



# Employee Benefits Guide

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# Welcome to Your Tustin Unified School District Employee Benefits!

Tustin Unified School District takes pride in offering a benefit program that provides flexibility for the diverse and changing needs of employees. The District offers employees and their family members a full range of benefits. Employees choose the options that best meet their needs. This brochure provides a summary of your benefit options and is designed to help you make choices and enroll in coverage. More information about any of the benefits described can be obtained by contacting Personnel Services.



## Contents

|    |   |
|----|---|
| 02 | Welcome to Your Tustin Unified School District Employee Benefits! |
| 03 | Enrollment Information  |
| 04 | Health Plans  |
| 06 | Anthem Value Added Programs                                       |
| 09 | Using Your Medical Benefits Wisely                                |
| 10 | Dental Plans  |
| 11 | Vision Plan   |
| 11 | Employee Assistance Program (EAP)                                 |
| 12 | Life and AD&D Insurance   |
| 12 | Long Term Disability (LTD) Insurance                              |
| 12 | Flexible Spending Accounts (FSAs)                                 |
| 13 | Resources/Carrier and District Contacts                           |
| 14 | Employee Contributions  |
| 15 | Annual Notices  |



## About Your Tustin Unified School District Benefits

This brochure provides a summary of your benefit options and is designed to help you make your health and welfare benefit selections.

If you have questions feel free to call Personnel Services or email your questions to [TUSDbenefits@tustin.k12.ca.us](mailto:TUSDbenefits@tustin.k12.ca.us).

### Who May Enroll

#### Eligible Employees:

- Classified employees with a work contract of 6 or more hours per day, 5 days per week.
- Certificated employees with a contract 50% or greater.

#### Eligible Dependents:

- Legally married spouse
- Dependent children under age 26
- Domestic partners (affidavit is required)

### When You Can Enroll

Eligible employees may enroll at the following times:

- During open enrollment.
- As a new hire you may participate in TUSD's Medical, Dental, Vision, Basic Life, AD&D, Employee Assistance Program, Long Term Disability, and Flexible Spending Account Plans (Health and Dependent Reimbursement Accounts) effective on the first of the month following your first day in paid service.
- Within 30 days of a change in status/qualifying event (see changes to enrollment).

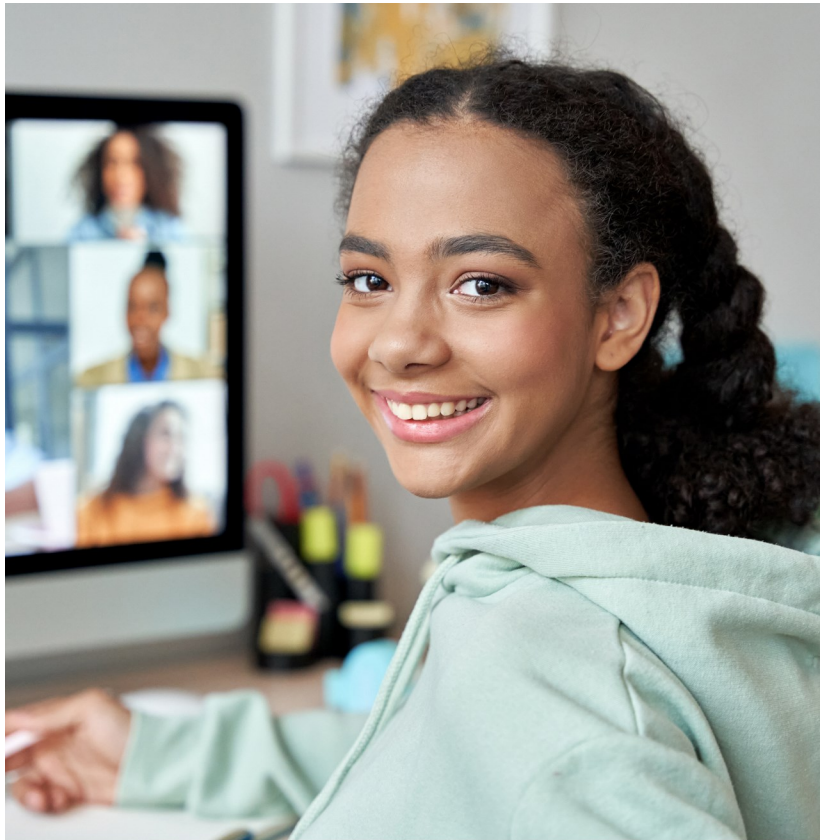
### Making Changes to Enrollment

The benefit elections you make will be in effect from January 1, 2025 to December 31, 2025. The next open enrollment period will be November 2025, during which time you can make new benefit elections for the following January 1st effective date.

