



Tustin Unified School District

EMPLOYEE BENEFITS Summary 2018

Section 508-Compliant Document

Table of Contents

Table of Contents	2
About Your Tustin Unified School District Benefits	4
Who May Enroll	4
When You Can Enroll	4
Making Changes to Enrollment.....	4
Health Plans	6
Anthem Classic HMO Select Network Plan	6
Anthem Value HMO Full Network Plan	6
Anthem HRA Medical Plan (PPO)	6
Medical Plan Summary: Anthem HMO Plans	7
Plan Features	7
Medical Plan Summary: Anthem PPO Plan.....	9
Plan Features	9
Anthem Value Added Programs	11
Take a Guided Tour on Anthem’s Website	11
Anthem Website	11
Anthem Mobile App	11
LiveHealth Online	11
24/7 Nurseline	12
Future Moms	12
Estimate Your Cost.....	13
Condition Care.....	13
Using Your Medical Benefits Wisely	15
Tips on Getting the Most Value From Your Medical Plan	15
1. Ask Questions.....	15
2. Utilize Your Free Preventive Care Benefits to Stay Healthy	15
3. Get the Right Health Care and Save Money.....	15
4. Use Generic and Over-the-Counter Drugs When Available.....	15
5. Use the Mail Order Prescription Drug Benefit for Maintenance Medications	15
6. Use the LiveHealth Online	15
Dental Plans	17
Aetna DHMO Dental Plan.....	17
(For Classic HMO/Value Members).....	17
Aetna DHMO Plan Highlights	17
Aetna PPO Dental Plan – “Buy-Up”	17
(For Classic HMO/Value HMO Members).....	17
Aetna PPO Dental Plan	17

(For HRA/PPO Members)	17
Dental Plan Summary: Aetna Dental PPO Plan – Buy-Up.....	17
Plan Features	18
Dental Plan Summary: Aetna Dental PPO Plan – Base	18
Plan Features	18
Vision Plan	19
MESVision Plan	19
Vision Plan Summary: MESVision Plan.....	19
Plan Features	19
Employee Assistance Program (EAP)	20
Aetna Employee Assistance Program (EAP).....	20
Life and AD&D Insurance	21
Aetna Life and AD&D Insurance	21
Long Term Disability (LTD) Insurance	22
Aetna Long Term Disability (LTD) Insurance.....	22
Flexible Spending Accounts (FSAs)	23
Flexible Spending Accounts (FSAs)	23
Health Care Spending Account (HCSA)	23
Dependent Care Assistance Plan (DCAP)	23
Resources / Carrier and District Contacts	24
Employee Contributions	26
Annual Notices	28
Medicare Part D Notice of Creditable Coverage	28
HIPAA Notice of Privacy Practices	28
Women's Health and Cancer Rights Act (WHCRA).....	28
Newborns' and Mothers' Health Protection Act	28
Special Enrollment Rights.....	28
Medicaid & Children's Health Insurance Program	28
Summary of Benefits and Coverage (SBC)	28

About Your Tustin Unified School District Benefits

This brochure provides a summary of your benefit options and is designed to help you make your health and welfare benefit selections. If you have questions feel free to call Personnel Services or email your questions to TUSDbenefits@tustin.k12.ca.us.

Who May Enroll

Eligible Employees:

- Classified employees with a work contract of 6 or more hours per day, 5 days per week.
- Certificated employees with a contract 50% or greater.

Eligible Dependents:

- Legally married spouse
- Dependent children under age 26
- Domestic partners (affidavit is required)

When You Can Enroll

Eligible employees may enroll at the following times:

- During open enrollment.
- As a new hire you may participate in TUSD's Medical, Dental, Vision, Basic Life, AD&D, Employee Assistance Program, Long Term Disability, and Flexible Spending Account Plans (Health and Dependent Reimbursement Accounts) effective on the first of the month following your first day in paid service.
- Within 30 days of a change in status/qualifying event (see changes to enrollment).

Making Changes to Enrollment

The benefit elections you make will be in effect from January 1, 2018, to December 31, 2018. The next open enrollment period will be November 2018, during which time you can make new benefit elections for the following January 1st effective date.

Paying For Your Coverage

You and Tustin Unified School District share in the cost of the Medical, Dental, Vision, Basic Life, AD&D, Dependent Life and Long Term Disability benefits you elect.

Your contributions are deducted before taxes are withheld, which saves you tax dollars. Paying for benefits before tax means that your share of the costs is deducted before taxes are determined, resulting in more take-home pay for you.

