



**BARSTOW  
UNIFIED**  
SCHOOL DISTRICT

Your **Best Choice** for **Academic Success!**



**2026  
RETIREES**

# **Employee Benefits Guide**

# Welcome!

Barstow Unified School District is proud to offer comprehensive, high-quality benefits at a reasonable cost. We've designed our benefits to give you choices so you can pick the benefits that are best for you and your family.

BUSD benefits are broken into two major categories:

## Core Benefits

Plans and programs automatically available to you at reasonable cost

## Benefit Choices

Plans and programs you can elect to join or purchase



This package contains a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact Fiscal Services at 760-255-8155 / [benefits@busdk12.com](mailto:benefits@busdk12.com).

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# Online Enrollment

## BenefitFocus

<https://secure-enroll.com>

With the BenefitFocus Online Enrollment System, you and your family can access your benefits information starting July, 1 2026 from home or anywhere you have internet access. Use BenefitFocus to view plan details, coverage amounts, and costs.

### To View Your Benefits

For optimal performance, it is recommended that you use Chrome or Firefox as your internet browser.

- Log in to BenefitFocus and create an account (instructions on page 4)
- **Trouble Logging In?** please contact Fiscal Services at 760-255-8155 / [benefits@busdk12.com](mailto:benefits@busdk12.com).

Once you are logged into the website, follow the prompts on each page to complete your benefit enrollment. You will be asked to verify that your personal information is correct and enter in any of your dependent information.

Be sure to save BenefitFocus as a favorite in your web browser!



### Online Documents

With BenefitFocus, you'll find documents posted such as the Summary of Benefits and Coverage (SBC), annual notices, carrier benefit summaries, evidence of coverage booklets, claim forms, and much more. These documents include detailed information about the BUSD benefit plans and can help you plan for upcoming services. From work or home, 24 hours a day, 7 days a week, you and your eligible dependents may access BenefitFocus.

**See the next page for directions how to create a BenefitFocus account**

# Online Enrollment

## How to Create a BenefitFocus Account

1. Navigate to the login page <https://secure-enroll.com>
2. Click the **Create an Account** link to begin the account creation process.
3. Complete all the information on the Create Your Account page, then click **Next**.  
*All required text boxes are indicated by an asterisk.*
  - a. Enter your last name in the **Last Name** text box
  - b. Enter your date of birth in the **Date of Birth** text box using mm/dd/yyyy format, for example 07/11/1979. You may type the date or select using the date picker
  - c. Enter the last four digits of your SSN in the **Last four digits of the Social Security Number** text box
  - d. Complete the Security check by selecting the **I'm not a robot checkbox** and performing the requested task.
4. Enter the requested information on the Register Your Account page, then click Save. All required text boxes are indicated by an asterisk.
  - a. Create your **username**. Your username must be between 6 to 50 characters and may include special characters, but special characters are not required.
  - b. Create and confirm your **password**. Requirements are:
    - Must be 8 to 15 characters
    - Contains at least one number
    - Contains at least one uppercase letter
    - Contains at least one lowercase letter
    - Cannot contain more than 2 of the same character in a row
    - Cannot contain your Login ID or SSN
    - May include special characters, but it is not required
  - c. Create **Secret Questions and Answers**. You will be asked to provide multiple questions and answers. These may be used for account validation in the future if you forget your username or password or for multifactor authentication for your account
  - d. (Optional) Enter an **email address and/or mobile number**. These may be used for account validation in the event of a forgotten username or password or for multifactor authentication for your account.
5. (If applicable) Enter your **communication preferences**:
  - a. Select the communication preference for the insurance carrier to contact you regarding benefits, then click **Save**. *You can click **Skip** if you do not want to enter a communication method.*
  - b. Select the communication preferences for system messages, then click Save. You can click Skip if you do not want to enter a communication preference. System messages may include messages such as those created by your Benefits Administrator to notify you to complete information or enroll in Open Enrollment benefits.
6. Review the confirmation message informing you that your registration was successful.
7. Click **Next** and you will be logged into the system.



### Access BenefitFocus from Your Phone

Download the **Benefitplace app** from the App Store or Google Play Store and access BenefitFocus from anywhere.

