LYNWOOD
UNIFIED SCHOOL DISTRICT

BENEFITS GUIDE

2025

LYNWOOD UNIFIED SCHOOL DISTRICT

Welcome to Your Benefits!

Lynwood Unified School District is proud to offer a benefits program that provides flexibility for our employees and their families. You choose the options that best meet your needs.

This brochure provides a summary of your benefit options and is designed to help you make choices and enroll for coverage.

If you would like more information about any of the benefits described here, please contact Human Resources.

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Take advantage of the online resources available through our benefit plans. Logging in to the carrier websites for your benefit plans allow you to:

- Locate network providers
- Manage your claims
- Obtain health and wellness information
- And much more!

We encourage you to take the time to log in to your benefit plans and explore all the options available to you.

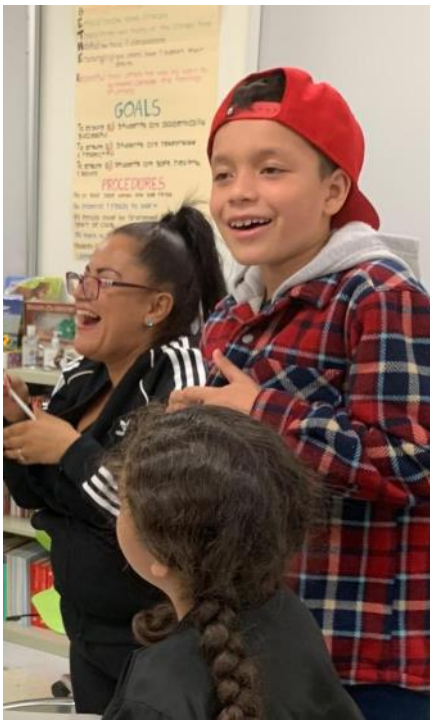
Benefit plan website addresses are located on page 22 of this guide.

Enrollment Information

Who May Enroll

If you are a regular full-time employee working at least 30 hours per week, you and your eligible dependents may participate in Lynwood Unified School District's benefits program. Your eligible dependents include:

- Legally married spouse
- Registered domestic partner
- Children to age 26, regardless of student or marital status, for Medical and Vision plans.
- Children to age 19, or to age 25 if they are a full-time student, for Dental plans.
- Children over the age of 26, with disabilities (physician certification required)



When You Can Enroll

As an eligible employee, you may enroll at the following times:

- As a new hire, you may participate in the company's benefits program on the first day of the month following your hire date; enrollment must be completed prior to your first day of eligibility
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see *Changes To Enrollment* below)

Paying For Your Coverage

You and Lynwood Unified School District share in the cost of the Medical, Dental, and Vision benefits you elect. Any voluntary benefits you elect will be paid by you at discounted group rates. Your Medical, Dental, and Vision contributions are deducted before taxes are withheld which saves you tax dollars. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event.

Changes To Enrollment

Our benefit plans are effective January 1st through December 31st of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following January 1st effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP

Important! Coverage for a new dependent is not automatic. If you experience a qualifying event, you have **30 days** to update your coverage. Please contact Payroll & Benefits immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

Medical Benefits

Lynwood Unified School District provides regular, full time and part time (Certificated 50% or more and Classified 75% or more) employees with a wide array of medical plans to choose from. See the following pages for highlights of each plan.

You are eligible to enroll on the first of the month following your hire date upon receipt of your enrollment forms. You have 30 days from your date of hire in which to enroll.

About the HMO Plans

With the Blue Shield Health Maintenance organization (HMO) plans. you must select a Primary Care Physician (PCP who coordinates and manages your health care services. Your PCP provides routine care and refers you to specialists when necessary. You may choose a different PCP for each family member. Non-PCP referred services are not eligible for coverage under this plan, except in emergency situations.

The **Blue Shield TRIO HMO** features the same coverage for health benefits as the **Blue Shield Access+ HMO**. What sets the **TRIO** apart is that it provides access to highly ranked doctors and hospitals that work together, sharing information and best practices, which enables them to provide consistently excellent health care. Because the **TRIO** network is smaller, the monthly cost for the plan is less than that for the **Access+** plan.

The **Blue Shield Trio** network features a select network of quality doctors, hospitals and, and other providers in LA and Orange Counties:

Cedars Sinai · Huntington Health · MemorialCare · PIH Health · PIH Health Good Samaritan Hospital · Providence · Torrance Memorial · UCLA Health

About the PPO Plans

Our Preferred Providers Organization (PPO) plans are provided through Blue Shield of California. A PPO plan provides for both in-network and out-of-network benefits. Employees and their dependents can choose, at time of care, whether to use in-network or out-of-network providers.

The Benefits of Using In-Network Providers for the PPO Plans

There are significant advantages to using in-network providers for your medical care, such as negotiated rates (up to 30% – 40% discounts), no balance billing, self-referrals to in-network specialist and no claim forms required.

We encourage all employees to locate an in-network provider for you and for your family members. Establishing a relationship with your provider through routine annual check-ups assists your doctor in managing your overall care and well-being. We also encourage you to locate the nearest urgent care facilities to your home. Knowing where to access the most convenient and cost effective care before a situation arises can save you both time and money.

Finding In-Network Providers for the Medical Plans

- Kaiser Permanente: visit www.kp.org
- Blue Shield TRIO HMO: blueshieldca.com/networktriohmo
- Blue Shield Access + HMO plans visit www.blueshieldca.com/networkhmo
- Blue Shield PPO plans visit www.blueshieldca.com/networkppo

Watching the video below and learning about medical plan terms will help you better understand the information in this guide to choose the benefits that are best for you and your family.

