



Benefits FAQ

BENEFITS ELIGIBILITY

Am I eligible for FCUSD benefits?

All full-time and part-time employees working 20 hours or more per week and eligible dependents can participate in the District's medical, dental and vision benefits. Eligible dependents include:

- Your spouse or State Registered domestic partner;
- Children up to age 26 (includes natural and adopted children, stepchildren and any other children you support and for whom you are the legal guardian or for whom you are required to provide coverage as the result of a qualified medical child support order);
- Children up to age 26 or older if disabled and incapable of self-support (doctor certification required)

UNDERSTANDING MEDICAL BENEFITS

What are the differences between the medical plans?

The District offers the choice of 6 medical plans (2- Kaiser; 2-SHP; 2-WHA). Before you enroll, you should decide where you want to access your care. Once decided, you can then choose the medical plan that best fits your needs. All plans offer a High Option – no deductible and lower copays at time of service; and a Nonstop plan – High Deductible Health Plan with a Visa Card to be used for services that apply to the Deductible.

High option plans: Higher monthly premium but with no deductible, lower out-of-pocket maximums and generally lower copays and coinsurance.

Nonstop option plans: Lower monthly premium than the High plan but with a larger deductible and out-of-pocket maximum and generally higher copays and coinsurance.

The Nonstop plans are not HSA qualified. You cannot contribute to a Health Savings Account while enrolled in the Nonstop plan.



Benefits FAQ

UNDERSTANDING DENTAL BENEFITS

What dental plan is available through FCUSD?

The District offers two plans through Delta Dental – PPO and DHMO.

The PPO Incentive plan gives you the freedom to choose your own dentist and receive coverage from in-network and out-of-network providers. There is a \$2,200 calendar year maximum per member if you stay in-network and \$2,000 calendar year maximum per member if you use out-of-network providers.

Under the PPO plan, new plan members begin with a 70% benefit for the majority of services. If a member has one claim in the calendar year, the benefit will increase 10% the following January 1 up to 100%. Each member within a family has their own incentive level and a member will maintain their benefit level as long as they remain on the PPO plan.

The DHMO plan requires the member to select a primary care dentist and all services must be provided by that dentist. There are no benefits when services are not obtained from your primary care dentist. There is no calendar year maximum on the DHMO plan, you pay copays based on the services received. The DHMO plan also provides orthodontia coverage. Review the Benefit Guide for more details.

UNDERSTANDING VISION BENEFITS

What vision plan is available through FCUSD?

The medical plans, Kaiser, SHP and WHA provide exam only coverage. If additional vision coverage is needed, FCUSD offers a comprehensive vision plan through Vision Service Plan (VSP). Under the VSP plan, you have the freedom to visit any licensed vision provider; however, you receive advantages such as claims submission and lower out-of-pocket expenses when choosing a VSP provider.

The plan offers coverage for exams, lenses and frames every 12 months with additional coverage for a second pair of glasses or contact lenses every 12 months. Review the Benefit Guide for more details.



Benefits FAQ

OPEN ENROLLMENT BASICS

When is open enrollment?

Open enrollment will be held from May 10, 2024 – June 14, 2024 for benefits effective September 1, 2024.

Will my contributions change?

Please review the Benefit Guide, pages 8 and 9 to determine your contribution for the medical plans and pages 17 and 18 for the dental and vision plans. If you work less than full-time (8 hours per day), the District contribution toward benefits is pro-rated based on the number of hours you work per day.

How do I make my benefit elections?

There are three ways to get started with open enrollment:

- You can self-enroll online at <https://fcusd.ease.com>. Your username is always your District email. Reset password if needed.
- Call the Employee Support Center at (844) 714-0147
- Schedule an Appointment time that works best for you. Click on the link:
 - https://audit.tdsgroup.org/fcusd_benefits-2024

What additional resources are available to help me understand my options?

Please review your Benefit Guide which includes helpful resource information and important contacts.

What happens if I don't enroll?

If you are eligible and don't take action during your New Hire enrollment window or during Open Enrollment, you will not have medical, dental, vision or flexible spending account (FSA) benefits and must wait until the next Open Enrollment period to enroll unless you have a qualifying change in status.

What additional resources are available to help me understand my options?

Please review your Benefit Guide which includes helpful resource information and important contacts. You can also schedule an appointment to meet with a member of the Support Team. A link can be found in the Benefit Guide – page 5.



Benefits FAQ

UPDATES TO YOUR BENEFITS FOR 2024-2025

Are there any changes to the medical plans?