**Company Code: BarstowUSD**

# Contributions

## Retiree: Medical, Dental and Vision

	These rates shown include medical, dental and vision					
	Delta Dental		Delta w/Ortho		Delta w/Ortho & Implants	
	Annual Premium	Monthly Premium	Annual Premium	Monthly Premium	Annual Premium	Monthly Premium
<b>Kaiser HMO 30</b>						
Single	\$ 11,832.48	\$ 986.04	\$ 11,872.32	\$ 989.36	\$ 11,844.00	\$ 987.00
Employee + Spouse	\$ 25,780.32	\$ 2,148.36	\$ 25,857.24	\$ 2,154.77	\$ 25,800.60	\$ 2,150.05
Employee + Child	\$ 23,540.88	\$ 1,961.74	\$ 23,617.80	\$ 1,968.15	\$ 23,561.16	\$ 1,963.43
Employee + Child/ren	\$ 24,209.04	\$ 2,017.42	\$ 24,338.16	\$ 2,028.18	\$ 24,246.12	\$ 2,020.51
Family	\$ 35,406.24	\$ 2,950.52	\$ 35,535.36	\$ 2,961.28	\$ 35,443.32	\$ 2,953.61
<b>Blue Shield PPO HSA/Plan 1</b>						
Single	\$ 12,359.52	\$ 1,029.96	\$ 12,399.36	\$ 1,033.28	\$ 12,371.04	\$ 1,030.92
Employee + Spouse	\$ 25,926.72	\$ 2,160.56	\$ 26,003.64	\$ 2,166.97	\$ 25,947.00	\$ 2,162.25
Employee + Child	\$ 22,362.72	\$ 1,863.56	\$ 22,439.64	\$ 1,869.97	\$ 22,383.00	\$ 1,865.25
Employee + Child/ren	\$ 23,030.88	\$ 1,919.24	\$ 23,160.00	\$ 1,930.00	\$ 23,067.96	\$ 1,922.33
Family	\$ 36,674.88	\$ 3,056.24	\$ 36,804.00	\$ 3,067.00	\$ 36,711.96	\$ 3,059.33
<b>Blue Shield Trio HMO 30/Plan 11</b>						
Single	\$ 9,491.52	\$ 790.96	\$ 9,531.36	\$ 794.28	\$ 9,503.04	\$ 791.92
Employee + Spouse	\$ 19,470.72	\$ 1,622.56	\$ 19,547.64	\$ 1,628.97	\$ 19,491.00	\$ 1,624.25
Employee + Child	\$ 18,102.72	\$ 1,508.56	\$ 18,179.64	\$ 1,514.97	\$ 18,123.00	\$ 1,510.25
Employee + Child/ren	\$ 18,770.88	\$ 1,564.24	\$ 18,900.00	\$ 1,575.00	\$ 18,807.96	\$ 1,567.33
Family	\$ 26,870.88	\$ 2,239.24	\$ 27,000.00	\$ 2,250.00	\$ 26,907.96	\$ 2,242.33
<b>Blue Shield Access+ HMO 20/Plan 3</b>						
Single	\$ 12,179.52	\$ 1,014.96	\$ 12,219.36	\$ 1,018.28	\$ 12,191.04	\$ 1,015.92
Employee + Spouse	\$ 24,990.72	\$ 2,082.56	\$ 25,067.64	\$ 2,088.97	\$ 25,011.00	\$ 2,084.25
Employee + Child	\$ 23,226.72	\$ 1,935.56	\$ 23,303.64	\$ 1,941.97	\$ 23,247.00	\$ 1,937.25
Employee + Child/ren	\$ 23,894.88	\$ 1,991.24	\$ 24,024.00	\$ 2,002.00	\$ 23,931.96	\$ 1,994.33
Family	\$ 34,430.88	\$ 2,869.24	\$ 34,560.00	\$ 2,880.00	\$ 34,467.96	\$ 2,872.33
<b>Blue Shield Access+ HMO 30/Plan 11</b>						
Single	\$ 10,643.52	\$ 886.96	\$ 10,683.36	\$ 890.28	\$ 10,655.04	\$ 887.92
Employee + Spouse	\$ 21,834.72	\$ 1,819.56	\$ 21,911.64	\$ 1,825.97	\$ 21,855.00	\$ 1,821.25
Employee + Child	\$ 20,310.72	\$ 1,692.56	\$ 20,387.64	\$ 1,698.97	\$ 20,331.00	\$ 1,694.25
Employee + Child/ren	\$ 20,978.88	\$ 1,748.24	\$ 21,108.00	\$ 1,759.00	\$ 21,015.96	\$ 1,751.33
Family	\$ 30,122.88	\$ 2,510.24	\$ 30,252.00	\$ 2,521.00	\$ 30,159.96	\$ 2,513.33
<b>Blue Shield Access + HMO 40/Plan 12</b>						
Single	\$ 6,443.52	\$ 536.96	\$ 6,483.36	\$ 540.28	\$ 6,455.04	\$ 537.92
Employee + Spouse	\$ 13,482.72	\$ 1,123.56	\$ 13,559.64	\$ 1,129.97	\$ 13,503.00	\$ 1,125.25
Employee + Child	\$ 11,694.72	\$ 974.56	\$ 11,771.64	\$ 980.97	\$ 11,715.00	\$ 976.25
Employee + Child/ren	\$ 12,362.88	\$ 1,030.24	\$ 12,492.00	\$ 1,041.00	\$ 12,399.96	\$ 1,033.33
Family	\$ 19,190.88	\$ 1,599.24	\$ 19,320.00	\$ 1,610.00	\$ 19,227.96	\$ 1,602.33

