Turlock Unified School District

Finance & Accountability

Payroll & Benefit Information

Welcome to TUSD and congratulations on your new position! General information on payroll & benefits is listed below. For more detailed information please visit our Finance & Accountability page of the district website at http://www.turlock.k12.ca.us or call (350) 206-3900 Ext. 62936.



PAYDAY

Payday for regular/permanent employees is the District's last calendar working day of the month. Payday for overtime, extra hours, and substitutes is the 10th of the month but may vary from the 9th to the 11th if the 10th falls on a weekend.



HEALTH BENEFITS

All employees working four hours or more per day are eligible to enroll in TUSD's health benefit programs. New employees must sign up for health insurance within 60 days of their date of hire to participate. Participation in medical, dental, vision insurance program is voluntary.



TO ENROLL IN TUSD HEALTH BENEFITS COVERAGE:

Refer to the attached Benefit Selection Sheet to view available plans & rates. You may research details of these plans on the TUSD Health Benefits website (**http://www.turlock.k12.ca.us/healthbenefits**). Complete Enrollment Forms located on the website above and submit to the TUSD Health Benefits Department within 7 days of orientation, via email at tusdhealthbenefits@turlock.k12.ca.us, or in person at the District Office, Room 214.



IF YOU DO NOT WANT TO PARTICIPATE IN TUSD MEDICAL INSURANCE:

Complete the attached Declination of Insurance Form. Proof of alternate medical insurance is required to receive a cash in-lieu of a district contribution (see bottom of Benefit Selection Sheet). Submit Declination Form and copy of alternate insurance card to the TUSD Health Benefits Department within 7 days of orientation.



American Fidelity Appointments

All Employees are **required** to meet with a representative from American Fidelity to either elect or sign-off the Section-125 Plan. Please visit **https://enroll.americanfidelity.com/668B9348** to schedule your appointment with American Fidelity within your first 60 days of employment.

CALPERS BENEFIT SELECTION WORKSHEET

TURLOCK UNIFIED SCHOOL DISTRICT

CALPERS HEALTH & WELFARE MONTHLY RATES

Rates Effective January 1, 2026

Name:

DOB / ID#

Circle one: Classified Certificated

Hire Date:

Benefits Start:

Pay Schedule:

The District's health and welfare CalPERS plans for 2026 are listed below.

Please note: your actual rate may be slightly different based on your selected region of healthcare.

TUSD payroll department can make all changes to health plans for you by submitting the appropriate forms to the Finanace & Accountability Office. However, active members have the option to submit Open Enrollment changes online. This includes adding or removing dependents, changing health plans, new enrollment, and canceling coverage. If you choose to make your own changes via the CalPERS website, you are ***required*** *to notify TUSDhealthbenefits@turlock.k12.ca.us to assure we can update and correct payroll information in our system.*

CalPERS Medical Plans		Employee Only	Employee +1	Employee +Family	Monthly Cost of Selected Plan
United Healthcare Alliance		$1,291.09	$2,582.18	$3,356.84	
Blue Shield Trio		$1,167.51	$2,335.03	$3,035.54	
Blue Shield Access+		$1,302.99	$2,605.98	$3,387.78	
Kaiser		$1,169.80	$2,339.59	$3,041.47	
Anthem HMO Select		$1,337.36	$2,674.72	$3,477.13	
Anthem HMO Traditional		$1,613.37	$3,226.74	$4,194.76	
PERS Gold		$1,121.48	$2,242.95	$2,915.84	
PERS Platinum		$1,671.48	$3,342.95	$4,345.83	
Dental Plans					
Delta PPO Premier Incentive		$140.46	$140.46	$140.46	
United Healthcare		$25.77	$47.31	$71.07	
Delta Dental - PPO		$57.81	$104.17	$163.70	
DeltaCare DMO		$19.37	$31.97	$47.29	
Vision- VSP					
TTA/CSEA/TC-AFT		$14.46	$28.93	$36.45	
Non-Represented		$15.99	$31.98	$40.29	

Enrollment in District offered health & welfare plans is optional. Proof of alternate medical insurance is required annually to receive cash in-lieu of a district contribution.

