



**e3 CIVIC
HIGH SCHOOL**

2024 BENEFITS GUIDE

December 1, 2024 – November 30, 2025

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McGriff Benefits Advocate Hotline

Get help with delayed or denied referrals, claims reconciliation and reimbursement, pre-authorizations, filing grievances and/or appeals, eligibility, prescriptions, COBRA, and more.

Call **800-914-5096** or email benefitsadvocate@mcgriff.com

If you have additional questions, you may contact the Human Resources Department

WELCOME

At e3 Civic High School, we are proud of our accomplishments, and we recognize the importance of delivering a comprehensive benefits program that is responsive to everyone. Our program was developed to provide you and your eligible dependents with multiple benefit choices to support your needs.



Employee Benefits Program

Some of the overriding objectives in developing the benefits program include:

- Meeting the diverse needs of our Associates by offering flexible benefit choices
- Providing financial protection for you and your loves ones against illness, injury, and death
- Establishing a partnership with you – and all Associates – to control costs, yet maximize benefits through wise consumerism
- Providing programs that promote a culture of wellness, with easy access to a variety of health resources

ELIGIBILITY

Employees

Full-time employees working 30+ hours a week become eligible for benefits on the first of the month following 30 days of full-time employment. You must enroll within 30 days of eligibility, or you forfeit your right to enroll until the next open enrollment period.

Qualified Dependents

If an eligible employee or retiree enrolls, they have the option of covering their qualified, legal dependents as described below:

- **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

Unless recognized as one of the qualified dependent types listed above, dependents that are NOT eligible for coverage include:

- Ex-spouse
- Parent
- Grandparent
- Aunt/uncle
- Cousin
- Sister/brother
- Girl/boyfriend
- Grandchild
- Niece/nephew

Certification of Dependents for Health Plan Coverage

- To enroll your spouse, you must provide a copy of the most current IRS tax filing; a copy of a marriage certificate is only used when enrolling a spouse within one year of marriage date
- To enroll your domestic partner, you must provide a copy of the filed Declaration of Domestic Partnership with the state of California
- To enroll children, you must provide one of the following:
 - Government-issued birth certificate
 - Government-issued adoption certificate
 - Marriage certificate or equivalent of child's biological parent (step-children)

Before enrolling anyone as your dependent, verify that he or she qualifies under the plan rules.

Enrolling an ineligible person as your dependent is a serious offense that may result in paid claims reprocessed and charged to you.

ENROLLMENT

When Coverage Begins

New Hires: You must complete the enrollment process within 30 days of your date of hire. If you do not enroll within 30 days, you will **NOT** be able to enroll until the next open enrollment period or if you experience a qualifying life event.

Open Enrollment: Each year, e3 Civic High holds an annual open enrollment typically during the month of November. You will be offered the opportunity to change your benefit elections for the upcoming plan year (December 1 – November 30). Changes you make are in effect on December 1st following the open enrollment period. The coverage(s) you elect during Open Enrollment cannot be changed during the plan year unless you have a qualifying life event.

Qualifying Life Event

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, domestic partner or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes for a Life Event

To make changes to your benefit elections, you must contact the HR Department within 30 days of the qualifying life event. Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you may have to wait until the next Open Enrollment period to make your election changes.

Online Enrollment

Benefits are administered through EASE, your online resource for all your employee benefit enrollment needs. By visiting e3civichigh.ease.com you can easily access or update your personal information and enroll in your benefits.

We recommend that you bookmark this page and check here first when you have any questions about your benefits including, but not limited to, insurance plan summary of benefits, carrier contact information, and any benefit updates.

MEDICAL PLANS OVERVIEW HMO

We are proud to offer you a choice among four different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Kaiser Permanente HMO Plan



Under the Kaiser HMO plan, you select a primary care physician (PCP) from the Kaiser network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Each family member may select a different PCP. Services received outside of the Kaiser network are not covered, except in the case of emergency medical care. At most Kaiser facilities, you can take care of several health care needs in one visit. You can see your doctor, get a lab test or X-ray, and pick up your medications — all without leaving the building.

Blue Shield of CA HMO Plans

e3 Civic High provides an HMO plan option with Blue Shield – the Trio ACO plan. With this plan, you select a primary care physician (PCP) from the Blue Shield of California Trio network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. While each family member may select a different PCP, you and your enrolled dependents must all be on the same HMO network plan. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.



