PSUSD
PALM SPRINGS UNIFIED SCHOOL DISTRICT

Employee Benefits Guide

CERTIFICATED, CONFIDENTIAL, & MANAGEMENT

2026-2027

Welcome to Palm Springs Unified School District Employee Benefits

Palm Springs Unified School District (PSUSD) is committed to providing comprehensive benefit package options to our employees at an affordable cost. This includes health, dental, vision, life insurance, wellness programs to help meet the diverse needs of our employees and families.

As an employee you have the opportunity to decide what plans are most suitable to meet your needs now and in the future.

Please review this Enrollment Guide carefully, choose your benefits and enroll yourself and eligible dependents within 30 calendar days of your hire date.

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Your Benefits Program Options

About Your Benefits

Palm Springs Unified School District (PSUSD) partners with SISC and ACSIG to provide comprehensive medical coverage along with built-in wellness and disease management programs. Our benefits program gives you the flexibility to select the right benefits for you and your family. We provide you with a foundation of Core Benefits so you can customize your benefits program with Voluntary Benefits.

Core Benefits

Medical
Blue Shield PPO (2)
Blue Shield HMO (2)
Kaiser HMO (1)

Dental
Delta Dental PPO Incentive
DeltaCare USA DHMO

Vision
Vision Service Plan (VSP)

Life Insurance
Metlife Basic Term Life and AD&D

Employee Assistance Program (EAP)
Anthem Blue Cross Employee Assistance Program (EAP)

Voluntary Benefits

Supplemental
Voluntary Term Life and AD&D
Accident Only Insurance
Cancer Insurance
Long Term Care
Pet Insurance

125 Accounts
Flexible Spending Account
Health Savings Account

Legal Plan
MetLaw Legal Services Plan

Retirement
403(b) Plan
457 Plan

Questions About Your Benefits?

Contact Risk Management/Benefits Department at:
(760) 883-2715 or riskmanagement@psusd.us

Renee Brunelle	Brandon Aponte	Marlyne Velazquez	Monni M. Villela	Tami Garcia	Jesse Sotelo
Director of Risk Management	Benefits Specialist	Benefits Specialist	Benefits Specialist	Benefits & Work Comp. Specialist	Risk Management Program Analyst
Ext. 4805376	Ext. 4805377	Ext. 4805378	Ext. 4805380	Ext. 4805379	Ext. 4805381
rbrunelle@psusd.us	baponte@psusd.us	mvelazquez@psusd.us	mmunozvillela@psusd.us	tgarcia@psusd.us	jsotelo@psusd.us

View more Benefits information at www.psusd.us/benefits

Enrollment Checklist

In order to make the right benefit decisions for you and your family members, you need to be prepared. Here is a step-by-step list of actions you should take during your enrollment period.

☐ **Step 1**	Read this Enrollment Guide to understand your benefits for 2026 – 2027. Please review the Palm Springs Unified School District Benefits Website at www.psusd.us/benefits for additional information.
☐ **Step 2**	Collect necessary documentation, such as Social Security numbers, a prior year's Federal Tax Return that shows the couple was married, and/or Birth Certificates for eligible dependents.
☐ **Step 3**	Gather a summary of your 2025 health and childcare expenses to help you estimate your Flexible Spending Account (FSA) elections.
☐ **Step 4**	Log in to Ease at psusd1.ease.com to verify your personal information, elect benefits and upload required documentation.

Who May Enroll

If you are a full-time employee, you and your eligible dependents may participate in the the PSUSD Benefits Program.
Your eligible dependents include:

- Legally married spouse
- Domestic Partner
- Children under the age of 26 (regardless of student or marital status)
- Children under Legal Guardianship, up to age 18

***** If you are a Primary Tricare Member, you have the options to:**

- Waive medical coverage and elect Vision and Dental coverage only, or
- Enroll in all plans

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 now 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. This option would not affect dental, vision, or life enrollment. 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 and Proof of Insurance Letter will need to be completed by the employee in order to be eligible for the WABE option. Please contact the benefits office to request a form.

Important Domestic Partner Benefits Information—Health Benefits Enrollment

To enroll a Domestic Partner in PSUSD's Medical, Dental and Vision benefits, employees and their Domestic Partners must:

- Register their Partnership with the Secretary of State in California on the "Declaration of Domestic Partnership" Form pursuant to Division 2.5 of the Family Code.
- Obtain a Notarized and Certified Copy of the "Declaration of Domestic Partnership" Form and provide a copy of the form during the enrollment process.
- Follow all other steps in the health plan and District's enrollment process, including completing enrollment forms and any applicable change forms.

Tax Information

Because the IRS does not recognize Domestic Partner nor their Children, (unless they qualify as Dependents under Section 152) for tax filing purposes, PSUSD is required to "impute" the value of these benefits and report that amount as taxable income. The applicable amount will be added back into your gross pay as taxable income and you will pay taxes on that amount. In addition, the payroll contributions you make on behalf of your Domestic Partner and/or their Children will be taken on a post-tax basis.

Dependent Eligibility Required Documents

The following verification documents are required to enroll a dependent in health benefit plans. SISC requires the Social Security Numbers for all Dependents to be covered on the plans and reserves the right to request additional documentation to substantiate eligibility.

Dependent Type	Required Documentation
Spouse	• Prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out) • For newly married couples where prior year's tax return is not available, a marriage certificate will be accepted.
Domestic Partner	• Certificate of Registered Domestic Partnership issued by State of California (AB 205 Compliant) • SISC Affidavit of Domestic Partnership (when applicable)
Children, Stepchildren, and/or Adopted Children up to age 26	• Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Legal Adoption Documentation
Legal Guardianship up to age 18	• Legal Court Documentation establishing Guardianship
Disabled Dependents over age 26	**Blue Shield (All items listed below are required)** • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Completed Declaration of Disability for Overage Dependent Child **Kaiser (All items listed below are required)** • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS Dependent (Income information may be blocked out.) • Completed Disabled Dependent Enrollment Application • Most recent Kaiser Certification Notice (if available)

The District may require additional documentation, but may not require less.

When You Can Enroll

As an eligible, full-time employee, you may enroll at the following times:

- As a new hire. You may participate in the PSUSD Benefits Program on the first of the month following your date of hire.
- Each year, during open enrollment.
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below.)

Changes To Enrollment

Our benefit plans are effective October 1 through September 30 of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following October 1 effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to the following:

- Marriage, Divorce, Legal Separation or Annulment
- Birth or Adoption of a Child
- A qualified Medical Child Support Order
- Death of a Spouse or Child
- A change in your Dependent's eligibility status
- Loss of coverage from another health plan
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a Sate's Premium Assistance Program under Medicaid or CHIP

Important Note: **Coverage for a new dependent is not automatic.** If you experience a qualifying event, you have **31 days** to update your coverage and provide the required documentation. Please contact the Benefits Department immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within **31 days** from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

DISTRICT CONTRIBUTION TOWARDS YOUR BENEFITS

For 2026 – 2027 PSUSD will make a District Contribution (CAP) toward the cost of the selected benefit package for employees and their eligible dependents.