DISTRICT'S CONTRIBUTION	MONTHLY	ANNUAL
Employee Only	$1,000.00	$12,000.00
Employee +1	$1,000.00	$12,000.00
Employee +Family	$1,000.00	$12,000.00
Benefit cap cash in-lieu is available for employees hired prior to 07/01/2016 if evidence of medical insurance is provided annually. (Annually: TTA - $5,906; CSEA - $3,843; TFCE - $3,467)		
Benefit cap cash in-lieu is available for employees hired on or after 07/01/2016 if evidence of medical insurance is provided annually ($3,000 annually).		

Summary	
Total:	
District Contribution:	
Employee Responsibility:	
Effective Date:	

2026 CALPERS HEALTH BENEFITS COMPARISON - CONDENSED

(prepared for TUSD purposes only and not all benefits listed)

In-Network Coverage

BENEFITS	CALPERS HMO						CALPERS PPO	
	Anthem Blue Cross		Blue Shield		Kaiser	United Healthcare	PERS	
	Select	Traditional	Trio	Access+			Gold	Platinum
Deductible								
Individual							$1,000	$500
Family							$2,000	$1,000
Maximum Calendar Coins Out of Pocket								
Individual	$1,500		$1,500		$1,500	$1,500	$3,000	$2,000
Family	$3,000		$3,000		$3,000	$3,000	$6,000	$4,000
Hospital								
Deductible (per admission)	N/A		N/A		N/A	N/A	N/A	$250
Inpatient	No Charge		No Charge		No Charge	No Charge	20%	10%
Outpatient Facility / Surgery Services	No Charge		No Charge		$15	$15	20%	10%
Physician Services								
Office Visits	$15		$15		$15	$15	$35	$20
Inpatient Visits	No Charge		No Charge		No Charge	No Charge	20%	10%
Outpatient Visits	$15		$15		$15	$15	$35	$20
Urgent Care Visits	$15		$15		$15	$15	$35	$35
Preventative Services	No Charge		No Charge		No Charge	No Charge	No Charge	
Surgery/Anesthesia	No Charge		No Charge		No Charge	No Charge	20%	10%
X-ray or Lab	No Charge		No Charge		No Charge	No Charge	20%	10%
Emergency Services								
ER Deductible	N/A		N/A		N/A	N/A	$50	
Emergency	$50		$50		$50	$50	20%	10%
Non-Emergency	$50		$50		$50	$50	20%	10%
Prescription Drugs								
Retail Pharmacy (not to exceed 30-day supply)	Generic: $5 Brand Formulary: $20 Non-Formulary: $50		Generic: $5 Brand Formulary: $20 Non-Formulary: $50		Generic: $5 Brand: $20	Generic: $5 Brand Formulary: $20 Non-Formulary: $50	Generic: $5 Brand Formulary: $20 Non-Formulary: $50	
Mail Order Pharmacy Program (not to exceed 90-day supply)	Generic: $10 Brand Formulary: $40 Non-Formulary: $100		Generic: $10 Brand Formulary: $40 Non-Formulary: $100		Generic: $10 Brand: $40 (31-100 day supply)	Generic: $10 Brand Formulary: $40 Non-Formulary: $100	Generic: $10 Brand Formulary: $40 Non-Formulary: $100	

CalPERS Monthly Premiums	Anthem Blue Cross		Blue Shield		Kaiser	United Healthcare	PERS	
	Select	Traditional	Trio	Access+			Gold	Platinum
Employee Only	$1,337.36	$1,613.37	$1,167.51	$1,302.99	$1,169.80	$1,291.09	$1,121.48	$1,671.48
Employee +1	$2,674.72	$3,226.74	$2,335.03	$2,605.98	$2,339.59	$2,582.18	$2,242.95	$3,342.95
Employee +Family	$3,477.13	$4,194.76	$3,035.54	$3,387.78	$3,041.47	$3,356.84	$2,915.84	$4,345.83

Turlock Unified School District

Finance & Accountability

EMPLOYEE HEALTH PLAN
DECLINATION OF COVERAGE FORM

COMPLETE ONLY IF YOU ARE **DECLINING THE MEDICAL COVERAGE** OFFERED BY TUSD FOR THE **2026** CALENDAR YEAR. THIS FORM DOES NOT CANCEL ANY CURRENT MEDICAL COVERAGE WITH TUSD.

