



**2026 - 2027**



# Employee Benefits Guide



## Welcome to Your Westminister School District Benefits!

Westminister School District takes pride in offering a benefit program that provides flexibility for the diverse and changing needs of our employees. The District offers employees and their family members a full range of benefits. You choose the options that best meet your needs. This brochure provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. For more information about any of the benefits described here, please contact Tina Gestoso in Insurance Services at **(714) 894-7311 x1027**.

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Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact Insurance Services.

| Plan                                         | Phone                            | Website                                                                                                                                                            |
|----------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Kaiser Permanente (Medical & Rx)             | (800) 464-4000                   | <a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>                                                                                             |
| Blue Shield (Medical)<br>Navitus (Rx)        | (855) 256-9404<br>(866) 333-2757 | <a href="http://www.blueshieldca.com">www.blueshieldca.com</a><br><a href="http://www.navitus.com">www.navitus.com</a>                                             |
| Anthem (Medical Proactive PPO )              | See back of ID card              | <a href="http://www.anthem.com/ca/sisc">www.anthem.com/ca/sisc</a>                                                                                                 |
| American Fidelity Health Savings Account     | (800) 662-1113                   | <a href="http://www.americanfidelity.com">www.americanfidelity.com</a>                                                                                             |
| Delta Dental DHMO                            | (800) 422-4234                   | <a href="http://www.deltadentalins.com">www.deltadentalins.com</a>                                                                                                 |
| Delta Dental PPO                             | (866) 499-3001                   | <a href="http://www.deltadentalins.com">www.deltadentalins.com</a>                                                                                                 |
| VSP Vision                                   | (800) 877-7195                   | <a href="http://www.vsp.com">www.vsp.com</a>                                                                                                                       |
| American Fidelity Flexible Spending Accounts | (800) 662-1113                   | <a href="http://www.americanfidelity.com">www.americanfidelity.com</a>                                                                                             |
| Guardian Life Insurance                      | (800) 525-4542                   | <a href="http://www.guardianlife.com">www.guardianlife.com</a>                                                                                                     |
| American Fidelity Voluntary Benefits         | (866) 523-1857                   | <a href="http://www.americanfidelity.com">www.americanfidelity.com</a><br><a href="mailto:Anahi.Prieto@americanfidelity.com">Anahi.Prieto@americanfidelity.com</a> |
| Anthem Blue Cross EAP                        | (800) 999-7222                   | <a href="http://www.anthemeap.com">www.anthemeap.com</a><br>Password: SISC                                                                                         |



## Benefit Advocate Help-Line: (800) 391-6812

The Benefits Advocate toll-free customer service helpline can provide assistance with insurance related issues when you are unable to resolve them directly with the insurance carriers. With the Benefits Advocate helpline, you will receive fast, skilled assistance with Medical, Dental and Vision provider issues, referral assistance, and claims management.

## Who May Enroll

All active, full-time employees regularly scheduled to work a minimum of 30 hours per week and their eligible dependents may participate in Westminster School District's benefits program. Eligible dependents include:

- Legal spouse or legally registered domestic partner (RDP).
- Children (natural, adopted, and step children) from birth up to the age of 26.
- A handicapped child over the age of 26, if they were actively enrolled in the plan at the time they became disabled/handicapped.
- Your registered domestic partner's eligible children.

## Documentation Required to Add Dependents

Documentation is required to enroll dependents and must be submitted to the insurance office in order for insurance coverage to begin:

- **Dependents up to age 26:** a copy of a birth certificate is required.
- **Spouse:** a copy of the marriage license and the first page of the most current 1040 federal tax return is required (on the tax return, the financial information and the first 5 digits of the social security numbers may be blacked out).
- **Domestic partner:** a copy of the Declaration of Domestic Partnership filed with the state is required.

## When You Can Enroll

Eligible employees may enroll at the following times:

- As a new hire, you may participate in the District's benefit plans on the first day of the month following your date of hire.
- During annual open enrollment.
- Within 31 days of a qualified change in family status as defined by the IRS – see Changes to Enrollment for details.

## The Affordable Care Act and You

Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the current tax year. In addition, several other states, including Massachusetts, New Jersey, and Vermont, as well as the District of Columbia, have reinstated an individual mandate requirement, and others are considering doing so. You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by WSD or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

However, if you choose to purchase coverage through the marketplace, because WSD's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis

For More Information:

Go to [www.healthcare.gov](http://www.healthcare.gov)

**Important Note:** If you are covered through another health plan and therefore do not wish to enroll in the SISC medical plan, the WABE premium option is available. The WABE premium allows you to decline the SISC Medical coverage while the WABE premium is paid to SISC on your behalf. This option allows you to maintain your membership in SISC as a full time employee without enrollment in a SISC medical plan. If you choose this option, the election is made for the entire plan year. You and your eligible dependents will not be allowed to enroll in a SISC plan until the next Open Enrollment Period or as the result of a qualifying event. A Declination of Coverage will need to be completed by the employee in order to be eligible for the WABE option. Please contact Tina Gestoso at Insurance Services to request a form.

## Paying for Your Coverage

Your **Basic Life**, **AD&D** and **Employee Assistance Program** benefits are provided at no cost to you and are paid entirely by Westminster School District.

You and the District share in the cost of the **Medical**, **Dental** and **Vision** benefits you elect. Contributions for these benefits can be deducted before taxes are withheld which saves you tax dollars, resulting in more take-home pay for you.

Any **Voluntary** benefits you elect will be paid by you at discounted group rates.

## Changes to Enrollment

Your choices made by you during the annual open enrollment period must remain in effect for the entire plan year (October 1 – September 30). Exceptions are permitted under IRS rules when a member has a qualifying event. However; **any changes you make must be consistent with the change in status**. If you only qualify for a mid-year benefit change, you may be required to submit proof of the change or evidence of prior coverage. If you have an event, you are required to notify Benefits office within 15 days and complete the appropriate forms.

### A qualified change in family status includes:

- Change in legal marital status, including marriage, divorce, legal separation, annulment, and death of a spouse.
- Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent child.
- Change in employment status that affects benefit eligibility, including the start or termination of employment by you, your spouse, or your dependent child.
- Change in work schedule, including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits.
- Change in a child's dependent status, either newly satisfying the requirements for dependent child status or ceasing to satisfy them.
- Change in place of residence or worksite, including a change that affects the accessibility of network providers.
- Change in your health coverage or your spouse's coverage attributable to your spouse's employment.
- Change in an individual's eligibility for Medicare or Medicaid.
- A court order resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child.
- An event that is a "special enrollment" under the Health Insurance Portability and Accountability Act (HIPAA) including acquisition of a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan.
- An event that is allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act. Under provisions of the Act, employees have **60 days** after the following events to request enrollment:
  - Employee or dependent loses eligibility for Medicaid (known as Medi-Cal in CA) or CHIP (known as Healthy Families in CA).
  - Employee or dependent becomes eligible to participate in a premium assistance program under Medicaid or CHIP.

### Two rules apply to making changes to your benefits during the year:

- Any changes you make must be consistent with the change in status, AND
- You must make the changes within 15 days of the date the event occurs (marriage, birth, etc.) unless otherwise noted above.

### Important Note:

**It's important to note that coverage for a new spouse or newborn child is not automatic.** If you experience a change in family status, you have **15 days** to update your coverage. When you have a change in family status, please contact the Insurance Department **immediately** to complete the appropriate election forms as needed. If you do not update your coverage within 15 days from the family status change, you must wait until the next annual open enrollment period to update coverage for you and your family.

## Kaiser Permanente HMO Medical Plan

With the Kaiser Health Maintenance Organization (HMO) plan, services must be obtained at a Kaiser facility. Kaiser integrates all elements of healthcare such as physicians, medical centers, pharmacy and administration in one convenient facility.

To find a Kaiser provider or facility, go to [www.kaiserpermanente.org](http://www.kaiserpermanente.org) or call (800) 464-4000.