- **Certificated**: **$21,025**
- **Confidential/Management & Board Members**: **$20,225**

The District Contribution is applied toward the cost of benefits as follows:

	Employee	Eligible Dependents
Medical/Vision	✔	✔
DeltaCare USA DHMO	✔	✔
Delta Dental PPO-Incentive	✔	
Delta Dental PPO *(Grandfathered plan—no new enrollment as of 10/1/2026)*	✔	

NOTE: *Employees incur an additional cost to add eligible dependents to the Delta Dental PPO and PPO-Incentive Plans. See Rate Page for costs.*

Enrollment Guide At A Glance (psusd1.ease.com)

ease

1. Log in to Ease by clicking on the link you receive in your email from Risk Management. For Optimal performance it is recommended that you use Chrome or Firefox as your browser.

2. Click Start Enrollment to begin your enrollment.

3. Follow the prompts on each page to complete your benefit enrollment. Click Continue to proceed to the next section.

4. Verify your personal information is correct and enter your dependent information .

5. If requested during the enrollment process, provide any emergency contacts or Medicare status.

6. Please select your benefit by selecting Enrolled or Waived for each plan. Click Continue to proceed to the next benefit.

7. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device. Sign form

8. Before you review your forms

type your name.

THEN

Sign your signature

and follow the prompts to finish.

9. If you have any questions, contact Risk Management.

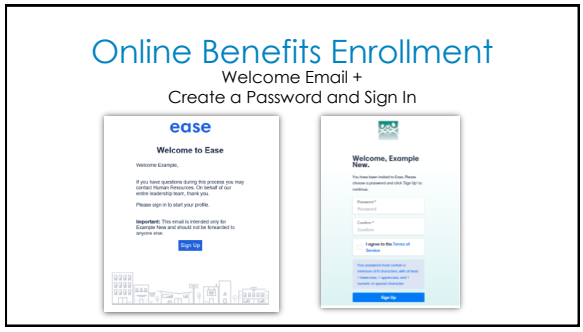
To UPLOAD Supporting Documents, Select:

- ☐ **VIEW PROFILE**, then select
- ☐ **DOCUMENTS**, then click **ACTIONS**
- ☐ Click **ADD DOCUMENT,** then click **BROWSE FILES** to find & upload supporting documentation.
- ☐ To add additional documents, please repeat the process
- ☐ **You can also drag the document from your desktop**
- ☐ **Please enter the DISPLAY NAME using your LAST NAME, FIRST NAME and the DESCRIPTION of the document ex, TAX RETURN or BIRTH CERTIFICATE**

Online Enrollment Screenshots

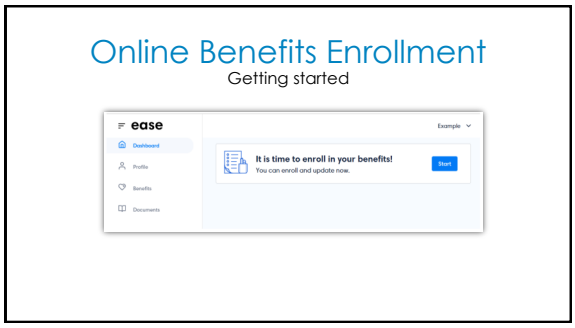
Welcome Email Create a Password and Sign In

Step 1



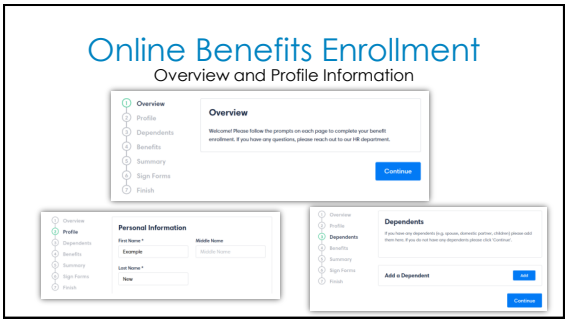
Getting started

Step 2



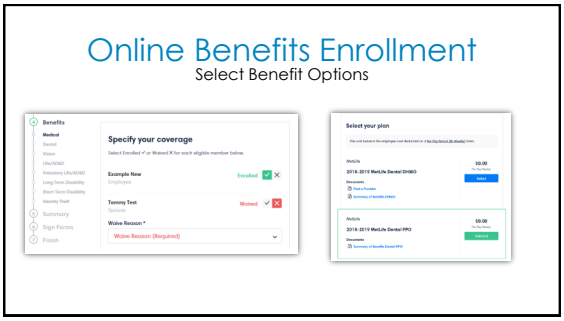
Overview and Profile Information

Step 3



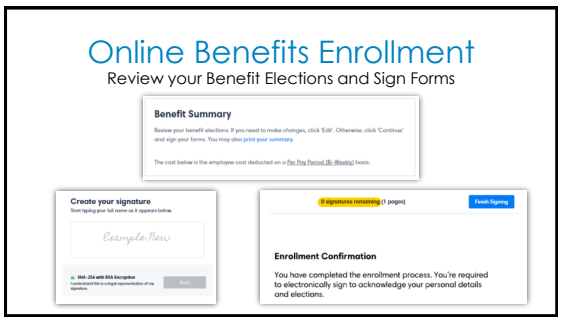
Select Benefit Options

Step 4



Review your Benefit Elections and Sign Forms

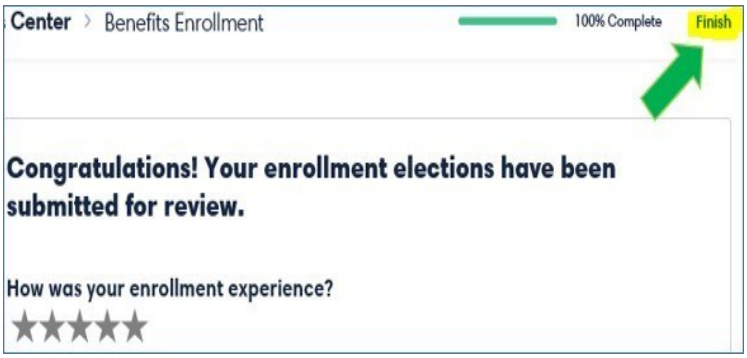
Step 5



Click on the **Finish** button

Step 6

After you have completed your enrollment. Click on the **Finish** button in the upper right-hand corner