Blue Shield HMO Network

Trio ACO HMO

When you choose the **Trio ACO HMO** network plan, you have access to a specially selected network of doctors, hospitals and specialists who are committed to working together to deliver a better healthcare experience. The Accountable Care Organization (ACO) model was created to ensure that patients get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. This is accomplished because the providers you see in this network are connected and work together.

Sharp Health Plan HMO Plans

With the Sharp Health plans, your care team includes your network - Premier network or Performance network, plan medical group (PMG) and primary care physician (PCP) who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Your network includes Each family member may select a different PCP. Services received outside of the Sharp network are not covered, except in the case of emergency medical care.



<https://my.kp.org> / www.sharphealthplan.com

<https://blueshieldca.com/>

MEDICAL PLANS OVERVIEW

Understanding the Summary of Benefits and Coverage (SBC)

To help consumers compare the different features of health benefits and coverage, the Affordable Care Act generally requires all group health plans and health insurance companies to provide individuals a “summary of benefits and coverage” that accurately describes the benefits and coverage under the plan. The SBC is a snapshot of a health plan’s costs, benefits, covered health care services, and other features that are important to consumers. SBCs also explain health plans’ unique features like cost sharing rules and include significant limits and exceptions to coverage in easy-to-understand terms. At the end of each SBC, there are scenarios on how that specific plan would work for having a baby, managing a chronic condition such as diabetes, and incurring a simple fracture that involves the emergency room and follow-up care. The SBCs for the e3 Civic High medical plans are available in the Ease porta.

Things to consider when choosing between HMO and PPO

To choose the right plan for you and your family, you may want to consider the following:



Do you need a lower monthly payment?

Compare the monthly cost of the HMO and the PPO plans. If you need a lower monthly fee, consider an HMO plan.



If you already have a doctor you like, does the plan you are considering cover visits with your provider of choice?

If you would like to keep your doctor, you can determine whether your doctor is in-network under an HMO plan, a PPO plan or both.



Do you have dependents that live in another state?

When dependents live outside the service area, they are only covered for emergency services in an HMO plan. If you have a child in college that resides outside of the HMO service area, the PPO plan will be a solution to consider to ensure coverage for you and all your dependents regardless of where they live in the U.S.



Do you stay close to home, or do you travel a lot?

If you travel frequently and are more likely to need care while away from home, especially if you are living with a chronic condition, or enjoy high-risk hobbies such as certain sports, you may need a PPO to provide the best coverage for your needs.

If you need a lot of specialist care, say you are managing a rare or chronic condition, you may also prefer the ease of choosing specialists and seeing them right away that you get with an HMO plan.

If you mostly get care in your home city or mostly from your family physician, an HMO is more likely to provide the right coverage for you.

GET THE MOST OUT OF YOUR KAISER HEALTH PLAN

At Kaiser Permanente, you receive more than just a health plan. Kaiser delivers the top doctors, personalized care and all the services you need — tailored to fit you and your lifestyle. Get the most out of your health plan by understanding what benefits are available to you. Visit <https://my.kp.org> to access all your benefits.



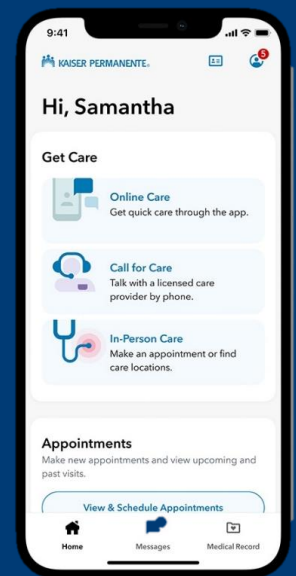
Kaiser Mobile App

Whether you're at home or on the go, the Kaiser Permanente app gives you a simple, secure way to manage your health — all in one place.

- 1** Register on kp.org to get secure access to My Health Manager, your one-stop resource for managing your care.
- 2** Download the Kaiser mobile app to access all the convenient features of My Health Manager on your smartphone.
- 3** Open the mobile app on your smartphone and sign on using the kp.org credentials created in step 1.

