



BENEFITS

ENROLLMENT GUIDE

JANUARY 1, 2026 – DECEMBER 31, 2026

Welcome Letter



Dear Lennox School District Employees,

Your health and well-being are very important to Lennox School District, and your benefits are an integral part of your overall compensation. We are pleased to offer our benefit-eligible employees a comprehensive array of quality benefits to protect your health, your family and your way of life. All of the benefit plans have been carefully selected so you can choose the options that fit your needs. Most of these valuable benefits are employer-paid, and provided to you at no cost.

A copy of this enrollment guide, along with enrollment forms, plan summaries and the fringe benefit sheet are available in Lennox's Gmail Team Drive account.

Please take a moment to review the enclosed information regarding your benefit options. If you have any questions regarding your benefits, please contact Ana Bernardino, Risk Manager, at 310-695-4003.

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Eligibility Guidelines

Our employee benefits program is available to all full-time employees who are working consistently 30 hours or more per week. You are eligible for benefits the 1st of the Month following date of full-time active employment.

If you would like to enroll in the benefit plans, you must complete your enrollment online through EASE within 30 days of your eligibility and agree to any contributions which may be required. If you do not complete your enrollment within the appropriate time period, you and your dependents will not be eligible for coverage again until open enrollment or qualifying life event(s).

Open Enrollment

This is the time of the year when you are free to make changes to your benefit selections such as adding/deleting dependents, switching from one plan to another, etc.

Eligible Dependents

If you should elect to enroll your dependents on the medical, dental or vision plans, you must agree to the contributions required for dependent coverage. For newly added dependents, you may be asked to provide proof verification of dependent status.

Eligible dependents include:

- Your legal spouse or qualified registered domestic partner
- Your dependent children
- Your spouse's or qualified domestic partner's dependent children
- Dependent children of any age who are incapable of self-sustaining employment because of mental or physical handicap, and who receive from you or your spouse all of their support and maintenance, and who were continuously enrolled on the current medical plan before the age of 26.

Age Limitations

Dependent children are eligible for coverage under your medical, dental or vision plans until the following age limitations:

- **MEDICAL: up to the age of 26**
- **DENTAL: up to the age of 26**
- **VISION: up to the age of 26**

Qualifying Life Events

If you experience a qualifying life event, you may be able to change your benefits before the next Open Enrollment. Qualifying Life events that would permit a mid-year change include, but are not limited to:

- Marriage
- Birth of a child
- Adoption
- Involuntary loss of coverage from a qualified group plan
- Divorce
- Legal separation
- Death of spouse or dependent child

Payroll Deductions

Employee Cost per Tenthly from January 1, 2026 – December 31, 2026.

CLASSIFIED/CERTIFICATED TENTHLY RATES

Kaiser Permanente	Employee Pays (Tenthly)	District Contribution Amount
PLUS Plan		
Employee Only	\$8.00	\$928.00
Employee + 1 Dependent	\$804.90	\$1,206.10
Employee + 2 or More Dependents	\$1,480.68	\$1,280.32
UnitedHealthcare	Employee Pays (Tenthly)	District Contribution Amount
BASE: Harmony HMO		
Employee Only	\$0.00	\$841.00
Employee + 1 Dependent	\$561.73	\$1,118.27
Employee + 2 or More Dependents	\$1,273.98	\$1,203.02
PLUS: Alliance HMO		
Employee Only	\$0.00	\$928.00
Employee + 1 Dependent	\$711.73	\$1,118.27
Employee + 2 or More Dependents	\$1,480.98	\$1,203.02
PLUS: Signature Journey Full HMO		
Employee Only	\$25.00	\$928.00
Employee + 1 Dependent	\$707.73	\$1,118.27
Employee + 2 or More Dependents	\$1,453.98	\$1,203.02
PPO		
Employee Only	\$677.39	\$1,052.61
Employee + 1 Dependent	\$2,207.06	\$1,252.94
Employee + 2 or More Dependents	\$3,709.03	\$1,389.97

Delta Dental Premier	Employee Pays (Tenthly)	District Contribution Amount
PPO Dental		
Employee Only	\$0.00	\$136.25
Employee + 1 Dependent	\$0.00	\$136.25
Employee + 2 or More Dependents	\$0.00	\$136.25

Vision Service Plan - VSP	Employee Pays (Tenthly)	District Contribution Amount
Vision - Base		
Employee Only	\$0.00	\$13.14
Employee + 1 Dependent	\$0.00	\$19.04
Employee + 2 or More Dependents	\$0.00	\$34.15
Vision – Buy-Up		
Employee Only	\$9.10	\$13.14
Employee + 1 Dependent	\$13.18	\$19.04
Employee + 2 or More Dependents	\$23.66	\$34.15

Enrollment Instructions

All enrollments for our medical, dental and vision benefits will be made through EASE, our online portal. Enrollment for AFLAC Worksite products, American Fidelity Worksite products and the Flexible Spending Account is done directly with the respective carrier. Refer to the contact information below.

Please note that enrollment is time sensitive, and you are given a window of time in which you need to complete your enrollment. Once that window closes, you will not be permitted to enroll until the next open enrollment period.

To Enroll in Medical, Dental and Vision Coverages:

You will receive an e-mail invitation from EASE to enroll. For new hires, you must complete your enrollment within 30 days from your date of hire. The portal will automatically close and lock after 30 days. For the annual open enrollment, you must complete your enrollment within the stated time period. You will not be permitted to make changes after the portal closes.

EASE Enrollment steps:

1. Click on the link in the EASE Welcome email. For optimal performance, it is recommended that you use Chrome or Firefox as your browser.
2. Click "Start Enrollment" to begin your enrollment.
3. Follow the prompts on each page to complete your benefit enrollment. Click "Continue" to proceed to the next section.
4. Verify your personal information is correct and enter in any of your dependent and beneficiary information.
5. Select your benefit by selecting "enrolled" or "waived" for each plan. Click "Continue" to proceed to the next benefit.
6. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device.
7. Before you review your forms, type your name to "Create your Signature" when prompted.
8. Review and sign your forms. Click the "Finish" button on the top right corner of the screen.
9. Print a copy of your enrollment summary and keep it in a safe place for future reference.

To Enroll in Voluntary Supplemental benefits:

AFLAC: Contact Lisa Coots, (909) 519-5681, lisa_coots@us.aflac.com to enroll.

American Fidelity: Contact Wendy Waring at 800-365-9180 ext. 326 or visit our custom landing page: <https://benefits.americanfidelity.com/lennox-school-district/>.

To Enroll in the Flexible Spending Account (FSA):

American Fidelity: Contact Wendy Waring at 800-365-9180 ext. 326 or visit our custom landing page: <https://benefits.americanfidelity.com/lennox-school-district/>.

Making the Most of Your Benefits Program

Helping you and your family members stay healthy and making sure you use your benefits program to its best advantage is our goal in offering this program. Here are a few things to keep in mind.

STAY WELL

Harder than it sounds, of course, but many health problems are avoidable. Take action—from eating well, to getting enough exercise and sleep. Taking care of yourself takes care of a lot of potential problems.

ASK QUESTIONS AND STAY INFORMED

Know and understand your options before you decide on a course of treatment. Informed patients get better care. Ask for a second opinion if you're at all concerned.

GET A PRIMARY CARE PROVIDER

Having a relationship with a PCP gives you a trusted person who knows your unique situation when you're having a health issue. Visit your PCP or clinic for nonemergency healthcare.

GOING TO THE DOCTOR

To get the most out of your doctor visit, being organized and having a plan helps. Bring the following with you:

- Your plan ID card
- A list of your current medications
- A list of what you want to talk about with your doctor

If you need a medication, you could save money by asking your doctor if there are generics or generic alternatives for your specific medication.

NUTRITION

Eating moderately and well really does help keep the doctor away. Stay away from fat-heavy, processed foods and instead focus on whole grains, vegetables, and lean meats to be the healthiest you can be.

USING THE EMERGENCY ROOM

Did you know most ER visits are unnecessary? Use them only in a true emergency—like any situation where life, limb, and vision are threatened. Otherwise, call your doctor, your nurse line, or go to an Urgent Care clinic. You'll save a lot of money and time.

BE MED WISE

Always follow your doctor's and pharmacist's instructions when taking medications. You can worsen your condition(s) by not taking your medication or by skipping doses. If your medication is making you feel worse, contact your doctor.

Medical Plans

Your Medical plans, which include Kaiser and United Healthcare, are offered through the **VEBA Trust**. The California Schools VEBA Trust delivers high quality, affordable and accessible healthcare options for education employees. The following VEBA plans are available for you to choose from: three UHC HMO plans, a UHC PPO plan, and a Kaiser Plus HMO plan, giving you several options that allow you to balance benefits and premiums so you can make the best choice for you and your family.

Kaiser Permanente | HMO Medical Plan

With the Kaiser Health Maintenance Organization (HMO) plan, all services must be obtained at a Kaiser facility to be covered. Kaiser integrates all elements of healthcare such as physicians, labs, and pharmacy, and administration in one convenient facility. In addition, Kaiser offers online tools so you can email your doctor's office, make appointments, refill prescriptions, and more.

Plan Features	Traditional HMO Plan \$30
	In-Network
Calendar Year Deductible Individual Family	None
Calendar Year Out-of-Pocket Individual Maximum Family Maximum	\$3,000 \$6,000
Physician Services Office Visit (Primary/Specialist) Routine Preventive Visit	\$30 Copay Covered at 100%
Hospital Services Inpatient Care Emergency Room Urgent Care	\$500 Admit \$150 Copay \$30 Copay
Outpatient Surgery Facility/Ambulatory Surgery Center	\$250 Copay per surgery
Prescriptions Deductible Tier 1 (primarily Generic) Tier 2 (primarily Brand) Tier 3 (primarily Non-Formulary) Mail Order	None \$15 Copay \$30 Copay \$30 Copay 2 copays for 100-day supply
Chiropractic/Acupuncture	\$30 Copay, Unlimited Visits (through Optum Health)
Infertility Treatment	50%

Medical Plans

United Healthcare | HMO Medical Plans

Your 3 UHC HMO plans include a Base plan (SignatureValue Harmony), a Plus plan (SignatureValue Alliance), and a Buy-Up plan (SignatureValue Full). Each HMO plan offers a different network of providers, medical groups and hospitals. The Harmony network is smaller, but includes top medical groups such as Greater Newport Physicians (Memorial), OptumCare, and Memorial Care. The Alliance network gives you even more provider choices, however the cost of care and payroll deductions are higher. The SV Full HMO gives you access to UHC's largest network of providers, and also includes an HRA fund to help pay for out-of-pocket costs.