### Paying For Your Coverage

You and Tustin Unified School District share in the cost of the Medical, Dental, Vision, Basic Life, AD&D, Dependent Life and Long Term Disability benefits you elect.

Your contributions are deducted before taxes are withheld, which saves you tax dollars. Paying for benefits before tax means that your share of the costs is deducted before taxes are determined, resulting in more take-home pay for you.



**Important Note:** Coverage for a new spouse or newborn child is not automatic. If you experience a change in family status, you have 30 days to update your coverage. Please contact Personnel Services immediately to complete the appropriate forms. If you do not update your coverage within 30 days from the family status change, you must wait until the annual open enrollment period to update your coverage.

# Health Plans

## Anthem Classic HMO Vivity Network Plan

With the Vivity Health Maintenance Organization (HMO) plan through Anthem Blue Cross, you must choose a Primary Care Physician (PCP) or medical group within the **Vivity HMO Network** for all of your covered family members. All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics, and hospitals that belong to the health system in which you are enrolled, except in the case of an emergency.

This plan includes eight prominent hospital systems and their corresponding medical groups in the Los Angeles/Orange County area including:



Specific to Orange County, the following medical groups participate in Vivity:



## Anthem Classic HMO Select Network Plan

With the Select Network Health Maintenance Organization (HMO) plan, you must choose a Primary Care Physician (PCP) or Medical Group within the **Anthem Select Network** for all of your covered family members. All of your care must be directed through your PCP or Medical Group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics, and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency. This plan uses a smaller network of the most cost effective providers to provide lower premiums. Please note that it is your responsibility to ensure that all family members choose providers from the Anthem Select Network HMO.

## Anthem Value HMO Full (California Care) Network Plan

This plan works just like the Select Network, but uses a **larger network** of providers. This plan offers more provider options than the Anthem Classic HMO Select and Vivity Plans.

## Anthem HRA Medical Plan (PPO)

The Anthem Health Reimbursement Arrangement (HRA) combines a High Deductible Health Plan (HDHP) with a health reimbursement account (HRA). The District contributes funds to your account to reimburse you for the first dollar medical plan expenses such as deductible. HRA funds are available from the first day of the plan year. Your preventive services are covered at 100% and do not reduce your HRA balance. The HRA applies to your deductible as a first dollar benefit and may reduce the amount of the deductible you will pay.



### Health Plan Videos

#### Medical Plan Terms

Medical plan terms, such as deductibles, copays, coinsurance and out-of-pocket maximums, can sometimes be confusing. To watch a quick video to help you better understand medical plan terms, visit