App Features

- Email your doctor's office with nonurgent questions
- Schedule, view, and cancel routine appointments
- Fill or refill most prescriptions,
- View your medical history and most lab test results
- Choose a doctor by browsing online doctor profiles
- Find facilities and pharmacies near you
- Access your digital membership



Healthy Extras!

<https://healthy.kaiserpermanente.org/southern-california/health-wellness>

Get online programs, special rates and classes offered at our medical centers to help you live healthier.

- Get physician-approved articles on the common cold, rare conditions, and the many health concerns that are in between.
- Learn about prescription and over-the-counter drugs and supplements — including how they work, possible side effects, and more.

E-visits for Online Care

You can get quick, convenient online care for common concerns with an electronic or e-visit. E-visits provide advice, tests, and/or prescriptions without a trip to your doctor's office. You'll receive an email response within 2 hours, sent to your kp.org message inbox from 7 a.m. to 7 p.m., 7 days a week, including holidays. To access e-visits log in to your kp.org account and select e-visit under appointment center.

1-800-464-4000

<https://my.kp.org>

KAISER MENTAL HEALTH SERVICES

As a Kaiser Permanente member, you have access to a broad range of mental health and addiction care options. But even if you feel ready to seek out mental health support, it can be



difficult to know where to start. Kaiser makes it easy. You can talk about your concerns with anyone on your care team at any time, and they'll connect you to the support you need.

Health for your mind, body and spirit

Call us any time at 1-800-900-3277, 24 hours a day, 7 days a week. Kaiser mental health and wellness services can help you access crisis intervention and guidance, get referrals, and connect to many other resources.

Did You Know?

You don't need a referral for mental health and addiction care services. Your personal doctor is your biggest total health advocate. If you're struggling, they can connect you with support and help you access care.

When you visit www.kp.org/selfcare you can explore Kaiser's broad range of self-care resources — including apps, audio activities, articles, and more — designed to help you thrive in mind, body, and spirit.

Below are two apps that you and your enrolled dependents can access.

Calm



Kaiser Permanente members are offered Calm at no cost. Calm is the #1 app for meditation and sleep designed to help lower stress, reduce anxiety, and much more. The app supports people looking for ways to manage stress and build resilience, particularly in uncertain times. Members will have unlimited access to Calm content, including an ever-growing library of guided meditations, sleep stories for deeper and better sleep, and video lessons mindful movement and gentle stretching. Audio content is available in six languages.

Headspace Care

Kaiser Permanente members are offered Headspace at no cost. Headspace Care coaches can help you with a range of challenges. Text one-on-one with an emotional support coach anytime, anywhere. Support is just a text message away. Headspace has a library of self-care resources in their app that includes 200+ podcasts, classes, activities and quick tips on a range of topics, such as anxiety, depression, relationships, career and more.



<https://my.kp.org>

www.kp.org/selfcare

BLUE SHIELD MENTAL HEALTH SERVICES



Blue Shield plans include a wide range of mental health benefits. Whether you need to sleep better, manage anxiety, or get help with addiction, Blue Shield provides counseling, treatment, and programs to help manage your mental health. These services are available to Blue Shield Members.

Accessing Your Mental Health Benefits

One of the most important factors in addressing your mental health is finding a clinician you trust when and where you need it. Your Blue Shield health plan provides coverage for mental health or substance abuse care in-person or wherever you are using your smartphone, tablet, or computer – all within the privacy of your own home.

To find a mental health provider:

1. Visit Find a Doctor for your plan
2. On the Find a Doctor tool, select **MENTAL HEALTH** and continue to visit the **MHSA network**
3. On the provider search page, select **BSC MHSA** as your “Benefit Plan” and **Non-Medicare Provider** under the “Provider List” drop down selection
4. Enter your location details, and select provider type, specialty, gender, ages treated, and any other criteria that are important to you. Then, select Search.

Note: To find a provider who offers virtual services, under Specialties, choose Telehealth.

TELADOC

As a Blue Shield member, you have access to Teladoc's national network of licensed therapists, psychiatrists and mental health professionals who can help you manage addiction, depression, stress or anxiety, domestic abuse and much more. Whenever you need care, Teladoc providers are available 24/7/365 by phone or video. Teladoc is available at no cost to Trio HMO member and PPO members.



