pays for the full cost of coverage:**

Administrative
\$40,000

CSEA
\$38,000

Confidential
\$40,000

LAEA
\$38,000

Management
\$40,000

Supervisory
\$40,000

Benefit amounts reduce to 65% of original coverage at age 65, to 50% of original coverage at age 70 and to 35% of original coverage at age 75.

## What does my life insurance include?

- ▶ **AD&D:** Pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident.
- ▶ **Accelerated Death Benefit:** This benefit is payable if it has been determined that you have a terminal condition.
- ▶ **Portability:** You may apply to continue your coverage when you leave your current employer and pay premiums to the insurance company directly.

## DEPENDENT LIFE

The District also provides each employee's spouse and unmarried children (from six months of age) with a \$1,500 benefit.

100%  
Employer  
Paid



A beneficiary is the person to receive the benefits of your life insurance if you should pass. You must designate beneficiaries for your District-paid life insurance. Any beneficiaries you name are legally binding. However, you may make changes to your beneficiaries at any time.



# VOLUNTARY BENEFITS

Los Alamitos offers voluntary benefits known as Supplemental Insurance through American Fidelity. These benefits help offset additional out-of-pocket expenses you may experience when you are sick or injured regardless of your medical insurance coverage. The cost of these benefits are covered by you and benefit payments are paid directly to you.



## Accident

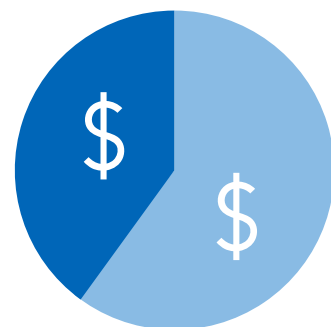
Limited Benefit Accident Only Insurance may help minimize the impact on your finances by helping with covered expenses, regardless of any other insurance coverage you may have. The plan pays for a range of benefits and payments are made directly to you.

The plan pays you an annual wellness benefit for you to receive a routine physical exam, including immunizations and preventive testing.

## Cancer

With Limited Benefit Cancer Insurance, you may receive benefits to help ease your financial responsibilities and allow you to focus on your treatment and recovery. The plan is specially designed to help with a portion of the costs associated with cancer, with more than 25 plan benefits available for treatment.

**Only 40% of the overall medical cost of cancer is for direct expenses, while 60% of cancer treatment costs are indirect medical costs.**



The plan may help cover the cost of important screenings, giving you the early detection that can be so critical when fighting the illness.

## Critical Illness

Group Limited Benefit Critical Illness Insurance can assist with the expenses that may not be covered by traditional medical insurance. The plan is designed to pay a lump sum benefit amount to help cover expenses if you are diagnosed with a covered critical illness.

The plan offers a benefit for your covered health screening test. This benefit features eight qualified tests, including a stress test, echo cardiogram, electrocardiogram (EKG), blood glucose testing and more.

# VOLUNTARY BENEFITS

## Disability Insurance

Disability Income Insurance is a cost-effective solution designed to help protect you if you are unable to work due to a covered injury or sickness.

The plan provides a monthly benefit to cover expenses while you are unable to work. Based on your individual need, there are various elimination periods for you to choose from.

The plan pays a monthly benefit based upon a percentage of your gross monthly income once you have satisfied the elimination period. Your monthly benefit payments may be deposited directly into your bank account. This allows you to pay your living expenses and make other purchases as you see fit.

**More than 1 in 4  
of today's 20 year-olds  
will become disabled  
before they retire.**



## Term Life

Term Life Insurance is a renewable and convertible insurance policy that covers you during your peak-earning years when you need it the most. The policy covers you during a specific period, either 10, 20 or 30 years. You decide which term best meets the needs of you and your family. You may apply with minimal questions and no medical tests depending on the answers to a few medical questions.

Unlike most group policies offered through your employer, the plan is portable and you can take it with you if you leave employment for any reason.

**Visit with your American Fidelity  
account manager to learn more  
about your voluntary benefits.**



Hito Seng  
**Senior Account Executive**



1-800-365-9180  
909-941-1175, Ext. 328



<https://americanfidelity.com/>

## Whole Life

A permanent life insurance policy may help ease the financial cost placed on your family in the event of your death. Whole Life Insurance from American Fidelity Assurance Company is an individual whole life insurance policy that provides lifelong protection.

The premium and amount of benefit stays the same as long as the policy is in force, provided premiums are paid. Policies are available for you, your spouse, children, and grandchildren.

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life doesn't always go as planned and while you can't always avoid the twists and turns, you can get help to keep moving forward. Los Alamitos offers an Employee Assistance Program (EAP) at no charge to you. An EAP is a voluntary, work-based program that offers free and confidential assessments, short-term counseling, and referrals and follow-up services to employees who have personal and/or work-related problems.

The EAP is available to help you and your household members to get professional support and guidance to make life a little easier. Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.



## Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and quickly refer you to telephonic counseling and other resources for:

- ▶ Anxiety, depression, stress
- ▶ Grief, loss, life adjustments
- ▶ Relationships/marital conflicts



## Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- ▶ "Ask the Expert" personal responses to your questions
- ▶ Articles, podcasts, videos, slideshows
- ▶ On-demand trainings

**Contact ComPsych at Anytime,  
Anywhere**

**No-cost, confidential solutions to  
life's challenges.**



**Website:**

[www.guidanceresources.com](http://www.guidanceresources.com)  
Web ID: My5848i



**Phone:**

1-877-533-2363



**Mobile App:**

GuidanceResources® Now  
Web ID: My5848i

# FIND A PROVIDER

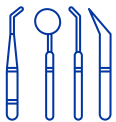
You will receive the best benefits if you choose providers in your plan network. However, you can also see providers outside the network but at a higher cost out-of-pocket.



## MEDICAL PROVIDER



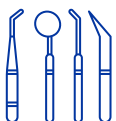
- Go to <https://www.anthem.com/ca/find-care/>
- Enter your Member ID; OR click **Basic Search as a Guest**
- Answer questions that will help you narrow your search
- Select **Medical** under "What type of care are you searching for?"
- Select **California** under "What state do you want to search in?"
- Select **Medical (Employer Sponsored)** under "What type of plan do you want to search with?"
- Select **Prudent Buyer PPO/EPO** under "Select a plan/network"



## DENTAL PROVIDER HMO



- Go to <https://www.anthem.com/ca/find-care/>
- Enter your Member ID; OR click **Basic Search as a Guest**
- Answer questions that will help you narrow your search
- Select **Dental** under "What type of care are you searching for?"
- Select **California** under "What state do you want to search in?"
- Select **Dental** under "What type of plan do you want to search with?"
- Select **Dental NET HMO** under "Select a plan/network"



## DENTAL PROVIDER PPO



- Go to [www.deltadentalins.com](http://www.deltadentalins.com)
- Click on Find a dentist
- Enter your address, city or zip code under Location
- Select Delta Dental PPO under Network
- Click on Find a dentist



## VISION PROVIDER



- Go to <https://eyedoclocator.eyemedvisioncare.com/>
- Select Insight Network
- Enter your zip code
- Click on Search by Zip

# CONTACTS



## District Benefit Services Department

10293 Bloomfield Street, Los Alamitos, CA 90720

Phone: 562-799-4700 Ext. 80409

### MEDICAL COVERAGE

#### BRMS – Benefit and Risk Management Services

[www.brmsonline.com](http://www.brmsonline.com)

1-800-372-0905

▶ Outpatient Hospitalization  
Pre-Certification

1-800-368-0767

#### Anthem Blue Cross

[www.anthem.com/ca](http://www.anthem.com/ca)

1-800-372-0905

▶ Inpatient Hospitalization  
Pre-Certification

1-800-274-7767

### PRESCRIPTION DRUG PLAN

#### Maxor Prescription Drug Plan

[www.maxorplus.com](http://www.maxorplus.com)

1-800-872-8276

▶ Specialty Pharmacy

1-866-629-6779

▶ Mail Order Pharmacy

1-800-687-8629

### DENTAL COVERAGE

#### Anthem Blue Cross Dental Net HMO

[www.anthem.com/ca](http://www.anthem.com/ca)

1-800-627-0004

#### Delta Dental PPO

[www.deltadentalins.com](http://www.deltadentalins.com)

1-800-765-6003

### VISION COVERAGE

#### EyeMed

[www.eyemed.com](http://www.eyemed.com)

1-888-581-3648

### LIFE AND AD&D

#### Voya Financial

<https://claimscenter.Voya.com>

1-888-238-4840

### FLEXIBLE SPENDING ACCOUNT (FSA) AND ADOPTION ASSISTANCE

#### BRMS – Benefit and Risk Management Services

[brms-fsa@bmsonline.com](mailto:brms-fsa@bmsonline.com)

1-800-372-0905

### EMPLOYEE ASSISTANCE PROGRAM (EAP)

#### ComPsych

[www.guidanceresources.com](http://www.guidanceresources.com)

1-877-533-2363

### VOLUNTARY BENEFITS

#### American Fidelity

Hito Seng, Account Manager

[www.americanfidelity.com](http://www.americanfidelity.com)

[hito.seng@americanfidelity.com](mailto:hito.seng@americanfidelity.com)

1-909-941-1175,  
Ext. 328

# NOTES

Great things are done by a series of small things brought together. – Vincent Van Gogh

[illegible]



# NOTES

Great things are done by a series of small things brought together. – Vincent Van Gogh

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

May 2023  
Prepared by:



McGriff

EMPLOYEE BENEFIT SOLUTIONS

*The information in this Benefits Guide is presented for illustrative purposes and is based on information provided by the employer and the insurance companies. While every effort was taken to accurately report your information, discrepancies or errors are always possible. In case of a discrepancy between the Benefit Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.*