EMPLOYEE NAME (PRINT): (FIRST) (INITIAL) (LAST)	LAST 4 DIGITS OF SSN:

I DECLINE TO ENROLL IN THE MEDICAL COVERAGE OFFERED FOR MYSELF AND MY ELIGIBLE DEPENDENTS. IN DECLINING SUCH COVERAGE, I UNDERSTAND THAT:

_____ I am declining coverage for myself and my eligible dependents.
Initial

_____ By declining coverage, I understand that I/we will not be eligible to enroll for such coverage under the plan(s)
Initial until the next open enrollment period, unless I meet the criteria stated below for a Special Enrollment exception.

_____ If one of the Special Enrollment exceptions below applies, I understand that my eligible dependents and/or I
Initial will be considered eligible to enroll during the plan year, subject to the timelines stated in the exceptions and I will not have to wait for the next open enrollment period to obtain coverage under the plan(s).

SPECIAL ENROLLMENT Special Enrollment is a period of time allowed under this Plan, other than the eligible person's Initial Enrollment Period or an Open Enrollment Period, during which an eligible person can request coverage as a result of certain events that create special enrollment rights. Special enrollment events include the involuntary loss of other group health plan coverage. Also, in the event of marriage, birth, adoption or placement for adoption, you may enroll yourself and your newly acquired spouse and/or children for coverage. Coverage will become effective the following month of when the application for such coverage is received by the District Office. The application must be received within thirty-one (31) days of the event.

You or your eligible dependents may also have special enrollment rights in this Plan as a result of the loss of eligibility for coverage or becoming eligible for a premium subsidy under Medicaid or a state sponsored Children's Health Insurance Program (CHIP). A request for enrollment must be submitted to the district office within sixty (60) days of loss of such coverage or the date of the Determination Letter advising of the eligibility for premium subsidy issued by either Medicaid or CHIP. You should consult with your local Medicaid or CHIP office regarding rights to the premium subsidy.

HIPAA PRIVACY Turlock Unified School District is fully compliant with the privacy provisions of the Health Insurance Portability and Accountability Act of 1996.

EMPLOYEE SIGNATURE: _____ **DATE:**_____

1574 E. Canal Drive, PO Box 819013 • Turlock, CA 95381-9013 Ph (350) 206-3900 Ext. 62936 Fax (209) 669-6457

TUSD

Finance & Accountability

Date: August 29, 2017

To: Turlock Unified School District Employees

Re: Affordable Care Act and Health Insurance Marketplace Information

The Patient Protection and Affordable Care Act ("ACA") was signed into law on March 23, 2010. The following mandates have been implemented:

- Dependent coverage up to age 26;
- Elimination of lifetime limits on essential health benefits;
- No cost sharing for Preventive Health Services;
- The cost of employer health plans reported as an information item on employee W-2 forms (2012 calendar year); and
- Summary of Benefits and Coverage (SBC) is available to employees to compare health plan offerings (see the link on our website).

The mandate requires employers to share information about the Health Insurance Marketplace with employees by October 1, 2013. You may find specific details about Covered California on the internet at: http://www.coveredca.com.

The individual Mandate, effective January 1, 2014, is another provision that may have an impact on you. Individuals must obtain minimum essential health coverage or be subject to a penalty.

For more information, see the information posted on the Finance & Accountability / Employee Health Benefits page of the district's website: http://www.turlock.k12.ca.us/healthbenefits

If you have questions, you may contact our staff at tusdhealthbenefits@turlock.k12.ca.us.

1574 E. Canal Drive • Turlock, CA 95380 • Phone (350) 206-3900 Ext. 62931 • Fax 209.669.6457

Turlock Unified School District

Finance and Accountability

January 31, 2023

To: All Employees

From: Marjorie Bettencourt, Assistant Superintendent of Finance and Accountability

EARNED INCOME TAX CREDIT (EITC) NOTIFICATION

Assembly Bill 650, Stats. 2007, Ch. 606, (Lieu and Jones) requires any employer, who is subject to and is required to provide unemployment insurance to employees, to notify all employees that they may be eligible for the federal EITC.