Wellvolution

Blue Shield members are offered Wellvolution at no cost. Wellvolution offers the best health programs, chosen by our experts for their effectiveness in helping you; lose weight, treat or prevent diabetes, digital physical therapy, quit smoking, support mental well-being and lower blood pressure.

Did You Know?

You have access to everyday resources for healthy living by visiting Blue Shield's Be Well website at

www.blueshieldca.com/bewell



www.blueshieldca.com/bewell

BLUE SHIELD TELEHEALTH

Teladoc virtual care makes your life easier. The Blue Shield of California HMO and PPO plans offer telehealth visits through Teladoc. 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.



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.

How Teladoc Works



Use your phone, the app or the website to create an account and complete your medical history



Request a time and a Teladoc doctor will contact you



The doctor will diagnose symptoms and send a prescription if necessary

How much does it cost?

When using Teladoc for everyday medical care, your visits are \$0 copay on Trio ACO HMO and in-network on the PPO plan.

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.

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.



1-800-TELADOC (835-2362)

www.blueshield.com/teladoc.com

GET THE CARE YOU NEED AS SOON AS YOU NEED IT

Whether you're looking for care after hours, with a specialist, or outside of San Diego, Sharp Health Plans offer several options for you. Visit sharphealthplan.com/getcare for more information on when and where to get care.



Video and phone visits



Get the care you need wherever you are with a video or phone visit, also known as telehealth. Call your PCP's office for the latest telehealth service information or visit

sharphealthplan.com/teleheath

Specialist care



In most cases, when you need specialty care your PCP will refer you to a specialist in your PMG. You can access OB-GYN care within your PMG without a referral from your PCP.

Sharphealthplan.com/findadoctor

Urgent Care



If you need medical attention right away and your life is not in danger, you can most likely be treated at an urgent care center within your PMG. You may need prior authorization from your PCP. Be sure to use an urgent care within your PMG unless you are traveling outside San Diego

sharphealthplan.com/urgentcare

After-Hours Nurse Advice



Registered nurses are available through Sharp Nurse Connection® after hours and on weekends. They can talk with you about an illness or injury, help you decide where to seek care and provide advice on any of your health concerns.

Call 1-800-359-2002, 5 p.m. – 8 a.m., Monday to Friday and 24 hours on weekends

Behavioral Health Support



Sharp Health Plan believes your mental health is just as important as your physical health. Behavioral health care services are a covered benefit for members of all ages. No referral is needed to access outpatient therapy from a provider in your network

Sharphealthplan.com/bh

1-800-359-2002

www.sharphealthplan.com

GET THE MOST OF YOUR PLAN SHARP HEALTH PLAN

Sharp Health Plan knows that your health care needs happen 24/7. That's why Sharp Health Plan makes connecting you to the information you need simple, accessible and personal. Sharp works with MinuteClinic to bring you convenience and access while offering quality care at an affordable cost. This quick and easy way to get convenient care is provided in addition to the other ways you can get care as a Sharp Health Plan member.



Minute Clinic is the walk-in medical clinic located inside select CVS Pharmacy stores. It provides convenient access to basic care without an appointment

Types of Services

The following services are covered by Sharp Health Plan at Minute Clinic:

- Flu Vaccinations
- Treatment of minor wounds, abrasions and minor burns
- Treatment for skin conditions such as poison ivy, ringworm and acne
- Diagnosis and treatment for common illnesses such as strep throat, seasonal allergy symptoms, pink eye and infections of the ears, nose, and throat

For more information about these services and age restrictions, visit [minuteclinic.com/services](https://www.minuteclinic.com/services)

Locations

You have access to all MinuteClinic locations, including the 11 within San Diego County and more than 1,000 other locations in 33 states and the District of Columbia. To locate a participating MinuteClinic near you:

1. Visit MinuteClinic.com from your mobile device or computer.
2. Download the CVS/pharmacy app on your phone.
3. Call MinuteClinic directly at 1-866-389-ASAP (2727)

**No appointment or prior authorization is necessary.
Visit [minuteclinic.com](https://www.minuteclinic.com) for locations and clinic hours**

1-866-389-2727

www.minuteclinic.com

DENTAL PLANS

Liberty Dental HMO Plan (Through Humana)

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services. Select the primary dentist that is most convenient to you home or work, who will provide all routine dental services and arrange any specialty care.



Humana Dental PPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Humana Dental network.