<http://video.burnhambenefits.com/terms>

# Health Plans

| Plan Features  | Anthem Classic HMO                         | Anthem Classic HMO                         | Anthem Value HMO                           | Anthem HRA (PPO)             |                                |
|--|--|--|--|------------------------------|--------------------------------|
| Network  | Select*                                    | Vivify                                     | California Care                            | Prudent Buyer                | Non-Network                    |
| Lifetime Maximum   | Unlimited                                  | Unlimited                                  | Unlimited                                  | Unlimited                    |                                |
| Employer Annual HRA Contribution                               | N/A  | N/A  | N/A  | \$750/\$1,500                |                                |
| Deductible (Annual)<br>– Individual / Family                   | None                                       | None                                       | None                                       | \$1,500 / \$3,000            | \$4,500 / \$9,000              |
| Co-Insurance (Plan Pays)                                       | 100%, after copay                          | 100%, after copay                          | 100%, after copay                          | 90%                          | 70%                            |
| Physician Office Visit   | \$25 PCP /<br>\$25 Specialist              | \$25 PCP /<br>\$25 Specialist              | \$25 PCP /<br>\$25 Specialist              | \$20 copay                   | Ded, 30%                       |
| Out of Pocket Maximum<br>– Individual / Family                 | \$2,000 / \$4,000                          | \$2,000 / \$4,000                          | \$2,000 / \$4,000                          | \$3,425 / \$6,850            | \$10,275 / \$20,550            |
| Hospitalization<br>– Inpatient                                 | \$250 / per day<br>(4 day max)             | \$250 / per day<br>(4 day max)             | \$250 / per day<br>(4 day max)             | Ded, 10%                     | Ded, 30%, up to<br>\$1,000/day |
| – Outpatient Surgery   | \$100 copay                                | \$100 copay                                | \$100 copay                                | Ded, 10%                     | Ded, 30%, up to<br>\$350/admit |
| Urgent Care Services   | \$25 copay                                 | \$25 copay                                 | \$25 copay                                 | \$20 copay                   | Ded, 30%                       |
| Emergency Services<br>(Waived if Admitted)                     | \$150 copay                                | \$150 copay                                | \$150 copay                                | Ded, 10%                     |                                |
| Wellness Exams<br>(Adults and Children)                        | Covered at 100%                            | Covered at 100%                            | Covered at 100%                            | Covered at 100%              | 30%                            |
| Chiropractic (Physical,<br>Occupational and Speech<br>Therapy) | \$25 copay/\$15<br>copay (self-<br>refer)  | \$25 copay/\$15<br>copay (self-<br>refer)  | \$25 copay/\$15<br>copay (self-refer)      | \$20 copay                   | Ded, 30%                       |
| *Referral needed<br>**ASH Facility only                        | 80 visits<br>combined per<br>calendar year | 80 visits<br>combined per<br>calendar year | 80 visits<br>combined per<br>calendar year | 30 visits per calendar year  |                                |
| Mental Health & Sub Abuse<br>– Inpatient                       | \$250 / per day<br>(4 day max)             | \$250 / per day<br>(4 day max)             | \$250 / per day (4<br>day max)             | Ded, 10%                     | Ded, 30%, up to<br>\$1,000/day |
| – Outpatient   | \$25 copay                                 | \$25 copay                                 | \$25 copay                                 | Ded, 10%                     | Ded, 30%                       |
| Prescription Drugs - Copay                                     |  |  |  |                              |                                |
| – Generic Formulary  | \$15 copay                                 | \$15 copay                                 | \$15 copay                                 | \$5/15 copay                 | 30% up to \$250                |
| – Brand Name Formulary   | \$30 copay                                 | \$30 copay                                 | \$30 copay                                 | \$30 copay                   | 30% up to \$250                |
| – Non-Formulary  | \$45 copay                                 | \$45 copay                                 | \$45 copay                                 | \$45 copay                   | 30% up to \$250                |
| – Mail Order (90 day supply)                                   | \$30 / \$60 / \$90                         | \$30 / \$60 / \$90                         | \$30 / \$60 / \$90                         | \$10 / \$30 / \$60 /<br>\$90 | Not covered                    |

\*Hospitals excluded on Anthem Classic HMO Select Plan: St. Joseph, St. Jude, Mission and Hoag.

# Anthem Value Added Programs

## Take a Guided Tour on Anthem's Website

If you have not already registered on Anthem's website, you can take a guided tour by visiting [www.anthem.com/ca](http://www.anthem.com/ca) and select Guided Tour, in the Member Log In box. Here you will see how Anthem's website and mobile app can help you manage your health care more easily.

### Anthem Website

- Find a doctor
- View claims status
- Take a health assessment to receive your overall health score
- Compare cost and quality for common procedures
- The Health Record tool keeps your records available and up to date
- Refill prescriptions
- Access SpecialOffers@Anthem product and service discounts

If you're an Anthem member but haven't registered, go to [www.anthem.com/ca](http://www.anthem.com/ca) from your computer and click Register Now.