With all 3 plans, you must select a PCP and go to them for all services. Any specialty care will need to be coordinated by your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, labs and hospitals that are contracted with the medical group in which you are enrolled, except in the case of an emergency. Each family member may select their own PCP. You may change your PCP at any time by calling Member Services as long as you are not in the middle of treatment. Requests submitted by the 15th of the month will become effective the first day of the following month.

Plan Features	BASE: Harmony HMO (Micro Network)	PLUS: Alliance HMO (Limited Network)	SignatureValue Journey Full HMO (Full Network)
	In-Network	In-Network	In-Network
Calendar Year Deductible Individual Family	None	None	\$2,000 \$4,000
Calendar Year Out-of-Pocket Individual Maximum Family Maximum	\$1,500 \$3,000	\$3,000 \$6,000	\$3,500 \$7,000
Physician Services Office Visit (Primary/Specialist) Routine Preventive Visit	\$20 / \$20 Copay Covered at 100%	\$20 / \$30 Copay Covered at 100%	\$25 / \$40 Copay Covered at 100%
Hospital Services Inpatient Care Emergency Room Urgent Care	\$250 Admit \$150 Copay \$20 Copay	\$500 Admit \$150 Copay \$20 Copay	20% After Deductible 20% After Deductible \$25 Copay
Outpatient Surgery Ambulatory Surgery Center	No Copay	\$250 Copay	20% After Deductible
Prescriptions Deductible	None	None	None
Tier 1 (primarily Generic)	\$10 Copay	\$10 Copay	\$10 Copay
Tier 2 (primarily Brand)	\$25 Copay	\$25 Copay	\$30 Copay
Tier 3 (primarily Non-Formulary)	50% (\$40 min / \$175 max)	50% (\$40 min / \$175 max)	50% (\$40 min / \$175 max)
Mail Order (90-day supply)	2 copays	2 copays	2 copays
Chiropractic/Acupuncture	\$20 Copay, Unlimited Visits (through Optum Health)	\$20 Copay, Unlimited Visits (through Optum Health)	\$30 Copay, Unlimited Visits (through Optum Health)
Infertility Treatment	Included in HMO plan	Included in HMO plan	Included in HMO plan

Medical Plans

UnitedHealthcare UMR | PPO Medical Plan

The PPO plan allows you to seek care from any physician. However, UnitedHealthcare contracts with a network of providers who have agreed to discount their fees for their services. You do not need to select a primary care physician. Treatment and services received by a contracted PPO provider will ensure a higher level of benefit and have a lower out-of-pocket cost to you. It is your responsibility to confirm a provider's status prior to services being rendered. This includes doctors, labs, outpatient facilities, hospitals, etc. Additionally, certain services will require pre-authorization prior to treatment.

Plan Features	UMR Select Plus PPO	
	In-Network	Out-Network
Calendar Year Deductible		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Calendar Year Out-of-Pocket		
Individual Maximum	\$5,000	\$7,500
Family Maximum	\$10,000	\$14,000
Physician Services		
Office Visit (Primary/Specialist)	\$30 Copay	50%*
Routine Preventive Visit	Covered at 100%	N/A
Hospital Services		
Inpatient Care	20%*	50%*
Emergency Room	\$100 Copay	20%*
Urgent Care	\$50 Copay	50%*
Outpatient Surgery		
Facility/Ambulatory Surgery Center	20%*	50%*
Prescriptions	None	
Deductible		
Out-of-Pocket Maximum		
Tier 1 (primarily Generic)	\$10 Copay	
Tier 2 (primarily Brand)	\$30 Copay	
Tier 3 (primarily Non-Formulary)	50% (\$40 min / \$175 max)	
Mail Order	2 copays for a 90-day supply	
Chiropractic/Acupuncture	\$30 Copay, 30 visits per year	50%*
Infertility Treatment	Covered through Kindbody	Not Covered

Benefits with an asterisk (*) require that the deductible be met before the plan begins to pay.

Pharmacy

Express Scripts Pharmacy



To learn more about your plan, visit express-scripts.com and select Plan Overview from the menu under Plan. First-time visitors, please take a moment to register using your member ID number.

Short-Term Drugs (up to a 30-day supply)

- Use Express Scripts Advantage Network (EAN) pharmacy (for lowest cost) or non-EAN pharmacy



Long-Term Drugs (up to a 90-day supply)

- Use Express Scripts Smart90 pharmacy or Express Scripts Home Delivery for lowest cost



Out-of-pocket maximum. Once you reach your out-of-pocket maximum, your plan pays 100% of prescription drug expenses for the remainder of the plan year.

For short-term prescriptions, such as antibiotics, use an EAN pharmacy (for lower copays) or a non-EAN pharmacy (where you pay \$5 extra for each short-term prescription). Your Express Scripts Advantage Network has more than 34,000 pharmacies consisting of approximately 50% independent pharmacies in addition to grocers and other stores.

For long-term medications, such as those used to treat high blood pressure or high cholesterol, use a Smart90 (Costco or RiteAid) pharmacy or home delivery from Express Scripts Pharmacy®. Important Note: You'll pay a higher cost for a long-term medication if you fill it at a retail pharmacy other than a Smart90 pharmacy after the third purchase. The medications affected by this plan limit may change.

Automatic refills: A convenient service to help you avoid running out of your long-term medications. Most prescriptions you order from Express Scripts Pharmacy can be enrolled in automatic refills. Then, when it's time to refill or renew your prescription, your order will automatically ship to you. We'll also notify you seven days before we begin processing your next refill. You have the option to change the next processing date or cancel the prescription from the service before processing begins.

Note: If your doctor requests a brand-name medication when a generic equivalent is available, you'll pay the generic copayment, plus the difference in cost between the brand and the generic. (This extra cost applies even if your doctor writes "Dispense as Written" ("DAW") on the prescription.)

To find a participating pharmacy near you, log in anytime at express-scripts.com and select Find a Pharmacy from the menu under Prescriptions. You can also get pharmacy information by calling Member Services at 800.918.8011.

Pharmacy



TAKE THINGS ONLINE

Create an account on express-scripts.com or the Express Scripts® mobile app.

1. Visit express-scripts.com and select Register OR download the Express Scripts mobile app for free from your phone's app store and select Register
2. Enter the requested information, including your member ID or Social Security number, and create your username and password
3. Click or tap Register Now

Once your account is created, you can:



Check your order status



Refill and renew prescriptions



Find your nearest preferred pharmacy



View and print member ID cards



Enroll eligible prescriptions in automatic refill



Set reminders to take your medication



Enroll in home delivery



TAKE A SHORTER TRIP TO GET YOUR MEDS

Enroll in home delivery to get your 90-day prescriptions shipped right to your door.

Requesting to get your medications delivered to your home from Express Scripts Pharmacy® is simple and convenient. First, log in to express-scripts.com (if you haven't already registered, make sure to have your member ID or SSN).

If you are enrolling a new prescription...



Contact your doctor and ask them to e-prescribe a 90-day prescription directly to Express Scripts



OR send a request by selecting "Forms" or "Forms & Cards" from the "Benefits" menu, print a mail order form and follow the mailing instructions



OR call us at the Member Services number on your card and we'll contact your doctor for you

If you are enrolling a current prescription...

Transfer retail prescriptions to home delivery by clicking "Add to Cart" for eligible prescriptions and check out. You can also **refill and renew** prescriptions. We'll contact your doctor and take care of the rest.

Check **Order Status** to track the shipping of your prescriptions. After we receive your prescription from your doctor, you will receive your medication within 7 days.¹



[Watch](#) to learn more about managing your prescription plan online.



[Watch](#) to learn just what's so great about home delivery.

Pharmacy

Some of the most common drugs are \$0 through home delivery or Smart90:

HIGH BLOOD PRESSURE/ HEART DISEASE:

- ▶ Lisinopril
- ▶ Losartan Potassium
- ▶ Amlodipine Besylate
- ▶ Hydrochlorothiazide
- ▶ Metoprolol Succinate
- ▶ Atenolol
- ▶ Lisinopril-Hydrochlorothiazide
- ▶ Losartan-Hydrochlorothiazide
- ▶ Metoprolol Tartrate

DIABETES:

- ▶ Metformin HCL
- ▶ Metformin HCL ER
- ▶ Glipizide
- ▶ Glimepiride
- ▶ Pioglitazone HCL
- ▶ Glipizide ER
- ▶ Glyburide
- ▶ Glyburide-Metformin HCL

*UHC HMO plans

Express Scripts \$0 Waived Prescription Copays

AVAILABLE TO MEMBERS ENROLLED WITH EXPRESS SCRIPTS*

Supporting members with hypertension & diabetes:

- **\$0 Copays** for generic hypertension & preferred oral diabetes meds
- **Convenient Access** via Smart90 retail or home delivery
- **Transition Flexibility:** Up to 3 fills at regular retail before Smart90
- **Affordable, Convenient, Quality Care**

Express Scripts SaveOnSP Program

Express Scripts partners with SaveonSP to save you money by waiving copays for over 150 covered specialty medications.

For specialty prescription medications, have your physician send a new prescription to Accredo – Express Scripts' exclusive specialty pharmacy. If needed, call Express Scripts at 800-918-8011 to speak to a SaveonSP representative who can assist your physician.

TO GET THE SAVINGS, YOU MUST ENROLL:

 Call **800-683-1074**

 To view a list of covered specialty drugs, visit www.saveonsp.com/veba

WHO IS ELIGIBLE?

- Members enrolled with the UnitedHealthcare HMO and UMR PPO VEBA plan-sponsored plans as their primary insurance.
- Members who use Medicare as their primary insurance are not eligible for this program.