Yes. Some plans are being eliminated and being replaced with our new program – **Nonstop Health**. The current High Option Copay plans will remain. The Nonstop plan is available for all three carriers – Kaiser, SHP, WHA. If you are currently enrolled in one of the High Option Copay plans, you will remain in this plan unless you make a change during open enrollment. If you are in one of the current Middle or Low options plans, you will automatically be enrolled in the new Nonstop plan. If you don't want this plan, you will need to take action during open enrollment to make a change. Please review the Benefit Guide for further detailed information.

How do the new Nonstop plans differ from the current plans?

The Nonstop plans pair a High Deductible Health Plan with a Medical Expense Reimbursement Plan (MERP). The MERP covers expenses differently. The MERP is not an HSA or FSA. Many of the expenses eligible under an HSA or FSA (like dental and vision expenses) are not eligible under the MERP.

How are expenses covered under the Nonstop plans?

When you enroll in one of the Nonstop plans, you will receive a Visa card from Nonstop. This Visa card will be loaded with the funds (single or family) equal to the deductibles under the corresponding HDHP medical plan you select. For SHP and WHA, the deductible and full out of pocket maximums are loaded to the Visa Card. If you enroll in the Kaiser Nonstop plan, the Visa card is loaded with just the deductible amount. There are out of pocket expenses for you after the deductible that you will be responsible for until the out-of-pocket maximum is reached. Please be sure to review the Benefit Guide and other educational materials regarding the Nonstop plans for benefit details.

What expenses are eligible under the Nonstop plan?

The Nonstop plan only covers expenses that are covered by the medical carrier and applied to your medical deductible or out of pocket maximum. You cannot use the Visa card for expenses that are not covered by your medical plan. Please check with your medical carrier to be sure the expenses are eligible before using the Visa card.



Benefits FAQ

What expenses won't be covered under the Nonstop plans?

Any services that are not covered by your medical plan/carrier including any dental expenses and vision expenses that are not covered by the exam benefit on your medical plan. Any over the counter medications or alternative medical care (not covered by the plan), cosmetic or plastic surgery, weight loss drugs or any services not authorized by your medical plan/carrier. If you have questions about an eligible expense, please contact your medical carrier. **IF THE MEDICAL CARRIER WON'T COVER THE EXPENSE, YOU CANNOT USE THE VISA CARD TO PAY FOR THE EXPENSE.**

What if I use the Visa card for an ineligible expense?

You will need to reimburse the District's MERP account for the expense you incurred as soon as it is determined that the expense is ineligible.

Can I get additional Visa cards for my family members?

Yes. Before the start of the plan year, you will be sent two Visa cards. Information regarding the use of the Visa card as well as how to order additional cards will be included in the mailing.

My child is away at college, can they use the Visa Card for their expenses?

Children can use the Visa card for expenses that are covered under the medical plan and that are applied to the deductible or out of pocket maximum. If the medical plan won't cover the expense, then the Visa card cannot be used.

Will I get a Visa Card if I'm enrolled in one of the Copay plans?

No. The Visa Card is only available if you enroll in one of the Nonstop plans.

Can I continue to contribute to my HSA?

No. The Nonstop plan is not HSA qualified, so you can no longer contribute to your HSA or open an HSA.

What happens to the money in my HSA account?

Your HSA account with HealthEquity will rollover to an individual account. There may be a monthly fee charged to you if your balance is below \$2500. Additional details can be found in the Benefit Guide.



Benefits FAQ

Can I use the money in my HSA account?

Yes, you do not lose any money in your HSA account. You can use the money for eligible medical, dental and vision expenses or save the money for future expenses.

What other changes are being made to the plans?

VSP: The frame allowance is increasing from \$150 to \$160

HSA: Contributions to the HSA will be stopped effective 9/1/2024

FSA: The maximum election for the General Health Care FSA is increasing to \$3,200, and the Limited Purpose FSA will be discontinued

ADDITIONAL BENEFIT INFORMATION

Can I change my benefits at any time during the plan year (9/1 – 8/31)

No, unless you experience a qualified change in status such as:

- Marriage
- Divorce
- Birth of a Child
- Death of a Spouse or Child
- Losing/gaining coverage under a spouse's plan

Other qualified status changes may apply. You have just 30 days from the date of the event to make an election change. After this 30-day window, you will have to wait until the next open enrollment period to make the change. Please contact the Employee Support Center if you have any questions.

How do I determine if my current provider(s) are participating in FCUSD's Health plans?