Video – Learn About Medical Plan Terms

Medical plan terms, such as deductibles, copays, coinsurance and out-of-pocket maximums, can sometimes be confusing. For a quick video that shows how these work, visit http://video.burnhambenefits.com/terms.

Benefits Glossary

Term	Definition
Allowable Charge	Sometimes known as the "allowed amount," "maximum allowable," and "usual, customary, and reasonable (UCR)" charge, this is the dollar amount considered by a health insurance company to be a reasonable charge for medical services or supplies based on the rates in your area.
Claim	A request by a plan member, or a plan member's health care provider, for the insurance company to pay for medical services.
Coinsurance	The amount you pay to share the cost of covered services after your deductible has been paid. The coinsurance rate is usually a percentage. For example, if the insurance company pays 80% of the claim, you pay 20%.
Copayment	One way you share in your medical costs. You pay a flat fee for certain medical expenses (e.g., $10 for every visit to the doctor), while your insurance company pays the rest.
Deductible	The amount of money you must pay each year to cover eligible medical expenses before your insurance policy starts paying.
Explanation of Benefits	The health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs you are responsible for.
Out-of-Pocket Maximum	The most money you will pay during a year for coverage. It includes deductibles, copayments, and coinsurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.
Health Maintenance Organization (HMO)	A health care financing and delivery system that provides comprehensive health care services for enrollees in a particular geographic area. HMOs require the use of specific, in-network plan providers.
Preferred Provider Organization (PPO)	A health insurance plan that offers greater freedom of choice than HMO (health maintenance organization) plans. Members of PPOs are free to receive care from both in-network or out-of-network (non-preferred) providers, but will receive the highest level of benefits when they use providers inside the network.
In-Network Provider	A health care professional, hospital, or pharmacy that is part of a health plan's network of preferred providers. You will generally pay less for services received from in-network providers because they have negotiated a discount for their services in exchange for the insurance company sending more patients their way.
Non-Network or Out-of Network Provider	A health care professional, hospital, or pharmacy that is not part of a health plan's network of preferred providers. You will generally pay more for services received from out-of-network providers.
Network	The group of doctors, hospitals, and other health care providers that insurance companies contract with to provide services at discounted rates. You will generally pay less for services received from providers in your network.
Premium	The amount you or your employer pays each month in exchange for insurance coverage.
Provider	Any person (i.e., doctor, nurse, dentist) or institution (i.e., hospital or clinic) that provides medical care.
Primary Care Physician	A physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

HMO Plan Highlights	Kaiser Permanente HMO	Blue Shield TRIO HMO	Blue Shield Access + HMO
	In-Network Only	In-Network Only	In-Network Only
Network Size	****	**	****
Deductible (Calendar Year) – Individual – Family	 None None	 None None	 None None
Medical Out-of-Pocket Max – Individual – Family	 $1,500 $3,000	 $1,500 $3,000	 $1,500 $3,000
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Medical Benefits	You Pay	You Pay	You Pay
Office Visit Copay – Primary Care Physician – Specialist Office Visit – Virtual Visits – Urgent Care – Preventive Care	 $10 $10 No charge $10 No charge	 $15 $15 (referred by PCP) $30 (referred by self) No charge $15 No charge	 $15 $15 (referred by PCP) $30 (referred by self) No charge $15 No charge
Lab and X-Ray	No charge	No charge	No charge
Physical, Occupational and Speech Therapy	$10	$15	$15
Holistic Benefits	You Pay	You Pay	You Pay
Chiropractic/Acupuncture	$5; up to 20 visits/year through American Specialty Health (ASH)	$15; up to 20 visits/year through American Specialty Health (ASH)	$15; up to 20 visits/year through American Specialty Health (ASH)
Hospital Benefits	You Pay	You Pay	You Pay
Hospital – Inpatient – Outpatient	 No charge $10	 No charge No charge	 No charge No charge
Emergency Benefits	You Pay	You Pay	You Pay
Emergency Services	$35	$50 (waived if admitted)	$50 (waived if admitted)
Emergency Room Doctor	Covered under Emergency Services	No charge	No charge
Ambulance	No charge	No charge for emergency or authorized transport	No charge for emergency or authorized transport

