



LUHSD RETIREMENT BENEFITS

**Refer to your CSEA/LEA contract for retirement qualifications.*

Please see pricing and information below if you choose to continue with Dental, Vision and or Life insurance benefits with LUHSD in retirement. The election form must be received back within 90 days from your end date or coverage will end.

****Medical Reimbursement for Retirees under the age of 60***

CSEA, Article 8 – Health & Welfare Benefits

LEA, Article 12 – Compensation

Your current Direct Deposit information on file will be used to setup your automatic medical reimbursement which will begin the month of your 60th birthday ending one month before your 65th birthday.

If your Direct Deposit account information changes, please update with payroll@luhsd.net

Benefit Pricing and Information

Delta Dental Monthly Premiums:

Single	\$48.21	\$52.55 includes Ortho
2 Party	\$87.32	\$95.18 includes Ortho
Family	\$125.56	\$136.86 includes Ortho

VSP Monthly Premium:

Single, 2 Party and Family \$10.58

Principal Life Monthly Premiums:

Up until age 70	\$1.90	*provides a \$10,000 death benefit
After age 70	\$1.43	*provides a \$7,500 death benefit

****If you are continuing the life insurance, please fill out the attached beneficiary form and return to the Payroll department***

Please note that we **do not** send monthly invoices for benefit payments. Payments are due on the 1st of every month of coverage. We accept cash, check or money orders. The easiest way to make sure it is paid in a timely manner is to **set up auto payments with your bank.**

You will be notified by mail, prior to your coverage being discontinued if payment is not received by the 10th of the month.

If you are moving, please email your new address and phone number to payroll@luhsd.net

Please make checks payable to LUHSD and mail payment to:

LUHSD – ATTN. PAYROLL
20 Oak St.
Brentwood, CA 94513