Highlights of the Kaiser Permanente HMO Plan include:

- To be eligible for this plan, you must reside in the Kaiser Southern California service area.
- There is no deductible and no claim forms to file.
- Services are only covered when you use Kaiser providers and facilities, except in the case of emergency.
- Kaiser offers the convenience of doctors, pharmacies and labs under one roof.
- Kaiser does not require that you choose a primary care physician until after you enroll in the plan.
- Kaiser offers online tools, so you can email your doctor's office, make appointments, refill prescriptions, and more.

## Blue Shield HMO Medical Plans

With the Blue Shield Health Maintenance Organization (HMO) plans, you must choose a Primary Care Physician (PCP) or medical group. All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.

To find a Blue Shield HMO network provider, go to [www.blueshieldca.com](http://www.blueshieldca.com) or call (855) 256-9404:

- **LAP HMO** participants should refer to the Access+HMO medical plan and the Access+HMO LAP sub plan.
- **TRIO HMO** participants should refer to the TRIO ACO HMO medical plan
- **Full HMO** participants should refer to the Access+ HMO medical plan and the Access+HMO sub plan.

Highlights of the Blue Shield HMO plans include:

- To be eligible for these plans, you must reside in the Blue Shield of California HMO service area.
- There are no deductibles and no claim forms to file.
- You must select a PCP from Blue Shield's pre-approved list of healthcare providers.
- If you need specialist care, you'll need a referral from your PCP.
- Each family member may choose his or her own Blue Shield HMO network PCP.
- Non-network benefits are not covered.
- Prescription drug coverage is provided through Navitus.



Kaiser informational video:  
<https://www.brainshark.com/kp/SISCWestminsterSD>



Blue Shield informational video:  
<https://choose.blueshieldca.com/wsd>



## Blue Shield PPO Plans

You have the option of choosing the Blue Shield 80-J PPO, the Blue Shield 90-G PPO, or the new Anthem Platinum Proactive Care PPO plan. With the Preferred Provider Organization (PPO) plans, you have the freedom to choose your doctor without using a Primary Care Physician (PCP) and you may self-refer to specialists. You may use a PPO provider whose negotiated rates provide richer levels of benefits with claim forms filed by the providers. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims. **Please note not all benefits are covered out of network. Please refer to the plan summary for details.** To find a **Blue Shield PPO** network provider, go to [www.blueshieldca.com](https://www.blueshieldca.com) or call (800) 642-6155 and refer to the Blue Shield of California PPO Network medical plan. To find an **Anthem PPO** network provider, go to [www.anthem.com/ca/sisc](https://www.anthem.com/ca/sisc) and choose PPO under Find Care.



Blue Shield informational video:  
<https://choose.blueshieldca.com/wsd>

Highlights of the Blue Shield PPO plans include:

- You are not required to select a PCP.
- As a PPO member, you may use a PPO provider outside of the PPO plan network, but you will pay more out-of-pocket and may be responsible for filing claims. If you visit a non-network provider or health care facility, the plan will pay benefits only up to the “allowed amount,” which is based on a limited fee schedule. You will have to pay any charges above the allowed amount (in addition to your regular co-insurance).
- Prescription drug coverage is provided through Navitus.

## Blue Shield PPO with HSA Plan

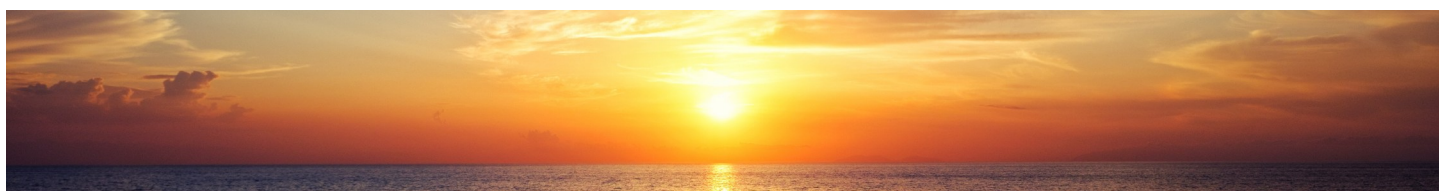
- Everything shown above for the PPO plan above also applies to the Blue Shield PPO with HSA plan (**PPO/HSA 1700**).
- The Blue Shield PPO with HSA plan is linked to a special, tax-qualified Health Savings Account (HSA). You can contribute tax-free money to your HSA up to annual IRS maximums.
- You can use the money in your HSA to pay for current healthcare expenses - or you can save toward future healthcare expenses.
- More details about the HSA are located on pages 15-16.

## Anthem Platinum Proactive Care PPO Plan

- Everything shown above for the PPO plan above also applies to the Anthem Platinum Proactive Care PPO plan.
- \$0 copays for essential services like primary care, urgent care, outpatient mental health, physical medicine, and most lab work.
- There is no deductible, no coinsurance, and costs are predictable.
- Access to the full Anthem PPO network.
- Enhanced Navitus Pharmacy benefit: many commonly used prescriptions will be available for \$0 copay when prescribed by a primary care physician, such as asthma inhalers, diabetic medications, insulins, anticoagulants, and specialty medications.

### Important Note: Fourth Quarter Roll Over for Blue Shield PPO Plans (Does not apply to HSA)

Your deductible runs between January 1 and December 31 every year. Any amount that you pay toward your deductible in the fourth quarter of a calendar year (between October 1 and December 31) is credited for the current year and the next year. This may help you save money when you need services near the end of the year. Your **Deductible** is the amount you pay for covered health care services before your insurance plan starts to pay. Your **Out of Pocket Maximum** is the most you’ll have to pay during a policy period for health care services. Once you’ve reached your out-of-pocket maximum, your plan pays 100% of the allowed amount for covered services. For the Platinum Proactive Care PPO plan, any amount paid toward the out of pocket maximum in the fourth quarter of a calendar year is credited for the current year and the next year.



## Additional Health Benefits

For **All** Westminster School District Medical Plan Members

### Telemedicine Benefits

Phone and/or video visits are an excellent option for convenient, accessible care when you don't need a doctor to see you in person. They are also a good choice when away from home or if you need short term prescription drug refills. Westminster School District provides telemedicine coverage with all medical plans.

#### Kaiser Members: Phone and Video Visits

- Log in to your Kaiser account at [www.kp.org](http://www.kp.org) to make a free phone or video appointment with your doctor or call 800-464-4000; there is no copay for phone or video visits
- For phone visits, the doctor will call you at the time of the appointment
- For video visits, go to <https://mydoctor.kaiserpermanente.org/ncal/videovisit/#>, click Join your visit and log in

### Biometric Screenings

Every Spring, voluntary biometric screenings are provided through SISC to all Westminster School District medical plan members. Receive a \$25 reward when you participate and you will automatically be entered in a raffle to win a \$500 prize.

### Costco Onsite Flu Shot Clinics

Every Fall, Westminster School District provides voluntary flu shot clinics through SISC to all Westminster School District medical plan members. The flu shot clinic provide employees with convenient access to the flu vaccine at no cost.



For All Westminster School District **Kaiser** Plan Members

### Healthy Lifestyle Programs for Chronic Conditions

These programs are designed to support people living with chronic conditions or health issues. Go to [kp.org/healthylifestyles](http://kp.org/healthylifestyles) to join them.

- **Care for Diabetes:** Receive support in managing diabetes to help you lead a healthier, more satisfying life.
- **Care for Your Health:** A customized plan to help you handle medications and treatments, and deal with daily challenges
- **Care for Pain:** A personalized pain management plan can help you enjoy life to the fullest while dealing effectively with your chronic pain.

### Healthy Resources for Kaiser Members

Your Kaiser HMO plan comes with healthy resources, many of which are free to Kaiser members. Other programs and courses are available at a special rate. These healthy extras can help you stay informed about healthier lifestyles—mind, body and, spirit.

To access your Kaiser healthy extras, go to [Deals on Gyms & Classes | Kaiser Permanente](#).

- Get physician-reviewed health information on a wide array of health topics.
- Discounts on fitness services and products.
- Wellness programs and classes, both in-person and online, either free to Kaiser members or offered at discounted rates.
- Receive 25% discounts on complementary care, including massage, acupuncture, and chiropractic.