# Contributions

## Retiree: Medical Coverage Only

	Kaiser		Blue Shield PPO		Blue Shield Trio	
	Annual Premium	Monthly Premium	Annual Premium	Monthly Premium	Annual Premium	Monthly Premium
Single	\$ 11,340.96	\$ 945.08	\$ 11,868.00	\$ 989.00	\$ 9,000.00	\$ 750.00
Employee + Spouse	\$ 24,777.60	\$ 2,064.80	\$ 24,924.00	\$ 2,077.00	\$ 18,468.00	\$ 1,539.00
Employee + Child	\$ 22,538.16	\$ 1,878.18	\$ 21,360.00	\$ 1,780.00	\$ 17,100.00	\$ 1,425.00
Employee + Child/ren	\$ 22,538.16	\$ 1,878.18	\$ 21,360.00	\$ 1,780.00	\$ 17,100.00	\$ 1,425.00
Family	\$ 33,735.36	\$ 2,811.28	\$ 35,004.00	\$ 2,917.00	\$ 25,200.00	\$ 2,100.00

	Blue Shield Access+		Blue Shield Access+		Blue Shield Access +	
	Annual Premium	Monthly Premium	Annual Premium	Monthly Premium	Annual Premium	Monthly Premium
Single	\$ 11,688.00	\$ 974.00	\$ 10,152.00	\$ 846.00	\$ 5,952.00	\$ 496.00
Employee + Spouse	\$ 23,988.00	\$ 1,999.00	\$ 20,832.00	\$ 1,736.00	\$ 12,480.00	\$ 1,040.00
Employee + Child	\$ 22,224.00	\$ 1,852.00	\$ 19,308.00	\$ 1,609.00	\$ 10,692.00	\$ 891.00
Employee + Child/ren	\$ 22,224.00	\$ 1,852.00	\$ 19,308.00	\$ 1,609.00	\$ 10,692.00	\$ 891.00
Family	\$ 32,760.00	\$ 2,730.00	\$ 28,452.00	\$ 2,371.00	\$ 17,520.00	\$ 1,460.00

## Retiree: Dental and Vision Only

Dental	Delta Dental		Delta w/Ortho		Delta w/Ortho & Implants	
	Annual Premium	Monthly Premium	Annual Premium	Monthly Premium	Annual Premium	Monthly Premium
Single	\$ 429.36	\$ 35.78	\$ 469.20	\$ 39.10	\$ 440.88	\$ 36.74
Two Party	\$ 878.28	\$ 73.19	\$ 955.20	\$ 79.60	\$ 898.56	\$ 74.88
Family	\$ 1,458.24	\$ 121.52	\$ 1,587.36	\$ 132.28	\$ 1,495.32	\$ 124.61