IMPORTANT NOTES:

- Already enrolled in a pharmaceutical manufacturer program? Have your program-issued ID available when you call SaveonSP to enroll – this call takes about 10 minutes.
- If you don't enroll in SaveOnSP before submitting a specialty prescription to Accredo, a SaveonSP representative will call you before dispensing and assist you with enrollment if your medication is part of the program.
- Certain pharmaceutical manufacturers require annual enrollment. With SaveOnSP, you will only be contacted once a year to ensure you are properly enrolled in the program.

Pharmacy



EnGuide Pharmacy

The Express Scripts program now features EnGuide Pharmacy, a new home delivery pharmacy focused on only dispensing GLP-1 drugs.

This new pharmacy is staffed by clinicians with specialized knowledge in GLP-1s who can provide improved prescription care as well as enhanced guidance and education support to patients.

CalVEBA members receiving GLP-1 medications through Express Scripts via home delivery had their prescriptions automatically transition to EnGuide Pharmacy. *Impacted plans: UHC Alliance HMO & UMR PPO*

For more information, visit [EnguidePharmacy.com](https://www.EnguidePharmacy.com)

EnReachRx

NEW GLP-1 RETAIL PHARMACY PRESCRIPTION PROVIDER

The Express Scripts program now features EnReachRx, a high-touch patient support solution enabled by retail pharmacies for dispensing GLP-1 prescription medications.

Patients benefit from enhanced clinical support including dose optimization support, fraud detection, side effect management, and reliable GLP-1 access.

CalVEBA members receiving GLP-1 medications through Express Scripts had their prescriptions automatically transition to EnReachRx.

Walgreens and Costco currently participate in EnReachRx, offering enhanced clinical support for GLP-1 prescriptions. Other retail pharmacies will fill these prescriptions but without EnReachRx's clinical management and support.

Impacted plans: UHC Alliance HMO & UMR PPO



Health Reimbursement Arrangement (HRA)

A Gallagher HealthInvest HRA (health reimbursement arrangement) helps put you in control of your family's healthcare spending. It's a tax-free account that's easy to use, and a smart way to save up for future medical bills.



- Use your HRA money now or save it for later (carries over from year to year)
- Keep your HRA money even if you change jobs or medical plans
- Covers you, your spouse, and dependents
- Invest your HRA money using the available fund lineup
- Pay no income or FICA taxes on contributions or investment earnings (if any)
- Get your HRA money fast when you need it

How It Works

If you choose the new Journey Plan health insurance through California Schools VEBA, you'll get a Gallagher HealthInvest HRA contribution every February. The HRA contribution amount depends on your single, two-party, or family Journey Plan coverage election and the Network you select.

Using and managing your Gallagher HealthInvest HRA is easier than ever!

- Fast online and mobile claims
- Handy mobile app (HRAgo®)
- Free debit card
- Direct deposit
- Secure e-statement

When you're ready to file a claim, log in at healthinvesthra.com and click Claims, or use HRAgo® and do it "on the go." With HRAgo®, you can quickly take pics of supporting documentation and submit claims right from your mobile device. We'll process your claims in about five to seven business days.

Go Mobile!

Your HRA in the palm of your hand.
Upload on-the-go.



Search **HRAgo®** on the App Store or Google Play.

Common Medical Care Expenses

You can use your HRA money to reimburse what you pay out-of-pocket for health care. There are hundreds of qualified expenses. Here are several common examples:

- Copays
- Deductibles
- Prescriptions
- Emergency medical bills
- Dental and vision care
- Orthodontia
- Retiree insurance premiums
- Medicare premiums
- Power chairs
- Hearing aids

HRA/FSA ORDERING RULES

IRS ordering rules generally require individuals to use up their HRA before their health FSA, unless their HRA plan document specifies otherwise. The HealthInvest HRA Plan document requires participants to use up their health FSA first.

Virtual Care

Time to see and talk to a doctor from the comfort of your own home. Get details on how you can connect:

Kaiser HMO Members

For primary care, limited specialty care, and mental health services, connect with your care team from the safety and comfort of your home.

- **E-Visit** – Fill out a short questionnaire about your symptoms online and get personalized self-care advice from a Kaiser Permanente clinician.
- **Phone Appointment** – Schedule an appointment to talk with a Kaiser clinician over the phone – just like an in-person visit.
- **Email** – Message your doctor's office with non-urgent questions anytime through your kp.org account.
- **Video visit** – Meet face-to-face with a doctor by video for the same high-quality care as an in-person visit.

Ready to make an appointment?

Go online: Visit <https://healthy.kaiserpermanente.org/southern-california/get-care> or use the Kaiser Permanente app.

Or, Call 24/7: (833) 574-2273

UnitedHealthcare HMO Members

Visit with a doctor 24/7 — whenever, wherever via phone and video appointments with Optum, Teladoc, Doctor On Demand or Amwell. \$0 copay / No cost share for Harmony and Journey plans. All other plans, various cost share applies.

Tips for registering:

- 1) For Virtual Visits access or to find out more, download the Amwell, Doctor On Demand or Teladoc mobile apps today.
- 2) Locate your member ID number on your health plan ID card.
- 3) Have your credit card ready to cover any costs not covered by your health plan.
- 4) Choose a pharmacy that's open in case you're given a prescription. †

To learn more or start a Virtual Visit, go to uhc.com/virtualvisits or myuhc.com®.

†Certain prescriptions may not be available, and other restrictions may apply.



UnitedHealthcare/UMR PPO Members

Talk to a doctor day or night with Teladoc. Your costs will vary depending on your specific plan's coverage. Download the app for easy access or visit teladoc.com.



Member ID Cards

TO VIEW/PRINT YOUR DIGITAL ID CARD, FOLLOW THESE STEPS:

KAISER PERMANENTE MEMBER ID CARDS

Don't have a username and password yet?

- Visit kp.org/newmember
- Click "Register"
- Click "Create my account" and enter the required information

Computer:

- Visit kp.org
- Click "Sign In" to enter your username and password
- Click "Profile & Preferences"
- Click "Member Information" to view your ID

Mobile:

- Download the Kaiser Permanente app
- Click "Sign In" to enter your username and password
- Click the card icon to view your Member ID

Questions or trouble with access? Call Kaiser Permanente Member Services: 800-464-4000

UHC MEMBER ID CARDS

Don't have a username and password yet?

- Click "Register"
- Enter the required information

Computer:

- Visit myuhc.com
- Click "Sign In"
- Enter your username and password
- Click "View ID Card"

Mobile:

- Download the UnitedHealthcare app
- Sign in with your username and password
- Click "View Medical ID" to view your Member ID card
- Use the mobile app to show your Member ID card

Questions or trouble with access? Call UnitedHealthcare Member Services: 888-586-6365

EXPRESS SCRIPTS MEMBER ID CARDS

Don't have a username and password yet?

- Visit express-scripts.com
- Click "Register"
- Enter the required information

Computer:

- Visit express-scripts.com
- Click "Log In" to enter your username and password
- Click "Account" > "Member ID Card" > "Download Card"

Mobile:

- Download the Express Scripts app
- Click the menu icon (top left screen)
- Go to "My Account"
- Select "Prescription ID Card"

Questions or trouble with access? Call Express Scripts Web Support: 800-711-5672

PRO TIP: For easy use on-the-go, add your ID to your Apple/Google Wallet or quickly save it in the MyVEBA app

**Members now
have a *fully digital*
Member ID Card.**

Chiropractic/Acupuncture Benefits



As part of VEBA, Kaiser and UHC enrollees receive chiropractic and/or acupuncture benefits as long as you receive care from participating OptumHealth Physical Health of California (Optum) providers.

Kaiser members must order an ID card by calling Optum Member Services.

Your benefits include:

- Unlimited visits (subject to medical necessity)
- Copays that align with your PCP office visit copay
- X-rays as authorized
- 100% coverage for durable medical equipment up to \$50

Plan	Kaiser Plus	UnitedHealthcare			
		Base Harmony	Plus Alliance	Plus Signature Value Journey	PPO
Benefit Per Calendar Year	\$30 copay Unlimited Visits	\$20 copay Unlimited Visits	\$20 copay Unlimited Visits	\$30 copay Unlimited Visits	\$30 Copay 30 visits

Only Optum chiropractors and acupuncturists are eligible for reimbursement under the plan. So, before you receive services, please verify that your chiropractor or acupuncturist still participates with Optum.

Three ways to find a provider:

Your health plan coverage gives you access to more than 3,000 network providers in California. Here are three easy ways to find a contracted provider near you:

1. **Go to the Provider Locator search at www.myoptumhealthphysicalhealthofca.com**
 - a. To identify a participating provider, select "California Schools VEBA" in the list under the tab headed "Plan/Product".
2. **Call Optum Member Services at 1.800.428.6337** (5 a.m. to 5 p.m., Pacific Time, Monday – Friday) for the most current and up to date information.
3. **Call the provider directly to schedule an appointment**, and verify they are part of the Optum network for California Schools VEBA.

How do my benefits work?

At the time of your appointment:

- **Your provider will verify your eligibility using your Optum ID Card.** Then, simply pay your designated co-pay. If you have misplaced your ID card or don't have an ID card, you can still access services. Just tell your provider you are covered under VEBA, and they can verify your benefits with Optum.
- **Your provider may also ask you to complete a Patient Summary Form.** This form makes it easy for you to share important information about your condition with your provider. It also helps them determine what type of treatment to provide so you can improve as quickly as possible. *Note: Most patients only complete this form once; but if your condition requires prolonged treatment, you may need to complete the form again with updated information.*
- **When your provider submits the Patient Summary Form information to Optum,** you and your provider may receive a recovery milestone document, which represents a number of treatments within which most patients with a similar condition have recovered. *Note: This is not an authorized number of treatments or a limit on the number of treatments available to you. It simply helps your provider set a point when your condition should be reviewed again to determine the level of improvement you have made with the treatment you have already received.*
- **If you need additional treatment,** your provider will advise you and Optum.

VEBA & Kindbody Benefits – 2026 Changes

The State of California has enacted Senate Bill 729 (SB 729), which requires fully insured health plans to cover the diagnosis and treatment of infertility, including in vitro fertilization (IVF). This mandate also includes coverage for fertility medications, up to 3 oocyte retrievals, and embryo transfers. These services will be integrated into HMO medical plans starting on your plan's renewal date.

What This Means for VEBA HMO Members:

Members enrolled in the following HMO plans will be affected by the state mandate: Kaiser and UnitedHealthcare (UHC) plans as these HMO plans will now include fertility services as part of their core medical benefits.