Learn more about your Virtual Visits benefit on page 8

Learn more about your Prescription Drug benefits on page 9

Learn more about your Mental Health benefits on page 11

PPO Plan Highlights	Blue Shield PPO 80%		Blue Shield PPO 90%	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Network Size	*****	N/A	*****	N/A
Deductible (Calendar Year) – Individual – Family	 $1,000 $2,000	 $2,500 $5,000	 $500 $1,000	 $2,000 $4,000
Medical Out-of-Pocket Max – Individual – Family	 $3,000 $6,000	 $15,000 $30,000	 $2,000 $4,000	 $15,000 $30,000
Lifetime Maximum Benefit	Unlimited		Unlimited	
Medical Benefits	You Pay		You Pay	
Office Visit Copay – Primary Care Physician – Specialist Office Visit – Virtual Visits – Urgent Care – Preventive Care	 $10 $35 Teladoc: no charge $10 No charge	 Deductible, 40% Deductible, 40% Not covered Deductible, 40% Deductible, 40%	 $20 $35 Teladoc: no charge $20 No charge	 Deductible, 40% Deductible, 40% Not covered Deductible, 40% Deductible, 40%
Lab and X-Ray	Deductible, 20%	Deductible, 40%	Deductible, 10%	Deductible, 40%
Emergency Services	20% after $50 (waived if admitted)		10% after $50 (ER Physician Services: 20%) (waived if admitted)	
Physical, Occupational and Speech Therapy	Deductible, 20%	Deductible, 40% | ($350/day limit if provided in hospital)	Deductible, 10%	Deductible, 40% | ($350/day limit if provided in hospital)
Holistic Benefits	You Pay		You Pay	
Chiropractic/Acupuncture	$15; up to 20 visits/ year	Deductible, 40%	$15; up to 20 visits/ year	Deductible, 40%
Hospital Benefits	You Pay		You Pay	
Hospital – Inpatient – Outpatient	 Deductible, 20% Deductible, 20%	 40% up to $600/day Deductible, 40% up to $350/day	 Deductible, $250+10% Deductible, 10%	 40% up to $600/day Deductible, 40% up to $350/day
Emergency Benefits	You Pay		You Pay	
Emergency Services	20% after $50 (waived if admitted)		10% after $50 (ER Physician Services: 20%) (waived if admitted)	
Emergency Room Doctor	20%		10%	
Ambulance	Deductible, 20% for emergency or authorized transport		Deductible, 10% for emergency or authorized transport	

Learn more about your Virtual Visits benefit on page 8

Learn more about your Prescription Drug benefits on page 9

Learn more about your Mental Health benefits on page 11

Virtual Visits

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now you don't have to.

Virtual visits allow you to see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. Lynwood Unified School District provides telemedicine coverage with all our medical plans.

Kaiser Permanente Members

- Phone and video doctor visits are available by appointment
- Log in to your online Kaiser account at www.kp.org to make a free phone or video appointment with your doctor or call 800-464-4000
- For phone visits, the doctor will call you at the time of the appointment
- For video visits, go to https://mydoctor.kaiserpermanente.org/ncal/videovisit/#, click Join your visit and log in
- There is no charge for phone or video visits

Blue Shield of California Members

- Phone and video doctor visits are available through Teladoc
- Download the Teladoc app (available at the App Store and Google Play)
- Once you register for your Teladoc account, log in to make a doctor appointment; follow the instructions shown on the app
- You can also reach Teladoc at (800) Teladoc (835-2362).
- There is no charge for Teladoc visits.

Telemedicine is Good For:	Telemedicine is Not Good For:
• Getting or renewing prescriptions • Colds, fever, and flu • Allergies • Sore throat • Headache • Stomach ache • COVID-19 concerns • And more!	• Anything that requires a hands-on exam • Anything requiring a test • Cancer or other complex conditions • Chronic conditions • Sprains, broken bones, or injuries requiring bandaging • Life-threatening emergencies

HMO Prescription Drug Benefits

Pharmacy Benefits	Kaiser Permanente HMO In-Network Only You Pay	Blue Shield TRIO HMO In-Network Only You Pay	Blue Shield Access + HMO In-Network Only You Pay
RX Out-of-Pocket Max			
– Individual	N/A	$6,400	$6,400
– Family	N/A	$12,800	$12,800
Retail Pharmacy	Up to 100-Day Supply	Up to 30-Day Supply	Up to 30-Day Supply
– Generic / Tier 1	$5	$5	$5
– Brand / Tier 2	$10	$20	$20
– Non-formulary / Tier 3	N/A	$50	$50
– Specialty / Tier 4	$10 (up to 30-day supply)	$30	$30
Retail Pharmacy Maintenance		Up to 90-Day Supply	Up to 90-Day Supply
– Generic / Tier 1	N/A	$10	$10
– Brand / Tier 2	N/A	$40	$40
– Non-formulary / Tier 3	N/A	$100	$100
– Specialty / Tier 4	N/A	$60	$60
Mail Order Pharmacy	Up to 100-Day Supply	31-90-Day Supply	31-90-Day Supply
– Generic / Tier 1	$5	$10	$10
– Brand / Tier 2	$10	$40	$40
– Non-formulary / Tier 3	N/A	$100	$100
– Specialty / Tier 4	Not available; retail only	$60	$60
Contraceptives	$5	No charge	No charge

PPO Prescription Drug Benefits

Pharmacy Benefits	Blue Shield PPO 80%		Blue Shield PPO 90%	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	You Pay		You Pay	
RX Out-of-Pocket Max				
– Individual	$2,000	No max	$2,000	No max
– Family	$4,000	No max	$4,000	No max
Retail Pharmacy	Up to 30-Day Supply		Up to 30-Day Supply	
– Generic / Tier 1	$5	Not covered	$5	Not covered
– Brand / Tier 2	$20	Not covered	$20	Not covered
– Non-formulary / Tier 3	$50	Not covered	$50	Not covered
– Specialty / Tier 4	30% up to $250/Rx	Not covered	30% up to $250/Rx	Not covered
Retail Pharmacy Maintenance	Up to 90-Day Supply		Up to 90-Day Supply	
– Generic / Tier 1	$10	Not covered	$10	Not covered
– Brand / Tier 2	$40	Not covered	$40	Not covered
– Non-formulary / Tier 3	$100	Not covered	$100	Not covered
– Specialty / Tier 4	30% up to $750/Rx	Not covered	30% up to $750/Rx	Not covered
Mail Order Pharmacy	31-90-Day Supply		31-90-Day Supply	
– Generic / Tier 1	$10	Not covered	$10	Not covered
– Brand / Tier 2	$40	Not covered	$40	Not covered
– Non-formulary / Tier 3	$100	Not covered	$100	Not covered
– Specialty / Tier 4	30% up to $500/Rx	Not covered	30% up to $500/Rx	Not covered
Contraceptives	No charge	Not covered	No charge	Not covered

Health Benefit Tips

1. ### Utilize Your Free Preventive Care Benefits to Stay Healthy

   Take advantage of these important benefits to enjoy better health and potentially avoid major illnesses and costs in the future.