Vision	VSP \$15	
	Annual Premium	Monthly Premium
Single	\$ 62.16	\$ 5.18
Two Party	\$ 124.44	\$ 10.37
Family	\$ 212.64	\$ 17.72

# Eligibility & Enrollment

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## Who may enroll

### BUSD Retirees

- Employed by Barstow Unified School District for at least 10 years.
- At least 55 years of age through age 64

### Dependents

- Your legally married spouse
- Your registered domestic partner (as defined by the state of California)
- Your children, stepchildren or children of your registered domestic partner to age 26, regardless of marital or student status
- Any children for whom you are required to provide coverage under a Qualified Medical Child Support Order
- Your unmarried children, step-children or children of your registered domestic partner of any age, if they are incapable of self-care due to a physical or mental disability
- Dependents must be under age 65 to be eligible to enroll in these plans.

### Required Information

At enrollment you are required to enter the Social Security Number for all covered dependents. Health Care Reform law requires the company to report this information to the IRS each year to show that you and your dependents have coverage and are not subject to a penalty. This information will be securely submitted to the IRS and will remain confidential.

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**Benefits Plan Year**  
**July 1 - June 30**

## When you may enroll

### As an Eligible Employee

- To retain your current benefits as an early retiree, you must notify the Fiscal Service Department upon retirement. The benefits administrator will prepare a billing agreement, and payments will be made directly to Barstow Unified School District.

# Understanding Your Medical Benefits

## Kaiser Permanente | HMO Plan

With the Kaiser Permanente Health Maintenance Organization (HMO) plan, you must obtain services at a Kaiser Permanente facility, except in the case of emergency. All of your care must be directed through your selected doctor, but you can choose and change your doctor at any time, for any reason. Kaiser Permanente integrates all elements of healthcare such as physicians, medical centers, pharmacy, and administration in one convenient facility. In addition, Kaiser Permanente offers online tools so you can email your doctor's office, make appointments, refill prescriptions, and more.

***If you choose to enroll in a Kaiser medical plan, you must live or work within Kaiser's designated service area. Eligibility is verified using the home or work ZIP code you provide during enrollment. The benefits administration system will automatically determine whether you meet the service area requirements based on the ZIP code entered.***

## Blue Shield | HMO Plans

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.

## Blue Shield | PPO HSA Plan

With the PPO HSA plan, you can pay for qualified healthcare expenses now and grow your savings for future healthcare needs. This plan combines a High Deductible Health Plan (HDHP) with a special, tax-qualified Health Savings Account (HSA). You can contribute tax-free money to your HSA up to IRS maximums. The money in your account is yours to pay for current healthcare expenses - or you can save toward future healthcare expenses. More details about the HSA medical plan are located on page 15.

### PPO HSA: Access to Care

The PPO HSA plan is a Preferred Provider Organization (PPO) plan and uses the Blue Shield PPO network. 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.



### Finding a Medical Provider

- **Kaiser Permanente HMO:** Call 800-464-4000 or visit [www.kp.org](http://www.kp.org)
- **Blue Shield HMOs: and PPOs:** Call 855-747-5800 or visit [www.blueshieldca.com/CSEBA](http://www.blueshieldca.com/CSEBA) and refer to the plan network (see the plan summaries on pages 19-20 for the network name for each plan)



### Educational Video

Health Insurance Terms  
<https://info.baldwin.com/terms/>

### Summary of Benefits and Coverage

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 BUSD. Please refer to the SBC and carrier contracts provided by BUSD's medical plans for additional plan details.

# Understanding Your Medical Benefits

## 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](https://www.epichearing.com) or call (866) 956-5400, TTY 711

## 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 or Virtual Visit:** These are the best choice for non-urgent medical issues.
- **Urgent Care:** This is the best choice for non-life threatening medical issues that require immediate, in-person 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, in-person 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.

### 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 of California members can receive a 90-day supply of medications.

