LAGUNA BEACH
UNIFIED SCHOOL DISTRICT

Benefits Guide

2025

Welcome to Your Employee Benefits!

Laguna Beach Unified School District recognizes the importance of our employees and their contributions. We are pleased to offer a comprehensive benefits package as part of your total compensation. Please take the time to carefully read this guide to ensure you have the information you need to make the best benefit decisions for you and your family.

Contents

2 | Open Enrollment
3 | Resources
4 | Enrollment Information
7 | Medical Plans
11 | Telemedicine
12 | Mental Health Resources
13 | Health Benefit Extras
17 | Health Plan Tips
18 | Dental Plans
20 | Vision Plan
21 | Flexible Spending Accounts
22 | Life and AD&D Insurance
24 | Employee Assistance Program
27 | Voluntary Benefits
28 | Employee Contributions
29 | Annual Notices

LBUSD Benefits Information Online

Employees may access health and welfare benefit information online at any time on the LBUSD website at Canvas/All Staff/HR page

Open Enrollment

The District's Open Enrollment period is August 1, 2025 through August 27, 2025. LBUSD will again utilize the online benefit platform through American Fidelity. **All employees will be required to make their benefit selection using the online system, even if there are no changes to selections from the prior year.** The District will provide additional instructions on how to complete online open enrollment.

During the month of July/August, you will have the option to schedule an individual session with the American Fidelity benefit counselor. During these confidential one-on-one sessions, you will verify your information and the counselor will be able to assist you with the online enrollment system, discuss benefits and other insurance programs that may be important to you. There is no obligation to purchase American Fidelity benefits. This system will streamline any changes made to your benefits, as information from the online system will transmit directly to the insurance carriers.

Resources

Benefit Plan	Phone	Website/Email
Medical Plans		
Kaiser Permanente HMO	800-464-4000	my.kp.org/CSEBA
Blue Shield HMOs/PPO	855-747-5800	www.blueshieldca.com/CSEBA
Teladoc	800-835-2362	www.blueshieldca.com/teladoc
Dental Plan		
Delta Dental PPO	800-499-3001	www.deltadental.com
Vision Plan		
VSP	800-877-7195	www.vsp.com
Life Insurance		
Unum	800-421-0344	www.unum.com
Employee Assistance Programs		
Unum EAP	800-854-1446	www.unum.com/lifebalance
Health Advocate EAP	866-799-2728	healthadvocate.com/members
Flexible Spending Accounts and Voluntary Benefits		
American Fidelity Pam Weaver, Account Manager	800-365-9180, Ext. 329	www.afadvantage.com pamela.weaver@af-group.com
Human Resources		
Ashleigh Cole Human Resources Technician	949-497-7700 ext. 5211	acole@lbusd.org

Eligibility

The following employees are eligible to participate in the District's health and welfare benefit plans:

- Active full-time management employee.
- Active full-time employee in accordance with the provisions of the agreement between CSEA and the District or LaBUFA and the District and/or District Policy.
- Active part-time employee in accordance with the provisions of the agreement between CSEA and the District or LaBUFA and the District and/or District Policy.

The District provides health and welfare coverage for the eligible employee and eligible spouse or domestic partner and dependents.

Retirees

Any full-time employee eligible to retire under CalPERS or CalSTRS who has worked a minimum of five (5) consecutive years in District employment has the option to continue their medical coverage under the District medical plan at District expense, less the over-the-cap premium for employee only coverage. The retiree must be currently covered under one of the District's medical plans for at least 12 months prior to retirement. The retiree may insure their spouse or registered domestic partner at retiree expense until such time as the spouse or domestic partner reaches the age of Medicare eligibility. Other provisions of the CSEA and LaBUFA collective bargaining agreements may apply in this section.

Waiting Period

Enrollment: New Hires

An employee's coverage is effective on the first of the month following date of hire, provided all required forms are received by the District.

Enrollment: Spouse, Domestic Partner and/or Children

Application for enrollment of newly acquired dependents by marriage, domestic partnership, or a dependent child is required within 30 days of acquisition. Coverage for spouse or domestic partnership becomes effective on the first of the month following the marriage or certification of domestic partnership. A newborn baby or adoptive child is covered from birth (or date adoptive parents assume responsibility).

For coverage to continue beyond the 30 day period, the employee must enroll the child. If the employee does not enroll the child within this period, the employee may only add the child during the open enrollment period.

Open Enrollment

During the period specified each year by the District, covered employees and retirees may make changes to his or her benefit options offered by the District. The Open Enrollment period is also a time when an employee may elect coverage if they did not elect coverage previously. Newly elected coverage and changes to coverage selected during open enrollment takes effect on October 1.

Understand Our Medical Plan Options

If you are interested in enrolling in a Blue Shield Medical plan, scan or click on the QR code to the right to schedule an appointment to learn more about our new Blue Shield medical plans. You may also access by clicking the link below:

Blue Shield Individual Consultation

If you would like to enroll in the Kaiser plan and have questions, call Member Services at 800-464-4000.

Scan the QR code to learn more about our Blue Shield medical plans

Special Enrollment Rights

An individual who did not enroll in coverage when first eligible will be allowed to apply for coverage at a later date with proper eligibility verification if:

- The employee stated in writing at the time they declined health benefits at the initial enrollment that they was currently enrolled in other health benefit coverage.
- The individual lost the other coverage as a result of a certain event, such as loss of eligibility for coverage, expiration of COBRA continuation coverage, termination of employment or reduction in the number of hours of employment, or because employer contributions towards such coverage were terminated; and
- The Employee requested enrollment within thirty (30) days of termination of other coverage.