2. ### Get the Right Healthcare and Save Money

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

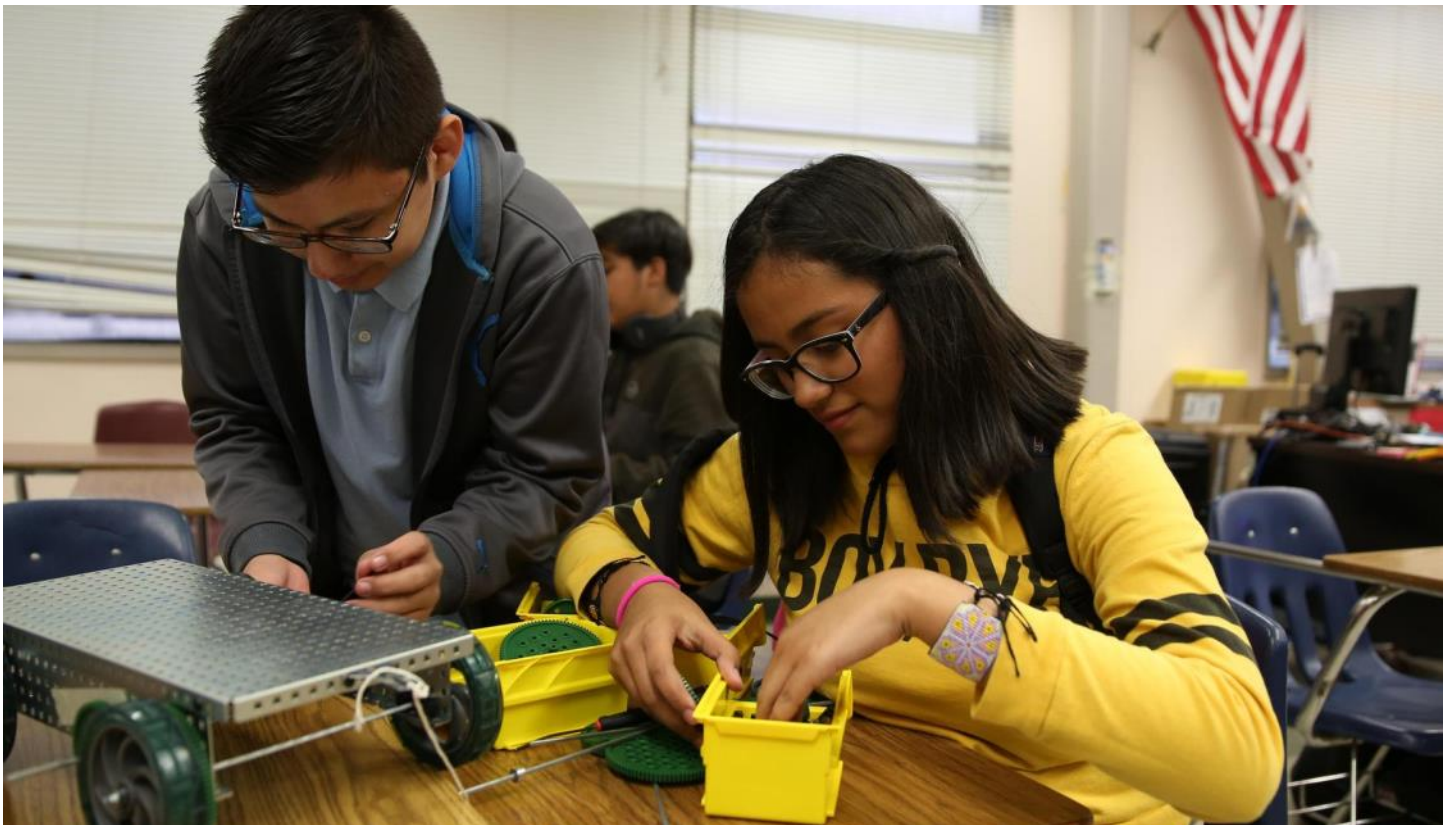
   - A **Doctor's Office** visit is the best choice for non-urgent medical issues.
   - An **Urgent Care** visit is the best choice for non-life threatening medical issues that require immediate care when you can't get an appointment for a Doctor's Office Visit.
   - Use the **Emergency Room** for life threatening emergencies or for other issues that require immediate in-person medical care outside Urgent Care hours.

3. ### 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. 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.

4. ### Order Maintenance Medications through Mail Order Prescription Drug Programs

   The mail order pharmacy of your medical insurance carrier is a fast, easy and convenient way to save time and money on your maintenance medications. You can order additional supplies of medication at a discount. See carrier provisions for details.



Mental Health Benefits

Medical Plan In-Network Mental Health Benefits[1]

Our medical insurance provider is ready to help you get the support you need. With our medical plans' networks of Behavioral Health providers (therapists, psychologists, psychiatrists), you can access your covered mental health benefits for short or long-term issues.

Medical Plan	Inpatient	Outpatient Visits	Virtual Mental Health Visits
Kaiser Permanente HMO	No charge	$10 ($5 for group visits)	Available through Kaiser Permanente: no charge
Blue Shield TRIO HMO	No charge	$15	Available through Teladoc: no charge
Blue Shield Access+ HMO	No charge	$15	
Blue Shield 80%	Deductible, 20%	$10	
Blue Shield 90%	$250 + deductible + 10%	$20	

1 Non-network mental health benefits are available for the PPO plans. Refer to the SBCs for details.

Learn More About Mental Health

This video can help give you a better understanding about mental health and resources for treating it: https://flimp.live/Mental-Health-FAQ.