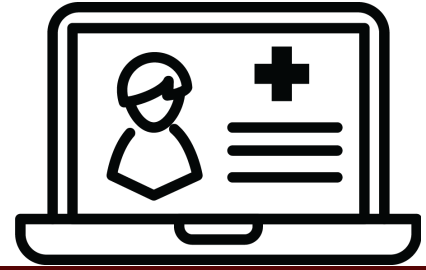
# Virtual Visits

## The care you need— when you need it

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

All BUSD medical plans give you access to virtual visits which allow you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy.

Good For	Not Good For
<ul style="list-style-type: none"> <li>• Colds, fever, and flu</li> <li>• Allergies</li> <li>• Sore throat</li> <li>• Headache</li> <li>• Stomach ache</li> <li>• Conjunctivitis</li> <li>• Bronchitis</li> <li>• Fever</li> <li>• Diarrhea</li> <li>• Skin issues</li> <li>• Acne</li> <li>• UTIs</li> <li>• Managing chronic illness</li> <li>• COVID 19 concerns</li> <li>• and more!</li> </ul>	<ul style="list-style-type: none"> <li>• Anything that requires a hands-on exam</li> <li>• Anything requiring a test</li> <li>• Cancer or other complex conditions</li> <li>• Chronic conditions</li> <li>• Sprains, broken bones, or injuries requiring bandaging</li> </ul>



### How to Access Virtual Visits

#### Blue Shield | Teladoc

Signing up is quick, easy, and free to do. Be sure to enter your insurance information since Teladoc is a covered benefit under our Blue Shield plans.

Call (800) 835-2362

Online: [www.blueshieldca.com/teladoc](http://www.blueshieldca.com/teladoc)

Download the Blue Shield App

#### Kaiser Permanente

Phone and video doctor visits are available by appointment

Call 24/7 at (833) 574-2273

Online: [www.kp.org](http://www.kp.org)

Download the Kaiser App

[Kp.org/getcare](http://Kp.org/getcare) for additional information

#### Here's How it Works:

Connecting to a US board certified doctor with your computer, phone, or mobile device is easy!



Sign up online to use day, night, weekends, and holidays



Click on your selected doctor to review your health issues



The doctor will review your health history, answer questions, assess your condition and even prescribe medications if needed

# Vision Plan

## Vision Service Plan (VSP) | Vision Plan

BUSD provides vision coverage through VSP. You can see a VSP in-network provider or an out-of-network provider; however, your costs will be lower if you visit an in-network provider. If you visit an in-network provider you will be responsible for a copayment at the time of your service. If you receive services from an out-of-network doctor, you will pay all costs at the time of service and submit a claim for reimbursement.

Vision Benefits	Vision Service Plan (VSP) PPO 12/12/12	
	VSP	Non-Network
Copay - Examination	\$15 Copay	N/A
Examination (Every 12 Months)	No Charge after Copay	Up to \$45 Reimbursement
Lenses (Every 12 Months) - Single Vision - Bifocal - Trifocal	No Charge after Copay No Charge after Copay No Charge after Copay	Up to \$30 Reimbursement Up to \$50 Reimbursement Up to \$65 Reimbursement
Frames (Every 12 Months)	\$125 Benefit	Up to \$70 Reimbursement
Contact Lenses (Every 12 Months) - Cosmetic / Elective	(in lieu of frames and lenses)	
	\$125 Benefit	Up to \$105 Reimbursement



### Finding a Vision Provider

Go to [www.vsp.com](http://www.vsp.com). Refer to the VSP Signature network.



### Additional Discounts Available

- **LASIK Benefit:** Average 15% off of the regular price or 5% off the promotional price, discounts only available from contracted facilities
- **Continued Eyewear Savings:** Extra \$20 to spend on features frame brands, go to [vsp.com/offers](http://vsp.com/offers) for details. 20% savings on additional glasses and sunglasses, including lens enhancements from any VSP provider within 12 months of your last WellVision exam

# Dental Plan Choices

## Delta Dental | PPO Plans

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network. When you utilize a network dentist, your out-of-pocket expenses will be less, however, you will usually pay the lowest amount for services when you visit a PPO dentist. If you obtain services using a non-network dentist, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims. The chart below provides a high-level overview of your dental plan.