If the above conditions are met, Program coverage will be effective on the first day of the month following the date on which the Employer received the completed application with appropriate verifications. An employee who declined to enroll in the Plan when first eligible, will be allowed to apply for coverage (for they and their eligible spouse, domestic partner, child) at a later date if they meet the “Special Enrollment Rights” and if one or more new eligible enrollees are acquired through marriage, birth, adoption, or placement for adoption (as defined by Federal Law). Application must be made within thirty (30) days of the date the new spouse, domestic partner, child are acquired (the “qualifying event”) and verification of eligibility is required.

Plan coverage will be effective as follows:

- Where employee’s marriage is the “qualifying event” – on the first day of the month following the date you file the enrollment application.
- Where birth, adoption or placement for adoption is the ”qualifying event” - on the first day of the first calendar month after the date of the event.

Note: Coverage for a new child or spouse is NEVER automatic

Within 30 days of the occurrence, you must complete the required enrollment forms and return them to the District Human Resources Department.

Termination of Coverage

An employee's coverage in the health and welfare benefits program shall terminate when:

- The employee ceases to be eligible under the provisions of Board Policy or the CSEA or LaBUFA collective bargaining agreements;
- The end of the second payroll cycle for which they have made the required contributions for such coverage, if they fail to make the next required contribution;
- The last day of the month in which the employee ceases to be actively employed by the employer, except that employees terminating employment at the end of the school year (provided they are active through the last day of the school year) will have coverage through August 31st;
- Or the date the program is amended to terminate coverage for a particular group of employees of which the employee is a member.

A spouse, domestic partner or dependent child's coverage terminates the date the employee's coverage terminates, or on the last day of the month of which the employee's dependent child attains the limiting age (i.e., 26).

Leaves

Eligible employees on approved Family Medical Leave Act or California Family Rights Act leaves of absence may be eligible to receive or purchase group health insurance through the District for the period of the leave.

The Affordable Care Act and You

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 **2025** 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 LBUSD 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 LBUSD'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, go to www.healthcare.gov.

Kaiser Permanente | HMO Medical Plan

With the Kaiser Permanente Health Maintenance Organization (HMO) plan, you must choose a primary care physician (PCP) within the Kaiser network. Most of your care must be directed through your PCP. 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 Kaiser doctors, clinics and hospitals, except in the case of an emergency.

Blue Shield | HMO Plans (Access+ HMO and TRIO HMO)

With the HMO plans, you must choose a primary care physician (PCP) or medical group within the network. Please note that networks may vary between HMO plans. 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.

The Blue Shield Trio HMO features the same coverage for health benefits as the Access+ HMO. **What sets 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.

Blue Shield | PPO Plan

The PPO plan require that you meet a calendar year deductible before Blue Shield starts paying for certain services. Once the deductible has been met, most services will be covered at a coinsurance or a copay, For certain services, such as office visits and urgent care, Blue Shield has waived the deductible and cost sharing begins immediately. PPO plans allow you to direct your own care. You have the freedom to choose your doctor without the requirement of selecting a PCP and you may self-refer to specialists. You may use a network provider whose negotiated rates provide richer levels of benefits with claim forms filed by the providers. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims.

To Find an In-Network Medical Provider

- Kaiser Permanente: Visit www.kp.org, download the Kaiser Permanente app, or call 800-464-4000.
- Blue Shield: Visit www.blueshieldca.com/CSEBA, download the Blue Shield of California app, or call 855-747-5800.

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, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by Laguna Beach Unified School District. Please refer to the SBCs and carrier contracts provided by Kaiser Permanente and Blue Shield for additional plan details.

Benefit Plan	Kaiser Permanente HMO	Blue Shield Access+ TRIO HMO (narrow)	Blue Shield Access+ HMO (full)
Plan Basics	**Kaiser Providers and Facilities Only** **You Pay:**	**In-Network Only** **You Pay:**	**In-Network Only** **You Pay:**
Coinsurance	0%	0%	0%
Annual Deductible			
– Individual	$0	$0	$0
– Family	$0	$0	$0
Out-of-Pocket Maximum			
– Individual	$1,500	$500	$500
– Family	$3,000	$1,500	$1,500
Lifetime Maximum Benefit	Unlimited Benefits	Unlimited Benefits	Unlimited Benefits
Medical Services			
Doctor's Office Visit	$10 copay	$10 copay	$10 copay
Preventive Care	$0	$0	$0
X-Ray & Lab	$0	$0	$0
Urgent Care	$10 copay	$10	$10
Holistic Care			
Chiropractic	$10 copay (up to 30 visits/year)	$10 copay (up to 30 visits/year)	$10 copay (up to 30 visits/year)
Acupuncture			
Hospital Services			
Outpatient	$10 copay	$0	$0
Inpatient	$0	$0	$0
Emergency	$100 copay	$50 copay	$50 copay
Prescription Drugs			
Retail Pharmacy			
– Generic	$10 copay (30-day supply)	$10 copay (30-day supply)	$10 copay (30-day supply)
– Preferred Brand	$20 copay (30-day supply)	$20 copay (30-day supply)	$20 copay (30-day supply)
– Non-Preferred Brand	n/a	n/a	$35 copay (30-day supply)
Mail Order			
– Generic	$20 copay (100-day supply)	$20 copay (90-day supply)	$20 copay (90-day supply)
– Preferred Brand	$40 copay (100-day supply)	$40 copay (90-day supply)	$40 copay (90-day supply)
– Non-Preferred Brand	n/a	n/a	$70 copay (90-day supply)