If you're enrolled in a CalVEBA HMO plan, fertility services like IVF and IUI will now be part of your core medical coverage. You no longer need to access these services separately through Kindbody. However, all HMO members, including Kaiser members, will have access to a 20% discount on services at Kindbody clinics when paying out-of-pocket as self-pay patients.

Additionally, all HMO members, *excluding Kaiser members*, will have access to the following Kindbody services.

- 6 Holistic Health Sessions
- Menopause – Virtual care and support
- NEW! KindMan – Male Diagnostic & Fertility Services (up to 3 KindCycles)
- NEW! KindDoula – Virtual care with doula specialists
- NEW! Fertility Preservation (including elective preservation) (up to 3 KindCycles)

Continued Access for VEBA PPO Members:

Employees and spouses/partners enrolled in the UMR and Surest PPO plans will continue to have full access to Kindbody's fertility services, as these services will not be integrated into your core medical benefits. In addition to the current Kindbody offerings, PPO members will now enjoy a suite of new enhancements through the Kindbody program, including:

- Fertility Services (IUI, IVF) (*now up to 3 KindCycles*)
- Fertility RX
- 6 Holistic Health Sessions
- Menopause – Virtual care and support
- NEW! Fertility Preservation (including elective preservation) (up to 3 KindCycles)
- NEW! KindMan – Male Diagnostic & Fertility Services (up to 3 KindCycles)
- NEW! KindDoula – Virtual care with doula specialists

1:1 Concierge Support 855-950-2053 x Option 3 • employeebenefits@kindbody.com • kindbody.com/veba

Kindbody Infertility



If you are looking to grow your family or need assistance in your post-reproductive years, there is support. Kindbody provides end-to-end fertility services, as well as menopause support through dedicated Kindbody care navigation, clinical guidance, digital tools, and education to help you maneuver through these reproductive health stages. You can take comfort in knowing the full spectrum of benefits are provided in a safe, welcoming, and confidential environment.

Your Kindbody Benefit Includes

- Up to 1 full KindCycle including in vitro fertilization (IVF), intrauterine insemination (IUI) with fertility medication through KindbodyRx
- Conception, fertility, and male assessments to help you learn more about your fertility
- 6 sessions of virtual holistic health services; support includes menopause, mental well-being, nutrition, doula/birth coaches, lactation support, back-to-work care, and more
- Access to Kindbody's menopause program offering specialty providers who will support women experiencing menopause; services include lifestyle assessment, hormone testing, and virtual holistic sessions
- Dedicated Kindbody Care Navigation Team
- Access to Kindbody's full suite of services and network of partner clinics
- Access to Kindbody's library of resources, videos, events, and support groups
- A personalized patient portal

How to Get Started with Kindbody

- 1 Head to **kindbody.com/activate**
- 2 Create your Kindbody account using your first name and last name as it appears in your employer's system and any email address
- 3 Confirm eligibility by entering your Access Code: **KINDCSVEBA** and Unique User ID as follows:
 - Employee: First Name + Last Name + -E + last four digit of your social security number (Example: JaneDoe-E1234)
 - Spouse/domestic partner: First Name + Last Name + -D + last four digit of the spouse/domestic partner's social security number (Example: JonDoe-D5678)

For more information, or if you have any questions, email
employeebenefits@kindbody.com

1:1 Concierge Support 855-950-2053 | kindbody.com/activate

Kindbody360 Holistic Care

We believe that everyone deserves dynamic and integrative healthcare. Our care continuum provides holistic support throughout every phase of the family-building journey and beyond. This includes general wellness, support for those trying to conceive, pre and postpartum care, menopause support, and more. Our robust network of providers offer care both in-clinic and virtually.



Support that Goes Beyond the Treatment Plan

Supporting your emotional, mental, and physical health is an essential part of your journey at Kindbody. Our goal is to provide the best possible full-spectrum fertility and family-building care every step of the way.

- Comprehensive care that provides holistic support from pre to postpartum
- High-quality holistic providers, coaches, and therapists carefully curated for your workforce
- Seamless online scheduling with virtual and in-clinic access

Integrative Dynamic Care

- Trying to conceive
- Surrogacy, donor, and adoption
- Postpartum support
- Mental health support
- Mindfulness and Eastern medicine
- Men's health
- Pregnancy care
- Menopause care
- Wellness and nutrition
- Somatic (movement) therapy

Kindbody Menopause Support



All women experience menopause differently. Our menopause support includes preventative health and hormone replacement therapy, as well as diet and lifestyle modifications to address menopausal symptoms. Kindbody additionally provides access to nutritionists, therapists, and coaches specialized in menopausal issues.

Program Features

- Virtual visit with Kindbody specialty providers
- Lifestyle assessment
- Kind-at-Home hormone testing*
- Referral and navigation to local in-network providers
- Primary care physician
- Gynecologist
- Psychologists / psychiatrists
- Virtual follow-up to review results
- Prescription hormone therapy (if needed)
- Three holistic health sessions based on individual needs
- Kindbody patient navigators
- E-books, webinars, workshops, and support groups
- Menopause community
- Blogs, content, on demand educational videos

Kindbody Doula Program

KindDoula is a program designed to optimize your health during and after pregnancy. Our primary goal is to have a healthy parent and baby. Our doulas will support you through your pregnancy during the eight (8) included sessions – helping you build and communicate your specific birth plan with your provider.

Employees and spouses/partners who are enrolled on the California Schools VEBA – sponsored UHC plan are eligible for the KindDoula Program.



Our Services

- Trimester-specific education
- Addressing common pregnancy symptoms
- Education on pregnancy complications
- What to expect at routine visits
- Blood pressure education
- Nutrition support
- Physical activity guidance
- Signs of preterm labor
- Birth plan development
- Fetal kick counts
- Preparing for delivery
- Bringing baby home
- Infant feeding/lactation support
- Post delivery self-care
- Postpartum depression



**Pregnancy
support**



**Nutrition
guidance**



**Pregnancy
fitness**



**Mental
health**



**Preparing
for delivery**

Get Started

- 1 Head to kindbody.com/activate and create your Kindbody account using any email address
- 2 Confirm eligibility by entering access code **KINDCSVEBA** and your unique user ID as follows:
 - *Employee:* First Name + Last Name + -E + last four digit of your social security number (Example: JaneDoe-E1234)
 - *Spouse/domestic partner:* First Name + Last Name + -D + last four digit of the spouse/domestic partner's social security number (Example: JonDoe-D5678)
- 3 Book your virtual visit and **start your Kindbody journey!**

Kindman Program

Male Infertility is common, treatable, and rarely discussed

No matter where you are in your journey towards conception, it is important to take the step of getting a male assessment.

The process is easy: a Male Fertility Assessment includes a semen analysis and a consultation with a male fertility specialist. From there, we will make expert recommendations on your next steps.

Did You Know?

Infertility occurs equally between both males and females. If you and your partner are trying to conceive, it's important to be aware of male infertility factors that elevate your risk and how they can affect your chances of successful conception.



Kindman Coverage (effective 1/1/2026)

- Abnormal Semen Analysis Follow-up Consult, includes male hormone panel and DNA fragmentation testing
- IUI Diagnostic Workup (Epigenetic Sperm Quality Testing + Results Consult) to determine if IUI is the most appropriate treatment plan
- Testicular Sperm Extraction (TESE) and Percutaneous Epididymal Sperm Aspiration (PESA) procedures

Note: Kindman provides coverage for services otherwise not covered under your medical plan (initial semen analysis is covered under your medical plan)

How to Get Started with Kindbody

- 1 Head to kindbody.com/activate
- 2 Create your Kindbody account using any email address
- 3 Confirm eligibility by entering access code **KINDCSVEBA** and your unique user ID as follows:
 - *Employee*: First Name + Last Name + -E + last four digit of your social security number (Example: JaneDoe-E1234)
 - *Spouse/domestic partner*: First Name + Last Name + -D + last four digit of the spouse/domestic partner's social security number (Example: JonDoe-D5678)

Eligibility: Employees and spouses/partners who are enrolled on the California Schools VEBA - sponsored Cigna, UHC, UMR, Surest or SIMNSA plan

VEBA Advocacy

Navigating the health care system can be a confusing and complicated experience. The VEBA Advocacy Department is here to support you. VEBA members can reach out to an Advocate when they are experiencing an issue with their insurance carrier or their health care provider, want to learn more about their VEBA benefits or need help selecting a new health care provider.

When your doctor or health plan can't help you, call VEBA! They'll help you resolve your benefit issues. Call 888-276-0250 or visit VEBAOnline.com/Contact.



Navigating the Health Care System:

- **Access to Care:** When you're having trouble getting treatment or an appointment with a doctor.
- **Billing/Denial of Claim:** When you receive a bill that may be incorrect or are billed for covered services.
- **Second Opinion:** If you would like a second opinion from a different provider after receiving a diagnosis or treatment plan.
- **Prescription Issues:** Any issues with prescriptions including denials, copays, prior authorization for prescriptions or any issues with an Rx carrier.
- **Referral/Prior Authorization:** Assistance or questions regarding obtaining a referral or prior authorization.

Maximizing Your VEBA Benefits:

- **Open Enrollment:** Support members with information about the new plans and benefit options during Open Enrollment.
- **Finding a High-Quality Provider:** Assistance with finding the highest quality medical groups available through the plans offered by your districts.
- **EAP/Mental Health:** Any questions or eligibility issues regarding the Employee Assistance Program (EAP) or mental health benefits, including expedited appointments with Psych Centers San Diego.
- **Teladoc Medical Experts Second Opinion:** Help coordinate a second opinion with over 50,000 world-renowned physicians, experienced in 450 specialties and subspecialties.
- **Pharmacy Discount:** Explain ways members may be eligible for reduced or \$0 copays if certain specialty medications or generic hypertension or hypoglycemic medications are delivered by mail.
- **VEBA Resource Center:** Assist members with scheduling a Care Navigator appointment or participating in Virtual VEBA Resource Center classes.

Follow us on social media for the latest news and updates from VEBA and the VRC.