Dental Benefits	DPPO No Ortho		DPPO With Ortho		DPPO With Ortho & Implants	
	Delta Dental PPO	Non-Network	Delta Dental PPO	Non-Network	Delta Dental PPO	Non-Network
Calendar Year Maximum Benefit	\$2,500		\$2,500		\$2,000	\$2,000
Annual Deductible - Individual - Family	None		None		None	
Preventive Services	100%	50%*	100%	50%*	100%	100% R&C
Basic Services	100%	50%*	100%	50%*	90%	80%
Major Services	100%	50%*	100%	50%*	60%	50%
Orthodontia - Child - Adult	Not covered		50% / \$1,500 Lifetime Benefit Maximum 50% / \$1,500 Lifetime Benefit Maximum		50% / \$1,500 Lifetime Benefit Maximum 50% / \$1,500 Lifetime Benefit Maximum	
Implants	Not covered		Not covered		80% / 50%	

\*Dentists who are out-of-network have not agreed to pricing, and may bill you for the difference between what Delta Dental pays them and what the dentist usually charges.

### Note:

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.



### Finding a Dental Provider

Go to [www.deltadental.com](http://www.deltadental.com).

- Refer to the PPO network

# Medical Plan Highlights

	<b>Kaiser 30 HMO*</b>	<b>Plan 3 Blue Shield Access+ 20 HMO</b>	<b>Plan 11 Blue Shield Access+ 30 HMO</b>
	<b>Kaiser Permanente</b>	<b>Access+ HMO Network</b>	<b>Access+ HMO Network</b>
<b>Plan Differences</b>			
Network Size	★★	★★★	★★★
Access to Providers	Managed by Your PCP	Managed by Your PCP	Managed by Your PCP
Calendar Year 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
Coinsurance (Plan Pays)	100%	100%	100%
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
<b>Health Benefits</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
Office Visit Copay	No Charge	No Charge	No Charge
- Preventive Care	\$30 Copay	\$20 Copay	\$30 Copay
- Primary Care Physician	\$30 Copay	\$20 Copay	\$30 Copay
- Specialist	\$30 Copay	\$20 Copay	\$30 Copay
- Urgent Care	No charge	\$5 Copay	\$5 Copay
- Virtual Visits			
Hospitalization	No Charge	No Charge	No Charge
- Inpatient	\$30 Copay	No Charge	No Charge
- Outpatient Surgery			
Lab and X-Ray	No Charge	No Charge	No Charge
- Diagnostic	\$30 Copay	No Charge	\$30 Copay
- Complex			
Emergency Services	\$100 Copay	\$50 Copay	\$100 Copay
Chiropractic	\$10 Copay	\$10 Copay	\$10 Copay
	Max 30 Visits/Year	30 Visits Combined	30 Visits Combined
Acupuncture	Not covered	\$10 Copay	\$10 Copay
		30 Visits Combined	30 Visits Combined

*\*If you choose to enroll in a Kaiser medical plan, you must live or work within Kaiser's designated service area. Eligibility is verified using the home or work ZIP code you provide during enrollment. The benefits administration system will automatically determine whether you meet the service area requirements based on the ZIP code entered.*