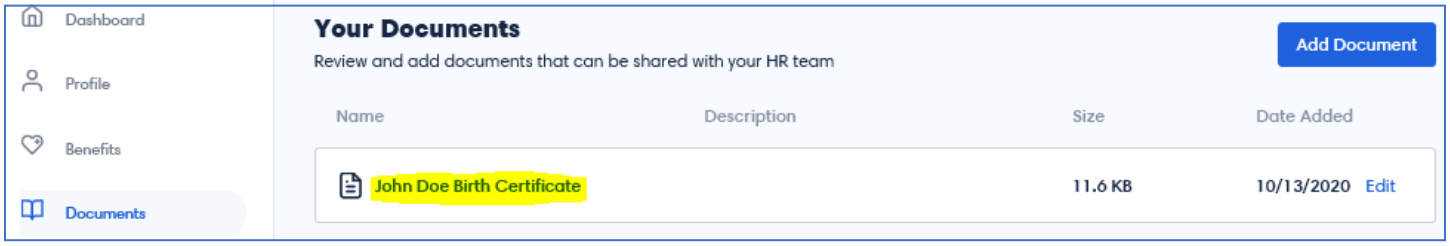
Upload Documents when required

Step 7

Via the left-hand menu, **navigate** to **Documents**, then click **Add**

Select File you would like to upload, Name the file, then click Add Document

The document has now been added to your Ease profile.



Medical Plan Options

PSUSD offers all eligible employees medical plans to choose from through SISC.

Kaiser HMO

With the Kaiser HMO plan, you must obtain services at a Kaiser facility, except in the case of an emergency. While all of your care must be directed through your selected physician, you can choose and change your doctor at any time, for any reason. Kaiser Permanente integrates all elements of healthcare such as physicians, medical centers, pharmacies and administration in one convenient facility.

Chiropractic benefits are provided through American Specialty Health (ASH).

For more information, go to **www.ashlink.com/ash/kp** or call **(800) 678-9133**.

Blue Shield HMO 10
Blue Shield **Trio** HMO 10

With the Blue Shield HMO plans, you must choose a primary care physician (PCP) or medical group within the plan's network. All 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 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.

TRIO HMO

Trio HMO is a limited HMO network where Blue Shield and their best medical groups form an organization designed to lower costs and improve the patient experience. The plan offers Shield's Concierge personalized service to help you with everything from benefits questions to scheduling doctor's appointments.

Blue Shield PPO 100 G
Blue Shield PPO 80 G
SISC Proactive Care PPO

With the Blue Shield PPO and Anthem PPO plans, you may see any physician you wish. For the highest level of coverage, it is recommended you see physicians that participate in the Blue Shield or Anthem network. You may obtain services from out-of-network providers, but the coinsurance will be higher and you will be responsible for the difference between the covered amount and the actual charges. You may also be responsible for filing claims.

kp.org
(800) 464-4000

Download on the App Store
GET IT ON Google Play

www.blueshieldca.com/sisc or **www.anthem.com/ca/sisc**
Blue Shield (855) 256-9404 | Anthem (800) 888-8288

Download on the App Store
GET IT ON Google Play

Certificated, Confidential/ Management Rates: 2026 – 2027

Employee Deductions			
DENTAL PLAN SELECTED	**Kaiser HMO**	**Blue Shield HMO 10 Trio Network**	**Blue Shield HMO 10 Full Network**
11 Month + Delta Dental Incentive PPO	$152.27	$159.30	$340.99
11 Month + Delta Dental PPO*	$147.50	$155.13	$336.23
11 Month + Deltacare USA DHMO	$143.88	$151.51	$332.60
12 Month + Delta Dental Incentive PPO	$139.58	$146.58	$312.58
12 Month + Delta Dental PPO*	$135.21	$142.21	$308.21
12 Month + Deltacare USA DHMO	$131.89	$138.89	$304.89

MEDICAL PLAN FEATURES	**Kaiser Providers and Facilities**	**In-Network Only**	**In-Network Only**
Calendar Year Maximum	Unlimited	Unlimited	Unlimited
Deductible (Annual)	None	None	None
Out-of-Pocket Maximum – Individual / Family	$1,500 / $3,000	$1,000 / $2,000	$1,000 / $2,000
Co-Insurance (Plan Pays)	100%	100%	100%
Office Visit Copay – Primary Physician/Specialist	$15 copay / $15 copay	$10 copay / $10 copay	$10 copay / $10 copay
Inpatient Hospitalization	No cost	No cost	No cost
Outpatient Diagnostic Tests	No cost	No cost	No cost
Emergency Services (Copay waived if admitted)	$100 Copay	$100 Copay	$100 Copay
Urgent Care Copay	$15 copay	$10 copay	$10 copay
Preventive Care	No cost	No cost	No cost
Mental Health/Substance Abuse – Outpatient Copay/Inpatient	$15 copay / No cost	$10 copay / No cost	$10 copay / No cost
Chiropractic Copay	$10 copay / 30 visits combined	$10 copay / 30 visits combined	$10 copay / 30 visits combined
PRESCRIPTION DRUGS	**Kaiser Pharmacy**	**Navitus**	**Navitus**
Out-of-Pocket Max – Individual / Family	Included in Medical	$1,500 / $2,500	$1,500 / $2,500
Retail: 30 Day Supply – Generic/Brand	$5/$20	Network $7/$25 Costco $0/$25	Network $7/$25 Costco $0/$25
Mail Order – Generic/Brand – Supply Limit	$10/$40 61 – 100 Days	$0/$60 90 Days	$0/$60 90 Days

	Delta Dental PPO-Incentive		Delta Dental PPO*	
Dependents	**11 Mo.**	**12 Mo**	**11 Mo.**	**12 Mo**
Plus one dependent	**$ 64.35**	**$ 58.99**	**$ 56.01**	**$ 51.34**
Plus 2 or more dependents	**$ 119.62**	**$ 109.65**	**$ 104.07**	**$ 95.40**

There is no cost to add Dependents on the DeltaCare USA DHMO plan.

Calculate your Payroll Deduction for your Core Benefits		
Rate for Benefit Package		
Cost to add Dependent to PPO Dental Plan	+	
Total Paycheck Deduction for Core Benefits	=	

*The **Delta PPO Dental plan** will be closed to new enrollees; however, current participants may remain enrolled under grandfathered status.