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### Prevent and detect health issues early with free wellness screenings

#### *Quest Wellness Screening*

Know your health numbers and connect with your doctor to help manage health risks and prevent chronic disease.

#### **All SISC members**

Call: (855) 623-9355

Visit: [my.questforhealth.com](https://my.questforhealth.com)  
and enter SISC2024



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### Expert medical opinions

#### *Teladoc Medical Experts*

Get answers to health care questions and second opinions from world-leading experts.

#### **All SISC members**

Call: (855) 380-7828

Visit: [teladochealth.com](https://teladochealth.com)



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### 24/7 help with personal concerns

#### *Anthem Employee Assistance Program (EAP)*

Access free, confidential resources for help with emotional, marital, financial, addiction, legal, or stress issues.

#### **All SISC members**

Call: (800) 999-7222

Visit: [anthemeap.com](https://anthemeap.com)



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### Autoimmune Support

#### *WellTheory*

Take control of your autoimmune health. Work with expert coaches to fill gaps left by medications and ease chronic symptoms like pain, fatigue, and digestive issues.

#### **All SISC members**

Visit: [welltheory.com/partner/sisc](https://welltheory.com/partner/sisc)



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### Free Generic Medications

#### *Costco*

Access most generic medications at no cost through Costco retail and mail order pharmacies. You don't need to be a Costco member.

#### **All Blue Shield members**

Call: (800) 7742678 (press 1)

Visit: [costco.com](https://costco.com)



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### Personal health coaching

#### *Vida Health*

Get one-on-one health coaching, therapy, chronic condition management, health trackers and other tools and resources online or via phone.

#### **All Blue Shield members**

Call: (855) 442-5885

Visit: [vida.com/sisc](https://vida.com/sisc)



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### 24/7 Physician Access — Anytime, Anywhere

#### *MDLive*

Access to virtual visits with psychiatrists and therapists for members age 10 and up. Virtual urgent care services are available to all members. Physicians can prescribe medication when appropriate.

#### **All Blue Shield members**

Call: (888) 632-2738

Visit: [mdlive.com/sisc](https://mdlive.com/sisc)



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### Physical Therapy for Back or Joint Pain

#### *Hinge Health*

Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.

#### **Blue Shield PPO members only**

Call: (855) 902-2777

Visit: [hingehealth.com/sisc](https://hingehealth.com/sisc)



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### Hip, Knee, and Spine Surgical Benefit

#### *Carrum Health*

Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel and medical bills

#### **Blue Shield PPO members only**

Call: (888) 855-7806

Visit: [info.carrumhealth.com/sisc](https://info.carrumhealth.com/sisc)



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### Enhanced Cancer Benefit

#### *Lantern Cancer Care*

Get help from a personal oncology nurse who can partner with you on every step of your cancer journey. You will receive a review of your initial diagnosis, a care plan, and support.

**Blue Shield PPO members only**

Visit: [lanterncare.com](https://lanterncare.com)



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### 24/7 Virtual Primary Care Doctor

#### *Centivo Care*

Connect virtually with a primary care team to manage all of your healthcare needs. Centivo Care providers diagnose conditions, manage prescriptions, refer to specialists, and answer follow-up questions using video visits or live chat.

**Blue Shield PPO members only**

Visit: [centivocare.com/sisc](https://centivocare.com/sisc)



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### Save On Certain Outpatient Procedures

#### *Value Based Site-of-Care Benefit*

When you obtain certain outpatient procedures (Arthroscopy, Cataract Surgery, Colonoscopy, or Upper GI Endoscopy) at an Ambulatory Surgery Center, you will save significantly. Coverage is limited when you access

**Blue Shield PPO members only**

For more details, call the number on your medical card.

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### 24/7 Access to Virtual Maternity and Postpartum Support

#### *Maven*

Connect with a care advocate who will guide you through various tools and resources related to pregnancy and postpartum care. Get private visits with gynecologists, specialists, therapists, and 30 other maternity and

**Blue Shield PPO members only**

Visit: [mavenclinic.com/join/SISC](https://mavenclinic.com/join/SISC)



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### Free Colorectal Screening for PPO Members Age 45+

#### *Quest InsureOne*

Sign up to receive a free, easy-to-use, home FIT test to screen for gastrointestinal (GI) tract bleeding that may be caused by colorectal cancer or other lower GI disorders.

**Blue Shield PPO members Age 45+ only**

Call: (855) 623-9355

Visit: [myquestforhealth.com](https://myquestforhealth.com) and use the registration key: SISC2025.



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### Expert Menopausal Relief Telehealth

#### *Midi*

Midi's expert clinicians can help you find safe, effective solutions for a wide range of menopause-related symptoms. They help you get any needed lab tests and create a personalized care plan.

**Blue Shield PPO members only**

Visit: [joinmidi.com/sisc](https://joinmidi.com/sisc)



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### Gym and Digital Home Workout Memberships

#### *Take advantage of low-cost health and fitness support*

- **Kaiser Members:** One Pass Select Affinity from Optum
- **Blue Shield members:** Tivity Health

**Kaiser Members:** Call (877) 515-9364 or visit: [healthykaiserpermanente.org/health-wellness/fitness-offerings](https://healthykaiserpermanente.org/health-wellness/fitness-offerings)

**Blue Shield Members:** Call (833) 283-8387 or visit: [fitnessyourway.tivityhealth.com/bsc](https://fitnessyourway.tivityhealth.com/bsc)

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|                                                                    | Kaiser HMO                            | Blue Shield Traditional HMO                       | Blue Shield LAP HMO                               | Blue Shield TRIO HMO                              |
|--------------------------------------------------------------------|---------------------------------------|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
|                                                                    | Kaiser Network                        | Full HMO Network                                  | Limited HMO Network                               | Limited HMO Network                               |
| Lifetime Maximum                                                   | Unlimited                             | Unlimited                                         | Unlimited                                         | Unlimited                                         |
| Deductible (Annual)                                                | \$0                                   | \$0                                               | \$0                                               | \$0                                               |
| Co-insurance                                                       | 100%                                  | 100%                                              | 100%                                              | 100%                                              |
| Out of Pocket Maximum                                              | \$1,500 Individual/<br>\$3,000 Family | \$1,500 Individual/<br>\$3,000 Family             | \$1,500 Individual/<br>\$3,000 Family             | \$1,500 Individual/<br>\$3,000 Family             |
| <b>Health Services</b>                                             |                                       |                                                   |                                                   |                                                   |
| Physician Office Visit<br>- Primary Care Physician<br>- Specialist | \$30 Copay<br>\$30 Copay              | \$30 Copay<br>\$30 Copay/<br>\$45 Copay (Access+) | \$30 Copay<br>\$30 Copay/<br>\$45 Copay (Access+) | \$30 Copay<br>\$30 Copay/<br>\$45 Copay (Access+) |
| Hospitalization<br>- Inpatient<br>- Outpatient Surgery             | No Charge<br>\$30 Copay               | 20%<br>No Charge                                  | 20%<br>No Charge                                  | 20%<br>No Charge                                  |
| Lab and X-ray                                                      | 100%                                  | 100%                                              | 100%                                              | 100%                                              |
| Emergency Services                                                 | \$100 Copay<br>Waived if Admitted     | \$150 Copay<br>Waived if Admitted                 | \$150 Copay<br>Waived if Admitted                 | \$150 Copay<br>Waived if Admitted                 |
| Urgent Care                                                        | \$30 Copay<br>(within Medical Group)  | \$30 Copay<br>(within Medical Group)              | \$30 Copay<br>(within Medical Group)              | \$30 Copay<br>(within Medical Group)              |
| Preventive Care                                                    | 100%                                  | 100%                                              | 100%                                              | 100%                                              |
| Chiropractic /Acupuncture<br>30 visits max/calendar year           | \$10 copay<br>Combined                | \$10 copay<br>Combined                            | \$10 copay<br>Combined                            | \$10 copay<br>Combined                            |
| Durable Medical Equipment                                          | No Charge                             | 20%                                               | 20%                                               | 20%                                               |
| Mental Health<br>- Inpatient<br>- Outpatient                       | No Charge<br>\$30 Copay               | 20%<br>\$30 Copay                                 | 20%<br>\$30 Copay                                 | 20%<br>\$30 Copay                                 |
| Prescription Drugs *                                               |                                       |                                                   |                                                   |                                                   |
| Retail Pharmacy                                                    |                                       |                                                   |                                                   |                                                   |
| - Out-of-Pocket Maximum                                            | N/A                                   | \$2,500 Individual/<br>\$3,500 Family             | \$2,500 Individual/<br>\$3,500 Family             | \$2,500 Individual/<br>\$3,500 Family             |
| - Deductible (Brand Name)                                          | None                                  | \$200 Individual /<br>\$500 Family                | \$200 Individual/<br>\$500 Family                 | \$200 Individual/<br>\$500 Family                 |
| - Generic Formulary                                                | \$10 Copay                            | \$10 Copay                                        | \$10 Copay                                        | \$10 Copay                                        |
| - Brand Name                                                       | \$30 Copay                            | \$35 Copay                                        | \$35 Copay                                        | \$35 Copay                                        |
| - Supply Limit                                                     | 30 Days                               | 30 Days                                           | 30 Days                                           | 30 Days                                           |
| Mail Order Pharmacy                                                |                                       |                                                   |                                                   |                                                   |
| - Generic Formulary                                                | \$20 Copay                            | \$0 Copay                                         | \$0 Copay                                         | \$0 Copay                                         |
| - Brand Name                                                       | \$60 Copay                            | \$90 Copay                                        | \$90 Copay                                        | \$90 Copay                                        |
| - Supply Limit                                                     | 31-100 days                           | 90 Days                                           | 90 Days                                           | 90 Days                                           |