VEBA Benefits & Resources

Diabetes and Weight Loss Services through Express Scripts: Including GLP-1 & Lifestyle Change Support

(Impacted Plans: UHC HMO, UMR PPO)

The GLP-1 landscape has been constantly evolving, which is leading to member challenges in accessing the powerful new tools for lifestyle change support. As we explored the landscape of GLP-1 prescriptions, it became clear that we needed a consistent approach across our programs to simplify the member experience and create clarity in the member experience.

We believe that GLP-1 medications can be a valuable tool for weight management but should be supplemented by other tools in a strategy to support sustainable lifestyle change. We are taking a strategic approach that includes technology, medically monitored use of GLP-1 medications, and 1:1 support. We're excited to share the additions of EncircleRX and Omada Health to increase members' access to a wide range of lifestyle change support tools.

EncircleRX ensures weight loss and diabetes management programs are working as intended by working on the back-end to engage with the value care programs, like Omada Health, to verify GLP-1s are prescribed to patients who need them most to achieve a healthier weight. GLP-1 coverage will now be available to qualified members through Express Scripts' EncircleRx benefit to support diabetes and weight loss management programs.

Omada Health is a virtual program that helps members who may need to manage diabetes with 1:1 personal coaching, specialist support, and the tools needed to make long-term health changes. What sets this program apart is the emphasis on fostering a strong relationship between members and their care team. This relationship is built on proactive and human-led care, where the team works together with members to address barriers to change. By using various elements such as food, activity, behavioral health, and medication support, the program aims to provide comprehensive support for members in their journey toward better health.

What does this mean for members with Express Scripts coverage?

- One-on-one support from a personal health coach
- Easy monitoring with smart devices & tools
- Expert guidance from a diabetes specialist

See if you're eligible:

express-scripts.com/healthsolutions

Log in to get your exclusive access code and link to apply to Omada



Omada helps members

- See smart device readings in the Omada app after each use
- Eat healthier without counting calories or cutting out favorite foods
- Get up and move—yes, solo dance parties totally count

All members receive a welcome kit*

With easy-to-use devices, shipped to your door and yours to keep. All at no additional cost to you.

- ✓ Two continuous glucose monitors (CGMs)
- ✓ Blood glucose meter
- ✓ Ongoing supply of test strips and lancets
- ✓ Smart scale

If you're living with diabetes and are eligible, California Schools VEBA will pay for the entire cost of the program. This includes a connected glucose meter (with as many test strips and lancets as you need) and digital scale that arrive at your door already synced to your account—yours to keep!

VEBA Benefits & Resources

The Power of Sound: Kaiser Hearing Aid Benefit

(Impacted Plans: Kaiser)

Kaiser members will have a new hearing aid benefit of a \$5,000 allowance per device, per ear, every 36- months. No action is necessary — this new benefit will be automatically included in Kaiser plans starting in 2025. Hearing aid benefits can only be used at Southern California HearUSA locations.

Your Benefits

Hearing Test: Covered as part of your Kaiser Permanente Health Plan benefit²

Hearing Aids: \$5,000 benefit per ear (\$10,000 total), every 36 months



All hearing aid tiers are \$0 per ear out of pocket, and include:

- 3-year manufacturer repair and loss/damage warranty
- Follow-up visits



Choose from a variety of high-quality, technologically advanced hearing aids



60 day return / exchange policy¹



HearUSA is the exclusive hearing aid provider for Kaiser Permanente Southern California. Find a location near you at [HearUSA.com](https://www.hearusa.com) or call 877-714-2828.

HOW TO GET A HEARING AID

VISIT
1

Audiologic evaluation (hearing test)

A Kaiser Permanente or HearUSA hearing healthcare provider will determine the type and degree of your hearing loss and work with you to create an individualized plan of care.

VISIT
2

Hearing needs assessment

A HearUSA licensed hearing healthcare provider will discuss your hearing needs and lifestyle to determine the best options for you and your budget.

Telehealth appointments are also available if you prefer to receive care in the comfort of your home.

If needed, ear impressions will be made so that your hearing aids can be custom fit. Free trials of certain hearing aids may also be available.

VISIT
3

Hearing aid fitting

The hearing aids will be prescribed and fit to your specific hearing needs.

You and your hearing healthcare provider will review:

- Care
- Use
- Maintenance

VISIT
4

Follow-up hearing aid appointment

A follow-up visit is scheduled in the first 1-2 weeks after receiving your new hearing aids. The HearUSA hearing healthcare provider will answer any questions you may still have and make any necessary adjustments to the fit and programming of your hearing aids, to ensure your complete satisfaction.

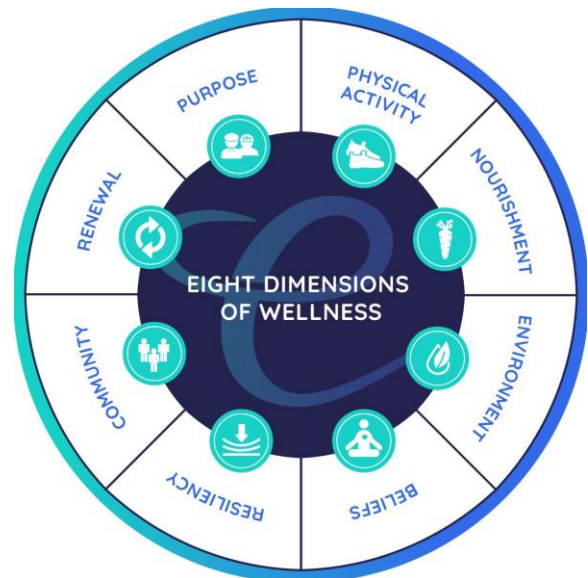
VEBA Benefits & Resources

Whole Health Coaching Program

The Whole Health Coaching program is designed to help you become your best self. Explore the eight interconnected dimensions of wellness to identify key health goals and then work towards building the healthy, balanced life you envision.

Whole Health Coaching Includes:

- Initial Program Consultation: Comprehensive health & wellness assessment
- Personalized Wellness Plan:
 - Over multiple sessions, develop a practical, flexible, sustainable plan.
 - Receive ongoing guidance and support for your attainable health goals



The Whole Health Coaching Program includes five (5) initial sessions with a Whole Health Coach focused on guided goal setting, planning, and development of a sustained vision that includes improved overall health and well-being. The program begins and concludes with a consultation led by a VEBA Care Navigator, a critical care and holistic Registered Nurse, who carefully reviews our members' personal health history and sets them up for success with a VEBA Whole Health Coach during the program and beyond.

The Whole Health Coach is there to listen to, and support, members' whole health goals – mind, body, spirit – and help them connect to needed support resources. Whether it is through a single session or ongoing support, members have an unlimited number of visits. Accessing your coach is easy with both virtual and in-person appointments.

Members can schedule a program consultation with a VEBA Care Navigator and join the Whole Health Coaching Program here: <https://vebaresourcecenter.com/whole-health-coaching/>

Navigating Life Transition Support Group

We are excited to introduce our Navigating Life Transitions program, designed to support individuals facing various life changes. Led by licensed therapist Crystal Powers, MA, LMFT, this eight-week program offers a confidential and supportive environment for individuals to embrace change and thrive amidst uncertainty. Whether it's preparing for marriage, adjusting to parenthood, embarking on a new career, or facing unforeseen challenges, our program provides a journey of self-discovery and empowerment.

Members are free to join any, or all, of the eight sessions offered, either virtually or in person.

Members can learn more and register for the program here:

<https://vebaresourcecenter.com/navigating-life-transitions/>

Supporting Your Member Health All Year Round

Supporting members in their social and emotional health journey continues to be a top priority for VEBA. To address barriers to access that exist in this important space, we are excited to highlight our available mental and behavioral health resources.

- **Optum Emotional Well-Being Solutions (EWS)**, formerly known as EAP (Employee Assistance Program), is designed to provide confidential support for life's challenges or more serious problems. Available at no additional cost for VEBA members and the members of their household. Benefits of the EWS include:
 - Available 24/7 (by phone), 365 days/year
 - No cost for visits with in-network providers with five consulting visits per incident
 - Flexibility to schedule appointments in-person or virtually to meet member need
- **Optum Dedicated Consultants** are available for members and their dependents ages 18 and older. These VEBA-dedicated partners provide quicker access to support for issues related to relationships, work, grief, and more. In addition, the EWS consultants can support a district or association for critical incidence response.
- Appointments are available in-person, or virtually by phone or video consultation. Please note that the EWS consultants do not provide therapy. Members can access this service by visiting the Optum EWS Portal: <https://eap-member.optum.com>
- **Mental Well-Being Hub:** This landing page offers essential tools and expert advice to help your members manage stress throughout the day. There are quick, five-minute daily activities to help them practice mindfulness and become more conscious of what drives their emotions, thoughts, and behaviors.
- What's Inside:
 - Tools for Success/ Key Asset: Mental Well-being Toolkit
 - Member Resources
 - Featured Classes, Videos & Articles
 - Recommended Books & Apps

To access the Mental Well-Being Hub visit: <https://vebaresourcecenter.com/mental-wellbeing/>

Bringing Well-being Service to Your Site

When you collaborate with the VEBA Well-Being Team, you'll have a partner to help you develop a customized site plan that specifically addresses the unique needs of your employees. Your wellness representatives will be guided in creating a tailored program that uses an extensive range of well-being classes, trainings, and educational offerings, ultimately leading to a happier, healthier, and more engaged workforce. Best of all, the programs offered through the Well-Being Team are covered as part of your benefit package through VEBA – there are no additional expenses!

Using a tailored approach, the Well-Being Team will help you foster a positive and thriving work environment for your district, whether through recurring support or one-time wellness events. Together, we will inspire and help your team prioritize the health and well-being of your employees.

Discover how VEBA Well-Being Consulting services can help you implement a comprehensive well-being program for your district, with support every step of the way here:

<https://vebaresourcecenter.com/wellbeing/>

VEBA Wellness Resources



Accessible, Confidential Care for your Unique Emotional Wellness Needs



Daily life can present a fair share of challenges and pressures. Ongoing stress takes a toll on your emotional health. If you need support, check out the **FREE, CONFIDENTIAL** resources you have available to you as a California Schools VEBA member.

The VEBA Resource Center (VRC) is dedicated to your "whole health", supporting your mind, body, and spirit.