AB 1847 amends California's Revenue and Taxation Code by requiring employers that were previously required to notify employees of their eligibility for the federal EITC to also notify these employees that they may be eligible for the California EITC under the same conditions.

NOTICE TO EMPLOYEES

Based on your annual earnings, you may be eligible to receive the Earned Income Tax Credit from the Federal Government (Federal EITC). The Federal EITC is a refundable federal income tax credit for low-income working individuals and families. The Federal EITC has no effect on certain welfare benefits. In most cases, Federal EITC payments will not be used to determine eligibility for Medicaid, Supplemental Security Income, food stamps, low-income housing, or most Temporary Assistance For Needy Families payments. Even if you do not owe federal taxes, you must file a federal tax return to receive the Federal EITC. Be sure to fill out the Federal EITC form in the Federal Income Tax Return Booklet. For information regarding your eligibility to receive the Federal EITC, including information on how to obtain the Internal Revenue Service (IRS) Notice 797 or any other necessary forms and instructions, contact the IRS by calling 1-800-829-3676 or through its website at www.irs.gov.

You may also be eligible to receive the California Earned Income Tax Credit (California EITC) starting with the calendar year 2015 tax year. The California EITC is a refundable state income tax credit for low-income working individuals and families. The California EITC is treated in the same manner as the Federal EITC and generally will not be used to determine eligibility for welfare benefits under California law. To claim the California EITC, even if you do not owe California taxes, you must file a California income tax return and complete and attach the California EITC Form (FTB 3514). For information on the availability of the credit eligibility requirements and how to obtain the necessary California forms and get help filing, contact the Franchise Tax Board at 1-800-852-5711 or through its website at www.ftb.ca.gov.

For additional information, refer to the IRS EITC web page at https://www.irs.gov/credits-deductions/individuals/earned-income-tax-credit or the California EITC Web page at https://www.ftb.ca.gov/file/personal/credits/california-earned-income-tax-credit.html.

2026 Summary of Benefits and Coverage Notice

Choosing your health plan is an important decision. To assist you with this process, each health plan available through the California Public Employees' Retirement System has produced a Summary of Benefits and Coverage (SBC). In addition, the federal government has compiled a glossary of common health insurance terms. Together, these documents provide important information to help you better understand your health benefit coverage and more easily compare health plan options.

To view the SBCs and glossary online, visit **www.calpers.ca.gov** and select **View Health Plan Rates** to access the **Plans & Rates** page, or visit any of the health plan websites below. To request a free paper copy of the SBC and glossary, contact each health plan directly.

Anthem Blue Cross HMO
(855) 839-4524
www.anthem.com/ca/calpers

Blue Shield of California
(800) 334-5847
www.blueshieldca.com/calpers

California Association of Highway Patrolmen[1]
(800) 734-2247
www.thecahp.org

California Correctional Peace Officers Association[1]
(800) 257-6213
www.ccpoabtf.org

Health Net of California
(888) 926-4921
www.healthnet.com/calpers

Kaiser Permanente
(800) 464-4000
www.kp.org/calpers

Peace Officers Research Association of California[1]
(800) 288-6928
http://ibt.porac.org

PERS Gold & PERS Platinum
(855) 633-4436
www.includedhealth.com/calpers

Sharp Health Plan
(855) 995-5004
www.sharphealthplan.com/calpers

UnitedHealthcare
(877) 359-3714
www.uhc.com/calpers

Western Health Advantage
(888) 942-7377
www.westernhealth.com/calpers

[1] To enroll in these health plans, you must belong to the specific employee association and pay applicable dues.

Universal Availability Mandatory Notice

As an employee of Turlock Unified School District under the Stanislaus County Office of Education retirement umbrella, you are eligible to participate in the district's 403(b) and 457(b) voluntary retirement plans. Per **Universal Availability requirements mandated by IRS,** we are required to inform you of your eligibility to participate in these retirement plans.

Why participate?
While you may receive a pension from either STRS or PERS upon your retirement, your pension may not be 100% of the income you're making now. The difference between what you're making now and what you need during your retirement years, is called the income gap. These supplemental retirement plans can help you reduce or eliminate your retirement income gap.

