



# Employee Benefits Guide

2026 >>



# Welcome to Your Tustin Unified School District Employee Benefits!

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



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# Enrollment Information



## About Your Tustin Unified School District Benefits

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

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

### Who May Enroll

#### Eligible Employees:

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

#### Eligible Dependents:

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

### When You Can Enroll

Eligible employees may enroll at the following times:

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

### Making Changes to Enrollment

The benefit elections you make will be in effect from January 1, 2026 to December 31, 2026. The next open enrollment period will be November 2026, during which time you can make new benefit elections for the following January 1st effective date.

### Paying For Your Coverage

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

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



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



## Cigna Select HMO

With the Cigna Select Health Maintenance Organization (HMO) plan, you must choose a Primary Care Physician (PCP) or medical group within the **Select HMO Network** for all of your covered family members. All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization.

You will receive benefits only if you use the doctors, clinics, and hospitals that belong to the health system in which you are enrolled, except in the case of an emergency. [Click here](#) for more information on the **Select HMO network** or scan the QR code to the right.



Southern California Select network provider groups include:



## Cigna Value HMO

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

## Cigna Full HMO Plan

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

## Cigna Choice Fund HRA Medical Plan (PPO)

The Cigna Choice Fund Health Reimbursement Arrangement (HRA) combines a High Deductible Health Plan (HDHP) with a health reimbursement account (HRA). The District contributes funds to your account, which can only be used to reimburse expenses that have been applied toward your deductible. HRA funds are available from the first day of the plan year. Your preventive services are covered at 100% and do not reduce your HRA balance. The HRA applies to your deductible as a first dollar benefit and may reduce the amount of the deductible you will pay.



### Health Plan Videos

#### Medical Plan Terms

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

<https://info.baldwin.com/terms>.

# Health Plans



Plan Features	Cigna Select HMO	Cigna Value HMO	Cigna Full HMO
<b>Network</b>	<b>Select</b>	<b>Value</b>	<b>Full</b>
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Employer Annual HRA Contribution	N/A	N/A	N/A
Deductible (Annual) – Individual / Family	\$0 / \$0	\$0 / \$0	\$0 / \$0
Co-Insurance (Plan Pays)	100%	100%	100%
Primary Care Physician Specialty Care Physician	\$10 Copay \$25 Copay	\$10 Copay \$25 Copay	\$10 Copay \$25 Copay
Out of Pocket Maximum – Individual / Family	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000
Hospitalization – Inpatient	\$250 Copay /Admit	\$250 Copay /Admit	\$250 Copay /Admit
– Outpatient Surgery	\$100 Copay	\$100 Copay	\$100 Copay
Urgent Care Services	\$25 Copay	\$25 Copay	\$25 Copay
Emergency Services (Waived if Admitted)	\$150 Copay	\$150 Copay	\$150 Copay
Radiology	\$10 Copay	\$10 Copay	\$10 Copay
Chiropractic	\$15 Copay 20 Days	\$15 Copay 20 Days	\$15 Copay 20 Days
Physical, Occupational and Speech Therapy	\$10 Copay	\$10 Copay	\$10 Copay
Mental Health & Sub Abuse – Inpatient	\$250 Copay /Admit	\$250 Copay /Admit	\$250 Copay /Admit
– Outpatient	\$10 Copay	\$10 Copay	\$10 Copay
*Prescription Drugs - Copay			
– Generic	\$15 Copay	\$15 Copay	\$15 Copay
– Preferred Brand	\$30 Copay	\$30 Copay	\$30 Copay
– Non-Preferred Brand	\$45 Copay	\$45 Copay	\$45 Copay
– Specialty	\$45 Copay	\$45 Copay	\$45 Copay
– Mail Order (90 day supply)	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30 / \$60 / \$90

\* Cigna 90 Now CVS: Retail drugs for a 30-day supply may be obtained in-network at a wide range of pharmacies across the nation although prescriptions for a 90-day supply (such as maintenance drugs) will be available at select network pharmacies. Walgreens will be considered out-of-network for a 90-day supply.

\*Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or network home delivery pharmacy. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or network home delivery pharmacy to be covered by the plan.