The following is a high-level overview of the coverage available. For complete coverage details, please refer to the plan summaries.

Key Dental Benefits	LIBERTY DENTAL HMO VIA HUMANA	HUMANA DENTAL PPO	
	In-Network Only	In-Network	Out-of-Network

Deductible (per calendar year)

Individual/Family

None	\$50 / \$150	\$50 / \$150
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Benefit Maximum (per calendar year; preventive, basic and major services combined)

Per Individual

None	Unlimited	Unlimited
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Covered Services

Preventive Services

See Plan Summary	No charge	20%
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Basic Services

See Plan Summary	10% (ded applies)	20% (ded applies)
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Major Services

See Plan Summary	50% (ded applies)	50% (ded applies)
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Orthodontia

\$1,550 copay (child) / \$1,695 copay (adult)	50% child only	50% (child only)
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Orthodontia Lifetime Maximum

N/A	Up to \$1,000 maximum	Up to \$1,000 maximum
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Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

1-888-703-6999 / 1-800-233-4013

www.libertydentalplan.com / www.humana.com

VOLUNTARY VISION PLAN

We are proud to offer you a vision plan through VSP via Principal. This vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the VSP Choice Network. To find an in-network vision provider, visit



www.vsp.com

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the plan summaries.

Key Vision Benefits

	Principal Vision PPO – VSP Choice Network	
	In-Network	Out-of-Network Reimbursement
Copays		
Exam (once every 12 months)	\$10	Up to \$45 allowance
Materials Copay	\$25	N/A
Lenses (once every 12 months)		
Single Vision	No charge	Up to \$30 allowance
Bifocal		Up to \$50 allowance
Trifocal		Up to \$65 allowance
Frames		
Frames (once every 12 months)	\$150 allowance plus 20% off remaining balance	Up to \$70 allowance
Contact Lenses		
Contact Lenses (once every 12 months; in lieu of glasses)	\$150 allowance	Up to \$105 allowance

Extra Savings

Glasses and sunglasses - you can save an average of 20-25% off glasses or sunglasses from any VSP doctor within 12 months of your last covered vision exam.

VSP members seeking Laser Vision Correction can get an average of 15% off the regular price from participating facilities. To find a participating facility visit www.vsp.com.

1-800-877-7195

www.vsp.com

EMPLOYEE ASSISTANCE PROGRAM

e3 Civic High provides you with programs and resources to help you navigate the health care system and meet your well-being goals.

Magellan Healthcare -Employee Assistance Program (EAP)

Employees enrolled in a e3 Civic High medical plan have access to an EAP plan through Magellan Healthcare which offers referral services, online resources and face-to-face visits. This benefit is paid for 100% by the e3 Civic High. Magellan Healthcare can help get you through day-to-day challenges, as well as sudden critical events. Magellan Healthcare is your gateway leading to many of your benefit resources and options. You and your family are eligible to receive six counseling sessions per issue, per year, and have unlimited telephonic support.

The EAP can help with the following issues, among others:

- Mental health
- Substance abuse
- Legal or financial issues
- Relationships or marital conflicts
- Grief and loss
- Child and eldercare

EAP Benefits

- Assistance for you and your household members
- Up to 6 sessions with a counselor per issue, per person, per year
- Unlimited toll-free phone access and online resources
- Work/life specialists help you locate services
- Spanish language website content available
- Services available to you, your spouse, children, parents and parents-in-law



EAP Resources

800-450-1327
International: 800-662-4504
TTY for hearing impaired: 711



Online Resources

Member.MagellanHealthcare.com
When you create an account, enter **Principal Core** as the program name



1-800-450-1327

member.MagellanHealthcare.com

LIFE AND AD&D INSURANCE

Basic Life and AD&D

Life insurance provides basic protection for your loved ones if something happens to you. The loss of your income could create immediate financial hardship and lifestyle changes for your family. Life insurance helps assure your family can maintain financial security and meet financial obligations. While many U.S. households have life insurance, the average amount of coverage is often inadequate to meet family needs or to pay off debt. Taking advantage of life insurance coverage provided by your employer can be an important part of your financial security.



e3 Civic High provides all employees with a flat \$50,000 guaranteed issue term life & AD&D at NO COST to you through Principal.

Benefits reduce to 65% at age 65 and 50% at age 70.