# Medical Plan Highlights

	Plan 11 Blue Shield Trio 30 HMO	Plan 12 Blue Shield Access+ MVP HMO \$5800 ded.	Plan 1 PPO HSA	
	Trio ACO HMO	Access+ HMO	Full PPO	Non-Network
Plan Differences				
Network Size	★★	★★★	★★★★	
Access to Providers	Managed by Your PCP	Managed by Your PCP	Managed by You	
Calendar Year Deductible				
- Individual	\$0	\$5,800	\$1,700	
- Family	\$0	\$11,600	\$3,400	
Out-of-Pocket Maximum				
- Individual	\$500	\$6,450	\$3,400 / \$6,800	
- Family	\$1,500	\$12,900	\$6,800 / \$13,600	
Coinsurance (Plan Pays)	100%	100%	90% / 70%	
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	
Health Benefits	You Pay	You Pay	You Pay	You Pay
Office Visit Copay				
- Preventive Care	No Charge	No Charge	No Charge	Deductible, 30%
- Primary Care Physician	\$30 Copay	\$40 Copay	Deductible, 10%	Deductible, 30%
- Specialist	\$30 Copay	\$40 Copay	Deductible, 10%	Deductible, 30%
- Urgent Care	\$30 Copay	\$40 Copay	Deductible, 10%	Deductible, 30%
- Virtual Visits	No Charge	\$5 Copay	Deductible, \$5 Copay	Not covered
Hospitalization				
- Inpatient	No Charge	Deductible, 40%	Deductible, 10%	Deductible, 30%
- Outpatient Surgery	No Charge	Deductible, 40%	Deductible, 10%	Deductible, 30%
Lab and X-Ray				
- Diagnostic	No Charge	No Charge	Deductible, 10%	Deductible, 30%
- Complex	\$30 Copay	No Charge	Deductible, 10%	Deductible, 30%
Emergency Services	\$100 Copay	\$250 Copay	Deductible, 10%	
Chiropractic	\$10 Copay	\$10 Copay	Deductible, 10%	Deductible, 30%
	30 Visits Combined	30 Visits Combined	Max 24 Visits/Year	
Acupuncture	\$10 Copay	\$10 Copay	Deductible, 10%	Deductible, 30%
	30 Visits Combined	30 Visits Combined	Max 12 Visits/Year	

# Prescription Drugs

All BUSD medical plans include prescription drug coverage for you and your covered dependents.

	<b>Kaiser 30 HMO</b>	<b>Plan 3 Blue Shield Access+ 20 HMO</b>	<b>Plan 11 Blue Shield Access+ 30 HMO</b>
	<b>Kaiser Permanente</b>	<b>Access+ HMO</b>	<b>Access+ HMO</b>
<b>Plan Differences</b>			
Deductible	\$0	\$0	\$0
<b>Retail Pharmacy</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
Generic	\$15	\$5	\$10
Brand Name Formulary	\$35	\$10	\$20
Brand Name Non-Formulary	n/a	\$25	\$35
Supply Limit	30-day supply	30-day supply	30-day supply
<b>Mail Order Pharmacy</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
Generic	\$30	\$10	\$20
Brand Name Formulary	\$70	\$20	\$40
Brand Name Non-Formulary	n/a	\$50	\$70
Supply Limit	100-day supply	90-day supply	90-day supply

	<b>Plan 11 Blue Shield Trio 30 HMO*</b>	<b>Plan 12 Blue Shield Access + 40 HMO \$5800 ded.</b>	<b>Plan 1 PPO HSA</b>	
	<b>Trio ACO HMO</b>	<b>Access+ HMO</b>	<b>Full PPO</b>	<b>Non-Network</b>
<b>Plan Differences</b>				
Deductible	\$0	\$250	Medical deductible applies	
<b>Retail Pharmacy</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>	
Generic	A/B \$0/\$10	\$15	Ded, \$10	Ded, \$10+25%
Brand Name Formulary	\$10/\$20	Ded, \$30	Ded, \$25	Ded, \$25+25%
Brand Name Non-Formulary	Not covered	Ded, \$45	Ded, \$40	Ded, \$40+25%
Supply Limit	30-day supply	30-day supply	30-day supply	
<b>Mail Order Pharmacy</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
Generic	\$20	\$30	Ded, \$20	Not covered
Brand Name Formulary	\$40	Ded, \$60	Ded, \$50	Not covered
Brand Name Non-Formulary	Not covered	Ded, \$90	Ded, \$80	Not covered
Supply Limit	90-day supply	90-day supply	90-day supply	

\* The Blue Shield Trio HMO features a value-based tier drug benefit for the following categories: Asthma, Diabetes, High Blood Pressure, and High Cholesterol. To learn more and to access the Blue Shield Plus Drug Formulary, visit [blueshieldca.com/pharmacy](https://blueshieldca.com/pharmacy).