Optum Emotional Wellbeing Solutions

In partnership with Optum Emotional Wellbeing Solutions (EWS) (formerly Optum EAP), Dedicated Consultants are available virtually and at the VRC – Kearny Mesa.

Get support with issues like stress, relationship conflicts, work-life balance, communication strategies, and beyond. Visit <https://bit.ly/optumvrc> to make an account and get started.

Available for VEBA members and their dependents age 18+.

Visit liveandworkwell.com (access code: VEBA) for additional resources and Optum EWS support.

Kaiser Members

For care or treatment of a mental health concern, call Kaiser Permanente at **833-579-4848** (8 am to 5:30 pm, Monday – Friday). No referral needed.

UnitedHealthcare Members

Sign in to your member account or call the number on your member ID card to determine eligibility for specific mental health care services.

VEBA Wellness Resources

Optum Members

Request a telehealth individual or group therapy appointment through Mindpath Health. (formerly Psychiatric Centers at San Diego).

Here's how to access this benefit:

- ▶ **Get an authorization code:**
Call Optum at 888-625-4809.
- ▶ **Schedule your appointment:**
Call 619-528-4600 with your authorization code.



VEBA Mental Well-Being Benefits and Programs

Can't Wait? See a VRC Therapist

If you can't wait to see a therapist through your benefits plan, schedule a virtual or in-person appointment with one at the VRC – Kearny Mesa. This service is designed for short-term support, to help you handle a crisis, or to connect you with other resources. Get Started: Call 619-398-4220 to speak with a Care Navigator.

Care Navigation

Tailored 1:1 Guidance & Resource Connection

Work with a holistic nurse one-on-one to get connected to the mental health and well-being resources you need.

Visit vebaresourcecenter.com/care-navigation to learn more about Care Navigation.

Whole Health Coaching

Your Personalized Path to Wellness

Partner with a VEBA Whole Health Coach to identify your health goals, strengths, and values, and work towards building the life you wish to live.

Visit vebaresourcecenter.com/whole-health-coaching to learn more about Whole Health Coaching.

VEBA Resource Center

Wellness Wherever You Are

VRC resources are accessible anytime, anywhere. A variety of wellness practices at your fingertips. From yoga to meditation and other helpful daily lifestyle practices, there's something for everyone.

Sign up for virtual live classes or choose from the on-demand library and prioritize your wellness, your way!

vebaresourcecenter.com/calendar

vebaresourcecenter.com/video-library

VEBA Resource Center

The VEBA Resource Center (or VRC for short) is a holistic health center developed to help VEBA members overcome obstacles and become the best versions of themselves. The goal of the VRC is to meet members where they are and provide a safe, comfortable space where they can access the care they need, when and how they need it. We provide a wide range of classes, programs and services all tailored to a member's unique situation. Visit vebaresourcecenter.com for more information.



Healthy Life Hub

The Healthy Life hub offers comprehensive tools and resources to promote overall well-being regardless of where you are at in your journey. Discover how CalVEBA services, wellness toolkits, and programs can help you achieve a happier, healthier you.

What's Available:

- Downloadable Toolkits
- Member Resources
- Healthcare Benefits Education
- Open Enrollment Prep Tools
- MyVEBA App & Portal
- Resource Center Classes
- Featured Videos & Articles

Go to: VebaResourceCenter.com/Healthy-Life

Mental Well-Being Hub

The Mental Well-being Hub offers resources to manage daily stress. Support your mental well-being with quick, easy-to-use tools and activities that help manage emotions, thoughts, and behaviors for more loving relationships and a better life.

What's Available:

- Mental Well -being Toolkit
- Daily Affirmations & Stress Management Calendar
- On-demand Classes, Videos & Articles
- Recommended Books & Apps

Go to: VebaResourceCenter.com/Mental-Wellbeing

Cooking & Nutrition Hub

Make informed choices about dietary and lifestyle choices, for better health and well-being. Find resources to prioritize your gut health, enhance cooking skills, and improve your eating habits.



What's Available:

- Better Breakfast Guide
- Gut Check: Your Essential Starter Kit
- Kid-Approved, Family-Friendly Recipes
- Supportive Care Navigation Services
- Featured Classes, Videos, & Articles

Go to: VebaResourceCenter.com/Cooking-Nutrition

Access VEBA On the Go!

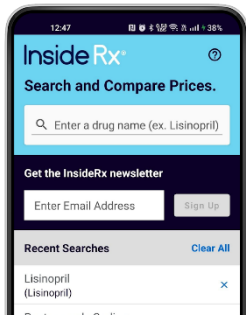
Our VEBA App gives you access to health and benefit information and helps keep you on track to your personal health journey. The Healow App allows you to easily manage health sessions and appointments at VEBA Resource Center.



Prescription Discount Card

Inside Rx®

**Simple. Convenient.
Easy to Use.**



Inside Rx

The Inside Rx card is your all-access pass to affordable brand and generic medications. The best part? This card grants you incredible savings up to 80% at more than 60,000 participating retail pharmacies (including all major chains) in the U.S. and Puerto Rico.

No insurance? No problem. If you have no insurance or have experienced high out-of-pocket costs for your medication(s) for any reason, give Inside Rx a try. Please see important eligibility requirements below. We work with pharmaceutical manufacturers directly, which helps to keep certain brand medication prices as low as possible.

Patients can save up to 80% on brand and generic medications with an average of 50% savings on brand-name diabetes medicines. Actual savings will vary.

You can download the Inside Rx app on the App Store or Google Play. Just search for Inside Rx to download the app and see if you can save. To learn more, visit our website at insiderx.com

How does Inside Rx work?

Prescription Savings as Simple as 1, 2, 3!

1

Compare Drug Prices

[Price a medication](#) to find the best deal and closest pharmacy.

2

Get Your Free Coupon[†]

It can be used at any of our participating pharmacies near you. [Get Free Coupon](#).

3

Save up to 80%*

Present your Inside Rx savings card and prescription to your pharmacist.

Inside Rx Pets

We know, sharing is caring. With the Inside Rx card, prescription savings can be shared with the whole family! And because we are pet people, that means we believe pets are family too. The Inside Rx Pets card is a prescription discount card administered by Inside Rx, LLC, which is a partially owned subsidiary of Express Scripts, leveraging purchasing power to expand affordable access to brand and generic human medications for pets. The Inside Rx Pets card can provide savings at over 40,000 participating pharmacies. Based on Inside Rx data, over 50% of card users can average savings of 15% off brands and 77% off generics on the human medication's pets need.

Inside Rx Pets is free and simple to use.



Use the same card every trip.



Save on all your medications, brand or generic.



Choose a pharmacy that works for you.

There are no fees or costs, beyond what you are paying for the prescription itself. This is a value-added perk provided to you via our relationship with Inside Rx Pets, at no cost to you. Just show your prescription and your Inside Rx Pets card, and you'll have access to Inside Rx Pets' lowest possible pricing on your medication.

To learn more, visit our website at <https://insiderx.com/pets>

Employee Assistance Program (EAP)



Behavioral Health Benefit

With so many things to do and plan, day-to-day living can feel challenging. At times, you may even feel overwhelmed. Our specialists can provide support, information and resources to help address issues affecting your personal life, work and well-being.

Contact us for assistance with:

- Stress or anxiety
- Feeling down or depressed
- Substance use concerns
- Medication questions
- Counseling support
- and more



Log on to **liveandworkwell.com**
Access code: **veba**



Or call us at: **1-888-625-4809**
Specialists are available 24/7.

Talkspace

Now you can get the extra support you need in a way that works for you. With Talkspace, you can reach out to a licensed, in-network Employee Assistance Program Provider, 24/7.



Here's how Talkspace can fit your life:

- Access Talkspace anytime, anywhere.
- Find an EAP provider with an online matching tool.
- Start therapy within hours of choosing your EAP provider.
- Message your EAP provider whenever — no appointments necessary.
- Get messages back throughout the day, five days a week.
- Choose real-time face-to-face video visits by appointment, when needed.

How it works

Brief assessment

Answer a few simple questions to get started - it takes less than two minutes.

Receive your personalized match

Our team will match you with a provider (typically within 48 hours).

Start treatment

Connect with your provider and begin your mental health journey!



To get started, call your Employee Assistance Program at 1-888-625-4809 to obtain an authorization code prior to registering (first visit only), choose a provider, and message anywhere, anytime. talkspace.com/connect

After you register, download the Talkspace app on your mobile phone. Talkspace is supported by Chrome, FireFox, Safari or Edge browsers on your desktop computer. Talkspace is your space. To use in your time. It's private, secure, confidential and convenient. And it's covered under your Employee Assistance Program benefits as a participating provider.

Dental Plan

Delta Dental | PPO Dental Plan

With the Delta Dental Preferred Provider Organization (PPO) dental plan, you may visit a PPO network dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a network dentist, your out-of-pocket expenses will be less. You may also obtain services using a non-network dentist; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

It's always a good idea to ask for a predetermination of benefits for any services expected to exceed \$300. For more detailed information on what is or is not covered, a full benefit summary from the provider is available on EASE.

Plan Features	Delta Dental PPO Dentists In Network	Non-PPO Dentists Non-Network
Calendar Year Deductible	None	None
Maximum Calendar Benefit	\$1,500 Per Person	
Diagnostic Clinical Oral Examinations & X-rays	100% Covered	100% Covered
Preventive Prophylaxis	100% Covered	100% Covered
Restorative Amalgam/Resin/Crown Restorations	100% Covered	100% Covered
Endodontics Endodontic Therapy (Root Canal)	100% Covered	100% Covered
Periodontics Gingivectomy-Surgical Services Perio Scaling-Deep Cleaning	100% Covered 100% Covered	100% Covered 100% Covered
Prosthodontics (Removable) Complete or Partial Denture	70% Covered	50% Covered
Dental Implants	70% Covered	50% Covered
Dental Accident Rider	100% (Separate \$1,000 max per person per calendar year)	
Orthodontia – Adults & Children	50% of eligible expenses up to \$1,500 per lifetime	

Vision Plan

Lennox School District offers two vision benefits plans to you and your dependents through VSP. The frequency of services is based on your date of service.

Best Eye Care: You'll get the highest level of care, including a WellVision Exam®– the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear: From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at Eyeconic.com, VSP's online eyewear store.