Plan Features

- AD&D insurance pays an additional benefit up to the amount of your life benefit if you suffer a covered loss due to an accident.
- Accelerated death benefit if you are diagnosed with a terminal illness with a life expectancy under 12 months. You may collect a portion of your life benefit while you are living. All remaining benefits will be paid to the beneficiary upon death.
- Waiver of premium if you become totally disabled while an active employee and cannot work, you will not have to pay life insurance premiums for as long as you remain disabled up to the benefit termination.
- Beneficiary support services to help your beneficiaries with financial professionals and other support resources.
- Conversion of Coverage if you terminate your employment. You have the option to convert all or part of the amount of life insurance in force to an individual policy without evidence of insurability within 31 days of termination.

Important – Beneficiary Updates

Please take an opportunity each year at open enrollment to review your designated beneficiary (or beneficiaries). In the event of your death while covered on this plan, your life and/or AD&D benefit will be paid to the beneficiary you have listed.

1-800-245-1522

www.principal.com

VOLUNTARY LIFE AND AD&D

You can purchase voluntary life and AD&D insurance for yourself, your spouse, and/or your dependent children in addition to your company paid life insurance. Your cost for this coverage is based on the amount you elect and your age. You must purchase supplemental life and AD&D insurance for yourself in



order to purchase spouse and/or dependent child(ren) coverage. If you did not enroll in this coverage when you were first eligible, you will be subject to medical underwriting. This benefit is 100% paid for by you.

Benefit Option	Coverage Amount	Guaranteed Issue
Employee	\$10,000 increments up to \$300,000	Under age 70: \$100,000
Spouse	\$5,000 increments up to \$100,000 not to exceed 100% of employee coverage	Under age 70: \$25,000
Child(ren)	\$5,000 or \$10,000 \$1,000 if child is less than 14 days old	\$10,000

Plan Rates

Employee/Spouse Rates per \$1,000 of Coverage

Age	Rate
<29	\$0.058
30-34	\$0.066
35-39	\$0.101
40-44	\$0.155
45-49	\$0.243
50-54	\$0.394
55-59	\$0.625
60-64	\$0.957
65-69	\$1.604
70+	\$2.817

Child Life Rate

\$5,000 of coverage for \$1.00 per family

\$10,000 of coverage for \$2.00 per family

Employee/Spouse AD&D Rate per \$1,000

\$0.019

- **Protect your family:** Your family depends on your income. Life insurance helps replace it when they need it most.
- **Protect your home:** For most families, their home is the largest asset. Life insurance can enable the family to remain in the home, pay the mortgage and avoid the trauma of relocation.
- **Protect children's education:** Covering the soaring cost of education becomes even more difficult when there is a loss of income. Life insurance helps secure your children's future.
- **Settle expenses:** Life insurance can also help cover final expenses, such as medical bills and funeral costs, as well as unplanned expenses and unforeseen financial crises.

1-800-245-1522

www.principal.com

DISABILITY COVERAGE

Why is Disability Insurance important?

One third of all Americans between the ages of 35 and 65 will become disabled for more than 90 days, according to the American Council of Life Insurers.

e3 Civic High provides all eligible full-time employees actively working a minimum of 30 hours per week with short-term and long-term disability insurance at NO COST through Principal. Short and Long-Term Disability provides income continuation if you are ever unable to work due to an accident or illness.

Short-Term Disability

Short-term Disability helps to protect one your most valuable assets – the ability to earn an income. If you're temporarily disabled and can't work for a short amount of time, you can rely on short-term disability insurance to replace a portion of your weekly income. Your primary weekly benefit is 60% of your earnings prior to your disability up to \$1,615 minus other income sources. Other income sources could include but aren't limited to Social Security, other earnings, worker's compensation, state disability (if applicable), and salary continuance. Your benefits are determined by your base wage.

Long-Term Disability

e3 Civic High believes that long-term disability (LTD) coverage is important because anyone at any age may become injured or ill for an extended period of time. LTD coverage will replace 60% of your base salary to a monthly maximum of \$7,000 if you are disabled for more than 90 days or at the end of accumulated sick leave, whichever is later, and are unable to work. LTD benefits are offset with other sources of income, such as Social Security and Workers' Compensation. Employees are automatically enrolled in LTD via Ease. **Pre-existing condition exclusions apply.**

What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury or pregnancy.