Important Note: Coverage for a new spouse or newborn child is not automatic. If you experience a change in family status, you have 30 days to update your coverage. Please contact Personnel Services immediately to complete the appropriate forms. If you do not update your coverage within 30

days from the family status change, you must wait until the annual open enrollment period to update your coverage.

Health Plans

Anthem | Classic HMO Select Network Plan

With the Select Network Health Maintenance Organization (HMO) plan, you must choose a Primary Care Physician (PCP) or Medical Group within the Anthem Select Network for all of your covered family members. 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. This plan uses a smaller network of the most cost effective providers to provide lower premiums. Please note that it is your responsibility to ensure that all family members choose providers from the Anthem Select Network HMO.

Anthem | Value HMO Full Network Plan

This plan works just like the Select Network, but uses a larger network of providers. This plan offers more provider options, though you will experience higher office visit copays.

Anthem | HRA Medical Plan (PPO)

The Anthem Health Reimbursement Arrangement (HRA) combines a High Deductible Health Plan (HDHP) with a health reimbursement account (HRA). The District contributes funds to your account to reimburse you for the first dollar medical plan expenses such as deductible. HRA funds are available from the first day of the plan year. Your preventive services are covered at 100% and do not reduce your HRA balance. The HRA applies to your deductible as a first dollar benefit and may reduce the amount of the deductible you will pay.

Health Plan Videos

Medical Plan Terms

Medical plan terms, such as deductibles, copays, coinsurance and out-of-pocket maximums, can sometimes be confusing. To watch a quick video to help you better understand medical plan terms, visit <http://video.burnhambenefits.com/terms>.

HDHP + HSA

We've provided a quick video to help you understand how high-deductible health plans work in conjunction with health savings accounts. To learn more, watch the video at <http://video.burnhambenefits.com/hdhp>.

Medical Plan Summary: Anthem HMO Plans

Plan Features	Anthem Classic HMO: Select Network	Anthem Value HMO: California Care Network
Lifetime Maximum	Unlimited	Unlimited
Employer Annual HRA Contribution	-	-
Deductible (Annual) – Individual / Family	None	None
Co-Insurance (Plan Pays)	100%, after copay	100%, after copay
Physician Office Visit	\$20 PCP / \$20 Specialist	\$25 PCP / \$25 Specialist
Out of Pocket Maximum – Individual / Family	\$2,000 / \$4,000	\$2,000 / \$4,000
Hospitalization – Inpatient – Outpatient Surgery	\$250 / admit Covered at 100%	\$250 / per day (4 day max) \$100 copay
Emergency Services (Waived if Admitted)	\$100 copay	\$150 copay
Wellness Exams – Adult / Children	Covered at 100%	Covered at 100%
Chiropractic	\$15 copay 20 visits per calendar year	\$15 copay 20 visits per calendar year
Mental Health & Sub Abuse – Inpatient – Outpatient	\$250 / admit \$20 copay	\$250 / per day (4 day max) \$25 copay
Prescription Drugs - Copay – Generic Formulary	\$15 copay	\$15 copay

Plan Features	Anthem Classic HMO: Select Network	Anthem Value HMO: California Care Network
– Brand Name Formulary	\$30 copay	\$30 copay
– Non-Formulary	\$45 copay	\$45 copay
– Mail Order (90 day supply)	\$30 / \$60 / \$90	\$30 / \$60 / \$90

Medical Plan Summary: Anthem PPO Plan

Plan Features	Anthem HRA (PPO) Prudent Buyer Network	Anthem HRA (PPO) Non-Network
Lifetime Maximum	Unlimited	Unlimited
Employer Annual HRA Contribution	\$750/\$1,500	\$750/\$1,500
Deductible (Annual)		
– Individual / Family	\$1,500 / \$3,000	\$4,500 / \$9,000
Co-Insurance (Plan Pays)	90%	70%
Physician Office Visit	\$20 copay	30%
Out of Pocket Maximum		
– Individual / Family	\$3,425 / \$6,850	\$10,275 / \$20,550
Hospitalization		
– Inpatient	10%	30%, up to \$1,000/day
– Outpatient Surgery	10%	30%, up to \$350/admin
Emergency Services (Waived if Admitted)	10%	10%
Wellness Exams		
– Adult / Children	Covered at 100%	30%
Chiropractic	\$20 copay 30 visits per calendar year	30% 30 visits per calendar year
Mental Health & Sub Abuse		
– Inpatient	10%	30%, up to \$1,000/day
– Outpatient	\$20 copay, 10%	30%
Prescription Drugs - Copay		
– Generic Formulary	\$5/15 copay	30%

Plan Features	Anthem HRA (PPO) Prudent Buyer Network	Anthem HRA (PPO) Non-Network
– Brand Name Formulary	\$30 copay	30%
– Non-Formulary	\$45 copay	30%
– Mail Order (90 day supply)	\$10 / \$30 / \$60 / \$90	30%

Anthem Value Added Programs

Take a Guided Tour on Anthem's Website

If you have not already registered on Anthem's website, you can take a guided tour by visiting www.anthem.com/ca and select Guided Tour, in the Member Log In box. Here you will see how Anthem's website and mobile app can help you manage your health care more easily.