Kaiser Permanente Mental Health & Wellness Apps

Kaiser offers two apps to help support your mental/emotional wellbeing at https://kp.org/selfcareapps.

- **Calm** is the #1 app for meditation, mental resilience, and sleep — designed to help lower stress, reduce anxiety, and more. Kaiser Permanente members can access all the great features of Calm at no cost, including:
  - The Daily Calm, exploring a fresh mindful theme each day
  - More than 100 guided meditations
  - Sleep Stories to soothe you into deeper and better sleep
  - Video lessons on mindful movement and gentle stretching
- **Headspace Care** is available to all Kaiser members at no cost for up to 90 days. The Headspace Care app offers immediate 1 on 1 support for coping with many common challenges such anxiety, stress, low mood, issues with work or relationships and more. With Headspace Care, you can:
  - Text with a coach anytime, anywhere, 24/7
  - Discuss goals, share challenges, and create an action plan with your coach
  - Get personalized, interactive skill-building tools from a library of more than 200 activities
  - View recaps from each texting session, track progress, and work with your coach to adjust your action plans

Blue Shield Mental Wellness Apps and Resources

Headspace Care

Headspace Care's on-demand, 24/7/365 mental health support is available to all employees and dependents enrolled in a Blue Shield medical plan. This benefit provides you with easy access to care - no matter where you are, when you need it or what you're going through. Headspace Care offers on-demand, confidential mental healthcare through coaching and self-guided activities.

- 70% of members see an improvement within 12-16 weeks
- Real-time behavioral health coaching within seconds
- In-app content including mental health tips and resources
- Video therapy & psychiatry sessions within days (Available for a co-pay as stated in your health plan coverage. Please contact Blue Shield of California for details.)

To access Headspace Care, log in to your Wellvolution app on your smart phone or online. To sign up for Wellvolution, visit www.wellvolution.com/mentalhealth.

Headspace App

Employees and eligible dependents (18 years of age and older) enrolled in a Blue Shield medical plan have free access to Headspace, the world's most science-backed meditation app with over 70 million members worldwide. Headspace can help you reduce stress, increase resilience and get a better night's rest, using meditation to improve mental well-being. The Headspace app includes:

- 1,000+ hours of exercises to help you live your whole day mindfully
- Over 500 Guided meditations on topics like stress, self-esteem and resilience
- Sleepcasts, music and bedtime audio for restful nights

To access Headspace, log in to your Wellvolution app on your smart phone or online. To sign up for Wellvolution, visit www.wellvolution.com/mentalhealth.

Healthy Extras for Kaiser Members

Your Kaiser HMO plan comes with healthy resources, many of which are free to Kaiser members. Other programs and courses are available at a special rate. These healthy extras can help you stay informed about healthier lifestyles — mind, body, and spirit.

To access your Kaiser healthy extras, go to https://healthy.kaiserpermanente.org/southern-california/health-wellness.

- Get physician-reviewed health information on a wide array of health topics.
- Discounts on fitness services and products at https://healthy.kaiserpermanente.org/southern-california/health-wellness/fitness-deals
  - **ClassPass** lets you work out from anywhere with unlimited streaming classes on yoga, dance, cardio, boxing, Pilates, boot camp, and more.
  - **Active & Fit Direct** gives you access to thousands of gyms with one membership for $28.00/month. You can visit any of the 12,000+ participating fitness centers in the nationwide Active&Fit Direct network. Participating gyms may include Gold's Gym, Curves, Anytime Fitness, and more. Other benefits include more than 9,300 workout videos, 5,700+ Premium Gym Options at exercise studios, outdoor experiences, and others with 20% – 70% discounts at most locations, and personalized wellbeing coaching.
  - **Discounts** on fitness, health, and wellness products, such as activity trackers (Fitbit, Garmin, and more), workout apparel (Skechers, 2XU, PRO Compression, and more).
- Wellness programs and classes, both in-person and online, either free to Kaiser members or offered at discounted rates.
- Learn about prescription and over-the-counter drugs and supplements — including how they work, possible side effects, and more.
- Partner with a wellness coach (available in both English and Spanish) at no cost to you. Call 866-862-4295 to get started. Programs are available to help you manage your weight, quit tobacco, reduce stress, increase activity, and eat healthier.
- Receive 25% discounts on complementary care, including massage, acupuncture, and chiropractic.

Wellvolution for Blue Shield Members

Employees and eligible dependents enrolled in a Blue Shield medical plan have access to Wellvolution. This benefit supports you in living your healthiest lifestyle and gives you access to tools and programs to help manage stress, lose weight, prevent disease or treat existing medical conditions.

Wellvolution analyzes your health goals to create a plan for you, with digital tools and weekly action plans. It allows you to track and monitor progress toward your goals, with one-on-one support from experts when you need it.

Programs available through Wellvolution include:

- **Virta** helps support diabetes type 2 reversal
- **Betr** to help you reconnect to wellness by healing from the inside-out, using food-as-medicine. Betr helps you:
  - Effortless weight loss
  - Life changing energy
  - Calm mind and mood
  - Quality sleep
  - Pain free living
  - Improved gut health
- **WeightWatchers** offers a scientifically proven program for weight loss and wellness with digital, in-person and virtual workshops, and personal coaching solutions to help meet your goals.