Benefit Plan	Blue Shield PPO	
Plan Basics	**In-Network** **You Pay:**	**Out-of-Network** **You Pay:**
Coinsurance	20%	40%
Annual Deductible – Individual – Family	 $1,000 $2,000	 $1,000 $2,000
Out-of-Pocket Maximum – Individual – Family	 $2,000 $4,000	 $4,000 $8,000
Lifetime Maximum Benefit	Unlimited Benefits	Unlimited Benefits
Medical Services		
Doctor's Office Visit	$30 copay	40%
Preventive Care	$0	Not covered
X-Ray & Lab	20%	40%
Urgent Care	$30 copay	40%
Holistic Care		
Chiropractic (up to 24 visits/year)	$30 copay	40%
Acupuncture (up to 12 visits/year)	20%	40%
Hospital Services		
Outpatient	20%	40%
Inpatient	20%	40%
Emergency	$100 plus 20%	$100 plus 20%
Prescription Drugs		
Retail Pharmacy – Generic – Preferred Brand – Non-Preferred Brand	 $10 copay (30-day supply) $20 copay (30-day supply) $35 copay (30-day supply)	 $10 copay + 25% (30-day supply) $20 copay + 25% (30-day supply) $35 copay + 25% (30-day supply)
Retail Pharmacy/Mail Order – Generic – Preferred Brand – Non-Preferred Brand	 $20 copay (90-day supply) $40 copay (90-day supply) $70 copay (90-day supply)	 Not covered Not covered Not covered

[1] *Subject to the deductible*

Video – 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 https://info.baldwin.com/terms/.

Blue Shield of California HMO Networks

Below is a snapshot of the HMO plan networks as of July 1, 2025.

IPA	County	Trio HMO	Access+ HMO (Full)
Affiliated Ors Of Orange Cty	Orange		✓
Amvi Medical Group	Orange		✓
Angeles Ipa	Orange		✓
Citrus Valley Phys Grp	Orange		✓
Edinger Medical Group	Orange	✓	✓
GNP Memorialcare - Newport Beach	Orange		✓
GNP-Memorialcare	Orange	✓	✓
Hoag Medical Group	Orange	✓	✓
Hoag Physician Partners	Orange	✓	✓
Memorialcare Med Grp Long Beach	Orange	✓	✓
Memorialcare Med Grp Saddleback	Orange	✓	✓
Memorialcare Medical Group	Orange	✓	✓
Memorialcare Select Health Plan	Orange		✓
Mission Heritage Medical Group	Orange	✓	✓
Optum Care Network - Applecare Select	Orange	✓	✓
Optum Care Network - Monarch	Orange		✓
Pomona Valley Med Grp Inc Dba Pro Med Hlth Nwk	Orange	✓	✓
Prospect Daehan La	Orange		✓
Prospect Daehan Oc	Orange		✓
Prospect le Riverside	Orange	✓	✓
Prospect le Sb	Orange	✓	✓
Prospect Medical Group Los Angeles	Orange		✓
Prospect Medical Group Orange County	Orange		✓
Prospect Nuestra Familia Mg La	Orange		✓
Prospect Nuestra Familia Mg Oc	Orange		✓
Prospect Socal	Orange		✓
Providence Affiliated Physicians Mission	Orange	✓	✓
Providence Affiliated Physicians St Joseph	Orange	✓	✓
Providence Affiliated Physicians St Jude	Orange	✓	✓
Providence Medical Network	Orange		✓
St Joseph Heritage Med Grp	Orange	✓	✓
St Jude Heritage Medical Grp	Orange	✓	✓
Superior Choice Medical Group	Orange		✓
UCI University Physicians And Surgeons	Orange		✓
Upland Medical Group	Orange		✓

Telemedicine Benefits

Phone and/or video visits are an excellent option for convenient, accessible care when you don't need a doctor to see you in person. They are also a good choice when away from home or if you need short term prescription drug refills. The District provides telemedicine coverage with all our medical plans.

Kaiser Permanente Telemedicine

- 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, you will receive an email link in advance of the appointment
- There is no copay for phone or video visits

Blue Shield | Teladoc

- Phone and video doctor visits are available through Teladoc.
- Signing up is quick, easy, and free at www.blueshieldca.com/teladoc. Be sure to enter your insurance information since Teladoc is a covered benefit under our Blue Shield plans.
- Download the Blue Shield app to access virtual care from your smartphone or mobile device (available at the App Store and Google Play).
- You can also reach Teladoc at 800-835-2362.

When to Use Telemedicine

Phone and/or video visits can be good choices for:

- Follow up care on an existing medical issue
- Getting or renewing prescriptions
- Medical advice on minor, non-life threatening conditions such as:
  - Sore throat
  - Headache
  - Stomachache
  - Conjunctivitis
  - Bronchitis
  - Fever
  - Cold and flu
  - Allergies
  - Diarrhea
  - Skin issues
  - Insect bites
  - Pink eye
  - Shingles
  - Sinus infection
  - Earache
  - Joint aches
  - Rash
  - Acne
  - UTIs
  - And more

Kaiser Permanente / Blue Shield | In-Network Mental Health Benefits*

Our medical insurance providers are 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
Kaiser Permanente HMO	No charge	$10 copay
Blue Shield Access+ Trio HMO (Narrow)	No charge	$10 copay
Blue Shield Access+ HMO (Full)	No charge	$10 copay
Blue Shield PPO	In: 20% / Out: 40%	In: $30 copay / Out: 40%

* *Non-network mental health benefits are also available. Refer to the SBCs for details.*

Virtual Mental Health Visits

Our District health plans allow you to receive behavioral and mental health virtual care for those times you'd like to seek counseling from the comfort of your home.