STRS/PERS + Savings + Social Security (if applicable) – Expenses = Income Gap

How and When Can I Participate?
Unlike other employee benefits, the supplemental retirement plans are open for enrollment all year long. You can start, stop, or change your elective deferrals at any time throughout the year. Our Third-Party Plan Administrator, Tax Deferred Solutions (TDS), assists us in offering our employees an effective opportunity to participate by providing you with free educational resources and information regarding the district's benefits.

Frequently Asked Questions – All Questions are Welcome!
I'm not sure how my plan works.
What's the difference between 403b(b), 457(b) and Roth accounts?
How do I start contributions?
What are the 2024 contribution limits? Do I qualify for a catch-up contribution?
What investment providers are authorized under the district's plan?
I'm already participating, can I get an audit of my current 403(b) or 457(b) contributions?
Can someone assist me with my total financial well-being?

Get Started!
The best part of this opportunity to obtain information is that any questions you have can be handled over the phone when it's convenient for you! Request more information or, schedule a time to speak with a Benefits Counselor.

Additional Resources:
403(b) – www.403bcompare.com select from an approved provider list

457(b) – two options;
Nationwide –
Brenda DeVecchio, Retirement Specialist, Email: devecb1@nationwide.com Cell: 209-337-4574
Corebridge Financial (VALIC) –
Tommy Roy (209) 571-4460 Email: tommy.roy@corebridgefinancial.com
Chris Romero (209) 275-9810, Ruby Aguayo (209) 480-3367 or,
Kubilay Isbilen (310) 383-0805

TUSD

Human Resources

TO: All Employees (half-time or more) (Their spouses and dependents)
FROM: Joseph Silveira, Assistant Superintendent, Human Resources
SUBJECT: Your group health coverage continuation rights under COBRA

Purpose of this notice: You are enrolled, or soon may elect to be enrolled, in group health benefits maintained by Turlock Unified School District. Group health benefits include medical, dental, vision and health FSA. This coverage entitles you to rights under the Consolidated Omnibus Budget Reconciliation Act of 1985, a federal law known as COBRA, which guarantees your right to a temporary extension of health coverage that would otherwise be lost due to the occurrence of certain events. The purpose of this notice is to inform you of your rights and obligations under COBRA if you experience one of these events in the future.

This notice summarizes your health insurance continuation rights under COBRA. For more detailed information about your rights and obligations under the plan and under federal law, see your Summary Plan Description or contact the plan administrator. Each addressee, includes the parent or legal guardian of dependent children who are plan participants, must read this notice. "You" and "your" refer to each addressee of this notice. "We", "us", and "our" refer to Turlock Unified School District. The "Plan" refers to one or more health plans maintained by us that are subject to COBRA.

COBRA is the federal law that guarantees a temporary continuation of group health coverage when coverage would otherwise end due to a life event known as a qualifying event. This notice provides a general explanation of COBRA continuation coverage, when and to whom it may become available, and what you must do to protect your right to receive it. The topics covered include qualifying events, qualified beneficiaries and maximum coverage periods; premium payments; available coverage; protecting your rights; your COBRA election rights; extending COBRA coverage; California continuation coverage or CAL-COBRA, and adding dependents to COBRA coverage.

There may be other coverage options for you and your family. When key parts of the health care law take effect, you'll be able to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

COBRA qualifying events and maximum coverage periods. What is a qualifying event? A qualifying event is a certain type of event that causes an individual to lose eligibility for coverage under a COBRA-eligible plan. Loss of eligibility is required. To be COBRA-qualifying, the event must result in a loss of eligibility under the plan rules; the employee's voluntary termination of his or her coverage, or the coverage of a spouse or dependent child, is never a qualifying event. The events listed below do not always trigger a loss of eligibility. For example, some plans do not terminate coverage when a divorce or legal separation occurs, and plans rarely terminate coverage when active employees become entitled to Medicare. For more information about plan eligibility rules, refer to the summary plan description or contact the plan administrator.