Below is a summary of benefits. For more detailed information on what is or is not covered, please refer to the certificate of coverage published by the plan provider. Out of network benefits are covered. You are reimbursed based on VSP's fee schedule for services provided through a non-contracted provider. Call Member Services for out-of-network plan details.

Option 1 – Base Option

Option 2 – Buy Up Option

Plan Features	In-Network	In-Network
Wellvision Exam (Every 12 months)	\$10 copay for exam and glasses	\$10 copay for exam and glasses
Frames (Every 12 months)	\$120 frame allowance (Get an additional \$20 allowance for featured frame brands)	\$250 frame allowance (Get an additional \$20 allowance for featured frame brands)
Lenses (Every 12 months)	No cost for single, lined bifocal, and lined trifocal lenses	No cost for single, lined bifocal, and lined trifocal lenses
Lens Enhancements (Every 12 months)	\$0 Standard progressive lenses \$0 Tints/Light-reactive lenses \$95-\$105 Premium progressive lenses \$150-\$175 Custom progressive lenses	\$0 Standard progressive lenses \$0 Tints/Light-reactive lenses \$0 Anti-glare coating \$95-\$105 Premium progressive lenses \$150-\$175 Custom progressive lenses
Contacts (Instead of glasses) (Every 12 months)	\$120 allowance for fitting and exam	\$150 allowance for fitting and exam
LIGHTCARE™ (Every 12 months)	Not Covered	\$250 allowance for ready-made non-prescription glasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts
VSP DIABETIC EYECARE PLUS PROGRAMSM	\$0 Retinal screening for members with diabetes \$20 per exam (Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.)	\$0 Retinal screening for members with diabetes \$20 per exam (Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.)

Life Insurance

Group Term Life Insurance is offered by your employer through VOYA and pays a benefit to your beneficiary if you pass away during a specific period of time (known as a "term"). Your employer provides the following Basic Life and AD&D Insurance to Board Members, Confidential, and Management Employees. This coverage is provided at no cost to the eligible members.

Basic Life/AD&D		Available to: Board Members, Confidential, and Management Employees
Benefit		\$50,000
Guarantee Issue		Full Amount
Age Reductions	Life	To 50% at age 70
	AD&D	To 65% at age 70; to 45% at age 75; to 30% at age 80; to 15% at age 85.

Additional Services

- **Funeral Planning and Concierge Services:** You have the support of a team of independent professionals ready to assist with funeral planning for you and eligible family members.
- **Will Preparation:** You have access to free online will preparation through EstateGuidance.com
- **Travel Assistance:** When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

Disability Insurance

Lennox School District provides you with long-term disability income benefits through VOYA, and pays the full cost of this coverage. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. Please note that any income you receive while on disability will integrate with any applicable state, federal or workers compensation benefits you receive.

Long-Term Disability	All Eligible Employees
Monthly Income Benefit	66.67% of monthly earnings
Maximum Monthly Income Benefit	\$5,000
Minimum Monthly Income Benefit	The greater of \$100 or 10% of Gross Monthly Benefit
Elimination Period	Your elimination period is the later of the following: • 30 days of disability • Date sick leave days provided by employer are exhausted • Date benefits under any employer-sponsored short term disability plan terminate
Benefit Duration	To age 65*
Pre-Existing Condition	3 months prior to effective date/12 months on the plan

* Refer to LTD contract for maximum benefit period if over age 61 at time of disability.

Supplemental Benefits

The following benefits are offered through **AFLAC**. AFLAC pays you cash benefits to use as you see fit to help pay for the many out-of-pocket expenses you incur when you are sick or hurt - like the cost of transportation to and from medical facilities, parking and additional childcare expenses. Aflac pays you benefits even when you're healthy. Lennox School District is offering these 100% Portable Aflac plans at a lifetime discount of 20-50% over a direct rate for all employees.



Contact our dedicated AFLAC representative to enroll: Lisa Coots, (909) 519-5681, lisa_coots@us.aflac.com.

Accident/Injury

Pays cash benefits when you have an accident/injury. Benefits include the initial accident visit, X-ray benefit, follow-up visits, physical therapy, ambulance, diagnostic procedures, hospitalization, intensive care unit benefits and a \$60 yearly wellness benefit.

Cancer Care

Pays large cash benefits for the diagnosis and treatment of cancer. Also includes a \$75 cancer screen wellness benefit and a \$4,000+ cash benefit for initial diagnosis, with many ongoing benefits including payments for chemotherapy and radiation.

Aflac Plus Rider

Pays a lump sum benefit of \$5,000 when a policyholder or covered family member is diagnosed with one of the following: heart attack, stroke, cardiac arrest or 9 other critical illnesses. Plus \$1,250 for 11 additional diagnoses, i.e., Alzheimer's, Parkinson's.

Critical Care

Pays benefits for such life-threatening conditions as: Heart Attack & Coronary Artery Bypass Surgery, Major Organ Transplant, Coma, End-Stage Renal Failure, Stroke, Third Degree Burns Paralysis, Sudden Cardiac Arrest, Persistent Vegetative State. Includes benefits for hospital confinement and continuing care.

Hospital Confinement

Helps cover the expenses associated with hospital stays. Benefits are determined by plan level selected, but may include: Daily Hospital Confinement, Surgical Benefit, Physician Visit Benefit, and Diagnostic Test Benefit.

Short Term Disability

Helps Provide income for an off-the-job injury or sickness. Choice of Benefit Periods (6, 12, 18, 24 months). Monthly Benefits \$500 to \$6000, subject to income requirements benefit period restrictions, and a selection of elimination periods available.

Life Insurance

Term and Whole Life Insurance quotes available upon request.

Supplemental Benefits



The following benefits are offered to you through **American Fidelity**. For more information, please contact your local American Fidelity Representative, Wendy Waring at 800-365-9180 ext. 326 or visit our custom landing page: <https://benefits.americanfidelity.com/lennox-school-district/>.

Accident Only Insurance

Accidents are inevitable. Even though you can't always prepare for unforeseen events, you can plan ahead. A Limited Benefit Accident Only Insurance plan may help ease the impact on your finances. American Fidelity's Accident Only Insurance is designed to help cover some of the expenses that can result from a covered accident, and benefit payments are made directly to you. This plan provides 24-hour coverage for accidents that occur both on and off the job and can help offset your medical expenses. There are over 30 plan benefits available, and coverage may also extend to your family.

Cancer Insurance

If you were unexpectedly faced with a cancer diagnosis, will your major medical insurance be enough? Even with a good plan, the out-of-pocket costs of treatment, such as travel, child care, and loss of income, can be expensive. American Fidelity's Limited Benefit Cancer Insurance may help. If cancer touches someone in your family, this plan may help ease the impact on your finances. Benefit payments are made directly to you, allowing you to pay for expenses like copayments, hospital stays, and house and car payments.

Disability Income Insurance

One of the most important assets a person possesses is the ability to earn an income. Disability Income Insurance from American Fidelity is a cost-effective solution designed to help protect you if you become disabled and cannot work due to a covered injury or sickness. In the simplest of terms, this plan is insurance that pays a cash benefit and is designed to help protect you if you can't work due to a covered injury or sickness. It pays a monthly benefit amount based on a percentage of your gross income, so you may continue to afford everyday living expenses.

Life Insurance

Ensuring your family is financially covered in the event of a loss is an important way of showing them you care about their needs. Life Insurance can help. Portable, Individual Life Insurance policies may help your family in the event of your death. The application process is simple. You only have to answer three health questions, and there are no medical exams required. Term Life Insurance provides short-term coverage at a competitive price, while Whole Life Insurance provides lifelong protection. There are various plans available to you, including both Term Life and Whole Life Insurance. Securing a Life Insurance policy helps provide peace of mind knowing it will help take care of your family after you're gone.

Retirement Solutions

Don't just survive, thrive in retirement. American Fidelity offers a variety of options to help supplement your future income and help achieve your financial goals. Annuities provide a way to turn your savings into a stream of income, including income for a specific period of time or a lifetime.

Which One Is Right for Me?

- A 403(b) Plan allows you to reduce your federal taxable income by the amount you choose to contribute.
- A 457(b) Plan is a deferred compensation plan that allows eligible employees to save for retirement by deferring compensation with pre-tax dollars.
- With a Traditional IRA, contributions may be tax deductible, and earnings grow tax-deferred.
- With a Roth IRA, contributions are made with after-tax dollars, and it offers the possibility of withdrawing account earnings on a tax-free basis.

Flexible Spending Account (FSA)

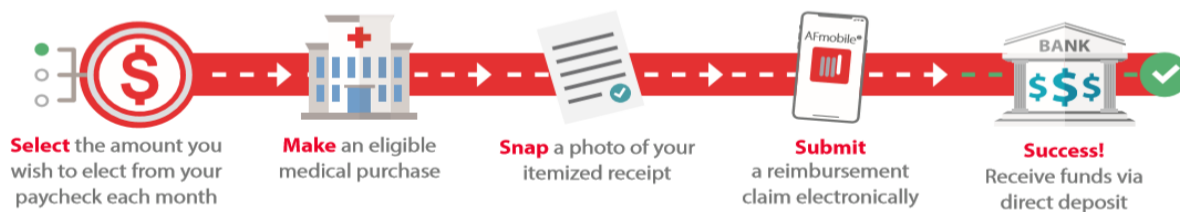
Flexible Spending Accounts (FSAs) offer eligible employees a way to save money on taxes. FSAs are reimbursement accounts that allow you to set aside money to pay for eligible expenses. The funds you deposit into an FSA are taken from your paycheck before taxes are applied, so you don't pay taxes on the expenses you pay for with your FSA dollars. Plus, when you participate in an FSA, your Federal Income Tax, Social Security and Medicare Tax withholdings will be reduced, so the savings you can enjoy with an FSA can be quite substantial. You can participate in the Health Care FSA or Dependent Care FSA even if you are not enrolled in our benefit plan.

American Fidelity is our Third-Party Administrator for this program. To enroll, please contact Wendy Waring at 800-365-9180 ext. 326 or visit our custom landing page: <https://benefits.americanfidelity.com/lennox-school-district>.