Certificated, Confidential/ Management Rates: 2026 – 2027

Employee Deductions		
DENTAL PLAN SELECTED	**Blue Shield PPO 100-G**	**Blue Shield PPO 80-G**
11 Mo. + Delta Dental Incentive PPO	$498.08	$181.72
11 Mo. + Delta Dental PPO*	$493.32	$176.95
11 Mo. + Deltacare USA DHMO	$489.69	$173.33
12 Mo. + Delta Dental Incentive PPO	$456.58	$166.58
12 Mo. + Delta Dental PPO*	$452.21	$162.21
12 Mo. + Deltacare USA DHMO	$448.89	$158.89

MEDICAL PLAN FEATURES	**In-Network**	**In-Network**
Calendar Year Maximum	Unlimited	Unlimited
Deductible (Annual) – Individual / Family	$500 / $1,000	$500 / $1,000
Out-of-Pocket Maximum – Individual / Family	$1,000 / $3,000	$2,000 / $4,000
Co-Insurance (After Deductible)	0%	20%
Office Visit Copay – Primary Physician/Specialist	$20 copay	$30 copay
Inpatient Hospitalization	Ded, 0%	Ded, 20%
Outpatient Diagnostic Tests	Ded, 0%	Ded, 20%
Emergency Services (Copay waived if admitted)	$100 copay / Ded, 0%	$100 copay / Ded, 20%
Urgent Care Copay	$20 copay	$30 copay
Preventive Care	No cost	No cost
Mental Health/Substance Abuse – Outpatient Copay/Inpatient	$20 copay / Ded, 0%	$30 copay / Ded, 20%
Chiropractic Copay	Ded, 0% (limits apply)	Ded, 20% (limits apply)
PRESCRIPTION DRUGS	**Navitus**	**Navitus**
Out-of-Pocket Max – Individual / Family	$1,500 / $2,500	$1,500 / $2,500
Retail: 30 Day Supply – Generic/Brand	Network: $7/$25 Costco: $0/$25	Network: $7/$25 Costco: $0/$25
Mail Order : 90 Day Supply – Generic/Brand	$0/$60	$0/$60

DISTRICT CONTRIBUTION TOWARDS YOUR BENEFITS

For the 2026-2027 Medical Benefit Year, PSUSD contributes $21,025 (Certificated, Confidential/Management towards the cost of the benefit package based on the medical and dental plan you select. If the rate for the benefit package is over this amount, the balance is paid by the employee in 11 or 12 Month payroll deductions using pre-tax dollars.

The tables above reflect rates for the Employee + Family Medical, Employee + Family Vision, and Dental for Employee Only. For each added Dependent enrolled in a PPO Dental plan, there will be an additional cost. There is no cost to add Dependents to the DeltaCARE USA DHMO plan.

Certificated, Confidential/ Management Rates: 2026 – 2027

SISC Proactive Care Diamond (previously Platinum+) PPO Plans

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.

Employee Deductions	
DENTAL PLAN SELECTED	**SISC Proactive Care Diamond PPO**
11 Mo. + Delta Dental Incentive PPO	$440.27
11 Mo. + Delta Dental PPO*	$435.50
11 Mo. + Deltacare USA DHMO	$431.88
12 Mo. + Delta Dental Incentive PPO	$403.58
12 Mo. + Delta Dental PPO*	$399.21
12 Mo. + Deltacare USA DHMO	$395.89

MEDICAL PLAN FEATURES	In-Network
Calendar Year Maximum	Unlimited
Deductible (Annual) – Individual / Family	$0 / $0
Out-of-Pocket Maximum[1] – Individual / Family	$1,000 / $3,000
Co-Insurance (After Deductible)	0%
Office Visit Copay – Preventive Care[2] – Primary Care Physician[2] – Specialist[2] – Urgent Care – Mental Health & Substance Abuse[2]	 No charge No charge $40 copay No charge No charge
Inpatient Hospitalization	$200 copay/day
Outpatient Surgery – Hospital – Freestanding Facility	 $600 copay $200 copay
Lab	$0 - $50 copay[3]
X-Ray	$0 - $75 copay[3]
Complex Imaging	$100 - $250 copay[3]
Emergency Services	$300 copay (waived if admitted)
Chiropractic[2]	No charge (preauthorization required after 5th visit)
Acupuncture[2]	No charge (12 visits/year)
PRESCRIPTION DRUGS	**Navitus**
Out-of-Pocket Max – Individual / Family	$2,500 / $3,500
Retail: 30 Day Supply – Generic/Brand	Network: $9/$35 Costco: $0/$35
Mail Order : 90 Day Supply – Generic/Brand	$0/$90

[1] 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.

[2] Includes virtual and office visits.

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. Palm Springs Unified 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 to make a free phone or video appointment with your doctor or call (800) 464-4000
- For phone visits, the doctor will call you at the time of the appointment
- For video visits, go to https://healthy.kaiserpermanente.org/southern-california/get-care , click Join your visit and log in

Blue Shield Members: MDLIVE

- MDLIVE gives you access to doctors 24/7 via phone or secure video for non-emergency medical conditions.
- Your copay is **$10** for all your visits.
- MDLIVE doctors have 15 years experience practicing medicine on average.
- Pediatricians are on call.
- You can access behavioral health therapy and psychiatrist visits through MDLive
- Access MDLIVE at (888) 632-2738, visit mdlive.com/sisc or download the app from the App Store or Google Play

Common Conditions Treated by MDLIVE			
General Care			Pediatric Care
Allergies	Fever	Respiratory Infections	Cold & Flu
Asthma	Headache	Sinus Infections	Constipation
Bronchitis	Infections	Skin Infections	Ear Infections
Cold & Flu	Insect Bites	Sore Throat	Nausea
Diarrhea	Joint Aches	Urinary Tract Infections	Pink Eye
Ear Infections	Rashes	And More!	And More!

Nurse Support

PSUSD provides 24/7/365 Nurse support with all medical plans at no cost to you. Nurses can help:

- Determine if you need to see a doctor either in-person or via telemedicine
- Recommend home health care when appropriate
- Get the answer to health questions for you and your family

Kaiser: Advice Nurse

Call (800) 464-4000 to speak to a Kaiser Advice Nurse at any time

Blue Shield: 24-Hour Nurse HelpLine

Call (800) 700-9184 to speak to a registered nurse or to access the Blue Shield AudioHealth Library

Additional Health Benefits Offered Through SISC

Expert Second Opinions

Teladoc Medical Experts

- A free, 100% confidential benefit available to all Palm Springs Unified School District health plan members
- Get answers to health care questions and second opinions from world-leading experts
- Access benefits at (855) 380-7828 or visit teladoc.com/sisc

Fitness and Health Lifestyle

Discounted Gym Memberships

- With the Active & Fit Direct program, you can choose from over 9,000 participating fitness centers and YMCAs nationwide for a much lower cost than you would pay on your own
- Use the online fitness tracking feature, which uses a variety of wearable devices and apps

Kaiser Members– One Pass Select Affinity from Optum

- Kaiser HMO members and their family members can choose a plan starting at just $10 a month. There are no contracts and cancellation is easy
- To learn more, call (877) 515-9364 or visit https://healthy.kaiserpermanente.org/health-wellness/fitness-offerings

Blue Shield PPO and HMO Members—TIVITY

- Anthem members and their spouses can sign up for ASH Active & Fit for $28 a month with no annual fees or long term contracts
- For more information, call (844) 646-2746 or visit www.anthem.com/ca/sisc/health-wellness

Additional Health Benefits: Kaiser Members

In addition to your medical coverage, you also receive the following benefits when you enroll in a SISC Kaiser plan.