Qualifying events for the covered employee:	**Max. Coverage**
Termination of employment for the reasons other than gross misconduct	18 months

Reduction in hours of employment	18 months
Qualifying events for the covered <u>spouse</u>:	**Max. Coverage**
Termination of the employee's employment for reasons other than gross misconduct	18 months
Reduction in the employee's hours of employment	18 months
Death of the employee	36 months
Divorce or legal separation from the employee	36 months
Employee becomes entitled to Medicare Benefits (Parts A or B)	36 months
Qualifying events for covered dependent children:	**Max. Coverage**
Termination of the employee's employment for reasons other than gross misconduct	18 months
Reduction in the employee's hours of employment	18 months
Death of the employee	36 months
Dependent turns 26 years of age	36 months
Ceases to be a dependent under the plan	36 months
Employee becomes entitled to Medicare Benefits (Parts A or B)	36 months

<u>Employees, spouses, and dependent children</u>. Covered employees, spouses, and dependent children are qualified to elect COBRA continuation coverage when a qualifying event occurs. Employees and family members who are qualified to elect COBRA are called qualified beneficiaries.

<u>Children covered under a qualified medical child support order.</u> A child of the covered employee who is enrolled in COBRA-eligible coverage due to a qualified medical child support order received by your employer during the covered employees employment has the same COBRA rights as an eligible dependent child of the covered employee.

<u>Can a domestic partner be a qualified beneficiary?</u> Under federal law, a domestic partner of an employee, whether of the same sex or opposite sex, cannot be a qualified beneficiary under COBRA and thus does not have the right to independently elect COBRA coverage. However, an employee who elects COBRA may add the domestic partner to his or her coverage without having to wait for the next open enrollment period, provided the domestic partner was actively enrolled under the employees group coverage on the day before the qualifying event.

<u>You may have additional continuation coverage rights under California law</u>. If you elect COBRA coverage after a qualified event, you may be eligible to extend coverage under the state law known as Cal-COBRA <u>after</u> your COBRA rates are exhausted. Under Cal-COBRA, you may be eligible for a maximum total coverage of 36 months (your COBRA coverage plus Cal-COBRA coverage = 36 months of continuation coverage.) You will be notified of your Cal-COBRA rights, if any, at the time you experience a COBRA qualifying event and also when your rights under COBRA are about to expire.

<u>Dropping coverage in anticipation of a qualifying event.</u> If an employee drops the coverage of a dependent spouse or child in anticipation of a qualifying event, such as divorce or legal separation, the dependent will be entitled to COBRA benefits from the date coverage would otherwise have been lost as a result of the qualifying event.

<u>Bankruptcy may be a qualifying event for retirees and their families.</u> If we file a proceeding in the bankruptcy under title 11 of the United States Code, and that bankruptcy results in the loss of coverage of any retired employee under the plan, the retired employee is a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also be qualified beneficiaries if the bankruptcy results in the loss of their coverage under the plan.

<u>Premium payments.</u> You are required to pay your premium for your coverage under COBRA. An administration fee may be added to the premium as allowed by law.

Available coverage. If you become qualified for continuation coverage under COBRA, we will offer coverage that is identical to the group coverage provided to you on the day before the qualifying event occurred. If coverage under the Plan is modified for similarly situated active employees, your COBRA coverage will be identically modified. Once enrolled in COBRA, all qualified beneficiaries will have the same options to change coverage, as do similarly situated active employees. The Turlock Unified School District's Group Benefits is subject to change at any time but currently offers COBRA-eligible coverage as follows: Medical, Dental, Vision, and Flexible Spending Accounts.

Maximum coverage for Health FSAs. The maximum continuation of enrollment in a health flexible spending arrangement (health FSA) under COBRA may be limited to the balance of the current health FSA plan year. Qualified beneficiaries who have overspent their health FSA account allocations for the plan year may not be permitted to continue health FSA coverage under COBRA.

Protecting Your Rights. In order to protect your rights to COBRA continuation coverage, you must notify the plan administrator when certain life events occur. Failure to provide timely notification of these events may result in the loss of COBRA rights for one or more qualified beneficiaries. Events requiring immediate notification include a change in address for any covered family member or Medicare entitlement of the employee (Part A or Part B). Events that require notification within 60 days include divorce or legal separation or a child loses dependent status under the Plan.

Your COBRA Election Rights. We will notify you of your COBRA election rights. When we receive timely notification that you have experienced a qualifying event, we will send you a notice called the "Notice of Right to Elect COBRA continuation coverage". This election notice will summarize your right and obligations with respect to the qualifying event and includes instructions for electing COBRA. Should you elect COBRA continuation coverage, your coverage will begin on the date that Plan coverage would have otherwise been lost.