\*A generic drug will always be dispensed if one is available.

\*\* SB729 Fertility Treatment—Please refer to your Evidence of Coverage for details.

|                                                        | Blue Shield 80-J PPO                                            |                                                                 | Blue Shield 90-G PPO                                            |                                                                 |
|--------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|
|                                                        | PPO Network                                                     | Non Network                                                     | PPO Network                                                     | Non Network                                                     |
| Lifetime Maximum                                       | Unlimited                                                       |                                                                 | Unlimited                                                       |                                                                 |
| Deductible (Annual)                                    | \$750 Individual/\$1,500 Family                                 |                                                                 | \$500 Individual/\$1,000 Family                                 |                                                                 |
| Co-Insurance (Plan Pays)                               | 80%                                                             | 50%                                                             | 90%                                                             | 50%                                                             |
| Out of Pocket Maximum                                  | \$3,000 Individual/<br>\$6,000 Family                           | No limit Individual/<br>No limit family                         | \$1,000 Individual/<br>\$3,000 Family                           | n/a<br>n/a                                                      |
| <b>Health Services</b>                                 |                                                                 |                                                                 |                                                                 |                                                                 |
| Physician Office Visit<br>- Primary Care Physician     | \$30 Copay<br>(first three PCP visits are<br>\$0 copay)         | All billed amounts<br>exceeding the maxi-<br>mum allowed amount | \$20 Copay<br>(first three PCP visits are<br>\$0 copay)         | All billed amounts<br>exceeding the maxi-<br>mum allowed amount |
| - Specialist                                           | \$30 Copay                                                      |                                                                 | \$20 Copay                                                      |                                                                 |
| Hospitalization<br>- Inpatient<br>- Outpatient Surgery | 20% after deductible<br>20% after deductible                    | \$600/Day Benefit<br>\$350/Day Benefit                          | 10% after deductible<br>10% after deductible                    | \$600/Day Benefit<br>\$350/Day Benefit                          |
| Lab and X-ray                                          | 20% after deductible                                            | Not covered                                                     | 10% after deductible                                            | Not covered                                                     |
| Emergency Services<br>(waived if admitted)             | \$100 Copay +<br>20% after deductible                           | \$100 Copay +<br>20% after deductible                           | \$100 Copay +<br>10% after deductible                           | \$100 Copay +<br>10% after deductible                           |
| Urgent Care                                            | \$30 Copay                                                      | All billed amounts<br>exceeding the maxi-<br>mum allowed amount | \$20 Copay                                                      | All billed amounts<br>exceeding the maxi-<br>mum allowed amount |
| Preventive Care                                        | No charge                                                       | Not Covered                                                     | No charge                                                       | Not Covered                                                     |
| Chiropractic Benefits                                  | 20% (Pre-authorization<br>required after 5 <sup>th</sup> visit) | Not Covered                                                     | 10% (Pre-authorization<br>required after 5 <sup>th</sup> visit) | Not Covered                                                     |
| Durable Medical Equipment                              | 20% after deductible                                            | Not covered                                                     | 10% after deductible                                            | Not covered                                                     |
| Mental Health<br>- Inpatient<br>- Outpatient           | 20% after deductible<br>\$30 copay                              | All billed amounts<br>exceeding the maxi-<br>mum allowed amount | 10% after deductible<br>\$20 copay                              | All billed amounts<br>exceeding the maxi-<br>mum allowed amount |
| Prescription Drugs *                                   |                                                                 |                                                                 |                                                                 |                                                                 |
| Retail Pharmacy                                        |                                                                 |                                                                 |                                                                 |                                                                 |
| - Out-of-Pocket Maximum                                | \$2,500 Individual/<br>\$3,500 Family                           | N/A                                                             | \$2,500 Individual/<br>\$3,500 Family                           | N/A                                                             |
| - Deductible (Brand Name)                              | \$200 Individual/<br>\$500 Family                               | N/A                                                             | \$200 Individual/<br>\$500 Family                               | N/A                                                             |
| - Generic Formulary                                    | \$10 Copay (\$0 Costco)                                         | Not Covered                                                     | \$10 Copay                                                      | Not Covered                                                     |
| - Brand Name                                           | \$35 Copay                                                      | Not Covered                                                     | \$35 Copay                                                      | Not Covered                                                     |
| - Supply Limit                                         | 30 Days                                                         | N/A                                                             | 30 Days                                                         | N/A                                                             |
| Mail Order Pharmacy                                    |                                                                 |                                                                 |                                                                 |                                                                 |
| - Generic Formulary                                    | \$0 Copay                                                       | Not Covered                                                     | \$0 Copay                                                       | Not Covered                                                     |
| - Brand Name                                           | \$90 Copay                                                      | Not Covered                                                     | \$90 Copay                                                      | Not Covered                                                     |
| - Supply Limit                                         | 90 Days                                                         | N/A                                                             | 90 Days                                                         | N/A                                                             |

\*A generic drug will always be dispensed if one is available.

|                                                                                                      | Blue Shield PPO/HSA 1700                                        |                                                         |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------|
|                                                                                                      | PPO Network                                                     | Non Network                                             |
| Lifetime Maximum                                                                                     | Unlimited                                                       |                                                         |
| Deductible (Annual) **<br>- Single<br>- Individual/Family                                            | \$1,700<br>\$1,700 Individual/\$3,400 Family                    |                                                         |
| Co-Insurance (Plan Pays)                                                                             | 90%                                                             | 50%                                                     |
| Out of Pocket Maximum<br>- Individual<br>- Family                                                    | \$3,400 Individual<br>\$6,800 Family                            | n/a<br>n/a                                              |
| Health Services                                                                                      |                                                                 |                                                         |
| Physician Office Visit<br>- Primary Care Physician<br>- Specialist                                   | 10% after deductible<br>10% after deductible                    | 50% after deductible<br>50% after deductible            |
| Hospitalization<br>- Inpatient<br>- Outpatient Surgery                                               | 10% after deductible<br>10% after deductible                    | \$600 max benefit<br>\$350 max benefit                  |
| Lab and X-ray                                                                                        | 10% after deductible                                            | 50% after deductible                                    |
| Emergency Services                                                                                   | \$100 copay, 10% after deductible<br>(copay waived if admitted) |                                                         |
| Urgent Care                                                                                          | 10% after deductible                                            | 50% after deductible                                    |
| Preventive Care                                                                                      | 100%                                                            | Not Covered                                             |
| Chiropractic Benefits                                                                                | 10% after deductible<br>(20 visit max/year)                     | Not Covered                                             |
| Durable Medical Equipment                                                                            | 10% after deductible                                            | Not Covered                                             |
| Mental Health<br>- Inpatient                                                                         | 10% after deductible                                            | Doctor: Deductible + 50%<br>Facility: \$600 max benefit |
| - Outpatient                                                                                         | 10% after deductible                                            | Deductible + 50%                                        |
| Prescription Drugs *<br>Retail Pharmacy<br><br>- Generic Formulary<br>- Brand Name<br>- Supply Limit | \$9 after deductible<br>\$35 after deductible<br>30 days        |                                                         |
| Mail Order Pharmacy<br>- Generic Formulary<br>- Brand Name<br>- Supply Limit                         | \$0 after deductible<br>\$90 after deductible<br>90 days        |                                                         |

\*A generic drug will always be dispensed if one is available.