### Anthem Mobile App

- Keep your ID card on your phone that can be viewed, faxed or sent via email right from your mobile device
- Find a doctor
- Find an urgent care center or hospital fast with maps and driving directions
- The Health Record tool keeps your records available and up to date
- Compare cost and quality for common procedures

Anthem's mobile app, Sydney Health, is free. To log in on your smartphone, you must be registered on Anthem's secure member site and have a user name and password.



## Sydney Health app

Now you can connect more easily to the care you need through the **Sydney Health app**. Have a video visit with a doctor on your mobile device or computer with a camera 24/7.

Doctors are available anytime, with no appointments or long wait times. They can help you with these types of conditions:

- |            |                  |               |
|------------|------------------|---------------|
| • COVID-19 | • Cold and fever | • Sore throat |
| • Flu      | • Minor rashes   | • Headaches   |

### Here's how to access the program through virtual care:

Download the **Sydney health** app:

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for the app and [anthem.com/ca](http://anthem.com/ca).
3. Select **Care** and then select **Virtual Care**.



# Anthem Value Added Programs

## 24/7 Nurseline

Health concerns can happen when you least expect them. You might be on vacation or even on a business trip. Or your child may have a fever in the middle of the night. But there's somewhere you can turn for help any time of the day or night. Call the 24/7 NurseLine to speak with a registered nurse about your health concern.

Whether it's a question about allergies, fever, types of preventive care, or any other topic, nurses are always there to provide support and peace of mind. And, if you want, a nurse will call you later to see how you're doing. Anthem's nurses can help you choose the right place for care if your doctor isn't available and you aren't sure what to do. Do you need to head straight to the emergency room? Is urgent care best? Or do you need to see your doctor? Making the right call can save you time and money – and give you access to the best possible care.

If you speak Spanish or another language other than English, Anthem has Spanish-speaking nurses and translators on call. TTY/TDD services are available, as well.

If you'd prefer not to talk about your health concern over the phone, the AudioHealth Library might be for you. These helpful prerecorded messages cover more than 300 health topics in English and Spanish. Just call the 24/7 NurseLine number and choose the AudioHealth Library option.

To access 24/7 Nurseline, call (800) 700-9186 .

## Building Healthy Families

Building Healthy Families offers personalized, digital support through the SydneySM Health mobile app or on [anthem.com/ca](https://anthem.com/ca) at no extra cost to you. This convenient hub offers an extensive collection of tools and information to help you navigate your family's unique journey.

When you enroll in Building Healthy Families, you can count on personalized support at every stage, from family planning and pregnancy through the toddler years. Plus, if you have a family story that includes adoption, surrogacy, or single parenthood, the resources, tools, and information on your profile will be tailored to what you need. Depending on your situation, you'll have unlimited access to:

### Tools to help you stay organized

- Log newborn feedings, diaper changes, growth, vaccinations, and your
- child's developmental milestones.
- Monitor prenatal health risks, such as blood pressure and weight.

### Health and wellness expertise for you and your family

- Explore a library with thousands of educational articles and videos on
- everything from family planning to parenting tips.
- Connect with a maternity nurse and access virtual lactation support, if needed.

### Personalized pregnancy support

- Chat with a Family Care Coach during pregnancy for help navigating
- your Building Healthy Families experience.
- Receive updates on your pregnancy progress, like development of your baby and body changes.

### Enroll today

- Visit [anthem.com/ca](https://anthem.com/ca) or log in to Sydney Health.
- Find Featured Programs at the bottom of the homepage.
- Select View All then choose the Building Healthy Families tile



# Anthem Value Added Programs

## Anthem Health Guide

Immediate care connections help members stay involved in their health, get more value from their benefits and navigate the health care systems easier. Members can communicate through their preferred channel such as voice, web chat, secure email or schedule a call back. Health Guide is a great resource because members can call one number and get instantly connected to the right resources including clinicians, health coaches and specialty programs.

Health Guide can connect members to the following:

- Tools and resources
- Targeted education
- Higher quality / lower cost services
- Referrals to clinical care if needed
- Assistance in making health care decisions such as finding a doctor, estimating costs and/or understanding cost/ quality

You can reach the Anthem Health Guide at (833) 274-8907.