Extending COBRA Coverage. When the qualifying event is termination of employment or reduction in hours, qualified beneficiaries may be entitled to extend the maximum continuation period. However, the maximum coverage period for 36-month qualifying events, such as divorce, may not be extended.

Extension due to Medicare entitlement. If the employee is entitled to Medicare Part A or Part B at the time he or she experiences an 18-month qualifying event, his qualified beneficiary spouse and dependent children may be entitled to an extension of the 18-month period to a maximum of 36 months. Be aware that this 36-month period is measured from the employee's Medicare entitlement date, not from the original 18-month COBRA start date.

SSA Disability and the 29-month maximum coverage period. If the Social Security Administration (SSA) determines that the qualified beneficiary is disabled or becomes disabled, the 18-month coverage period may be extended by 11 months to a maximum of 29 months from the date COBRA continuation coverage began. The 11-month extension applies to all qualified beneficiaries who initially elected COBRA and who are still enrolled in continuation coverage at the time of the event. All of the following conditions must be met in order to qualify for the disability extension.

- The Social Security Administration (SSA) must determine that the qualified beneficiary is disabled;
- The qualified beneficiary must have been disabled at the time COBRA coverage began or was determined by the SSA to be disabled during the first 60 days or COBRA coverage; and
- The Plan administrator must be notified of the SSA's determination of disability within the original 18-month coverage period, but no later than 60 days after the date of the determination.

The law requires the Plan administrator, (Turlock Unified School District) be notified within 30 days after the date of any final determination by the Social Security Administration that the qualified beneficiary is no longer disabled.

Second qualifying events that extend the coverage period to 36 months. When certain events occur, the maximum coverage period for the spouse and/or dependent child, who are qualified beneficiaries, may be extended from 18 or 29 months to a maximum of 36 months from the date COBRA coverage began. Events that may extend coverage to 36 months are:

- Divorce or legal separation from the employee;

- Death of the employee;
- A child loses dependent status under the plan (only the child is eligible for the extension).

In all of these cases, the Plan administrator must be notified of the second qualifying event within 60 days of its occurrence.

Medicare entitlement as a secondary qualifying event. Under rare circumstances, if an employee becomes entitled to Medicare Part A or Part B *after* he elects COBRA coverage, his qualified beneficiary spouse and/or dependent children will be entitled to an extension of the coverage period to a maximum of 36 months. In most cases, such an extension is not permitted.

Adding Dependents to COBRA Coverage. Depending on the plan eligibility rules, you may be permitted to add dependents to coverage after you have elected COBRA. In certain circumstances, a dependent added to coverage will be a qualified beneficiary, having independent election and continuation rights. In many cases, however, dependents added to coverage are not qualified beneficiaries; they do not have independent election rights, nor can they continue coverage independently of the person who added them

Declining Enrollment. If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this Plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent because of your marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, if you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Additional COBRA Coverage. You may have additional continuation coverage rights under California law. If you elect COBRA coverage after a qualifying event, you may be eligible to extend coverage under the state law known as Cal-COBRA after your COBRA rights are exhausted. Under Cal-COBRA, you may be eligible for a maximum total coverage period of 36 months (your COBRA coverage period plus Cal-COBRA coverage period = 36 months of continuation coverage.) You will be notified of your Cal-COBRA rights, if any, at the time you experience a COBRA qualifying event and also when your rights under COBRA are about to expire.

Women's Health & Cancer Rights Act (WHCRA). If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1988 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this Plan. Refer to your Plan for deductibles and coinsurance. If you would like more information on WHCRA, contact the District office at (350) 206-3900 ext. 62936 or email tusdhealthbenefits@turlock.k12.ca.us.

For more information about your rights. This notice does not fully describe continuation coverage or other rights under the Plan. More information is available in your Summary Plan Description or by contacting the plan administrator at tusdhealthbenefits@turlock.k12.ca.us. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws that affect group health plans, contact the US Department of Labor's Employee Benefits Security Administration (EBSA) office in your area, or visit the EBSA website at www.dol.gov/ebsa.