To access your Wellvolution benefits, visit wellvolution.com.

Wellvolution Mental Wellness Resources

Other programs offered through Wellvolution include **Headspace Care** for mental health and the **Headspace** app for wellbeing; see page 10 for more details on these benefits.

Dental Benefits

MetLife HMO Dental Plan

With the MetLife HMO Dental plan, you must select a general dentist from the HMO network to provide your dental care. Your general dentist provides all of your dental needs, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide a referral. For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO plan booklet. Please keep a copy of your booklet to refer to when utilizing your dental care.

MetLife PPO Dental Plan

With the MetLife PPO Dental plan, you may visit a PPO dentist (through the MetLife PDP Plus network) and benefit from the negotiated rate or visit an out-of-network dentist. When you utilize a PPO dentist, your out-of-pocket expenses will be less. When you obtain services using an out-of-network dentist, you will be responsible for the difference between the covered amount (Reasonable & Customary charges, also referred to as R&C) and the actual charges. You may also be responsible for filing claims.

	MetLife HMO Dental Plan	MetLife PPO Dental Plan	
		In-Network	Out-of-Network
Deductible (Annual) – Individual – Family	 $0 $0	 $50 $150	 $50 $150
Annual Maximum Benefit	Unlimited	$2,000	$1,500
Dental Benefits	You Pay	You Pay	You Pay
Preventive Services – Cleanings, Exams, X-rays	See Copay Schedule	No charge	80% plus any amount above R&C
Basic Restorative Services – Fillings, Extractions	See Copay Schedule	90%	80% plus any amount above R&C
Major Restorative Services – Bridges, Dentures	See Copay Schedule	50%	50% plus any amount above R&C
Orthodontia – Individual – Orthodontia Lifetime Maximum	 $1,450 $1,450 for comprehensive orthodontic treatment for both adolescent/adult dentition; $250 orthodontic retention	 50% $1,500	 50% plus any amount above R&C $1,000

Important: If total charges are expected to exceed $300, we strongly recommend you ask your dentist for a predetermination. This enables you and your dentist to know in advance what the payment will be for any service that may be in question.

Finding In-Network Dental Providers

- DHMO: Go to www.metlife.com/mybenefits or call 800-880-1800 Network: Safeguard
- PPO: Go to www.metlife.com/mybenefits or call 800-942-0854.

Vision Benefits

Vision Service Plan (VSP)

Lynwood USD provides you with two Vision Service Plans (VSP) plans to choose from. Both plans provide professional vision care and high quality lenses and frames through a broad network of optical specialists. You will receive greater benefits when you utilize VSP network providers. If you utilize an out-of-network provider, your coverage will be lower.

	VSP Standard		VSP Premium	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Health Benefits				
WellVision Exam	$10 copay	$45 allowance	$10 copay	$45 allowance
Retinal Screening	Up to $39 copay	Not covered	Up to $39 copay	Not covered
Prescription Glasses				
Frame – Featured Frame Brands – Selected Frames – Discounts	$105 allowance $85 allowance 20% discount on amount over allowance	$70 allowance	$200 allowance $180 allowance 20% discount on amount over allowance	$70 allowance
Lenses – Single Vision – Lined Bifocal – Lined Trifocal – Standard progressive lenses – Premium progressive lenses – Custom progressive lenses	 No charge No charge No charge $95 – $105 allowance $150– $175 allowance	 $30 allowance $50 allowance $65 allowance $50 allowance $50 allowance $50 allowance	 No charge No charge No charge $95 – $105 allowance $150– $175 allowance	 $30 allowance $50 allowance $65 allowance $50 allowance $50 allowance $50 allowance
Contact Lenses[1]				
Fitting and Evaluation	$60 allowance	Not covered	$60 allowance	Not covered
Contacts	$105 allowance	$90 allowance	$180 allowance	$105 allowance
Frequency of Services				
WellVision Exam	Once every 12 months		Once every 12 months	
Frame	Once every 24 months		Once every 12 months	
Lenses/Lens Enhancements	Once every 12 months		Once every 12 months	
Contact Lenses[1]	Once every 12 months		Once every 12 months	

1 Contact lenses are available in lieu of prescription eyeglasses.

Discounts!

VSP offers discounts on a wide array items and services at www.vsp.com/offers/special-offers. Discounts are available for glasses, sunglasses, lens enhancements, LASIK and PRK, hearing aids and diabetes prevention.

Finding In-Network Vision Providers

Visit www.vsp.com or call 800-877-7195.

Financial Protection Benefits

Basic Life and AD&D Insurance

Lynwood USD provides eligible employees with financial protection for your family/beneficiaries with Life and Accidental Death & Dismemberment (AD&D) Insurance through MetLife. There is no cost to you for this coverage.

- **Coverage for Full-time Superintendent, Deputy Superintendent and Assistant Superintendent:**
  - Employee: $250,000
  - Spouse/Domestic Partner: $10,000
  - Child(ren) Up to Age 6 Months: $5,000
  - Child(ren) 6 Months and Older: $5,000

- **Coverage for Full-time Management, Supervisors and Personnel Commission Employees:**
  - Employee: $50,000
  - Spouse/Domestic Partner: $10,000
  - Child(ren) Up to Age 6 Months: $5,000
  - Child(ren) 6 Months and Older: $5,000

- **Coverage for All Other Full-time Employees:**
  - Employee: $50,000
  - Spouse/Domestic Partner: $10,000
  - Child(ren) Up to Age 6 Months: $5,000
  - Child(ren) 6 Months and Older: $5,000

Important Facts About Beneficiaries

Beneficiaries are individuals or entities that you select to receive benefits from your policy. If you do not have a beneficiary, benefits are paid to your estate. Here's what you need to know about beneficiaries:

- You may designate a sole beneficiary or multiple beneficiaries to receive payment in the percentage(s) allocated
- You can change your beneficiary designation at any time
- You are the beneficiary for your dependent coverage
- To select or change your Life Insurance beneficiary, contact Human Resources

Your Basic Life and AD&D Insurance includes MetLife Advantages—see page 17 for details.