# Health Plans



Plan Features	Cigna Choice Fund PPO (HRA)	
	In-Network	Non-Network
Lifetime Maximum	Unlimited	
Employer Annual HRA Contribution	\$750 / \$1,500	
Deductible (Annual) – Individual / Family	\$1,500 / \$3,000	\$4,500 / \$9,000
Co-Insurance (Plan Pays)	90%	70%
Physician Office Visit	\$10 Copay \$20 Copay ( Specialty)	Ded, 30%
Out of Pocket Maximum – Individual / Family	\$3,425 / \$6,850	\$10,275 / \$20,550
Hospitalization – Inpatient	Ded, 10%	Ded, 30%
– Outpatient Surgery	Ded, 10%	Ded, 30%
Urgent Care Services	\$20 Copay	Ded, 30%
Emergency Services (Waived if Admitted)	Ded, 10%	
Radiology	Ded, 10%	Ded, 30%
Chiropractic	\$10 Copay 30 Days	\$10 Copay 30 Days
Physical, Occupational and Speech Therapy	\$10 Copay	\$10 Copay
Mental Health & Sub Abuse – Inpatient	Ded, 10%	Ded, 30%
– Outpatient	\$10 Copay	Ded, 30%
*Prescription Drugs - Copay		
– Generic	\$5 Copay	N/A
– Preferred Brand	\$30 Copay	N/A
– Non-Preferred Brand	\$45 Copay	N/A
– Specialty	\$45 Copay	N/A
– Mail Order (90 day supply)	\$10 / \$60 / \$90	N/A

\* Cigna 90 Now CVS: Retail drugs for a 30-day supply may be obtained in-network at a wide range of pharmacies across the nation although prescriptions for a 90-day supply (such as maintenance drugs) will be available at select network pharmacies. Walgreens will be considered out-of-network for a 90-day supply.

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# Cigna Value Added Programs



Cigna provides value-added services that go beyond health coverage, making it easier for you to stay healthy, manage care, and find support for your physical, emotional, and financial well-being. With resources designed to simplify your healthcare journey, Cigna offers personalized support every step of the way.

## Cigna Value Added Resources and Programs

### Medical Value Adds



#### **Cigna One Guide Service**

[https://ws.onehub.com/secure\\_share/mormn6w5](https://ws.onehub.com/secure_share/mormn6w5)

**Cigna One Guide Service** gives you personalized, one-on-one support to make navigating your health benefits easier. A One Guide representative can answer questions about your coverage, help you find doctors and care facilities, explain costs before you receive care, and connect you with health and wellness programs. This service is designed to give you and your family confidence in your healthcare decisions, save time, and make the most of your Cigna health benefits.



#### **myCigna**

[https://ws.onehub.com/secure\\_share/2x97zsk7](https://ws.onehub.com/secure_share/2x97zsk7)

**myCigna** is your personalized online and mobile resource for managing your health and benefits. You can find in-network providers, check claims, compare costs, view ID cards, and access wellness tools — all in one convenient place, anytime you need it.



#### **Cigna Virtual Care**

[https://ws.onehub.com/secure\\_share/bxz8j2xu](https://ws.onehub.com/secure_share/bxz8j2xu)

**Cigna Virtual Care** lets you and your family can connect with licensed providers anytime, anywhere by phone or video through MDLive. You have access to primary care, urgent care, dermatology, and behavioral health services in English or Spanish. From managing chronic conditions and getting prescriptions, to treating minor illnesses, skin concerns, or talking with a therapist, virtual care makes it easier and more affordable to get the support you need—all from the comfort of home.



#### **Cigna Health Information Line**

[https://ws.onehub.com/secure\\_share/7bn7s9xf](https://ws.onehub.com/secure_share/7bn7s9xf)

The **Cigna Health Information Line** lets you speak directly with a registered nurse 24/7 to get trusted answers to your health questions. Whether you need help understanding symptoms, deciding where to seek care, or learning more about a condition or treatment, this service gives you and your family peace of mind and support anytime, day or night.



#### **Cigna Digital ID Cards**

[https://ws.onehub.com/secure\\_share/5zv17n6r](https://ws.onehub.com/secure_share/5zv17n6r)

With **Cigna digital ID cards**, you always have your health plan information at your fingertips. Access your card anytime through the myCigna® app or website to easily share details with your doctor, pharmacy, or hospital—no need to worry about carrying a physical card.