\*\*The calendar year deductible is subject to change per IRS guidelines

## Quick Video: High Deductible Health Plans and HSAs

This quick, easy video helps you understand the advantages of HDHPs and HSAs: <https://info.baldwin.com/hdhp/>.

## SISC Platinum Proactive Care PPO Plan

With this plan, there are \$0 copays for key services like primary care, urgent care, mental health, physical therapy, and most lab work. Get predictable costs, access to the full Anthem Prudent Buyer PPO network, and an enhanced Navitus pharmacy benefit with more \$0-cost prescriptions. For more details, [click here](#) or scan the QR code to the right.



| Platinum                                       |                                                       |
|------------------------------------------------|-------------------------------------------------------|
| In-Network                                     |                                                       |
| Cost Factors                                   |                                                       |
| Lifetime Maximum Benefit                       | Unlimited                                             |
| Calendar Year Deductible                       | \$0                                                   |
| Out-of-Pocket Maximum <sup>1</sup>             |                                                       |
| – Individual                                   | \$2,000                                               |
| – Family                                       | \$4,000                                               |
| Health Services                                | You Pay                                               |
| Office Visit Copay                             |                                                       |
| – Preventive Care <sup>2</sup>                 | No charge                                             |
| – Primary Care Physician <sup>2</sup>          | No charge                                             |
| – Specialist <sup>2</sup>                      | \$70 copay                                            |
| – Urgent Care                                  | No charge                                             |
| – Mental Health & Substance Abuse <sup>2</sup> | No charge                                             |
| Inpatient Hospitalization                      | \$400 copay/day                                       |
| Outpatient Surgery                             |                                                       |
| – Hospital                                     | \$1,200 copay                                         |
| – Freestanding Facility                        | \$400 copay                                           |
| Lab                                            | \$0 - \$100 copay <sup>3</sup>                        |
| X-Ray                                          | \$0 - \$150 copay <sup>3</sup>                        |
| Complex Imaging                                | \$200 - \$500 copay <sup>3</sup>                      |
| Emergency                                      | \$600 copay (waived if admitted)                      |
| Chiropractic <sup>2</sup>                      | No charge (preauthorization required after 5th visit) |
| Acupuncture <sup>2</sup>                       | No charge (12 visits/year)                            |
| Prescription Drugs                             | You Pay                                               |
| Walk-In (Network/Costco)                       | \$0 - \$90 <sup>3</sup>                               |
| Mail Order (Navitus)                           | Specialty only: \$35                                  |

<sup>1</sup> The annual out-of-pocket maximum applies to copays and does not include out-of-network balance billing charges. Refer to plan documents for more detailed information.

<sup>2</sup> Includes virtual and office visits

## Health Savings Accounts

The opportunity to establish and contribute to a Health Savings Account is available when you elect the PPO/HSA 1700 medical plan option. It's like a personal, tax-free savings account for health care expenses that earns interest. Any unused money rolls over from year to year.

The portion of your paycheck that you contribute to your HSA will be taken out before you pay federal income taxes, Social Security taxes and most state taxes (excluding state taxes in CA and NJ). Any contributions you make can be increased or decreased over the course of the year.

The money in your HSA is yours to save and spend on eligible health care expenses whenever you need it, whether in this plan year or in future plan years. Your account balance earns interest and the unused balance rolls-over from year to year. The money is yours to keep even if you leave Westminster School District, no longer participate in a high deductible health plan (like the PPO/HSA 1700), or retire.

## Contributions

Your contributions cannot exceed the annual maximum amount set by the IRS.

|                                              | 2026 IRS Annual<br>Contribution Limits | 2027 IRS Annual<br>Contribution Limits |
|----------------------------------------------|----------------------------------------|----------------------------------------|
| Employee Only                                | \$4,400                                | \$4,500                                |
| Employee + 1 Dependent                       | \$8,750                                | \$9,000                                |
| Family                                       | \$8,750                                | \$9,000                                |
| Catch Up Contribution for<br>Age 55 and Over | \$1,000                                | \$1,000                                |

### Note for Employees Residing in California

Subject to state tax law, contributions, earned interest or investment gains related to an HSA bank account are not exempt from state taxes.

## Eligibility for the Health Savings Account

You're eligible to open an HSA if:

- You enroll in a qualified high deductible health plan.
- Your only coverage is a high deductible health plan. If you are covered under your spouse's plan and that plan is not a high deductible plan, you are not eligible to contribute to an HSA.
- You are not covered by a traditional Health Care Flexible Spending Account (FSA) through your spouse. If you are enrolled in the Westminster School District FSA, you will be enrolled in the Limited Purpose FSA that allows for reimbursement of expenses for Dental and Vision.
- You have not signed up for TRICARE or Medicare coverage, including Part A.
- You have not received Veterans Administration benefits within the last 3 months.

Please note, your Domestic Partner and their children are not eligible to receive reimbursements through the HSA account due to IRS regulations. Even if enrolled in the HDHP plan, your HSA contribution may be limited to the "single" contribution limit set by the IRS.

## Health Savings Accounts, continued

### Quick Video: Health Savings Accounts (HSA)

This quick, easy video helps you understand HSAs: <https://www.brainshark.com/brp/HSAGen?dm=1>.

### Examples of Eligible HSA Expenses

| Medical                                                                                                                                                                                                                                        | Dental                                                                                                                                                       | Vision                                                                                                                                                                      | Premiums                                                                                          | Other                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Providers (Doctors, Nurses)</li> <li>Prescription Drugs</li> <li>Inpatient Hospital Services</li> <li>Laboratory &amp; X-Ray</li> <li>Emergency Services</li> <li>Acupuncture / Chiropractic</li> </ul> | <ul style="list-style-type: none"> <li>Providers (Dentists, Orthodontists)</li> <li>Teeth Cleaning</li> <li>Dental Treatment</li> <li>Orthodontia</li> </ul> | <ul style="list-style-type: none"> <li>Providers (Optometrists, Ophthalmologists)</li> <li>Exams</li> <li>Glasses</li> <li>Contact Lenses</li> <li>Lasik Surgery</li> </ul> | <ul style="list-style-type: none"> <li>COBRA</li> <li>Long-Term Care</li> <li>Medicare</li> </ul> | <ul style="list-style-type: none"> <li>Over-the-counter medications</li> <li>Menstrual supplies</li> <li>Personal Protective Equipment (PPE) for COVID-19</li> </ul> |

### Examples of Ineligible HSA Expenses

Ineligible HSA expenses include expenses that are not medical or health-related as well as cosmetic surgery.



## Tips On Using Your Medical Benefits

### 1. Ask Questions

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.

### 2. Utilize your Free Preventive Care Benefits to Stay Healthy

Preventive care benefits are covered at no charge to you (in-network only for the PPO plan). Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and most importantly... potentially save your life! Take advantage of these no cost benefits now to hopefully avoid major illnesses and costs in the future.