During your elimination period and your benefit payment period (how long benefit is paid), one of the following must apply:

- You're unable to perform the majority of substantial duties of your own job; or
- You're unable to earn 80% of your income prior to your disability while working in a modified job.



STD and LTD is at no cost to you and is 100% paid for by e3 Civic High.

1-800-245-1522

www.principal.com

VOLUNTARY BENEFITS



Our benefit plans are here to help you and your family live well – and stay well. But did you know that you can strengthen your coverage even further? The voluntary benefits through Unum are designed to complement your health care coverage and allow you to customize your benefits. Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. Plans are voluntary and you pay 100% of the cost through payroll.

Voluntary Accident Insurance

We don't expect accidents, and most of us don't plan or budget for them. But when they happen, the costs can be overwhelming, even with medical coverage. That's where accident protection can help – it pays out a cash benefit in one lump sum if you or a covered family member is injured because of an accident. You can use accident coverage to help pay for out-of-pocket medical costs such as ambulance fees, physical therapy, x-rays or crutches OR daily expenses like rent, food, transportation or help around the house. Below are a few of the benefits available in this plan and amounts reimbursed to you. There are two options to choose from and each has varying coverage.

You receive a lump-sum payment if you or your eligible family members experience any of the following:

- Fractures
- Dislocations
- Eye Injuries
- Broken Tooth
- Cuts/Lacerations
- Concussions
- 2nd or 3rd Degree Burns

- Hospital Admission: \$1,000
- Daily Hospital Confinement: \$300/day
- Ambulance (ground): \$300
- Emergency Room: \$100

Did you know?

52.5 million medically consulted injuries occurred in homes and communities in 2021.



1-866-679-3054

www.unum.com

VOLUNTARY BENEFITS

Voluntary Critical Illness

In the event that you or a covered family member is diagnosed with an illness such as a heart attack, stroke, kidney failure, cancer or other major covered illness, Critical Illness insurance pays a lump sum benefit. This benefit can be used to cover deductibles, coinsurance, lost wages, daycare or in any way you choose. Benefits are paid regardless of any additional coverage you may have.



Coverage is available for yourself, your spouse and your dependent children. You have the option to purchase between a \$10,000, \$20,000 or \$30,000 benefit plan.

Voluntary Hospital Indemnity

Hospital Indemnity insurance pays you a supplemental cash benefit when an illness or injury results in a hospital stay. It pays in addition to any other insurance you may have.



Hospital Admission
\$1,000/day



Hospital Confinement
\$100/day



Health Screening Benefit included:

As a participant, you will also receive a \$50 tax-free cash payment annually to help you focus on your health each year. You are eligible for this payment once you get your preventive exam and labs (such as lipid testing).

1-866-679-3054

www.unum.com

VOLUNTARY BENEFITS

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? Our voluntary benefits through Aflac are designed to complement your health care coverage and allow you to customize your benefits. Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.



Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. These benefits are paid directly to you. Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries, and surgical procedures.

Hospital Confinement Indemnity

When the unexpected happens, a trip to the hospital may be a possibility. Hospital indemnity insurance can help ease your stress about hospital bills so you can focus more on getting better. Essentially, hospital indemnity insurance can help provide protection or assistance with expensive bills that can add up after a visit to the hospital. Hospital indemnity insurance can also be referred to as hospital insurance. Your primary medical insurance provider may cover a lot of the costs after copays are made and deductibles are met. However, there can still be substantial out-of-pocket expenses. Hospital indemnity insurance plans pay the policyholder directly, unless otherwise assigned, to help with hospital costs.

Lump Sum Critical Illness

The Aflac Lump Sum Critical Illness plan is designed to provide you with cash benefits if you experience a serious health event, such as a heart attack or stroke. This means that you will have added financial resources to help with expenses incurred due to a serious health event, to help with ongoing living expenses, or to help with any purpose you choose. Critical illnesses covers cancer, heart attack, stroke, end-stage renal failure, coma, major organ transplant, paralysis, sudden cardiac arrest.



Contact Aflac for enrollment assistance:

<https://www.aflacrollment.com/E3CivicHighSchool/L9C340219024>

Cheryl Williams
619-254-5064
c10_williams@us.aflac.com



619-254-5064

<https://www.aflacrollment.com/E3CivicHighSchool/L9C340219024>

BASIC INSURANCE TERMS

Become Familiar with How Your Plan Works!