Healthy Lifestyle Programs

- You have access to an array of free programs designed to support you in cultivating good health, fitness and well being.
- To learn more and/or join any of them, go to kp.org/healthylifestyles.

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 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.

Wellness Coaching

Partner with a wellness coach (available in both English and Spanish) at no cost to you. Programs are available to help you:

- Manage your weight
- Quit tobacco
- Reduce stress
- Increase activity
- Eat healthier

Call (866) 862-4295 to get started.

ChooseHealthy Discounts

- This program offers a directory of complementary care, an online store, fitness club discounts, savings on health products and services, and more.
- When you register for ChooseHealthy, you'll also receive a free annual Premium Membership (a $69.95 value). This membership gives you access to online resources and tools to help you achieve your health and fitness goals. You can develop a personalized exercise or meal plan, track your progress, and more.
- To get started, go to kp.org/choosehealthy or call (877) 335-2746.

Mental Wellbeing and Wellness Apps

- **Calm** is the #1 app for meditation, mental resilience, and sleep — designed to help lower stress, reduce anxiety, and more.
- **Headspace** can help with sleep, stress, focus, and more. With hundreds of self-guided resources along with one-on-one coaching, Headspace can help you create healthy habits that support emotional wellness

Additional Health Benefits: Blue Shield Members

In addition to your medical coverage, you also receive the following benefits when you enroll in a SISC Blue Shield plan.

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.

- Free to Blue Shield PPO members
- Visit centivocare.com/sisc

24/7 Physician Access—Anytime, Anywhere *MDLive*

- Access 24/7 virtual urgent care and appointment-based mental health services, including therapy and psychiatry for members ages10 and older. Prescriptions may be provided when appropriate

- Free to Blue Shield HMO & PPO members
- Call **(800) 774-2678 (press 1)**
- Visit mdlive.com/sisc

Free Generic Medications *Costco Prescription Discounts*

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

- Free to Blue Shield HMO & PPO members
- Call **(800) 774-2678 (press 1)**
- Visit Costco.com

24/7 Access to Virtual Maternity & 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 postpartum provider types.

- Blue Shield PPO members only
- Call **(855) 442-5885**
- Visit mavenclinic.com/join/sisc

Additional Health Benefits: Blue Shield Members

In addition to your medical coverage, you also receive the following benefits when you enroll in a SISC Blue Shield plan.

Virtual Menopause Care
Midi Health

- 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.

- Free to Blue Shield PPO members
- Visit joinmmidi.com/sisc

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.

- Free to Blue Shield PPO members
- Call **(855) 902-2777**
- Visit hingehealth.com/sisc

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

- Free to Blue Shield PPO members
- Call **(888) 855-7806**
- Visit carrumhealth.com/sisc

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.

- Free to Blue Shield PPO members
- Visit lanterncare.com

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.

- Free to Blue Shield HMO & PPO members
- Visit welltheory.com/partner/sisc

Personal Health Coaching & Therapy
Vida Health

- Blue Shield plan members have access to one-on-one health coaching, therapy, chronic condition management, health trackers and other tools and resources online or via phone.

- Free to Blue Shield PPO members
- Call **(855) 442-5885**
- Visit vida.com/sisc

Understand How The Medical Plans Work

To understand how your medical plan works, read the medical plan term definitions below and take a few minutes to watch the quick benefit videos shown below.

- **Coinsurance:** The percentage of the charges the member is required to pay for a medical or dental service in a plan. For example, with the Blue Shield PPO 80-G plan, Blue Shield pays 80% of the covered claim and the member pays 20% of the remaining amount after the deductible has been met.
- **Copay:** The flat fee paid by the member when a medical or dental service is received. This is usually associated with doctors office visits, prescription drugs or certain dental services under the DeltaCare plan.
- **Deductible:** The set dollar amount a member must pay before insurance coverage for medical or dental expenses can begin. For medical plans with a deductible (not including the HSA plan), there is a **4th-Quarter Carryover**. This means that any money you pay toward the deductible between October 1 and December 31 will be credited toward your deductible for the following year.
- **Out-of-Pocket Maximum:** The maximum amount the member will have to pay in a calendar year for eligible expenses in the medical plan. After reaching the Out-of-Pocket Maximum, the plan pays 100% of the allowable charges for covered services for the remainder of the calendar year.

What Expenses Apply to the Out-of-Pocket Maximum?

Plan	Coinsurance	Copay: Medical Care	Copay: Rx	Deductible
Kaiser Plan	N/A	Yes	Yes	N/A
Blue Shield HMO Plan	N/A	Yes	Yes	N/A
Blue Shield PPO Plans	Yes	Yes	Yes	Yes

Accessing Care Out-of-Network

A network provider is a hospital, doctor, medical group, dentist or other health care provider contracted to provide services to members at a contracted or discounted rate. Health care providers who are not contracted are considered to be Out-of-Network providers.

For the Blue Shield HMO plan, there is no coverage outside the network except in case of an emergency. While access to Out-of-Network providers is allowed for the Blue Shield PPO and HSA plans, the coinsurance you pay for benefits is higher and you are subject to **balance billing**. Out-of-Network providers can charge any amount they wish for a service. However, if that amount is higher than what the insurance company says is “Reasonable & Customary,” the member is responsible for paying the difference.

Before seeking care with an Out-of-Network provider, it is recommended that you find out what their charges are and check with the insurance company to make sure they are considered “Reasonable & Customary.”

Benefit Videos – Medical Plan Terms

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

Dental Plan Options

PSUSD offers eligible employees two dental plans to choose for all groups.

DeltaCare USA DHMO

You choose a primary care dentist from the Delta Care network. All services must be provided or coordinated by your primary care dentist, and must be with DeltaCare Providers. Copays vary depending on the service being provided; please see the next page for an overview of copays.

Delta Dental PPO Incentive

Delta Dental pays 100% of the contract allowance for covered diagnostic and preventive services and 70% of the contract allowance for basic and major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Additional Benefits for Delta Dental Members

Cost Estimator

- Looking to budget your dental costs? Try the Cost Estimator. This feature of Delta Dental's online account gives you a personalized estimate of how much you'll pay for your next dentist visit.
- Log in to your account at **deltadentalins.com**, then click on the **Cost Estimator** link by your name.

Hearing Aids through Amplifon

- You now have access to discounts on hearing aids through Amplifon Hearing Health Care. Delta Dental has selected Amplifon, a leader in hearing health care, to act as your personal concierge. Amplifon will guide you through every step, from using your discounts to finding the right products and care for your hearing needs.
- Visit **amplifonusa.com/deltadentalins** or call **(888) 779-1429** to get started.