Kaiser Permanente:
Log in to www.kp.org or call 800-464-4000.

Blue Shield:
Log on to www.blueshieldca.com/teladoc or call 800-835-2362.

Free Mental Health and Wellness Apps

Headspace Care App: Available to Both Kaiser and Blue Shield Members

Headspace Care (formerly Ginger) is on-demand, personalized mental health support for all of life's challenges. This program provides behavioral health coaching with therapists, and psychiatrists working as a team, available 7 days a week. It also includes 200+ activities with quick tips and guided audio to practice life skills.

To download the Headspace Care app:

- Blue Shield Members: https://wellvolution.com/mentalhealth
- Kaiser Members: https://kp.org/selfcareapps.

Calm App: Available to All District Employees

Calm is a daily use application that uses meditation and mindfulness to help lower stress, reduce anxiety and improve sleep quality. Calm is available to all District employees and up to four (4) additional people through the District Wellness Committee. .

To redeem your free Calm app subscription, go to https://www.calm.com/b2b/laguna-beach-unified-school-district/subscribe.

Headspace App: Available to Blue Shield Members Only

Headspace is a meditation and sleep tool that teaches members how to meditate, relieve stress, and improve sleep. It consists of a library of 500+ guided meditations on sleep, grief, anxiety, compassion, and more. Additional features include sleep sounds, wind-down exercises, tension-releasing workouts, yoga, and music playlists. Headspace is available to Blue Shield Members and dependents (ages 18 and up).

To download the Headspace app, go to https://wellvolution.com/mentalhealth.

Kaiser Permanente HMO Members

Healthy Lifestyle Health Assessment and Programs

You have access to a Health Assessment and array of free programs designed to support you in cultivating good health, fitness and well being. To learn more and/or join any of them, go to kp.org/healthylifestyles.

Healthy Lifestyle Programs for Chronic Conditions

These programs are designed to support people living with chronic conditions or health issues. Go to kp.org/healthylifestyles to join them.

- Care for Diabetes: Receive support in managing diabetes to help you lead a healthier, more satisfying life.
- Care for Your Health: Support to help you with medications and treatments, and deal with daily challenges
- Care for Pain: A personalized pain management plan can help you enjoy life to the fullest while dealing effectively with your chronic pain.

Wellness Coaching

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
- Eat healthier

Mental Health and Emotional Wellness Apps

As a Kaiser member, you have two mental health and emotional wellness apps available to you free of charge: Headspace Care (formerly Ginger) and Calm. Please see page 12 for more details. You can also learn more and register by going to kp.org/selfcareapps and following the prompts to register for each app.

One Pass Select Affinity Fitness Program

As a Kaiser member, you have access to the One Pass Select Affinity Fitness Program. Plans start at just $10 a month, and there are no contracts so cancellation is easy. There are 19,000 gym locations and boutique studios to choose from with unlimited access to all locations within each selected tier.

Along with fitness center memberships, One Pass Select Affinity offers 23,000+ on-demand and livestreamed fitness classes through web, app, and TV, plus an AI workout builder tool. Digital challenges and communities, activity and progress tracking, and digital coaching are available.

To find out more, go to www.kp.org and search **Gym Memberships**. To get started, go to www.youronepass.com and click **Get Started** to register.

Kaiser Permanente HMO Members

Kaiser Maternity Support Benefits

Kaiser is pleased to offer coverage for doula care before, during and after pregnancy, including in instances of pregnancy loss or abortion, at no additional cost.

A doula is a trained, nonmedical professional that provides companionship, physical assistance, emotional support, information during pregnancy, birth, and postpartum recovery. By heling you understand your available care options, creating a calm, supportive environment, and offering consistent care through pregnancy, doulas have been shown to greatly enhance pregnancy, labor and postpartum experiences.

Doulas can offer various types of support, including:

- **Preparation**—Providing information on birth options and procedures, so you can make informed choices about your care
- **Birth preferences**—Helping you develop a plan to share with your care team that expresses your wishes and goals for your birth experience, including pain management and newborn feeding
- **Labor coaching**—Offering nonmedical techniques to help you relax, cope with pain, and progress through labor

Coverage includes:

- 11 visits per pregnancy in any combination of prenatal and postpartum visits, for up to 12 months after pregnancy
- Support during labor and birth
- Support for pregnancies that end in stillbirth, miscarriage, or abortion

How to Find and Choose a Doula

To find a doula, visit kp.org/doulacare

Before choosing a doula, make sure they work near your home and the hospital where you plan to deliver. They should also be available on your estimated due date.

Blue Shield HMO & PPO Members

Limeade One | Wellness Program

CSEBA is excited to elevate your personal wellness with physical, emotional, financial and work well-being resources with Limeade One. The program combines useful tools, educational content, and social support to help you bring your best, at work and at home! To register, follow the steps below.

Step 1	**Access the platform** • To access the platform from a desktop computer, go to **cseba.limeade.com** • To access the platform from your phone, go to the App Store or Google Play and download the **Limeade One app**! • **Find Employer Code: CSEBA**
Step 2	**Sign Up or Find your account** • To sign up: – Click **"sign up"** at the bottom where it states, **"Don't have an account?"** – To find your account: – Enter your "Last Name" – Enter your "Date of Birth" – Enter your "Last 4 Digits of SSN" If you have any trouble finding your account, please contact **support@limeade.com** or call **855-667-2550**.
Step 3	**Register** Enter the email address and password you would like associated with your account.
Step 4	**Take the assessment** Begin by taking the Health Assessment! Personalize your experience by completing the health assessment. The platform activities and content will be specialized to you.
Step 5	**Sync device** • **On your app** – Click on your initials in the top left corner. Then click the settings logo on the top right and go to "edit device settings". • **On your desktop** – Click your initials in the top left corner. Then click on "Apps and Devices". Be sure to get your points for syncing your device in the "Recommended by CSEBA" Activities!