# Mental Health Resources

## 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	Virtual Mental Health Visits
Kaiser 30 HMO	No charge	\$30 Copay	<p>Our BUSD 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.</p> <p><b>Kaiser Permanente:</b> Log in to <a href="http://www.kp.org">www.kp.org</a> or call 800-464-4000.</p> <p><b>Blue Shield:</b> Log on to <a href="http://www.blueshieldca.com/teladoc">www.blueshieldca.com/teladoc</a> or call 800-835-2362</p>
Plan 3 Blue Shield Access+ 20 HMO	No charge	\$20 Copay	
Plan 11 Blue Shield Access+ 30 HMO	No charge	\$30 Copay	
Plan 11 Blue Shield Trio 30 HMO	No charge	\$30 Copay	
Plan 12 Blue Shield Access + 40 HMO \$5800 ded.	Deductible, 40%	\$40 Copay	
Plan 1 PPO HSA	Deductible, 10%	Deductible, 10%	

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

## Free Mental Health and Wellness Apps

### Ginger App: Available to Both Kaiser and Blue Shield Members

**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 Ginger app:

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

### Calm and myStrength Apps: Available to Kaiser Members Only

**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 Kaiser members and dependents (ages 9 and up).

**MyStrength** offers personalized programs with interactive activities, daily health trackers to monitor progress and in-the-moment coping tools. myStrength is available to Kaiser & Blue Shield members and dependents (ages 13 and up).

To download the Calm and myStrength apps, go to <https://kp.org/selfcareapps>.

### 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>

# Mental Health Resources

## Health Advocate | Employee Assistance Program

This coverage is provided by BUSD at no cost to you. The Employee Assistance Program (EAP) provides you and your eligible family members with free, confidential assistance to help with problems that may interfere with work or family responsibilities.

### EAP Services

- 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
- 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!



### Accessing the EAP

Call (866) 799-2728 or visit [www.healthadvocate.com/cseba](http://www.healthadvocate.com/cseba)



### Educational Video

Mental Health FAQs

[https://flimp.live/Burnham\\_Benefits\\_HRVideoLibrary](https://flimp.live/Burnham_Benefits_HRVideoLibrary)

# Annual Notices

BUSD plans are partially arranged by BUSD and governed by its plan rules and documents. ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. BUSD distributes annual notices to new-hires, and each year during open enrollment. You may also request a copy by contacting the Human Resources Department.

The following are a list of Annual Notices:

- **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 without a penalty.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by BUSD's group health plan if the plan sponsor receives, uses or discloses protected health information from the 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):** This act contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** This act 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 BUSD'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.

# ACA

The Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Rhode Island, Vermont, or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay the penalty for the 2026 tax year – these states have an individual mandate requirement.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by BUSD 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.

If you choose to purchase coverage through the marketplace, because BUSD 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](http://www.healthcare.gov).

# Carrier Contacts

	Phone	Website/Email
<b>Online Enrollment</b>		
BenefitFocus	877-336-8082	<a href="https://secure-enroll.com/go">https://secure-enroll.com/go</a>
<b>CSEBA Kaiser Permanente</b>		
Member Services	800-464-4000	<a href="http://www.kp.org">www.kp.org</a>
<b>CSEBA Blue Shield</b>		
Member Services	855-747-5800	<a href="http://www.blueshieldca.com/cseba">www.blueshieldca.com/cseba</a>
CVS Caremark	866-346-7200	<a href="http://www.caremark.com">www.caremark.com</a>
Teladoc	800-835-2362	<a href="http://www.teladoc.com/bsc">www.teladoc.com/bsc</a>
Blue Shield Concierge	855-747-5800	<a href="http://www.blueshieldca.com/cseba">www.blueshieldca.com/cseba</a>
<b>Employee Support</b>		
Health Advocate	866-799-2731	<a href="http://www.healthadvocate.com/membersanswers@healthadvocate.com">www.healthadvocate.com/membersanswers@healthadvocate.com</a>
<b>Delta Dental</b>		
Member Services	888-335-8227	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
<b>VSP</b>		
Member Services	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Flexible Spending Accounts</b>		
VOYA— For the FSA, Dependent Care FSA, and HSA	833-232-4673	<a href="http://www.voya.com">www.voya.com</a>



Formerly Burnham Benefits

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

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.

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