### 3. Get the Right Health Care and Save Money

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

- **Doctor's Office** visit or **Telemedicine** visit: This is a good choice for non-urgent medical issues.
- An **Urgent Care** visit is the best choice for non-life threatening medical issues that require immediate in-person care when you can't get an appointment for a Doctor's Office Visit.
- You should use the **Emergency Room** for life threatening emergencies or for other issues that require immediate, in-person medical care outside Urgent Care hours.

### 4. Use Generic Drugs When Available

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

Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established, frequently used medications that do not require expensive advertising.

Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

### 5. Use the Mail-Order Prescription Drug Benefit for Maintenance Medications

If you take medications on a long term basis, the mail order prescription drug benefit can save you money. As a Kaiser Permanente or Blue Shield member, you will receive discounts when you purchase maintenance medications through the mail-order pharmacy. In addition, your medications will be delivered to your home.

## Medical Plan Terms Video

Medical plan terms, such as deductibles, copays, coinsurance and out-of-pocket maximums, can sometimes be confusing. For a quick video that shows how these work, visit <https://info.baldwin.com/terms/>.



## Learn the Language of Benefits

Below is a glossary of definitions for some of the most common terms used for benefits. Learning these terms will help you better understand the information in this guide choose the benefits that are best for you and your family.

### Benefits Glossary

| Term                                  | Definition                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Allowable Charge                      | Sometimes known as the "allowed amount," "maximum allowable," and "usual, customary, and reasonable (UCR)" charge, this is the dollar amount considered by a health insurance company to be a reasonable charge for medical services or supplies based on the rates in your area.                                               |
| Claim                                 | A request by a plan member, or a plan member's health care provider, for the insurance company to pay for medical services.                                                                                                                                                                                                     |
| Coinsurance                           | The amount you pay to share the cost of covered services after your deductible has been paid. The coinsurance rate is usually a percentage. For example, if the insurance company pays 80% of the claim, you pay 20%.                                                                                                           |
| Copayment                             | One way you share in your medical costs. You pay a flat fee for certain medical expenses (e.g., \$10 for every visit to the doctor), while your insurance company pays the rest.                                                                                                                                                |
| Deductible                            | The amount of money you must pay each year to cover eligible medical expenses before your insurance policy starts paying.                                                                                                                                                                                                       |
| Explanation of Benefits               | The health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs you are responsible for.                                                                                                                         |
| Out-of-Pocket Maximum                 | The most money you will pay during a year for coverage. It includes deductibles, copayments, and coinsurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.                                                                       |
| Health Maintenance Organization (HMO) | A health care financing and delivery system that provides comprehensive health care services for enrollees in a particular geographic area. HMOs require the use of specific, in-network plan providers.                                                                                                                        |
| Preferred Provider Organization (PPO) | A health insurance plan that offers greater freedom of choice than HMO (health maintenance organization) plans. Members of PPOs are free to receive care from both in-network or out-of-network (non-preferred) providers, but will receive the highest level of benefits when they use providers inside the network.           |
| In-Network Provider                   | A health care professional, hospital, or pharmacy that is part of a health plan's network of preferred providers. You will generally pay less for services received from in-network providers because they have negotiated a discount for their services in exchange for the insurance company sending more patients their way. |
| Non-Network Provider                  | A health care professional, hospital, or pharmacy that is not part of a health plan's network of preferred providers. You will generally pay more for services received from out-of-network providers.                                                                                                                          |
| Network                               | The group of doctors, hospitals, and other health care providers that insurance companies contract with to provide services at discounted rates. You will generally pay less for services received from providers in your network.                                                                                              |
| Premium                               | The amount you or your employer pays each month in exchange for insurance coverage.                                                                                                                                                                                                                                             |
| Provider                              | Any person (i.e., doctor, nurse, dentist) or institution (i.e., hospital or clinic) that provides medical care.                                                                                                                                                                                                                 |
| Primary Care Physician                | A physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.                                                                                                                      |

## Delta Dental Plans

Westminster School District offers two dental plans to employees to choose from:

### DHMO Dental Plan

As a DeltaCare USA DHMO member, you are required to select a general dentist to provide your dental care for items such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. DHMO plan highlights include:

- Teeth cleanings are covered once per 6 month period.
- No copays are required for most services, although there are some procedures and optional services that may include additional charges.
- The orthodontic benefit covers up to 24 months of active orthodontic treatment (additional start-up fees apply). Beyond 24 months of active treatment, an additional monthly fee will apply.
- To find a DHMO dentist, go to, [www.deltadentalins.com](http://www.deltadentalins.com) or call (800) 422-4234.

### Delta Dental PPO

The Delta Dental PPO (CSEBA) plan is a preferred provider dental plan. The benefits cover a wide range of dental services. You may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a PPO dentist, your out-of-pocket expenses will be less. When you obtain services from a non-network dentist, you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims. PPO plan highlights include:

- Teeth cleanings are covered three times per year.
- As a PPO member, you may use a PPO dentist outside of the PPO plan network, but you will pay more out-of-pocket and may be responsible for filing claims. Reimbursement for the PPO plan is based on Delta Dental's schedule of maximum allowable charges. Non-contracted dentists may bill the member for any amount above Delta Dental's maximum allowable charges. If you are balance billed by a dentist, you may be able to negotiate a lower payment directly with the dental office.
- Delta Dental pays 70% of the approved fees for covered diagnostic, preventive and basic services and 70% of the approved amount for cast and crown benefits during the first year of eligibility. This percentage increases 10% each consecutive year the dentist is visited to a maximum of 100%. The incentive level will drop back 10% if the member does not see the dentist in the calendar year. It drops back to 70% if you lose eligibility and then become eligible again.
- To find a PPO dentist, go to, [www.deltadentalins.com](http://www.deltadentalins.com) or call (866) 499-3001.

|                            | DeltaCare DHMO | Delta Dental PPO                |             |
|----------------------------|----------------|---------------------------------|-------------|
|                            | DHMO Network   | PPO Network                     | Non Network |
| Calendar Year Maximum      | Unlimited      | \$2,000                         | \$1,500     |
| Deductible (Annual)        |                |                                 |             |
| – Individual               | None           | None                            |             |
| – Family                   | None           | None                            |             |
| Preventive (Plan Pays)     | 100%           | 70% - 100%                      | 70% - 100%  |
| Basic Services (Plan Pays) | 100%           | 70% - 100%                      | 70% - 100%  |
| Major Services (Plan Pays) | 100%           | 70%                             | 70%         |
| Implants (Plan Pays)       | Not covered    | 50%                             | 50%         |
| Orthodontia                |                |                                 |             |
| - Child(ren) to Age 19     | \$1,600 copay  | 50% to \$1,000 Lifetime Maximum |             |
| - Adults Over Age 19       | \$1,800 copay  | 50% to \$1,000 Lifetime Maximum |             |

### Note

We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300.

Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

## VSP Vision

The VSP Vision plans provide professional vision care and high quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with the carrier. Please refer to the updated **Maximum Out-of-Pocket copay sheet** on the District website.

To find an VSP vision provider, visit [www.vsp.com](http://www.vsp.com) and search the **VSP Choice** provider network or call **(800) 877-7195**.

|                         | Low                                                                       |              | High                                                                      |              |
|-------------------------|---------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------|--------------|
|                         | Network                                                                   | Non Network  | Network                                                                   | Non Network  |
| Examination             | 100%                                                                      | \$40 Benefit | \$10 Copay (\$0 exam copay if using a Premier Max provider)               | \$40 Benefit |
| Lenses                  |                                                                           |              |                                                                           |              |
| – Single Vision         | 100%                                                                      | \$30 Benefit | 100%                                                                      | \$30 Benefit |
| – Bifocal               | 100%                                                                      | \$50 Benefit | 100%                                                                      | \$50 Benefit |
| – Trifocal              | 100%                                                                      | \$70 Benefit | 100%                                                                      | \$70 Benefit |
| Frames                  | \$120 Benefit (extra \$50 towards frames if using a Premier Max provider) | \$84 Benefit | \$130 Benefit (extra \$50 towards frames if using a Premier Max provider) | \$91 Benefit |
| Elective Contact Lenses | \$120 Benefit                                                             | \$84 Benefit | \$130 Benefit                                                             | \$91 Benefit |
| Frequency               |                                                                           |              |                                                                           |              |
| – Examination           | 12 Months                                                                 |              | 12 Months                                                                 |              |
| – Frames                | 24 Months                                                                 |              | 12 Months                                                                 |              |
| – Lenses or Contacts    | 24 Months                                                                 |              | 12 Months                                                                 |              |

### Note

The VSP Vision network includes access to independent ophthalmologists and optometrists, as well as Costco, Pearle Vision, Sam's Club, Walmart retail stores, Visionworks and online Eyeconic

## Voluntary Benefits

### Voluntary Benefits

You may purchase individual policies from American Fidelity including:

- Disability Income Insurance
- Basic Cancer
- Limited Benefit Accident Only Insurance
- Life Insurance (term, whole and permanent)
- 403(b) Tax Deferred Annuities (fixed and variable).