## Estimate Your Cost

Did you know that different facilities may charge different amounts for the same service? With the Estimate Your Cost tool, you can estimate your share of the costs before you receive your care. Compare facilities based on their quality measures for certain procedures – length of stay, patient experience, complications and more. Estimate Your Cost is just one of the many tools Anthem offers to help you manage your health care, simply and conveniently.

### To Estimate Your Cost

Go to [www.anthem.com](http://www.anthem.com) and log in (located in mid left side of screen). Select Estimate Your Cost. Simply search or browse for the procedure you are looking for and the tool will help guide you. You can easily compare facilities in your area.

## Condition Care

Do you or a covered family member have a long-term (chronic) health problem? Condition Care is a program for you and there's no extra cost for you to join. When you join Condition Care, you'll get:

- 24-hour, toll-free access to a nurse who'll answer your questions
- A health assessment by phone
- Support from nurse care managers, pharmacists, dietitians, doctors and other health care professionals to help you reach your health goals
- Educational guides, newsletters and tools to help you learn more about your condition

Condition Care nurse care managers work with members of all ages who have:

- Asthma
- Diabetes
- Chronic obstructive pulmonary disease (COPD)
- Heart failure
- Coronary artery disease

Anthem may call you to find out if Condition Care can help you and ask you to sign up. To protect you, they will verify your address or date of birth before talking about your health. Condition Care is for the whole family and can help parents manage their children's chronic conditions, too.

To learn more or to join, call ConditionCare at (866) 962-0957.



# Using Your Medical Benefits Wisely

## Tips on Getting the Most Value From Your Medical Plan

### 1 Ask Questions

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.

### 2 Utilize Your Free Preventive Care Benefits to Stay Healthy

Preventive care benefits are covered at no charge to you when accessed from in-network providers. Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and may even help save your life.

What's the difference between preventive care which is free and diagnostic care which you share the cost for in the form of copays and/or coinsurance? Preventive care helps protect you from getting sick, while diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what's causing them. That's diagnostic care.

### 3 Get the Right Health Care and Save Money

Choosing the right care for your medical situation will help save you money out-of-pocket:

- **Doctor's Office Visit or LiveHealth Online:** These are the best choices for medical issues that don't require immediate care.
- **Urgent Care:** This is the best choice for non-life threatening medical issues that require immediate care when you can't get an appointment for a Doctor's Office Visit.
- **Emergency:** You should use the Emergency Room for life threatening emergencies, or for other issues that require immediate medical care outside Urgent Care hours.

### 4 Use Generic and Over-the-Counter Drugs When Available

The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay.

Why are generic drugs less expensive? Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established medications that do not require expensive advertising. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

### 5 Use the Mail Order Prescription Drug Benefit for Maintenance Medications

As an Anthem member, you can receive a 90 day supply of your maintenance medications for the cost of only 2 copays (compared with a typical 30 day supply for a single copay at your walk-in pharmacy). In addition, your medications will be delivered to your home.

### 6 Take Advantage of LiveHealth Online

LiveHealth Online lets you have a video visit with a board certificated doctor using your smartphone, tablet or computer with a webcam. No appointments, no driving and no waiting at an urgent care center. Doctors are available 24/7 to assess your condition and, if its needed, they can send a prescription to your local pharmacy (some medications are excluded).

Use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, rashes, infections, allergies or another common health condition. Its faster, easier and more convenient than a visit to an urgent care center.

The fee is \$10 per visit for benefits enrolled employees and their dependents.

# Dental Plans

## Anthem DHMO Dental Plan

### (For Classic HMO's/Value Members)

As an Anthem Dental DHMO member, you are required to select a general dentist to provide your dental care. You will contact your general dentist for all of your dental needs, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. For covered procedures, you'll pay the pre-set copay or coinsurance fee described on your DHMO plan booklet. Please keep a copy of your booklet to refer to when utilizing your dental care. This will show the applicable copays that apply to all of the dental services that are covered under this plan.

