



SAN BERNARDINO CITY
UNIFIED SCHOOL DISTRICT
Making Hope Happen

IMPORTANT INFORMATION REGARDING OPEN ENROLLMENT

Open Enrollment Dates: March 25 to April 19, 2024

To: Returning SBCUSD Resident and District Guest Teachers

You are receiving this letter because you were listed as a Resident/District Guest Teacher for the 2023-2024 school year. If you are not going to be a Guest teacher for 2024-2025, this information does not pertain to you.

You must meet with an American Fidelity Representative if you currently purchase American Fidelity's Section 125 Flexible Spending Account and/or a Dependent Care Account.

If you are adding a dependent to new or existing plans, you will need to provide documentation to verify your dependents' eligibility. If you do not provide proper documentation, your dependent(s) will not be enrolled. Eligibility guidelines are enclosed.

As a reminder, if you do not complete open enrollment this year, ALL Medical, Dental, Vision, Group Life and Voluntary coverage for the current 2023/2024 plan year will remain as is for the 2024/2025 plan.

To make an appointment please click the link below, locate your school site and schedule a time convenient to you:

<https://americanfidelity.com/pages/san-bernardino-city-unified-school-district/>

Eligibility for Group Health Insurance

The Affordable Care Act (ACA) has coverage requirements known as the Employer Mandate and Individual Mandate. There are certain criteria that must be met in order for employers and individuals to avoid penalties. SBCUSD has adopted a low-cost plan through Kaiser Permanente that will provide minimum coverage designed to help full-time substitutes not currently eligible for benefits avoid the penalty under the Individual Mandate.

Kaiser is a "closed model" HMO where all care is accessed through Kaiser Physicians at Kaiser Facilities. You will select a Primary Care Physician (PCP) who will direct your care to any specialists, if needed. Please visit Kaiser's website at www.kp.org for locations and services offered.

It is important to note that this plan has a very high deductible where the entire deductible must be met before benefits are paid by Kaiser. Once the deductible is met, members will then have copays and coinsurance for care up to the annual out-of-pocket maximum amount. Individuals may be able to secure a higher level of coverage through the State Exchange known as Covered California. Depending on household income, individuals may also be eligible to receive subsidies to help defray the cost of a plan through Covered California. To access information on the Exchange please visit <http://www.coveredca.com>

EMPLOYEE BENEFITS



Your monthly cost for the Kaiser Bronze plan coverage is as follows:

- Employee Only: \$235.50
- Employee + 1: \$688.50
- Employee + Family: \$1,064.50

Other Enrollment Options: You may also choose to enroll in **employee paid** dental, vision and/or Voya Life Insurance coverage.

You may choose from three dental plans, you may enroll your eligible dependents at no additional cost. The monthly rates are:

- Delta Dental PPO: \$110.06
- DeltaCare HMO: \$45.46
- MetLife HMO: \$49.52

Vision, like the Kaiser medical plan is based on family size. The monthly rates are:

- Employee Only: \$6.10
- Employee +1: \$8.82
- Employee + Family: \$15.80

Voya Life Insurance: You may purchase a \$50,000 Term Life Insurance policy for \$7.75 per month.

Contact Info

American Fidelity (800) 365-9180
Employee Benefits Department (909) 381-1114
Kaiser Permanente (800) 464-4000
VEBA Advocate (888) 276-0250

Delta Dental PPO (866) 499-3001
DeltaCare HMO (800) 422-4234
MetLife Dental HMO (800) 880-1800
VSP Vision (800) 877-7195

EMPLOYEE BENEFITS



DEPENDENT ELIGIBILITY & DOCUMENTATION

Review the table below to assist with the required and acceptable documentation needed to verify each dependent's eligibility. All required documents **MUST** include a date, your name, and the name of the dependent being verified.

Relationship Type	Acceptable Verification Documents
Spouse	A copy of your certified marriage certificate AND a copy of the front page of the 2023 or 2024 1040 Federal tax return, showing Married Filing Jointly or Married Filing Separately.
Registered Domestic Partner	California Certificate of Domestic Partner Registration issued by the Secretary of State. State of California guidelines website may be found at: https://www.sos.ca.gov/registries/domestic-partnersregistry/
Children (natural-born, adopted, placement for adoption, step, or registered domestic partner's children) up to age 26 (the month in which dependent attains age 26)*	<ul style="list-style-type: none">• A copy of the child's birth certificate or adoption certificate naming you, your spouse, or your domestic partner as the parent of the child OR <ul style="list-style-type: none">• A copy of the court order naming you, your spouse, or your domestic partner as the legal guardian of the child. <p>* For a stepchild, or domestic partners child, you must also provide documentation of your current relationship to your spouse or domestic partner as requested above.</p>

We understand that some employees will not have Certified Birth Certificates at this time. The following web sites can help you find the documents you need: www.vitalchek.com or www.usbirthcertificate.net

ALL DOCUMENTATION MUST BE RECEIVED BY AMERICAN FIDELITY BY APRIL 19, 2024 OR YOUR DEPENDENTS WILL NOT BE ENROLLED.

EMPLOYEE BENEFITS