LASIK Services through QualSight

- Delta Dental has selected QualSight to offer you access to discounts on LASIK services. Through QualSight, you can save 40% to 50% off the national average price of Traditional LASIK along with big savings on custom and custom bladeless LASIK procedures.
- To learn more visit **qualsight.com/-delta-dental** or call **(855) 248-2020.**

Dental Plan Highlights

	DeltaCare USA Dental Plan	Delta Dental PPO Incentive	
Plan Features	**In-Network Only**	**PPO Dentist**	**Out-of-Network**
Annual Deductible	N/A (copays may apply)	N/A	N/A
Calendar Year Maximum Benefit	Unlimited	$2,700	$2,500
Diagnostic & Preventive Services (D&P) – Exams, cleanings and x-rays	See Copay Schedule	100% 2 Per Year	100% 2 Per Year
Basic Services – Fillings, posterior composites & sealants – Endodontics (root canals) – Periodontics (gum treatment) – Oral Surgery	See Copay Schedule	70% / 80% / 90% / 100%	
Major Services – Crowns, onlays and cast restorations	See Copay Schedule	70% / 80% / 90% / 100%	
Prosthodontics – Bridges and dentures	See Copay Schedule	50%	50%
Orthodontia (Children/Adults)	Your cost: $1,700/$1,900	50% Lifetime Maximum: $1,500	

Note: Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier contracted fees and the program allowance for non-Delta Dental Dentists.

You do not need a Dental ID Card. When you visit the dentist you will need to provide the following information:

- Your Name
- Your Date of Birth
- Your Social Security number (or enrollee ID number)

www.deltadentalins.com
DHMO: (800) 422-4234 | PPOs: (866) 499-3001

Important Note: It is recommended that 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.

What's Changing for 2026?

- Effective October 1, 2026, preventive services under the **Delta PPO Incentive plan** will be covered at 100% for both in-network and out-of-network providers.
- The **Delta PPO Dental plan** will be closed to new enrollees; however, current participants may remain enrolled under grandfathered status.
- New hires on or after October 1, 2026, will be eligible for the **Delta PPO Incentive plan** as the PPO dental plan option.

Dental AB528 Eligibility—Certificated Employees Only

When current dental coverage ends, you will be eligible to purchase dental COBRA coverage for 18 months. Once your COBRA coverage is exhausted, you have the option to continue dental coverage under the **AB528** plan, at your own cost. You will be eligible to enroll in the **AB528** plan 30 days before your COBRA coverage expires. This plan has no expiration date and can be termed at your request at anytime, or for lack of payment. However, once terminated, it cannot be reinstated.
For more information and current rates, please contact your Benefits Specialist.

Dental Plan Highlights

Delta Dental PPO

With the Delta Dental PPO plan, most In-Network services are covered at a higher level than Out-of-Network services.

When you obtain services from In-Network dentists, your out-of-pocket costs are lower. In-Network dentists agree to discount their charges and benefit payments are based on the discounted fees.

When you obtain services from Out-of-Network dentists (dentists who do not participate in the PPO network), eligible expenses are paid based on Reasonable & Customary (R&C) fees.

Since the expenses are not discounted, your out-of-pocket expenses may be greater.

	Delta PPO Plan	
Plan Features	**PPO Dentist**	**Out-of-Network**
Annual Deductible	N/A	N/A
Calendar Year Maximum Benefit	$2,000	$2,000
Diagnostic & Preventive Services (D&P) – Exams, cleanings and x-rays	100% 2 Per Year	100% 2 Per Year
Basic Services – Fillings, posterior composites & sealants – Endodontics (root canals) – Periodontics (gum treatment) – Oral Surgery	90%	80%
Major Services – Crowns, onlays and cast restorations	60%	50%
Prosthodontics – Bridges, dentures and implants	60%	50%
Orthodontia Benefits (Children/Adults)	50% Lifetime Maximum: $1,500	

Note: Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier contracted fees and the program allowance for non-Delta Dental Dentists.

You do not need a Dental ID Card. When you visit the dentist you will need to provide the following information:

- Your Name
- Your Date of Birth
- Your Social Security number (or enrollee ID number)

www.deltadentalins.com
DHMO: (800) 422-4234 | PPOs: (866) 499-3001

Important Note: It is recommended that 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.

What's Changing for 2026?

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- The **Delta PPO Dental plan** will be closed to new enrollees; however, current participants may remain enrolled under grandfathered status.
- New hires on or after October 1, 2026, will be eligible for the **Delta PPO Incentive plan** as the PPO dental plan option.

Vision Service Plan (VSP)

The District includes vision coverage for District Medical Plan Members through VSP. VSP provides 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 VSP.

Note: VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes 37,000 access points nationwide. Most of the U.S. population lives within four miles of a VSP provider.

To find a VSP provider, go to www.vsp.com or call (800) 877-7195.

Vision Benefits	Vision Service Plan (VSP)	
Plan Features	**In-Network**	**Non-Network**
WellVision Exam (Every 12 months)	$15 copay for exam and glasses	$45 allowance
Examination (Every 12 Months)	100%	Up to $45
Lenses (Every 12 Months) – Single Vision – Bifocal – Trifocal	100% 100% 100%	Up to $45 Up to $65 Up to $85
Frames (Every 24 Months)	$120 allowance for a wide selection of frames $140 allowance for featured frame brands $65 Costco frame allowance	Up to $47
Contact Lenses (Every 12 Months)	In Lieu of Frames and Lenses	
– Cosmetic / Elective – Medically Necessary	$105 allowance 100%	$105 allowance

Wellbeing Committee

PSUSD Wellbeing Committee. Our goal is targeted to inform, encourage and promote the health and well-being for all district employees.

PSUSD

Wellbeing Committee

Commit To Be Fit!

Employee Assistance Program (EAP)

PSUSD is pleased to provide employees and their families with a confidential Employee Assistance Program (EAP) - The Anthem Blue Cross EAP through SISC. This program is available 24/7/365 and provides significant support in a wide variety of areas.

	Anthem Blue Cross Employee Assistance Program
Eligibility	Employees participating in SISC and their household members
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 • Your 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, including both 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 Access EAP Benefits	• Call **(800) 999-7222** • Visit **anthemEAP.com** (to log in, enter SISC as the program name).

Life Insurance

Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance

Carrier	MetLife
Plan Benefits	District Paid
– Life Insurance	• Certificated: $50,000 coverage • Confidential/Management: $150,000 coverage • Spouse/Dependent Children: $1,500 coverage
– AD&D Insurance	Death benefit equals your Life Insurance benefit; partial benefits paid for accidents that result in serious injuries (e.g., loss of limbs or eyesight)
Employee Contribution	None; PSUSD pays the full cost for this coverage for employees who work 3 hours or more.