We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

## Anthem DHMO Plan Highlights

- There are no deductibles to meet, and no annual dollar maximum. In most cases, no claim forms to file, and no waiting period for coverage.
- Members are covered for most preventive services, including x-rays and two exams and cleanings per year.
- No copays are required for most diagnostic and preventive services.
- Each family member may select their own PCD.

## Anthem PPO Dental Plan – “Buy-Up”

### (For Classic HMO's/Value HMO Members)

The Anthem PPO plan is a preferred provider dental plan. You may visit a PPO Dentist or a non-network Dentist. When you utilize an Anthem PPO Network Dentist, your out of pocket expenses will be less. If you obtain services using a non-network Dentist, you will incur much higher out-of-pocket expenses and you may be responsible for filing claims.

## Anthem PPO Dental Plan

### (For HRA/PPO Members)

The Anthem PPO plan is a preferred provider dental plan. You may visit a PPO Dentist or a non-network Dentist. When you utilize an Anthem PPO Network Dentist, your out of pocket expenses will be less. If you obtain services using a non-network Dentist, you will incur much higher out-of-pocket expenses and you may be responsible for filing claims.

| Plan Features               | Anthem PPO Dental Plan<br>“Buy-Up” |             | Anthem PPO Dental Plan<br>“Base” |
|-----------------------------|------------------------------------|-------------|----------------------------------|
|                             | Network                            | Non-Network | In or Out-of-Network             |
| Calendar Year Maximum       | \$1,500                            | \$1,000     | \$1,500                          |
| Deductible (Annual)         |                                    |             |                                  |
| – Individual                | \$50                               | \$50        | \$50                             |
| – Family                    | \$150                              | \$150       | \$150                            |
| Preventative (Plan Pays)    | 100%                               | 50%         | 100%                             |
| – Deductible Waived         | Yes                                | Yes         | Yes                              |
| Basic Services (Plan Pays)  | 80%                                | 50%         | 80%                              |
| Major Services (Plan Pays)  | 50%                                | 50%         | 50%                              |
| Orthodontia - Adult & Child |                                    |             |                                  |
| – Coinsurance               | Not covered                        | Not covered | 50%                              |
| – Lifetime Maximum          |                                    |             | \$1,500                          |

# Vision Plan

## EyeMed Plan

The EyeMed plan provides professional vision care and high quality lenses and frames through a broad network of optical specialists. EyeMed has the largest and most diverse vision provider network, with 5,947 providers in California alone. The EyeMed network includes Ophthalmologists, Optometrists and Opticians. The Opticians include many of the retail chains such as: Lenscrafters, Pearle Vision, Target, and more. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with EyeMed.



| Plan Features  | EyeMed Plan   |   |
|--|---|---|
|  | In-Network  | Non-Network   |
| <b>Copay</b><br>– Examination (Ophthalmologic or Optometric)   | 100% after \$25 copay   | No copay; covered up to \$40  |
| <b>Examination</b><br>– Frequency  | 12 Months   | 12 Months   |
| <b>Lenses</b><br>– Single Vision<br>– Lined Bifocal<br>– Trifocal<br>– Standard Progressive<br>– Premium Progressive (Tier 1—4)<br>– Frequency | \$0 copay<br>\$0 copay<br>\$0 copay<br>\$0 copay<br>\$85, \$95, \$110, \$175 copay<br>12 Months | Up to \$30<br>Up to \$50<br>Up to \$70<br>Up to \$50<br>Up to \$50<br>12 Months |
| <b>Frames</b><br>– Retail allowance<br>– Wholesale allowance<br>– Frequency  | Up to \$130, 20% off balance<br>Up to \$91<br>12 Months   | Up to \$91<br>UP to \$91<br>12 Months   |
| <b>Contact Lenses</b><br>– Conventional<br>– Disposable<br>– Medically Necessary<br>– Frequency  | Up to \$130, 15% off balance over \$130<br>Up to \$130<br>Paid in Full<br>12 Months             | Up to \$91<br>Up to \$91<br>Up to \$300<br>12 Months                            |

# Employee Assistance Program (EAP)

## Anthem Resource Advisor

The Tustin Unified School District offers a confidential Employee Assistance Program (EAP) through Anthem at no charge to employees. This plan provides you and your family members with up to 3 face-to-face and telephonic consultations for a wide range of emotional health, family and work issues including marital/family/relationship, stress/emotional, Legal and Financial and grief.