#### **Omada Health**

[https://ws.onehub.com/secure\\_share/xq6fq6s5](https://ws.onehub.com/secure_share/xq6fq6s5)

**Omada** is a **virtual care program** that pairs you with a team of experts and resources to help you achieve your health goals. Combining the power of human coaching, connected devices, and curricula designed to help you build healthy patterns for life .



## Cigna Value Added Resources and Programs

### Mental and Emotional Health Value Adds



#### **Cigna Total Behavioral Health**

[https://ws.onehub.com/secure\\_share/odrzawmi](https://ws.onehub.com/secure_share/odrzawmi)

**Cigna Total Behavioral Health** meets you where you are, offering convenient face-to-face, phone, and video appointments, plus up to three free visits with a licensed clinician. Get 24/7 real-time support from licensed clinicians, a dedicated navigator to guide you, and personalized therapist matching based on your needs and care preferences, with easy appointment scheduling.



#### **Headspace for Cigna Care**

[https://ws.onehub.com/secure\\_share/8aqwg6p8](https://ws.onehub.com/secure_share/8aqwg6p8)

**Headspace for Cigna Healthcare** is a digital wellness platform offering guided meditation, mindfulness, sleep support, and stress-reduction tools. Through Cigna, you also get **Ebb**, an empathetic AI companion providing self-reflection and personalized guidance. Together, they help you manage stress, sleep better, and build healthier habits—at no extra cost.

### Value Adds for Pregnant Women and New Moms



#### **Cigna Healthy Pregnancies, Healthy Babies Program**

[https://ws.onehub.com/secure\\_share/qoemxktx](https://ws.onehub.com/secure_share/qoemxktx)

The **Cigna Healthy Pregnancies, Healthy Babies Program** offers personalized support for expectant parents during pregnancy and after birth. With expert guidance, educational resources, and one-on-one nurse support, the program helps moms have a healthy pregnancy, prepare for delivery, and care for their baby—so they feel confident, informed, and supported every step of the way.



#### **Cigna Lactation and Breast Pump Resources**

[https://ws.onehub.com/secure\\_share/zkpxokfg](https://ws.onehub.com/secure_share/zkpxokfg)

Cigna Lactation and Breast Pump Resources provide support for new and expecting parents to help with breastfeeding and pumping. The program offers access to lactation consultants, guidance on breastfeeding techniques, and coverage for breast pumps, making it easier to care for your baby while supporting your health and well-being.

### Value Add Identity Theft Protection



#### **Identity Force through Cigna**

[https://ws.onehub.com/secure\\_share/qv9igtaw](https://ws.onehub.com/secure_share/qv9igtaw)

**Identity Force through Cigna** provides comprehensive protection for your personal information and financial accounts. It offers advanced monitoring, real-time alerts, and expert recovery services to detect and resolve identity theft quickly. With tools to safeguard your credit, monitor suspicious activity, and guide you if your identity is compromised, Identity Force helps you stay secure and confident in today's digital world.



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

- ### 1 Ask Questions

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.
- ### 2 Utilize Your Free Preventive Care Benefits to Stay Healthy

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

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

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

  - **Doctor's Office Visit:** This is the best choice for medical issues that don't require immediate care.
  - **Urgent Care:** This is the best choice for non-life threatening medical issues that require immediate care when you can't get an appointment for a Doctor's Office Visit.
  - **Emergency:** You should use the Emergency Room for life threatening emergencies, or for other issues that require immediate medical care outside Urgent Care hours.
- ### 4 Use Generic and Over-the-Counter Drugs When Available

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

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

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

To use **Cigna 90 log** in to the myCigna App or [myCigna.com](https://mycigna.com) .