Accessing Limeade One

Visit cseba.limeade.com or download the app for free from the App Store or Google Play.

Blue Shield HMO & PPO Members

Blue Shield Concierge

All CSEBA members have access to the Shield Concierge, a team of registered nurses, health coaches, social workers, pharmacy technicians, pharmacists, and customer service representatives.

The Shield Concierge can help you with:

- Locating a new doctor or specialist
- Coordinating your care for an existing health condition or if you are about to undergo surgery
- Transferring your prescriptions or medical records
- Helping you understand your plan benefits
- Getting answers to your drug and medication questions
- Answering questions about your doctor's instructions

Hours: Monday - Friday 7:00am to 7:00pm Pacific Time, 855-747-5800.

EPIC Hearing Aid Benefit

All CSEBA members can save on hearing aids through EPIC:

- Choose from 2,000+ hearing aid models and styles from the industry's top brands
- Get virtual care with hearing aids delivered directly to your door or in-person care at 7,000+ hearing providers nationwide
- Experience innovative technology including Relate™, EPIC's private-labeled hearing aid brand

To learn more visit EPICHearing.com or call 866-956-5400, TTY 711

One-On-One Virtual Consultations for Questions Regarding Blue Shield Medical Plans

CSEBA, in partnership with Blue Shield, offers you the opportunity to speak directly with Blue Shield regarding your medical coverage. You can ask questions such as:

- Which plan is right for you?
- Access to providers or specialists?
- How do I continue any care in progress if I change plans?
- What happens to my prescriptions if I change plans?

To learn more, scan or click the QR code to the right.

Tips On Using Your Medical Benefits

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 (in-network only for the PPO plan). Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and most importantly… potentially save your life! Take advantage of these no cost benefits now to hopefully avoid major illnesses and costs in the future.

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/Telemedicine:** These are the best choices for non-urgent medical issues.
- **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 Room:** 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 Drugs When Available

The best way to save on prescriptions is to use generic 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.

NEW! Pharmacy: Member Pays the Difference (MPD) for Blue Shield only

If a provider selects a brand-name drug when a generic equivalent is available, the member will pay the difference between brand and generic drug, plus the copay of the brand drug. This will result in some members paying more when a brand is selected instead of the generic. If the member switches to the generic drug, they will not pay the additional difference in cost between the brand and generic drug. Members still have the flexibility to choose to continue using a brand drug if desired; however, they will pay the difference if a generic is available. If the member or prescriber feels the brand drug is medically necessary, they may request an exception to allow the member to continue taking the brand drug without maying the difference in cost. Members with questions or who run into concerns as they process prescriptions are encourage to schedule an appointment with our Blue Shield representatives using the QR on the previous page.

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

If you take medications on a long term basis, the mail order prescription drug benefit can save you money. For the cost of two copays, Kaiser members can receive a 100-day supply of medications, and Blue Shield members can receive a 90-day supply of medications.

Delta Dental PPO and Buy-Up Dental Plans

The Delta Dental PPO and Buy-Up plans offer covered members and dependents a choice of providers. Your out-of-pocket costs for services can vary significantly depending on the dental provider you choose to receive services from:

- Network providers include Delta Dental PPO contracted providers, Delta Dental Premier contracted providers, as well as non-contracted providers.
- Members using Delta Dental Premier providers or non-contracted providers will incur additional out-of-pocket costs, including a $100 per person/per calendar year deductible and higher coinsurance costs.
- Members using non-contracted providers may also be required to pay the full cost of their treatment up front to the provider and submit claim documentation to Delta Dental for reimbursement.

The chart below shows how using different providers can impact your out-of-pocket costs for dental care. As you can see, you save the most when you access care from Delta Dental PPO providers.

	Save the Most on Dental Claims	Save Some on Dental Claims	No Savings on Dental Claims
	Delta Dental PPO Provider	Delta Dental Premier* Provider	Non-Delta Dental Provider*
Dentists' Charge for a Denture	For this example, all dentists charge **$1,800** for a denture		
Plan Allowance for Denture	$1,200	$1,400	$1,350
Percentage Paid By Plan	70%	50%	50%
Plan Payment	$840	$720	$675
Your Payment for Denture After Plan Pays	**$360** ($1,200—$840 = $360)	**$720** ($1,440—$720 = $720)	**$1,125** ($1,800—$675 = $1,125)

* *Premier and Non-Delta Dental dentists are out of network on LBUSD's PPO plans. Members using Premier or Non-Delta Dental dentists will incur a $100 per person/per calendar year deductible and may be responsible for a larger portion of the claim cost. Amounts listed in the above example are for illustration purposes only.*

To Find an In-Network PPO or Premier Dental Provider

Visit www.deltadentalins.com or call 800-499-3001.

See the next page for highlights on the District's dental plans.

Delta Dental PPO and Buy-Up Dental Plans, Continued

Delta Dental pays 70% of the approved costs for covered diagnostic, preventative, and basic dental services during the first year of coverage. You are responsible for the other 30%. Your coverage percentage increases by 10% each year provided you visit the dentist at least once a year.

- **First year of coverage**: Plan pays 70% and you pay 30%
- **Second year of coverage**: Plan pays 80% and you pay 20%
- **Third year of coverage:** Plan pays 90% and you pay 10%
- **Fourth year of coverage:** Plan pays 100%; there is no charge to you for covered services

If you do not see a dentist during the given year, then your coverage percentage remains the same as the prior year.