Your EAP also features online services to help you balance work and life and take care of a variety of chores and challenges. The website includes resources, child and elder care search tools, and a children’s section.

To access your benefits you can call the 24-hour CONFIDENTIAL EAP Line at (888) 209-7840 or you may visit the Anthem Resource Advisor website at [www.ResourceAdvisorCA.anthem.com](http://www.ResourceAdvisorCA.anthem.com). Then, log in with the program name: **ResourceAdvisor**.



# Life and AD&D Insurance

## The Standard Life and AD&D Insurance (formerly known as Anthem)

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the District. Tustin Unified School District pays for coverage, offered through The Standard (formerly known as Anthem), in the amount of \$50,000.

# Long Term Disability (LTD) Insurance

## The Standard Long Term Disability (LTD) Insurance (formerly known as Anthem)

The Tustin Unified School District offers you Long-Term Disability (LTD) income replacement if you are disabled for an extended period of time, through The Standard (formerly known as Anthem). You must be disabled to receive a benefit. If you become totally and permanently disabled, benefits begin 120 days after the start of your illness or injury. Long Term Disability provides you with a combined monthly benefit equal to 67% of your pre-disability earnings to a maximum of \$2,250 a month.

Note: Vested members of CalSTRS are not eligible for this plan due to eligibility for disability retirement.

# Flexible Spending Accounts (FSAs)

## Flexible Spending Accounts (FSAs)

You can set aside money in a Flexible Spending Account (FSA) before taxes are deducted to pay for certain health expenses (HCSA) and dependent care expenses (DCAP), lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You choose how you want to receive reimbursement for your eligible expenses. You may sign up for direct deposit to your bank account or you may have a check sent to your home.

Please remember all receipts must be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

You must enroll in Flexible Spending Accounts every year at Open Enrollment, even if you do not plan to change the amounts set aside. Flexible Spending Account elections **do not** carry over from year to year.

## Health Care Spending Account (HCSA)

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays, expenses that exceed plan limits and even many over the counter remedies. Employees may defer up to **\$3,300** pre-tax per year.

## Dependent Care Assistance Plan (DCAP)

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to \$5,000 per year.

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule. According to this rule, you must forfeit any money left in your account (s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year. If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.

# Resources / Carrier and District Contacts

| Plan  | Phone/Fax  | Website/Email   |
|---|--|---|
| <b>Tustin Unified School District</b><br>Wendy Dever, Employee Benefits Liaison<br>Michele Bowden, Business Services  | (714) 730-7301 ext. 51347<br>(714) 730-7301 ext. 376   | wdever@tustin.k12.ca.us<br>mbowden@tustin.k12.ca.us   |
| <b>Anthem Medical Plans</b><br>Select/Full (HMO)/HRA (PPO) Plans<br>Vivity (HMO) Plan<br>Retail Pharmacy<br>Mail Order Pharmacy   | (833) 274-8907<br>(844) 484-8489<br>(800) 700-2541<br>(833) 255-0645   | www.anthem.com/ca   |
| <b>Anthem Dental Plans</b><br>PPO Plans<br>DHMO Plan  | (844) 729-1565<br>(800) 627-0004   | www.anthem.com/ca   |
| <b>EyeMed Vision Plan</b>   | (866) 939-3633   | www.eyemed.com  |
| <b>The Standard (formerly known as Anthem)</b><br>Life and Disability Plans<br>Life/AD&D<br>LTD   | (800) 628-8600   | www.standard.com  |
| <b>Anthem Employee Assistance Program (EAP)</b>   | (888) 209-7840   | www.ResourceAdvisor.anthem.com  |
| <b>Sheakley Flexible Spending Accounts</b><br>Health Care and Dependent Care FSAs<br>Claim Fax  | (800) 877-5055<br>(513) 326-8082   | www.sheakley.com  |
| <b>Unum Voluntary Benefits</b><br>Group Voluntary Term Life Member Services<br>Whole Life & STD Member Services   | (800) 421-0344<br>(800) 635-5597   | www.unum.com  |
| <b>Trustmark Voluntary Benefits</b><br>Customer Care Team<br>Claims Customer Service<br>Accident Claim Services<br>Critical Illness w/ Cancer Claim Services (new claim)<br>Disability Claims Services (new claim)<br>Life Claim Services (new claim) | (800) 918-8877, Option 6<br>(877) 201-9373<br>Fax: (508) 471-3208<br>Fax: (508) 853-2757<br>Fax: (508) 853-2757<br>Fax: (508) 853-0310 | www.trustmarksolutions.com/individual/file-claim<br><br>Riderclaims@trustmarkins.com<br>vbs_disability@trustmarkins.com<br>vbs_disability@trustmarkins.com<br>lifeclaims@trustmarkins.com |