For more information on these benefit options, contact American Fidelity Assurance at **(866) 523-1857**.

## Life/AD&D Insurance

It's never fun to discuss life insurance. But you probably know that life insurance is something that you need to protect your loved ones in the event of your death. Things like funeral expenses, debt, and the cost of living, can all add up. Fortunately, life insurance can help lessen the financial burden and provide coverage to help pay for these types of expenses.

### Guardian | Basic Life/AD&D

This coverage is provided by Guardian at no cost to you

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the company.

Accidental Death and Dismemberment (AD&D) coverage provides an additional benefit to your beneficiary if your death is due to a covered accident or injury.

Life benefits will reduce by certain percentages as you age, and will terminate when you leave the company or retire.

#### Basic Life/AD&D

**\$20,000**



#### Choosing a Beneficiary

A beneficiary is a person or entity who you designate to receive your death benefits. Choosing a beneficiary and keeping your beneficiary up-to-date is an essential part of owning life insurance. Please remember to review your beneficiary designation as new situations arise, such as the birth or adoption of a child, marriage, or divorce. You may call the Insurance Services for a copy of the Beneficiary Designation Form as needed.

### Guardian | Voluntary Life

In addition to the company provided Basic Life/AD&D benefits, you may elect to purchase additional Term Life insurance at discounted group rates provided by Guardian. You pay for this coverage with after-tax dollars through convenient payroll deductions.

#### Voluntary Life

##### Employee

You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of \$500,000.

##### Spouse or Domestic Partner

If you buy coverage for yourself, you may also purchase coverage for your eligible spouse or domestic partner. Benefits for your spouse or domestic partner are available in increments of \$10,000 up to a maximum benefit of \$250,000, not to exceed 100% of your employee election.

##### Child(ren)

If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren). Benefits for your child(ren) are available in the amount of \$5,000 or \$10,000. Infants from birth to 14 days are eligible for a \$500 benefit.

Life benefits will reduce by certain percentages as you age, and will terminate when you leave the company or retire (unless you convert into an individual policy).

#### Guarantee Issue

Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you during your initial eligibility period (upon hire). Guarantee issue is available in the following amounts:

- **Employee:** \$250,000
- **Spouse or Domestic Partner:** \$50,000
- **Child(ren):** \$10,000

If you are no longer in your initial eligibility period, you may enroll in Voluntary Life insurance anytime during the year as long as you provide proof of good health. To provide proof of good health, you will be asked to complete a health questionnaire (Evidence of Insurability) and are subject to insurance carrier approval. Guardian may approve or decline coverage based on a review of your health history.

## American Fidelity Flexible Spending Accounts

FSA Plan Year: January 1 - December 31

Flexible Spending Accounts (FSAs) are special tax-advantaged accounts used to pay for eligible out-of-pocket health care and dependent care expenses. If elected, your account(s) will be funded with tax-free dollars using convenient payroll deductions. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts.

If you are using an FSA debit card, you must save your receipts, in case American Fidelity needs a copy for verification. Per IRS guidelines, all receipts must be itemized to reflect what product or service was purchased.

### Health Care FSA

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. You may defer up to \$3,400 pre-tax per year. Eligible expenses include:

- Coinsurance, Copays and Deductibles
- Medical care and Prescriptions
- Dental care and Orthodontia
- Eye Exams, Eyeglasses and Lasik Eye Surgery
- Eligible over-the-counter medications, COVID-19 PPE, and menstrual products

To shop for FSA-eligible products, and for a list of eligible expenses, go to [www.fsastore.com](http://www.fsastore.com).

### Limited Care FSA

#### Important Note for PPO with HSA Plan Participants

If you enroll in the **PPO/HSA 1700** medical plan, you are **not** eligible to participate in the Health Care FSA. You can, however, participate in the Limited Care FSA. You can use the Limited Care FSA to pay for eligible dental and vision expenses.

Once your **PPO/HSA 1700** plan deductible has been met for the year, you may then use your Limited Care FSA to pay for eligible medical and prescription drug expenses.

### Health Care FSA Grace Period

The Healthcare FSA includes a 2.5 month grace period. You can incur claims through March 15th and must file claims by March 31st of each plan year.

After the grace period, unused funds will be forfeited.

### Dependent Care FSA

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. You may defer up to \$7,500 pre-tax per year. Eligible expenses include:

- Licensed nursery schools, qualified childcare centers, after school programs, summer camps (under age 13), preschool
- Adult daycare facilities

### Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **Health Care FSA:** You must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year.
- **Dependent Care FSA:** Unused funds will NOT be returned to you or carried over to the following year. You must incur claims by December 31st of each plan year.



## Anthem Employee Assistance Program (EAP)

Westminster School District is pleased to provide employees and their families with a confidential Employee Assistance Program (EAP) through SISC. This program is available 24/7/365 and provides significant support in a wide variety of areas.

To access EAP benefits call **(800) 999-7222** or visit **[anthemEAP.com](http://anthemEAP.com)** (to log in, enter SISC as the program name).

### Support and Counselling

The Employee Assistance Program (EAP) provides confidential support in balancing a wide array of challenges in areas such as:

- Relationship difficulties
- Managing change and stress
- Legal and financial problems
- Marriage, family or parenting concerns
- And more

The EAP provides you with to 6 counselling sessions per issue per benefit year

### Identity Monitoring and Theft Resolution

- Free identity monitoring and theft resolution services through IDnotify
- IDnotify customer care team is available 24/7/365, with robust knowledge in both credit and non-credit restoration, with CITRMS (Certified Identity Theft Risk Management Specialist), FCRA, and FACTA certifications.
- Your IDnotify specialist will help you determine if an identity theft event has occurred and guide you through any necessary restoration activities.

### Legal and Financial Resources

- **Legal Assist:** A library of articles on legal topics and issues
- **Legal Forms:** 100 legal forms for a variety of family and consumer situations
- **State Specific Legal Forms:** Advanced directives and instructions for each state
- **Estate Planning:** Articles and resources to address estate planning questions
- **Financial Calculators:** Will allow you to get answers and explore different options regarding home and personal financing, investing, and retirement
- **PocketSmith Discount:** PocketSmith Personal Financial Manager is an online tool that uses an innovative calendar-based approach to help employees quickly and easily manage their personal finances.

### myStrength

- Helps you learn to reduce stress, anxiety, depression or substance abuse
- Helps keep you motivated with engaging activities that help you learn new ideas

### Seminars and Articles

- Online resources for a wide array of topics
- Includes a library of articles and on-demand seminars

### Savings Center

- Discount shopping program that is provided through Perks At Work
- Discounts of up to 25% on name brand, practical, and luxury items



## How to Calculate Your Ninthly Contributions for Medical/Dental/Vision Coverage

Westminster School District shares the cost of your medical/dental/vision coverage with you. To determine your ninthly contributions, please use the worksheet below. When you complete the worksheet:

- **Line A** will show the total annual premium cost for medical/dental/vision coverage for your selected tier (i.e., Employee Only **or** Employee + Spouse **or** Employee + Child (Children) **or** Employee + Family).
- **Line B** will show your total annual contribution for medical/dental/vision for your selected tier.
- **Line C** will show your ninthly contributions for medical/dental/vision for your selected tier.