Benefit Plan	Delta Dental PPO Plan 1		Delta Dental PPO Plan 2 (BUY-UP)	
Plan Basics	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Annual Deductible	$0	$100	$0	$100
Annual Benefit Maximum	$2,000	$1,500	$2,000	$1,500
Preventive and Diagnostic				
Exams, X-rays, (4) Cleanings	70% – 100%	70% – 100%	70% – 100%	70% – 100%
Basic Services				
Basic Restorative, Extractions, Oral Surgery	70% – 100%	70% – 100%	70% – 100%	70% – 100%
Major Services				
Inlays, Onlays, Crowns & Prosthetics	70% – 100%	70% – 100%	70% – 100%	70% – 100%
Implants				
Implants	70%	50%	70%	50%
Orthodontic				
Lifetime Maximum	Not covered		50% up to $2,000 Adults & Dependent children	

VSP | PPO Vision Plan

The VSP vision plan provides professional vision care and high quality lenses and frames through the VSP network of optical specialists. You will receive higher benefits if you utilize a network provider. If you utilize an out-of-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 VSP.

Benefit Plan	VSP	
Eye Exams	**In-Network** **You Pay:**	**Out-of-Network** **Reimbursed:**
Ophthalmologic Exam	$10	Reimbursed up to $45
Optometric Exam	$10	Reimbursed up to $45
Eyeglasses		
Frames	Up to $150, 20% off balance (additional $20 allowance for choosing a featured frame brand)	Up to $70
Lenses		
Single	$0	Reimbursed up to $30
Bifocal	$0	Reimbursed up to $50
Trifocal	$0	Reimbursed up to $65
Polycarbonate (child up to age 18)	100%	Not covered
Polycarbonate (Adults)	$31—$35	Not covered
Standard Progressive	100%	Reimbursed up to $50
Premium Progressive (Tier 1-4)	$95—$175	Reimbursed up to $50
Contact Lenses—In Lieu of Frames & Lenses		
Contact lens fit & follow up	Member copay not to exceed $40	Not covered
Elective	up to $150*	Reimbursed up to $105
Medically Necessary	100%	Reimbursed up to $210
Frequency		
Eye Exam	Once every 12 months	
Frames	Once every 12 months	
Lenses	Once every 12 months	
Contact Lenses	Once every 12 months	

* Plan allows member to receive either contacts and frame (lenses for frames would be out of pocket), or frame and lens services

To Find an In-Network Vision Provider

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

American Fidelity | Flexible Spending Accounts

You can set aside money in Flexible Spending Accounts (FSAs) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. You choose the amount(s) to be deducted, and the funds are set aside to be used for eligible expenses throughout the year. Expenses must be incurred during the plan year (October 1 through September 30) to be reimbursed, or during the 70 day grace period (October 1 through December 9). Employees have until December 31 to submit reimbursement requests for the previous plan year.

You choose how you would like to pay for your eligible FSA expenses. You may use a debit card provided by American Fidelity, or pay in full and file a claim for reimbursement. Reimbursement options include direct deposit to your bank account or you may have a check sent to your home. Please remember that if you are using your debit card, you must save your receipts, just in case American Fidelity needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

A new enrollment is required each year, even if employees do not plan to change the amount(s) deducted. The open enrollment for the Flexible Spending Accounts (FSA) is held each year during Open Enrollment.

Video – Flexible Spending Accounts

Watch this quick video to better understand how the Flexible Spending Accounts work: https://info.baldwin.com/fsa/.

Health Care Spending Account

You can use this account to pay for expenses not covered under your Medical, Dental, and Vision plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. You may defer up to **$3,300** pre-tax per year. Your entire health care spending account election is available to you on October 1, the beginning of the plan 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. You may defer up to $5,000 pre-tax per year (or $2,500 if you are married but file taxes separately). Your dependent care assistance election is made available to you once you have accrued the money in your account.

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 plan year have been reimbursed. Your contributions will be in effect for the entire plan year. Employees cannot stop or change Health Care FSA contributions during the plan year, and changes to the Dependent Care FSA are only allowed if employees have a qualified status change, such as marriage, divorce, or birth or adoption of a child.

Unum Basic Life and AD&D Insurance

Life insurance protects your family or other beneficiaries in the event of your death. For eligible employees (Classified Staff working 17.5 hours or more per week and all Certificated Staff with a 60% or more contract), the District provides you with a coverage amount of $20,000. If your death is due to a covered accident or injury, your beneficiary will receive an additional $20,000 through Accidental Death and Dismemberment (AD&D) coverage. A partial benefit will be paid to you in the event of a severe covered injury.

Your basic life and AD&D coverage includes an Employee Assistance Program (EAP) and Work/Life Balance services. Please see the next page for details.

Unum Voluntary Life and AD&D Insurance

In addition to the District-provided Basic Life and AD&D benefits, you may elect to purchase additional Term Life and AD&D insurance at discounted group rates provided through Unum. You pay for this coverage with after-tax dollars through convenient payroll deductions. You may purchase coverage for yourself and your eligible dependents as follows:

- **Employee:** You may purchase coverage for yourself in increments of $10,000 up to a maximum benefit of $500,000, not to exceed 5 times your annual salary.
- **Spouse:** If you buy coverage for yourself, you may also purchase coverage for your eligible spouse. Benefits for your spouse are available in increments of $5,000 up to a maximum benefit of $500,000 and may not exceed 100% of your employee election.
- **Child(ren):** If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren) in the following amounts:
  - Birth to 6 months: $1,000
  - Age: 6 months to 26 years: Increments of $2,000 to a maximum of $10,000

Rates are shown on the following page.

Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you during your initial eligibility period (upon hire). Guarantee issue is available in the following amounts:

- **Employee:** $100,000
- **Spouse:** $25,000
- **Child(ren):** Entire benefit amount

If you are no longer in your initial eligibility period, you may enroll in Voluntary Life and AD&D insurance anytime during the year as long as you provide proof of good health. To provide proof of good health, you will be asked to complete a health questionnaire and are subject to insurance carrier approval. Unum may approve or decline coverage based on a review of your health history.

Monthly Rates for Employee/Spouse Per $1,000 of Life Coverage	
Age	**Employee/Spouse**
15 – 24	$0.080
25 – 29	$0.090
30 – 34	$0.110
35 – 39	$0.120
40 – 44	$0.170
45 – 49	$0.250
50 – 54	$0.360
55 – 59	$0.500
60 – 64	$0.690
65 – 69	$1.300
70 – 74	$2.090
75+	$5.060

Monthly Rates for Child(ren) Per $1,000 of Life Coverage	
Age	**Child/Children (All)**
Birth – Age 26	$0.430

Unum Employee Assistance Program (EAP) & Work/Life Balance Resources

Your EAP is designed to help you lead a happier and more productive life at home and work. Call for confidential access to a Licensed Professional Counselor who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety, relationship issues, divorce
- Job stress, work conflicts, family and parenting problems & more

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/ Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child and elder care
- Legal, identity theft, financial services, debit management, credit report issues
- Even reducing your medical / dental bills!
- Online/phone support: unlimited, confidential, 24/7
- In-person: You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

To access these resources, call 800-854-1446 or visit www.unum.com/lifebalance.

ENHANCED! Health Advocate | Employee Advocacy & Assistance

The District is pleased to provide employees and their families with an **"ENHANCED"** confidential Employee Assistance Program (EAP) through Health Advocate. This program is available 24/7/365 and provides significant support in a wide variety of areas. To access your EAP benefits, call 877-650-9027. You can also visit healthadvocate.com/members. There is no cost to you for this benefit.

Employee Advocacy

Navigating the healthcare system can be a challenging task. Health Advocate provides unlimited access to dedicated Personal Health Advocates—health partners who can get to the bottom of a wide variety of healthcare and insurance-related issues.

Not sure who to call or which benefit to use?
Call Health Advocate!

Diagnosed with a medical issue?
Count on Health Advocate to answer questions, research and explore treatment options, and coordinate services relating to your care.

Need to find a doctor or hospital?
Health Advocate has a Perfect Match Provider Locator. They can match you with the right quality providers, and even make an appointment at a time that works for your schedule!

Considering a second opinion?
Health Advocate will research and identify top experts and Centers of Excellence, arrange for the transfer of your medical records and test results, and arrange face-to-face appointments.

Medical bills, claims or benefit questions?
Get help with complex claims! Health Advocate will review your medical bills to uncover possible errors or duplicate charges, and help resolve complicated claims and billing issues.

Support for the whole family!
Health Advocate is available to you, your spouse or domestic partner, dependents, parents, and parents-in-law.

Their years of experience make it easy. You need to make only one call or send an e-mail and your Personal Health Advocate will:

- Act quickly and effectively on your behalf.
- Protect your privacy and keep information strictly confidential.
- Find the best answers.
- Make any necessary follow-up arrangements.

continued

ENHANCED! Health Advocate | Employee Advocacy & Assistance, *Continued*

Medical Bill Saver

You have unlimited access to the Health Advocate Medical Bill Saver service for help lowering the balance on non-covered medical and dental bills.

Employee Assistance

This coverage is provided by the District at no cost to you. You and your eligible family members can receive free, confidential assistance to help with with creating balance in your life.

- 24/7 phone consultations with licensed mental health professionals and referrals to supportive resources
- Up to five face-to-face counseling sessions per issue per rolling calendar year for you and your household members. (You can also access your five counseling sessions through virtual therapy—details are below.)
- Online programs to offer something different than traditional counseling
- Access to quick and confidential help from legal and financial experts

The EAP can help with issues such as:

- Stress, Anxiety or Depression
- Relationship Issues
- Grief and Loss
- Legal Assistance
- Financial Services and Referrals
- Childcare Resources and Referrals
- Senior Care
- Pet Care
- Identity Theft
- And More!

New! Access Your EAP Visits through Virtual Therapy

Health Advocate has partnered with Tava Health to provide expanded access to virtual therapy through their network of licensed professional therapists. You can conveniently review and choose mental health providers from a national network through Health Advocate's website or app. You can self-schedule appointments and your information will be kept confidential.

Here's how to get started:

1. Log on to HealthAdvocate.com/members or download the app and log on there
2. Select **EAP: Life & Work**
3. Scroll to **Get the help you need virtually** and select **Learn more**
4. Complete your virtual assessment through Tava
5. Indicate your therapist preferences, and schedule an appointment*

∗ *Tava Health asks that you provide a credit card to be kept on record in case of cancellation.*

Accessing the EAP

Call 877-650-9027 or visit www.healthadvocate.com/members

ENHANCED! Health Advocate | Employee Advocacy & Assistance, *Continued*

How the Employee Assistance Program Can Help You and Your Family

Personal Health Advocates

Navigating the healthcare system is no easy task. Health Advocate provides unlimited access to dedicated Personal Health Advocates—partners in health who can get to the bottom of a wide variety of healthcare and insurance related issues such as:

- Perfect Match Provider Locator
- Resolution of Complex Claims + Benefit Issues
- Special focus on Second Opinions
- Support for Medical Issues or Difficult

Support and Counseling

The EAP provides confidential support in balancing a wide array of challenges in areas such as:

- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- Family and parenting problems
- Anger, grief and loss
- Addiction, eating disorders, mental illness
- And more

You can choose telephone, face-to-face or online video counseling.