# Employee Contributions

This chart compares the monthly contributions for our Employee Benefit plans.\* Your cost for coverage will vary depending on the option and level of coverage you choose. Employee contributions for Medical, Dental and Vision coverage are deducted from your paycheck with pre-tax dollars. This means that contributions are taken from your earnings before taxes, resulting in lower taxes and increased take home pay.

| Tenthly Employee Contribution                    |            |
|--|------------|
| <b>Medical—Anthem—Classic HMO—Select</b>         |            |
| Employee Only                                    | \$25.00    |
| Employee + Spouse                                | \$167.00   |
| Employee + Child(ren)                            | \$68.00    |
| Employee + Family                                | \$200.00   |
| <b>Medical—Anthem— Classic HMO—Vivity</b>        |            |
| Employee Only                                    | \$24.00    |
| Employee + Spouse                                | \$163.00   |
| Employee + Child(ren)                            | \$65.00    |
| Employee + Family                                | \$194.00   |
| <b>Medical—Anthem— Value HMO—California Care</b> |            |
| Employee Only                                    | \$49.00    |
| Employee + Spouse                                | \$448.00   |
| Employee + Child(ren)                            | \$223.00   |
| Employee + Family                                | \$512.00   |
| <b>Medical—Anthem— HRA/PPO</b>                   |            |
| Employee Only                                    | \$1,051.00 |
| Employee + Spouse                                | \$2,688.00 |
| Employee + Child(ren)                            | \$2,269.00 |
| Employee + Family                                | \$3,412.00 |
| <b>Dental—Anthem—HMO to PPO Buy Up Plan</b>      |            |
| Employee Only                                    | \$38.00    |
| Employee + Spouse                                | \$76.00    |
| Employee + Child(ren)                            | \$86.00    |
| Employee + Family                                | \$121.00   |



- Employees hired, or who became benefit eligible on or after 7/1/2018, are offered the Anthem Classic HMO Select or Classic HMO Vivity Plan for their first 4 years of employment. All may buy up to Anthem Value HMO CA Care or HRA/PPO plans at a higher rate. See Personnel Services for rate.
- Eligible part-time employees will pay a pro-rated amount.



# Annual Notices

State and federal laws require that employers provide disclosure and annual notices to their plan participants. Tustin Unified School District has posted all federally required annual notices on TUSD's website for you to download and read at your convenience.

## Medicare Part D Notice of Creditable Coverage

Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty. This notice also provides a written procedure for individuals to request and receive Certificates of Creditable Coverage.

## HIPAA Notice of Privacy Practices

This notice is intended to inform employees of the privacy practices followed by TUSD's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.

## Women's Health and Cancer Rights Act (WHCRA)

The Women's Health and Cancer Rights Act (WHCRA) contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy. The U.S. 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.

## Newborns' and Mothers' Health Protection Act

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

## Special Enrollment Rights

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

## Medicaid & Children's Health Insurance Program

Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.

## Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage. This regulation is designed to help you better understand and evaluate your health insurance choices.



Plan Arranged By:



2211 Michelson Drive, Suite 1200, Irvine, CA 92612 / Telephone: (949) 833-2983 / Fax: (949) 833-9549

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

This brochure provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this brochure are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws.

If you need additional information or have any questions about the benefit program,  
please contact Personnel Services.