Voluntary Term Life and Accidental Death & Dismemberment (AD&D) Insurance

Carrier	MetLife
Plan Benefits	In addition to the District paid Basic Term Life and AD&D coverage, you may elect to purchase additional Term Life and Accidental Death and Dismemberment (AD&D) Insurance at discounted group rates provided by MetLife. You pay for this coverage with after-tax dollars through convenient payroll deductions. You may elect coverage as follows: • **Employee:** You may purchase coverage for yourself in increments of $10,000 up to a maximum benefit of $500,000, not to exceed 5 times your annual salary. • **Spouse:** If you buy coverage for yourself, you may also purchase coverage for your eligible spouse. Benefits for your spouse are available in increments of $10,000 to a maximum benefit of $500,000 and may not 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) in the following amounts: Age: live birth to 25 years: Flat $2,500, $5,000 or $10,000.
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: $100,000 • Spouse: $20,000 • Child(ren): $10,000 (Maximum allowed) To increase coverage above the Guarantee Issue, you or your Spouse will be asked to provide proof of good health by completing the Statement of Health Questionnaire, which is subject to Insurance Carrier approval. MetLife may approve or decline coverage based on a review of your health history.
Employee Contribution	You pay the full cost for this coverage

Tenthly Rate for Voluntary Term Life and AD&D Per $1,000 Coverage		
Employee/Spouse Age	Employee $1,000 Coverage	Spouse $1,000 Coverage
Under 30	$0.091	$0.143
30 – 34	$0.115	$0.186
35 – 39	$0.127	$0.205
40 – 44	$0.145	$0.236
45 – 49	$0.211	$0.349
50 – 54	$0.307	$0.516
55 – 59	$0.535	$0.911
60 – 64	$0.811	$1.387
65 – 69	$1.561	$2.681
70+	$2.497	$4.297
Child(ren)	$0.622	

Important Facts About Beneficiaries

Beneficiaries are individuals or entities that you select to receive benefits from your policy. If you do not have a beneficiary, benefits are paid to your estate. Here's what you need to know about beneficiaries:

- You can change your beneficiary designation at any time
- You may designate a sole beneficiary or multiple beneficiaries to receive payment in the percentage(s) allocated
- To select or change your Life Insurance beneficiary, call the Risk Management Department for a copy of the Beneficiary Designation Form

	American Fidelity
Accident Only Insurance	American Fidelity's Limited Benefit Accident Only Insurance Plan may help you with the rising costs associated with an accident injury or death. Benefits include accident emergency treatment, medical imaging, inpatient confinement, ambulance and more. Several benefit plan options are available.

	American Fidelity
Cancer Insurance	If you are diagnosed with cancer, American Fidelity's Limited Benefit Cancer Insurance plan may help you maintain your standard of living. Benefit payments can be used however you'd like, including house payments, utilities, and meals/lodging expenses. This policy is portable, which means that you can keep it should you change jobs or retire, with no increase in premiums. Please note, this policy must be in place prior to a cancer diagnosis.

	Transamerica
Long Term Care Insurance	Transamerica Long Term Care Insurance provides benefits to help you pay for care during a chronic illness or if you are unable to perform, without substantial assistance from another individual, two or more activities of daily living such as eating, bathing, continence, dressing toileting, transferring, or if you require substantial supervision by another individual to protect your health and safety due to severe cognitive impairment (such as Alzheimer's disease or mental illness).
Employee Contribution	You pay the full cost for all coverages you elect

Legal Benefits

	Voluntary Legal Services Plan — MetLaw Legal Services
Voluntary Legal Services Plan	Palm Springs Unified School District offers you the opportunity to purchase MetLaw Legal Services through Hyatt Legal Plan with after-tax dollars at discounted group rates. This plan provides coverage for a number of legal matters such as will preparation, buying or selling a primary home, document review, civil litigation defense by telephone and office consultations for numerous matters (except employment related), business or pre-existing matters.
Employee Contribution	You pay the full cost for all coverages you elect

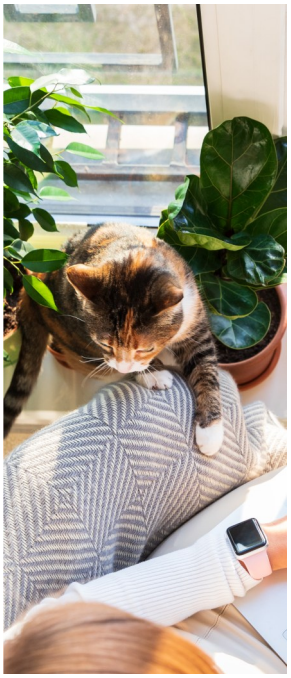
NEW!

	MetLife
Pet Insurance	You are now able to purchase MetLife Pet Insurance to cover your dependents—your four-legged ones! MetLife Pet Insurance can help cover the costs of unexpected accidents, illnesses, and routine care, so nothing gets in the way of caring for your pat when they need it most.
Employee Contribution	You pay the full cost for all coverages you elect

MetLife | Pet Insurance

Palm Springs USD now offers you the option to purchase pet insurance at discounted group rates, through MetLife PetFirst. Pet insurance can help pay for health problems and conditions related to accidental injuries, poisonings, and illnesses (including cancer). It may help cover diagnostic tests, x-rays, treatments, prescriptions, office calls, lab fees, surgeries, and hospitalizations.

With the MetLife Pet Insurance plan, you can visit licensed veterinarian, veterinary specialist or animal hospital in the United States. Choose the accident and illness coverage that best fits your pet's needs. To receive reimbursements through MetLife Pet Insurance, submit all claims and documents within 90 days of treatment or invoice date. There are several options for submitting your claim and veterinary records, including MyPets online portal, email, fax, text, or standard mail. You will own this policy and pay premiums to MetLife directly.



File a Claim

- Email: your documents to pet_submit_claim@metlife.com
- Fax: your document to (877) 281-3348
- Text Messaging: text your documents to (317) 820-2275
- Mail: your documents to MetLife Pet Insurance
  Attn: Claims Department
  400 Missouri Avenue, Suite 105
  Jeffersonville, IN 47130

Protect your furry friends today and enroll now for Pet Insurance.

For More Information or To Enroll

You will enroll directly and be responsible for your own premium payment.

Payroll deductions is not an option.

To get a quote or enroll, go to metlife.com/getpetquote or call 1-866-661-0140.

Flexible Spending Account

The Flexible Spending Account (FSA) Plan, administered by American Fidelity, allows you to pay certain qualifying expenses with pre-tax dollars. Because deductions for these expenses are subtracted from your gross pay, your taxable income is reduced, less taxes are withheld, and your take-home pay may increase.

The District provides employees with a debit card for use with the Medical Expense Account. This card allows employees to purchase and immediately pay for eligible expenses (e.g., copays, coinsurance).

Employees enrolled in the FSA Plan contribute to their account(s) during the 12-month Plan Year (October 1 – September 30).

Benefit Video – How FSAs Can Help Save You Money

For a better understanding of how Flexible Spending Accounts work, watch this quick video at https://info.baldwin.com/fsa/.