Legal Services

Legal services are provided by attorneys and includes a free telephone consultation. Depending on your issue, you may be eligible to receive a 25% discount off the attorney's regular fees. You can receive help with issues such as:

- Personal/family law
- Elder law
- Real estate
- Identity theft

Financial Services

Financial services are provided by seasoned professionals and includes a free telephone consultation on topics such as:

- Debt management
- Budgeting
- Credit report issues

Child Care Referrals

- Childcare centers
- Babysitter tips
- Family-run child care homes
- Community resources
- Nanny agencies
- Pre-schools

Elder Care Referrals

- Assisted living
- Nursing homes
- Independent living
- Adult day care services
- Geriatric care managers
- Adults with disabilities

Online Resources

You have 24/7 access to a wide array of online resources and monthly webinars

And More!

Go to www.healthadvocate.com/members and explore the many benefits available to you and your family.

American Fidelity | Voluntary Benefits

The District provides you with the opportunity to customize your coverage by purchasing financial protection benefits through American Fidelity. Benefit options include the following plans. For more information about these and other plans, contact American Fidelity at 800-365-9180, Ext. 329.

Disability Income Insurance

This plan pays a monthly benefit amount based on a percentage of your gross income if you can't work due to a disability or illness. You can choose from several waiting periods (how long before disability benefits begin) and premiums are not required while you are disabled, based on the length of your disability.

Cancer Insurance

If you or a family member are diagnosed with cancer, this plan may help ease the impact on your finances. Benefit payments are made directly to you. You choose the coverage option that fits best for you. There are more than 25 plan benefits available for cancer treatment, including wellness and early detection. Radiation, chemo and hormone therapy are covered, as is treatment related transportation and lodging.

Accident Only Insurance

This plan provides coverage for you and family for any accident, on or off the job. It provides cash benefits for loss of income and increased out-of-pocket expenses (such as copays and deductibles) for doctor visits and hospitalization. The plan also includes an annual wellness benefit. There are over 30 plan benefits available and coverage may also extend to your family. You can apply with no medical questions asked.

Term Life Insurance

Term life insurance is an affordable way to leave your loved ones money when you die. They can use it to help pay for housing and other expenses, including your final arrangements. This plan also includes the Accidental Death & Dismemberment (AD&D) benefit. With this benefit, the policy pays more money if you die in a covered accident. If you survive a serious accident, it can pay you money for certain severe injuries, such as loss of vision, hearing and limbs.

Whole Life Insurance

Whole life insurance can pay money to your loved ones when you die, but it offers additional value as well. This plan features a "living" benefit. If you are diagnosed with a terminal illness with life expectancy of one year or less, you can request that some or all of the death benefit be paid to you while you are living.

With whole life insurance, your policy can build cash value over time. You can use this cash value later in life to buy a smaller, "paid-up" policy with no more premiums due.

Employee Contributions

The District's Insurance Committee has made every effort to keep costs down for employees and is pleased to be able to offer an outstanding benefits package to employees for 2025– 2026. Rates are paid on a 10-month cycle.

Tenthly Employee Contributions for 2025 – 2026

Benefit Plan	Full Time Employees	50% Share of Cost* *employees working 20-29 hours per week
Kaiser Permanente HMO		
Employee Only	$50.00	$492.00
Employee + Spouse	$140.00	$1,132.00
Employee + Child(ren)	$76.00	$837.00
Employee + Family	$184.00	$1,428.00
Blue Shield TRIO HMO (Narrow Network)		
Employee Only	$11.00	$407.00
Employee + Spouse	$32.00	$936.00
Employee + Child(ren)	$13.00	$692.00
Employee + Family	$45.00	$1,181.00
Blue Shield Access+ HMO (Full Network)		
Employee Only	$41.00	$463.00
Employee + Spouse	$121.00	$1,064.00
Employee + Child(ren)	$46.00	$787.00
Employee + Family	$175.00	$1,342.00
Blue Shield PPO		
Employee Only	$287.00	$671.00
Employee + Spouse	$902.00	$1,544.00
Employee + Child(ren)	$478.00	$1,141.00
Employee + Family	$942.00	$1,947.00
Delta Dental PPO Plan 1		
Employee Only	$0.00	$24.64
Employee + Spouse	$0.00	$49.29
Employee + Child(ren)	$0.00	$40.66
Employee + Family	$0.00	$72.70
Delta Dental PPO Plan 2 (Buy Up)		
Employee Only	$4.84	$27.55
Employee + Spouse	$9.66	$55.09
Employee + Child(ren)	$7.98	$45.45
Employee + Family	$14.27	$81.26
VSP Vision		
Employee Only	$0.00	$6.19
Employee + Spouse	$15.50	$21.69
Employee + Child(ren)	$9.31	$15.50
Employee + Family	$28.54	$34.73

ERISA and various other state and federal laws requires that employers provide disclosure and annual notices to their plan participants. The District has posted all federally required annual notices on its website for you to download and read at your convenience. Following is a brief description of the Annual Disclosure Notices:

- **Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Credible 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 your District'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.
- **Newborn and Mother's 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 the District open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or 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.

Notes

Notes

LAGUNA BEACH
UNIFIED SCHOOL DISTRICT

The Baldwin Group

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

Learn more at **www.baldwin.com**

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 benefits program, please contact the Human Resources Department.

Copyright © The Baldwin Group - all rights reserved