To use **Express Scripts Pharmacy** Call (800) 835-3784.
- ### 6 Take Advantage of Virtual Visits

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

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

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



## Anthem DHMO Dental Plan

(For Cigna Full, Select, Value HMO Members)

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

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

## Anthem DHMO Plan Highlights

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

## Anthem PPO Dental Plan – “Buy-Up”

(For Cigna Full, Select, Value HMO Members)

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

## Anthem PPO Dental Plan

(For HRA/PPO Members)

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

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



## EyeMed Plan

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



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

# Employee Assistance Program (EAP)



## Resource Advisor

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

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

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

# Life and AD&D Insurance



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

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

# Long Term Disability (LTD) Insurance



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

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

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

# Flexible Spending Accounts (FSAs)



## Flexible Spending Accounts (FSAs)

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

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

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

### Health Care Spending Account (HCSA)

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

### Dependent Care Assistance Plan (DCAP)

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

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

# Resources / Carrier and District Contacts



Plan	Phone/Fax	Website/Email
Tustin Unified School District Wendy Dever, Personnel Specialist I Jordan Gelling, Personnel Specialist II Amanda Benitez, Director, Risk Manager Michele Bowden, Manager, Business Services	(714) 730-7301 ext. 51347 (714) 730-7301 ext. 51413 (714) 730-7301 ext. 51341 (714) 730-7301 ext. 51376	wdever@tustin.k12.ca.us jgelling@tustin.k12.ca.us abenitez@tustin.k12.ca.us mbowden@tustin.k12.ca.us
Cigna Medical Plans HMO Plans HRA PPO Plan Cigna 90 Pharmacy Express Scripts Pharmacy	(800) 244-6224    (800) 835-3784	    www.cigna.com  www.my.cigna.com
Anthem Dental Plans PPO Plans DHMO Plan	  (844) 729-1565 (800) 627-0004	   www.anthem.com/ca
EyeMed Vision Plan	(866) 939-3633	www.eyemed.com
The Standard (formerly known as Anthem) Life and Disability Plans Life/AD&D LTD	   (800) 628-8600	   www.standard.com
The Standard Employee Assistance Program (EAP) (formerly known as Anthem)	(888) 209-7840	www.carelonwellbeing.com
CPI Flexible Spending Accounts Health Care and Dependent Care FSAs	(866) 241-0237	www.mycpitem.com cpisupport@mycpitem.com
Unum Voluntary Benefits Group Voluntary Term Life Member Services Whole Life & STD Member Services	  (800) 421-0344 (800) 635-5597	   www.unum.com
Trustmark Voluntary Benefits Customer Care Team Claims Customer Service Accident Claim Services Critical Illness w/ Cancer Claim Services (new claim) Disability Claims Services (new claim) Life Claim Services (new claim)	  (800) 918-8877, Option 6 (877) 201-9373 Fax: (508) 471-3208 Fax: (508) 853-2757 Fax: (508) 853-2757 Fax: (508) 853-0310	www.trustmarksolutions.com/individual/file-claim   Riderclaims@trustmarkins.com vbs_disability@trustmarkins.com vbs_disability@trustmarkins.com lifeclaims@trustmarkins.com



# Employee Contributions



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

<b>Tenthly Employee Contribution</b>	
<b>Medical—Cigna: Select HMO</b>	
Employee Only	\$32
Employee + Spouse	\$220
Employee + Child(ren)	\$88
Employee + Family	\$262
<b>Medical—Cigna: Value HMO</b>	
Employee Only	\$34
Employee + Spouse	\$225
Employee + Child(ren)	\$92
Employee + Family	\$270
<b>Medical—Cigna: Full HMO</b>	
Employee Only	\$66
Employee + Spouse	\$605
Employee + Child(ren)	\$301
Employee + Family	\$691
<b>Medical—Cigna: HRA (PPO)</b>	
Employee Only	\$1,419
Employee + Spouse	\$3,629
Employee + Child(ren)	\$3,063
Employee + Family	\$4,606
<b>Dental—Anthem—HMO to PPO Buy Up Plan</b>	
Employee Only	\$37
Employee + Spouse	\$75
Employee + Child(ren)	\$84
Employee + Family	\$119



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



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

## Medicare Part D Notice of Creditable Coverage

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

## HIPAA Notice of Privacy Practices

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

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

The Women's Health and Cancer Rights Act (WHCRA) contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy. The U.S. Departments of Labor and Health and Human Services are in charge of this act of law which applies to group health plans if the plans or coverage provide medical and surgical benefits for a mastectomy.

## Newborns' and Mothers' Health Protection Act

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

## Special Enrollment Rights

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

## Medicaid & Children's Health Insurance Program

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

## Summary of Benefits and Coverage (SBC)

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





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Learn more at [www.baldwin.com](http://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.