**Note: If you are hired mid-year, your contributions will be prorated based on your date of hire. Please reach out to Tina Gestoso in Insurance Services at (714) 894-7311 x1027 for assistance.**

### Worksheet: Calculate Your Ninthly Contributions for Medical/Dental/Vision Coverage

#### ENTER Annual Premium Cost By Tier (shown on next page)

(i.e., Employee Only **or** Employee + Spouse **or** Employee + Child (Children) **or** Employee + Family)

Annual **Medical** Cost By Tier: \$ \_\_\_\_\_ + (plus)

Annual **Dental** Cost By Tier: \$ \_\_\_\_\_ + (plus)

Annual **Vision** Cost By Tier: \$ \_\_\_\_\_ = (equal)

**A**

**Total Cost for Annual  
Medical/Dental/Vision Coverage:** \$ \_\_\_\_\_

#### SUBTRACT Annual District Contribution By Tier

Enter Total from **Line A** above \$ \_\_\_\_\_ – (minus)

Select and Subtract Annual **District Contribution** ☐ \$14,065.68 (Employee Only) **or**  
for Your Selected Tier of Coverage: ☐ \$20,992.68 (Employee + Spouse) **or**  
☐ \$14,262.24 (Employee + Child (Children)) **or**  
☐ \$25,256.28 (Employee + Family) =

**B**

**Total for Annual Medical/Vision/Dental Cost  
Minus Annual District Contribution:** \$ \_\_\_\_\_

#### DIVIDE Total from Line B By 9

Enter Total from **Line B** above and divide by 9 \$ \_\_\_\_\_ ÷ (divided by) 9 = (equal)

**C**

**Total Ninthly Contributions for Your Annual  
Medical/Vision/Dental coverage:** \$ \_\_\_\_\_

**Annual Premium costs are Shown on the Next Page**

## Annual Health Plan Premium Costs (For Use With Worksheet on Previous Page)

## Annual Medical Premium Costs

| Plan                        | Kaiser HMO  | Blue Shield<br>LAP HMO<br>(Limited Network) | Blue Shield<br>TRIO HMO<br>(Limited Network) | Blue Shield<br>Traditional HMO<br>(Full Network) |
|-----------------------------|-------------|---------------------------------------------|----------------------------------------------|--------------------------------------------------|
| Employee Only               | \$13,800.00 | \$13,344.00                                 | \$12,648.00                                  | \$14,328.00                                      |
| Employee + Spouse           | \$26,100.00 | \$25,236.00                                 | \$23,916.00                                  | \$27,108.00                                      |
| Employee + Child (children) | \$18,444.00 | \$17,832.00                                 | \$16,908.00                                  | \$19,152.00                                      |
| Employee + Family           | \$32,112.00 | \$31,044.00                                 | \$29,412.00                                  | \$33,348.00                                      |

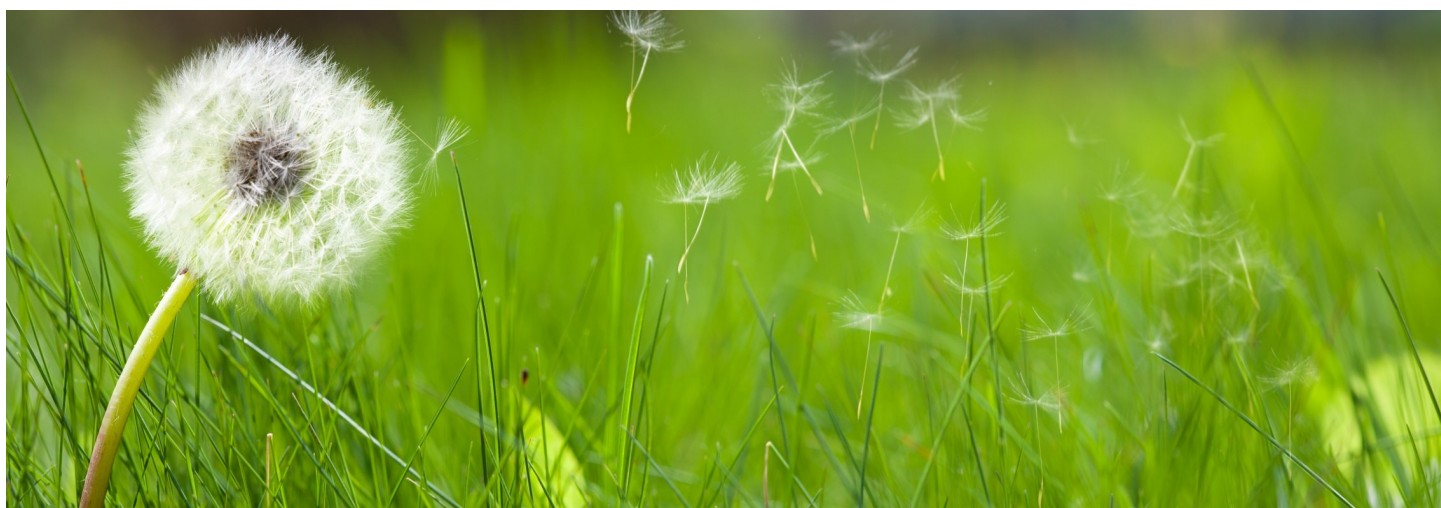
| Plan                        | Blue Shield<br>80-J PPO | Blue Shield<br>90-G PPO | Blue Shield<br>PPO/HSA 1700 | Proactive Care<br>Platinum PPO |
|-----------------------------|-------------------------|-------------------------|-----------------------------|--------------------------------|
| Employee Only               | \$14,736.00             | \$16,752.00             | \$13,416.00                 | \$15,540.00                    |
| Employee + Spouse           | \$27,876.00             | \$31,716.00             | \$25,368.00                 | \$29,400.00                    |
| Employee + Child (children) | \$19,704.00             | \$22,404.00             | \$17,928.00                 | \$20,772.00                    |
| Employee + Family           | \$34,308.00             | \$39,024.00             | \$31,212.00                 | \$36,180.00                    |

## Annual Dental Premium Costs

| Plan                        | DeltaCare DHMO | Delta Dental PPO |
|-----------------------------|----------------|------------------|
| Employee Only               | \$283.56       | \$508.80         |
| Employee + Spouse           | \$490.44       | \$1,020.00       |
| Employee + Child (children) | \$490.20       | \$1,171.20       |
| Employee + Family           | \$739.44       | \$1,936.80       |

## Annual Vision Premium Costs

| Plan                        | VSP Vision Low | VSP Vision High |
|-----------------------------|----------------|-----------------|
| Employee Only               | \$82.80        | \$126.24        |
| Employee + Spouse           | \$164.40       | \$252.36        |
| Employee + Child (children) | \$135.12       | \$206.40        |
| Employee + Family           | \$286.80       | \$438.48        |



## Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. Westminster School District will distribute all federally required annual notices upon hire and during each annual open enrollment period. Annual notices will also be posted on our district website for you to download and read at your convenience.

Annual Notices include:

- **Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty. This notice also provides a written procedure for individuals to request and receive Certificates of Creditable Coverage.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by Westminster School District's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.
- **Women's Health and Cancer Rights Act (WHCRA):** The Women's Health and Cancer Rights Act (WHCRA) contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy. The U.S. Departments of Labor and Health and Human Services are in charge of this act of law which applies to group health plans if the plans or coverage provide medical and surgical benefits for a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.
- **Special Enrollment Rights:** Plan participants are entitled to certain special enrollment rights outside of Westminster School District's open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.
- **Medicaid & Children's Health Insurance Program:** Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.
- **Summary of Benefits and Coverage (SBC):** Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage. The new regulation is designed to help you better understand and evaluate your health insurance choices.



## Summary of Benefits and Coverage (SBC):

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage. This new regulation is designed to help you better understand and evaluate your health insurance choices. Visit Westminster School District's website Employee Benefits page to view the SBCs provided by our medical carriers. Simply go to [www.wsdk8.us](http://www.wsdk8.us), click the **Staff** tab and select **Employee Benefits**.

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Plan Arranged By:



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

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

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefits program, please contact the Human Resources Department.