Supplemental Life and AD&D Insurance

You have the option to increase your Life and AD&D coverage through MetLife Supplemental Life Insurance. You pay the full cost for the coverage.

- **Employee Coverage:** You can purchase additional coverage for yourself in increments of $10,000 to a maximum of $500,000 or five times your basic annual earnings, whichever is less.
  - For new hires, coverage amounts over $300,000 or three times your annual earnings, whichever is less, require you to complete a Statement of Health Form which must be approved by MetLife. You must enroll within 31 days of hire.
  - If you do not enroll when first eligible and wish to enroll in the future, you will be required to complete a Statement of Health which must be approved by MetLife.
- **Spouse/Domestic Partner Coverage:** You can purchase additional coverage for your spouse/domestic partner in increments of $5,000 to a maximum of $100,000 or 50% of your employee supplemental life coverage, whichever is less. You must be enrolled in Supplemental Life coverage in order to enroll your spouse/domestic partner.
  - For new hires, coverage amounts for your spouse/domestic partner over $25,000 require you to complete a Statement of Health Form which must be approved by MetLife. You must enroll within 31 days of hire.
- If you do not enroll your spouse/domestic partner when first eligible and wish to enroll in the future, you will be required to complete a Statement of Health which must be approved by MetLife
- **Dependent Child(ren) Coverage:** Birth up to 6 months: $5,000; 6 months and older: $10,000

Additional Benefits for Basic and Supplemental Life & AD&D

- **Conversion:** You have the option to convert your life insurance to an individual policy if you leave Lynwood USD.
- **Accelerated benefits option:** If you become terminally ill and are diagnosed with 12 months or less to live, you have the option to receive up to 80% of your life insurance proceeds prior to your death.

	Monthly Rates for Supplemental Life Insurance	
	Per $1,000 Employee Coverage	Per $1,000 Spouse/ Domestic Partner Coverage
0 – 29	$0.037	$0.056
30 – 34	$0.046	$0.059
35 – 39	$0.059	$0.074
40 – 44	$0.088	$0.115
45 – 49	$0.138	$0.204
50 – 54	$0.215	$0.386
55 – 59	$0.326	$0.686
60 – 64	$0.454	$1.565
65 – 69	$0.857	$2.758
70+	$1.620	$4.844
Children:	$0.204 per $1,000 Coverage	

	Monthly Rates for AD&D Insurance
	Per $1,000/Coverage
Employee	$0.017
Spouse/Domestic Partner	$0.018
Child(ren)	$0.051

MetLife Advantages

Your Basic Life and AD&D coverage includes free access to MetLife Advantages:

Will Preparation

Will Preparation Services offer support and guidance to help you adequately prepare the documents necessary to preserve your family's financial security. This service, offered by MetLife through Hyatt Legal Plans, fully covers attorney fees for preparing or updating a will, living will, or power of attorney for you and/or your spouse/domestic partner. Services include will preparation, in-person or telephone consultations with a participating plan attorney, and unlimited access to update your will as long as you continue to be a member of our life insurance plan through MetLife.

Grief Counseling

You, your dependents, and your beneficiaries have access to 24/7 confidential grief counseling to help cope with a loss, either in-person or over the phone, depending on your preference. Sessions can either take place in-person or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death, bankruptcy, divorce, terminal illness, or losing a pet.

In addition, you have access to funeral assistance for locating funeral homes and cemetery options, obtaining funeral cost estimates and comparisons, and more.

To access grief counseling services, call 888-319-7819 or log on to metlifegc.lifeworks.com (username: metlifeassist; password: support).

Estate Resolution Services

MetLife Estate Resolution Services (ERS) provides probate services in person or over the phone to the representative (executor or administrator) to help probate estates for you and your spouse/domestic partner. Services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs and completion of correspondence necessary to transfer non-probate assets. ERS covers participating plan attorneys' fees for telephone and face-to-face consultations or for the administrator or executor to discuss general questions about the probate process.

Trustmark

You may purchase additional insurance from Trustmark that will help to cover additional out-of-pocket expenses. These policies offer direct-to-the-policyholder cash payouts to help cover what other insurance doesn't. Your premiums are paid through payroll deductions on an after-tax basis. These Trustmark policies are portable, which means that you can keep them should you change jobs or retire, with no increase in premiums.

Universal Life Insurance

Universal Life insurance provides lifelong protection to your loved ones in case of your death. This plan includes a long-term care benefit that is funded by through life insurance. Premium rates are determined by your age at time of enrollment, so the plan remains affordable vs. term policies that become cost-prohibitive as you age This plan is available to you, your spouse and dependent children.