Medical Expense Reimbursement Account

The Medical Expense Account allows you to set aside pre-tax dollars to pay for qualifying out-of-pocket medical, dental, vision and Rx expenses, including deductibles, coinsurance and copays for yourself or your dependents. The maximum amount you can contribute to the Medical Expense Reimbursement Account is $3,400.

Please note you cannot enroll in the Medical Expense Reimbursement Account if you are enrolled in the Blue Shield HSA plan.

Dependent Daycare Reimbursement Account

The Dependent Daycare Reimbursement Account allows you to set aside pre-tax dollars to pay for eligible dependent care expenses to a maximum of $5,000 per plan year, per household. This includes child care, elder care, or other eligible dependent care.

Important Note About the FSA

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule. According to this rule, 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. We encourage you to plan ahead to make the most of your FSA dollars. If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.

Flexible Spending Account (FSA) Plan

Spending Account Rules

You must designate how much money you wish to contribute annually to each account at the beginning of the plan year (October 1 or date of hire). Money set aside for one account cannot be moved to another account.

You may change your annual contributions within 30 days of experiencing a qualifying "change in family status," such as marriage, divorce, addition or loss of a dependent, a change in your spouse's employment, etc.

It is important to carefully review your estimated expenses since any unclaimed funds remaining in each account as of **December 31** of the following plan year will be forfeited, with exception of $680, which can be rolled over into next plan year. Expenses must be incurred between **October 1** of the current plan year and **December 15** of the following plan year. All expenses must be submitted by **December 31** of the following plan year to qualify for reimbursement.

The FSA Debit Card/Direct Deposit

The FSA Debit Card enables you to pay for eligible health care expenses directly from your Health Care Spending Account. Your Spending Account is electronically debited whenever you use the card. IRS regulations require that you provide documentation to verify eligibility of certain expenses but you don't have to wait for reimbursement. The FSA Debit Card is accepted by eligible merchants and providers who use the Mastercard or VISA system.

You may also elect to have reimbursements deposited directly into your bank account.

Example: How You Can Save Money With an FSA

	Without the Health Care FSA	With the Health Care FSA
Gross Annual Pay	$45,000	$45,000
Pre-Tax Health Care FSA	Not Elected	$1,200
Taxable Gross Income	$45,000	$43,800
Payroll Taxes (at 30%)	$13,500	$13,140
Health Care Cost	$1,200	$0
Net Pay	$30,300	$30,660
Annual Net Pay Increase	$0	**$360**

Important Note: Your FSA elections expire each year on September 30. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.

403(b) and 457(b) Plans

The District provides all employees with the opportunity to build savings for long term financial goals, such as retirement. You are eligible to contribute to the 403(b) and 457(b) plans starting at date of hire.

To enroll, visit Fringe Benefits Consortium (FBC) or call (760) 285-7279 to establish a 403(b) and/or 457(b) account.

	403(b) Plan		457(b) Plan
	Traditional Option	Roth Option	Traditional Option Only
Benefit	Save for your future with **pre-tax** dollars	Save for your future with **after-tax** dollars	Save for your future with **pre-tax** dollars
Tax Advantages	Your contributions are tax-free and lower your taxable income now You pay tax on your contributions and investment earnings when you withdraw your funds during retirement	Your contributions are made with after-tax dollars When you withdraw funds during retirement, you do not pay taxes on your contributions; however investment earnings **may** be subject to State income tax	Your contributions are tax-free and lower your taxable income now You pay tax on your contributions and investment earnings when you withdraw your funds during retirement
Annual Contribution Limit – *Separate IRS Maximum Contribution Limits for the 403(b) and 457(b) Plans*	Up to 100% of eligible earnings up to the IRS maximum (Traditional and Roth options combined)		Up to 100% of eligible earnings up to the IRS maximum
Plan Investments	You choose how to invest your retirement savings. A variety of investment options are available, as well as free investment consultations		
Rollovers	You have the option to rollover qualified retirement plans.		
Loans	You have the option to take a loan if you wish. Please note that loan payments are made with after-tax money, and when you withdraw 403(b) or 457(b) funds during retirement, they will be subject to tax again at that time.		

The Affordable Care Act and You

Beginning December 31, 2018, the Affordable Care Act (ACA) required nearly every American to be enrolled in medical coverage or pay a penalty. 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 Palm Springs Unified School District 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 Palm Springs Unified School District'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.

To learn more about the Affordable Care Act, visit **www.healthcare.gov**.

Annual Notices

Various state and federal laws require that employers provide disclosure and annual notices to their plan participants. The District has posted all federally required annual notices on our district website for you to download and read at your convenience, go to **www.psusd.us/benefits.**

Annual notices include the following:

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

Resources and Contacts

Below is a list of insurance carrier contacts should you require assistance with your benefits questions following Open Enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact Risk Management.

	Phone	Website
Health Benefits		
SISC	(661) 636-4410	www.sisc.kern.org
Kaiser Permanente **ASH (Chiropractic)**	(800) 464-4000 (800) 678-9133	www.kp.org www.ashlink.com/ash/kp
Blue Shield **Anthem Blue Cross** **MDLive**	(855) 256-9404 (800) 888-8288 (800) 657-6169	www.blueshieldca.com/sisc www.anthem.com/ca/sisc www.mdlive.com/sisc
Navitus Health Solutions (Rx)	(866) 333-2757	www.navitus.com
Teladoc Medical Experts	(855) 380-7828	www.teladoc.com/sisc
DeltaCare USA DHMO **Delta Dental PPOs**	(800) 422-4234 (866) 499-3001	www.deltadentalins.com
Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
Voluntary Products		
American Fidelity Voluntary **Accident Only Insurance** **Cancer Insurance**	(619) 665-0890 Jason Czajkowski	www.americanfidelity.com
MetLife Pet Insurance **- Quote** **- Claims**	(855) 830-5307	www.metlifepatinsurance/ Claims | MetLife Pet Insurance
Transamerica Voluntary Long Term Care Insurance	(760) 718-2426 Leiba & Associates Insurance Agency	www.leibainsurance.com
The Standard		
Flexible Spending Account		
American Fidelity Flexible Spending Account	(619) 665-0890 Jason Czajkowski	www.afadvantage.com
Employee Support Benefits		
Anthem BC Employee Assistance Program (SISC)	(800) 999-7222	www.anthemeap.com
MetLaw **Voluntary Legal Services Plan**	(800) 821-6400	www.legalplans.com
Fringe Benefits Consortium (FBC)	(833) 752-6322	www.MyFBCretirement.com
CalSTRS	(800) 228-5453	calstrs.com

Notes

Notes

150 District Center Drive | Palm Springs, California 92264
Telephone: (760) 883-2700
Learn more at **www.psusd.us**

Formerly Burnham Benefits

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

Learn more at **www.baldwin.com**

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 Risk Department.

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