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.

Coinsurance: This 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.

In-Network vs. Out-of-Network: A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your claims will be higher because you will not receive the discounts the in-network providers offer.

Explanation of Benefits (EOB): An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

Reasonable and Customary (R&C): This is the amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your provider submits higher charges than what the health plan considers R&C, you may have to pay the difference.

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 \$500, your plan won't pay anything until you've met your \$500 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible as it is covered 100% by any medical plan option.

Embedded Deductible: If you are on a family medical plan with an embedded deductible, your plan contains two components: an individual deductible and a family deductible. Having two components to the deductible allows each member of your family to have your insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.

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 that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

Preventive Care: Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation.

REQUIRED NOTICES

The following is a brief description of the Annual Disclosure Notices that ERISA and various other state and federal laws require that employers provide annually to eligible plan participants. Please refer to the District's benefits website or contact your employee benefits representative for copies of the full disclosures.

Children's Health Insurance Program (CHIP)

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. This notice provides information on how to contact your state Medicaid office to receive information on assistance.

HIPAA Opt-Out

Group health plans sponsored by State and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from the requirements listed below for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy.

Health Insurance Marketplace Coverage Options

Beginning in 2014, there were new ways to buy health insurance: the Health Insurance Marketplace. This notice provides basic information about the Marketplace.

Continuation Coverage Rights Under COBRA

This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

Wellness Program Disclosures (ADA/GINA/HIPAA)

The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act (ADA) of 1990, the Genetic Information Nondiscrimination Act (GINA) of 2008, and the Health Insurance Portability and Accountability Act (HIPAA), as applicable, among others. If you choose to participate in the wellness program you may be asked to submit a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You might also be asked to complete a biometric screening, which will include a blood test. You are not required to complete the inquiries or to participate in tests or other medical examinations.

Employee Leave Entitlements

Under FMLA, eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- Birth of a child or placement of a child for adoption/foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.
- This notice provides information regarding benefits & protections, eligibility, requesting leave, employer responsibilities and enforcement.

REQUIRED NOTICES

Medicare Part D Disclosure Notice

Plans are required to provide each covered participant and dependent with a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

Newborns' and Mothers' Health Protection Act The NMHPA of 1996 affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.

Patient Protection Notice

Your plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. Until you make this designation, the medical carrier designates one for you.

Women's Health and Cancer Rights Act (WHCRA)

The WHCRA contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy. The US Departments of Labor and Health and Human Services are in charge of this act of law, which applies to group health plans if the plans or coverage provide medical and surgical benefits for a mastectomy.

Notice of Special Enrollment Rights

Plan participants are entitled to certain special enrollment rights outside of the company open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or addition of a new dependent.

CONTACTS

Benefit	Carrier	Telephone	Address
Human Resources	n/a	(619) 546-0000	jtapia@e3civichigh.com
Medical Group No.: 507587	Covered California Kaiser Blue Shield Sharp Health Plan	(800) 300-1506 (800) 464-4000 (855) 836-9705 (800) 359-2002	www.coveredca.com www.kp.org www.blueshieldca.com www.sharphealthplan.com
Dental Group No.: 843003	Liberty Dental Humana	(888) 703-6999 (800) 233-4013	www.libertydentalplan.com www.humana.com
Chiropractic Group No.: 843003	Landmark Healthplan	(800) 298-4875 Option 2	www.LHP-CA.com
Vision Group No.: 1150105	VSP via Principal	(800)-877-7195	www.vsp.com
Life and AD&D Insurance Voluntary Life and AD&D Short-Term Disability Long-Term Disability Group No.: 1150105	Principal	(800) 245-1522	www.principal.com
Voluntary Accident Group No.: 958596 Voluntary Critical Illness Group No.: 958597 Voluntary Hospital Indemnity Group No.: 958598	Unum	(866) 679-3054	www.unum.com
EAP Group No.: n/a	Magellan via Principal	(800) 450-1327	membermagellanhealthcare.com
Voluntary Accident Voluntary Critical Illness Voluntary Hospital Indemnity	AFLAC	(619) 254-5064	c10_williams@us.aflac.com

Updated November 2024

Prepared by:



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.