Two plan options are available:

Universal Life	Universal Life Events
Higher payout for older members	Most affordable option
Available to Employees age 65 - 75	Available to employees age 18 - 64
Life insurance benefit does not reduce with age	Higher death benefit during working years when expenses are high. At age 70, when financial needs are typically lower, the death benefit reduces to one-third of the original amount
Long-term care benefit does not reduce with age	Long-term care benefit does not reduce with age

	Voluntary Universal Life Insurance
Carrier	Trustmark
Benefit	Permanent life insurance coverage that provides additional financial security for your family. This benefit includes a long term care benefit that is funded by life insurance, and accelerates 4% of your policy amount per month to be used for home health care or confinement for up to 25 months. The life benefit is restored after each payment, keeping your full policy value. This plan will also accelerate 75% of your benefit if you are given less than 24 months to live. Premium rates are determined by your age at time of enrollment, so the plan remains affordable, as opposed to term policies that become cost-prohibitive as you age.
Health Questions	Employees and their spouses can apply for up to $300,000, and coverage is available for dependent children and grandchildren as well. Employees up to age 64 can purchase up to $100,000 with no medical questions during your initial eligibility. Employees over age 64 and Dependents will have to answer a few simple questions.
Universal LifeEvents Option	Universal LifeEvents is available in lieu of the traditional Universal Life Insurance plan to employees **under age 64**. This option pays a higher death benefit during your working years when expenses are high. At age 70, when financial needs are typically lower, the death benefit reduces to one third the original amount. The long term care benefit does not reduce; the coverage continues throughout retirement to match the potentially greater need for long term care.
Employee Contribution	100% employee paid

Tax Savings Benefits

Flexible Spending Accounts

Lynwood USD gives you the ability to pay for certain health and dependent care expenses with pre-tax money through our Flexible Spending Accounts. Participating in this benefit lowers your taxable income and can help increase your take-home pay. The FSAs are administered by American Fidelity. You choose how much you wish to contribute to each account during Open Enrollment, and you fund the account throughout the year via equal payroll deductions.

Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You submit a claim along with your receipts online or via mobile app. All receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

American Fidelity can be contacted at 800-365-9180 or www.americanfidelity.com.

Health Care Spending Account

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. You can set aside up to $3,200 pre-tax per year.

Dependent Care Assistance Plan

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 pre-tax per year.

Video – Learn How Flexible Spending Accounts Can Help Save You Money

For a better understanding of how Flexible Spending Accounts work, watch this quick video at http://video.burnhambenefits.com/fsa.

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 expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.

Example: How You Can Save Money With An FSA		
	Without the Health Care FSA	With the Health Care FSA
Gross Annual Pay	$45,000	$45,000
Pre-Tax Health Care FSA	Not Elected	$1,200
Taxable Gross Income	$45,000	$43,800
Payroll Taxes (at 30%)	$13,500	$13,140
Health Care Cost	$1,200	$0
Net Pay	$30,300	$30,660
Annual Net Pay Increase	**$0**	**$360**

Important Note: Your FSA elections will expire each year on December 31st. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.

Resources and Contacts

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact Human Resources .

	Resources and Contacts	
	Phone	Website
Medical Benefits		
HMO Plans – Kaiser Permanente – Blue Shield of CA—Access+ HMO – Blue Shield of CA—TRIO HMO	(800) 464-4000 (888) 256-1915 (855) 829-3566	www.kp.org www.blueshieldca.com www.blueshieldca.com
PPO Plans – Blue Shield of CA	(888) 256-1915	www.blueshieldca.com
Blue Shield of CA Lynwood USD Microsite		www.bscaplan.com/71l9bs
Dental Benefits		
MetLife Dental PPO & HMO	(800) 942-0854	www.metlife.com/mybenefits
Vision Benefits		
Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
Financial Protection Benefits		
MetLife Basic and Supplemental Life and AD&D	(800) 638-6420	www.metlife.com
Trustmark Universal Life with Long-Term Care	(800) 918-8877	www.trustmarkvb.com
Tax Savings Benefits		
American Fidelity Flexible Spending Accounts	(800) 365-9180	www.americanfidelity.com
Lynwood USD Benefits Department		
Yvonne Wong, Benefits & Payroll Manager Neka Anderson, Benefits & Payroll Analyst	(310) 866-1600, ext. 8259 (310) 886-1600, ext. 8283	ywong@mylusd.org nanderson@mylusd.org

The Burnham Advocate Help-Line: (800) 391-6812

The Burnham Advocate toll-free customer service help-line can provide assistance with insurance related issues when you are unable to resolve them directly with your insurance carriers. You will receive fast, skilled assistance with Medical, Dental and Vision provider issues, referral assistance, and claims management.

For help, simply call the Burnham Advocate help-line at 800-391-6812. For more complicated questions or claims issues, the Burnham claims specialist works as your insurance advocate, researching and resolving problems quickly and effectively. If further action is required, the Burnham Advocate will provide regular updates until the issues are resolved.

Individual Mandate to Have Health Coverage

Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2024 tax year. In addition, several other states, including Massachusetts, New Jersey, and Vermont, as well as the District of Columbia, have reinstated an individual mandate requirement, and others are considering doing so. You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by Lynwood USD or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

However, if you choose to purchase coverage through the marketplace, because Lynwood USD's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis

For more information, visit www.healthcare.gov.

Annual Notices

Various state and federal laws require that employers provide disclosure and annual notices to their plan participants. Lynwood Unified School District has posted all federally required annual notices on our intranet for you to download and read at your convenience. Lynwood Unified School District will distribute all federally required annual notices upon hire and during each annual open enrollment period.

Annual notices include the following:

- Medicare Part D Notice of Creditable Coverage
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Medicaid & Children's Health Insurance Program
- HIPAA Notice of Privacy Practices
- Special Enrollment Rights

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Notes

This Employee Benefits Guide 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 guide 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 Human Resources.

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