Employees, their spouses, and eligible dependents use the funds in the employee's Health Care FSA plan to pay for qualifying medical expenses:

- Copays or deductibles
- Qualifying prescriptions (including insulin)
- Certain medical equipment

Here's How It Works



Learn how to file reimbursement claims at americanfidelity.com/fileclaim

A Dependent Care FSA allows an employee to deposit up to \$7,500 per calendar year into a DDC account for dependent care expenses for a minor child or tax dependent parent in order for the employee and dependent spouse to be gainfully employed. Please review the eligibility rules.

Account Type:	Health Care FSA	Dependent Care FSA
Eligible Expenses*	Eligible medical, dental and vision expenses.	Dependent care expenses for eligible children or adults while you are at work.
Annual Contribution Max	\$3,300	\$7,500 (or up to \$3,750 if you are married and file taxes separately from your spouse).
Compatible with a Health Savings Account?	No. You may not contribute to a Health Savings Account (HSA) if you or your spouse contributes to this account.	Yes.
When are funds available?	At initial election	When accrued
Rollover allowed?	Yes, up to \$660	No

*Reference IRS Publication 502 for eligible expenses.

FSA Important Reminders

- You must re-enroll to participate.
- "Use it or lose it!" Up to \$660 of unused funds may be rolled over into the next plan year. Amounts in excess of \$660 will be forfeited.
- You may not change your election during the year unless you have a "Qualifying Life Event."

Pet Insurance

Wagmo is a tech-first pet insurance company with easy-to-understand plans, super-fast claims processing, and community benefits. To learn more about Wagmo, visit <https://wagmo.io/for-pet-parents>.

How Wagmo Works:

- 1) Visit the Wagmo site using the link below and click "Get Started"
- 2) Enter your pet's information
- 3) Select Pet Wellness and/or Pet Insurance
- 4) Customize your plans to fit your needs
- 5) Complete checkout – your exclusive discount is automatically applied

Start building your Wagmo plan today! Sign up for a *Personal Plan* today by visiting <https://wagmo.io/partners/acrisure-aar?rpc=ACR10&ri=102&rt=PARTNER>.

Why Choose Wagmo:

- **Freedom of Choice:** With Wagmo, you have the ability to create the plan that suits your pet parent needs. We offer standalone pet wellness plans for routine and preventative care, as well as pet insurance coverage for unexpected emergencies and illnesses. You have the option to choose either, both, or just one.
- **Financial Relief:** We all know pet care is expensive. With Wagmo Wellness you can get reimbursed for care you provide your pet every year. We also offer protection to soften the blow of unexpected medical emergency costs with Wagmo Insurance.
- **Additional Savings:** We partner with your favorite pet brands to give you exclusive member discounts on pet accessories, treats, medication, and more. Saving you a little extra cash on the essentials.
- **Pet Parent Support:** Wagmo is here for you from day one with exceptional customer service. We also offer 24/7 telehealth services, giving pet parents access to expert advice from vet technicians anytime.



Provider Search

Below are the carrier websites with instructions on how to find a provider for the lines of coverage available to you.

FINDING A KAISER MEDICAL PROVIDER



- Go to: healthy.kaiserpermanente.org
- Click on "Doctors & Locations"
- Search by Doctor or Location
- Enter your zip code
- You can filter your search by specialty, hospital name, provider type, etc.

FINDING A UNITEDHEALTHCARE MEDICAL PROVIDER



- Go to whyuhc.com/csveba
- Select "Search for a Provider" that appears near the top of the page
- Scroll down and choose from the plan options
- Select "Continue"
- Select "Change Location" and enter your ZIP code, then select "Update Location"
- Now you can search by People, Places, Service and Treatments, or Care by Condition.

FINDING A DELTA DENTAL PROVIDER



Go to: deltadentalins.com

- Look for the Find a Dentist tool on the right
- Enter a location (address, ZIP code or city and state), and select your plan from the drop-down menu
- Select network: **Delta Dental PPO**
- For a more targeted search, you can enter the name of your dentist or dental office.
- Click Search.

FINDING A VSP VISION PROVIDER



Go to: www.vsp.com

- On the homepage to the right, enter your zip code under "Find a Doctor" and click "Search"
- The next screen will provide a list of providers in your area. You can search by Location, Doctor, or Office Name by selecting the titles on the top of the screen

Choosing Quality Providers

Below are a few websites you can use to make educated choices in regards to your healthcare providers, hospitals, medical groups and physicians.

WWW.CALHOSPITALCOMPARE.ORG

This website lists hospitals that have agreed to provide data to this website by indicating their quality commitment to help consumers make informed health care decisions.

Free data provided:

- **Quality of Care**
- **Timeliness of Care**
- **Critical Care**
- **Mortality Rate**
- **Patient Safety**
- **Patient Experience**

WWW.HEALTHGRADES.COM

Health Grades provides ratings and information for a low fee about specific hospitals based on procedures/diagnoses that interest you. However, there is also a significant amount of free hospital data on the site as well. For example, Health Grades provides a list of hospitals that have been recognized by Health Grades for their clinical excellence and represent the highest scoring of the nation's full-service hospitals. Some of the free information includes ratings for:

- **Cost/Length of Stay**
- **Cardiac Care**
- **Maternity Care**
- **Patient Safety**

WWW.MBC.CA.GOV

California Medical Board (mbc.ca.gov) provides the following information about providers:

- **License Status, type and year licensed obtained**
- **Public record actions (government and other disciplinary action, hospital disciplinary action, malpractice judgments, settlement and arbitration awards)**
- **Medical School Attended/graduated**
- **Year licensed**

WWW.VITALS.COM

- Find a doctor and book an appointment online
- Free access to two million doctor reviews and ratings
- Find and make doctor appointments by insurance

Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. Lennox School District has all federally required annual notices available to read at your convenience. The following is a brief description of our annual notices:

- Medicare Part D Notice of Creditable Coverage
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program
- Summary of Benefits and Coverage (SBC)

COBRA

If one of the following events should occur, you or your eligible dependents are eligible for COBRA coverage:

- Voluntary Termination
- Involuntary Termination (Gross Misconduct Exception)
- Reduction of hours as a result of a layoff or leave of absence
- Death of the Employee
- An Employee's Medicare Entitlement
- Divorce or Legal Separation
- Dependent becomes ineligible

Consolidated Omnibus Budget Reconciliation Act Of 1985

A covered COBRA employee is any individual currently provided coverage by the group health plan that comes under COBRA provisions as a result of "the performance of services by the individual for one or more persons maintaining the plan (including as an employee defined in 401 (c)(1) of the Internal Revenue Code)."

In addition to the covered employee, COBRA applies to the spouse of the covered employee, any covered dependent child of the employee and any child born to or placed for adoption with the covered employee during the period of continuation of coverage.

SBC & Uniform Glossary of Terms

Your employer is now required to provide you with an easy-to-understand summary about the health plan benefits and coverage available to you, called a Summary of Benefits and Coverage (SBC) and a Uniform Glossary which outlines insurance definitions. The new regulation is designed to help you better understand and evaluate your health insurance choices.

Summary of Benefits & Coverage (SBC)

SBCs are available free of charge from your Personnel department. Please contact Personnel to request copies of any or all of the medical plans that are offered to you during your plan year.

Uniform Glossary of Terms

The Uniform Glossary of Terms is a glossary of insurance definitions in standard, consumer-friendly terms. You may find this helpful to you as you are evaluating the medical plan options that are available to you for your new plan year. To access the glossary visit: www.healthcare.gov/glossary

The Affordable Care Act and You

The Affordable Care Act (ACA) requires nearly every American to be enrolled in medical coverage or pay a penalty. This is referred to as the individual mandate. You have several options to satisfy this requirement:

- Enroll in a medical plan offered by Lennox School District or another group plan
- Purchase coverage through a health insurance marketplace
- Enroll in coverage through a government sponsored program
- Have no coverage and incur a tax penalty (CA residents only)

Because Lennox School District's medical plans are considered affordable and meet minimum value under Health Care Reform, you will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace, and your portion of medical premiums will no longer be paid via payroll deductions or a pre-tax basis.

For more information on your coverage options and potential tax penalties, please visit www.healthcare.gov.

Section 125

Your Employer operates a Premium Only Section 125 Plan, which allows you to reduce your total taxable income by your portion of group insurance premiums. In effect, this is just like getting a raise - your withholding taxes are reduced, and your take-home pay increases!

	Without Section 125		With Section 125
Monthly Salary	\$2,000	Monthly Salary	\$2,000
Tax (25%)	-\$500	Insurance Premium	-\$200
Net Income	\$1,500	Taxable Income	\$1,800
Insurance Premium	-\$200	Tax (25%)	-\$450
Take Home Pay	\$1,300	Take Home Pay	\$1,350

Contact Information

Acrisure is available to:

- Help you find a doctor, dentist, hospital, urgent care facility, or optometrist near you
- Assist with benefit enrollment and changes due to a change in status
- Explain benefits
- Help you understand any Explanation of Benefits (EOBs)
- Assist with claims and/or billing issues
- Answer benefits and other related questions, and more

Acrisure	
Broker Contact	Linda Fuller (949) 365-5190 lfuller@acrisure.com
Lennox School District	
Contact Website	Ana Bernardino (310) 695-4003 https://lennox.edloadmin.com/apps/login/
VEBA	
VEBA Advocacy	888-276-0250 advocacy@mcgregorinc.com
Kaiser Permanente Medical Group # 111814	
Member Services Website	(800) 464-4000 my.kp.org/veba
UnitedHealthcare / UMR Medical Group # 681631	
HMO Member Services HMO Website PPO Member Services PPO Website	(888) 586-6365 www.whyuhc.com/csveba (800) 826-9781 umr.com
Delta Dental Dental Group # 07063	
DPPO Member Services Website	(866) 499-3001 www.deltadentalins.com
VSP Vision Group # 12263172	
Member Services Website	(800) 877-7195 www.vsp.com
American Fidelity Section 125, Flexible Spending Accounts, Supplemental Benefits	
Contact Website	Wendy Waring – Account Manager (800) 365-9180 (909) 941-1175 x 326 https://benefits.americanfidelity.com/lennox-school-district/
Aflac Supplemental Benefits	
Contact	Lisa Coots (909) 519.5681 lisa_coots@us.aflac.com
Voya Life, LTD	
Customer Service	(800) 955-7736



This guide highlights the main features of many of the benefit plans sponsored by Lennox School District. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. Lennox School District reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time.