Visit the following websites to determine if your provider is part of the carrier's provider network. Kaiser members must see Kaiser providers and use Kaiser facilities unless it is an emergency.

- SHP: www.sutterhealthplus.org
- WHA: www.westernhealth.com
- Delta Dental: www.deltadentalins.com
- VSP: www.vsp.com



Benefits FAQ

I enrolled in Medical coverage. How do I access benefits?

If you enrolled for medical coverage, you will receive an ID card(s) directly from the carrier you selected, either Kaiser, SHP or WHA. If you do not receive an ID card within 15 business days of your effective date of coverage, please contact the Employee Support Team at BenefitsHelpDesk@epicbrokers.com.

If you enrolled in SHP or WHA or the Delta Dental DHMO plan and did not select a primary care physician/dentist (PCP), one was assigned to you. The name will appear on your ID card. You can change your PCP at any time by contacting SHP or WHA and selecting a new PCP. PCP changes are not real time, please be sure to confirm that your new PCP selection has been completed before seeing the new provider.

If you enrolled in one of the Nonstop Health plans, you will also receive a pre-loaded Visa Card which can be used to cover your deductible and out of pocket maximum (SHP and WHA).

I enrolled in Dental coverage. How do I access benefits?

First create an account with Delta Dental to get the most out of your dental benefits. Once created, you can check your plan details and eligibility, browse claim history, download plan documents, view or print your member ID card or update your settings to paperless. Go to: deltadentalins.com and choose **Log in**.

To find an in-network dentist Go to: deltadentalins.com, enter your address or ZIP code and select your network. Not sure which network to choose? Log in to your account first and follow the prompts to find a dentist.

You can visit any dentist you like. Your benefits are maximized when seeing a contracted dentist. Just make an appointment, and the dental office will verify your eligibility by contacting Delta Dental. Your Social Security Number and name are all that is needed to verify your eligibility. Any covered dependents will also use your Social Security Number and name to verify their eligibility.

I enrolled in VSP coverage. How do I access benefits?

First, create a vsp.com account to get the most out of your vision benefits. Once logged in, you'll find a quick view of your benefit information, access to your claim history and you can print your Member ID card, plus more information on special offers and savings. You can also locate a VSP provider using the **Find a Doctor** tab and choose the Advantage Network to find a VSP network eye doctor that will help you maximize your savings.



Benefits FAQ

You can visit any provider you like. Your benefits, however, are maximized when seeing a contracted provider. Just make an appointment, and the vision office will verify your eligibility by contacting VSP. Your Social Security Number and name are all that is needed to verify your eligibility. Any covered dependents will also use your Social Security Number and name to verify their eligibility.

What is an Employee Assistance Program (EAP) and how do I access the EAP services?

You do not need to enroll for the EAP, you are automatically enrolled. Contact **Optum** via phone or email. See Key Contacts Information on page 23 of your Benefit Guide. The EAP website contains additional wellness/referral information and tools and can be accessed at: <https://liveandworkwell.com>

How do Flexible Spending Accounts (FSA) work?

FSAs allow you to set aside money from your paycheck to pay Health Care and Dependent Care expenses with tax-free dollars. When you contribute to FSAs, your pre-tax contributions reduce your taxable income. You must re-enroll each plan year. See the Benefit Guide for additional details.

- The total amount you choose to contribute to your Health Care FSA is available immediately. You can spend the dollars in your Dependent Care FSA as they are deposited each pay period.
- Health Care and Dependent Care Accounts are separate. The money in one account cannot be used to pay for expenses from the other account.
- If you enroll in the Health Care FSA, you will receive a debit card that you can use to pay for eligible health care expenses at the point of service. Otherwise, you can pay for services and submit a claim for reimbursement or request reimbursement online.
- If you enroll in the Dependent Care FSA, you will pay for services and submit a claim for reimbursement or request reimbursement online.
- FSA elections do not automatically roll over from one year to the next. You must re-enroll each year to participate.
- For a complete list of eligible Health Care and Dependent Care FSA expenses, visit <http://www.irs.gov/>. You can also contact or call the District Administrator, Health Equity at (877) 924-3967 or by visiting their website at www.healthequity.com/wageworks



Benefits FAQ

Need Assistance?

MyBenefits Website: FCUSD/Staff/Benefits

Enrollment Support Team: (844) 714-0147

District Benefits Team:

Annie DeLand (A-L)
(916) 294-9000 x 104381
adeland@fcusd.org

Liz Ely (M-Z)
(916) 294-9000 x 104383
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Jenyn Warren (Retirees)
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