Anthem Website

- Find a doctor
- View claims status
- Take a health assessment to receive your overall health score
- Compare cost and quality for common procedures
- The Health Record tool keeps your records available and up to date
- Refill prescriptions
- Access SpecialOffers@Anthem product and service discounts

If you're an Anthem member but haven't registered, go to <http://www.anthem.com/ca> from your computer and click Register Now.

Anthem Mobile App

- Keep your ID card on your phone that can be viewed, faxed or sent via email right from your mobile device
- Find a doctor
- Find an urgent care center or hospital fast with maps and driving directions
- The Health Record tool keeps your records available and up to date
- Compare cost and quality for common procedures

Anthem's mobile app is free. To log in on your smartphone, you must be registered on Anthem's secure member site and have a user name and password.

LiveHealth Online

LiveHealth Online uses two-way video to connect you with U.S. board certified doctors over the internet. You can see a doctor on the go, right from your mobile device. Doctors can answer your questions, make a diagnosis and even prescribe basic medications, if you need them. Enrolling is really quick and easy. Then, each time you log in, you'll see doctors that are available in your state. If English isn't your first language, try searching for a doctor based on your language preference. You can use LiveHealth Online for many different health issues, such as colds, the flu, allergies, sinus infections, bronchitis, diarrhea, and family health. Keep in mind, LiveHealth Online is not for emergencies. If you experience an emergency, you should go to the emergency room or call 911.

Accessing LiveHealth Online:

Go to www.livehealthonline.com. Select “Sign Up” if you do not have an account. Click “Log In” if you do have an account. Complete the information about yourself and your health issue, then search for a doctor in your area.

Mobile App for Apple and Android Devices:

Download and open the LiveHealth Online app on your Apple or Android device. Create a six-digit pin number. You’ll need this number every time you use the app. Complete the “Tell Us About Yourself” page to begin.

24/7 Nurseline

Health concerns can happen when you least expect them. You might be on vacation or even on a business trip. Or your child may have a fever in the middle of the night. But there’s somewhere you can turn for help any time of the day or night. Call the 24/7 NurseLine to speak with a registered nurse about your health concern.

Whether it’s a question about allergies, fever, types of preventive care, or any other topic, nurses are always there to provide support and peace of mind. And, if you want, a nurse will call you later to see how you’re doing. Anthem’s nurses can help you choose the right place for care if your doctor isn’t available and you aren’t sure what to do. Do you need to head straight to the emergency room? Is urgent care best? Or do you need to see your doctor? Making the right call can save you time and money – and give you access to the best possible care.

If you speak Spanish or another language other than English, Anthem has Spanish-speaking nurses and translators on call.

TTY/TDD services are available, as well.

If you’d prefer not to talk about your health concern over the phone, the AudioHealth Library might be for you. These helpful prerecorded messages cover more than 300 health topics in English and Spanish. Just call the 24/7 NurseLine number and choose the AudioHealth Library option.

Contacting the 24/7 Nurseline:

The 24/7 NurseLine is always here for you. Anthem’s Member Services Department can connect you when you call toll free at (800) 977-0027.

Future Moms

Having a healthy baby is every mom’s goal. And it starts with a healthy pregnancy. You want to make the right choices and take care of yourself so you can reach that goal. But it’s not always easy to do it

alone. That's why there's Future Moms. It's a program that can answer your questions, help you make good choices and follow your health care provider's plan of care. And it can help you have a safe delivery and a healthy child.

Sign up as soon as you know you're pregnant. One of Anthem's registered nurses will help you get started. You'll get:

- A toll-free number you can use to speak with a nurse coach any time, any day, about your pregnancy. A nurse may also call you from time to time to see how you're doing
- A book that shows changes you can expect for you and your baby during the next nine months
- A screening to check your health risk for depression or early delivery
- Other useful tools to help you, your doctor and your Future Moms nurse keep track of your pregnancy and help you make healthier choices
- Free phone calls with pharmacists, nutritionists and other specialists, if needed
- A booklet with tips to help keep you and your new baby safe and well
- Other helpful information on labor and delivery, including options and how to prepare

To Learn More or to Join:

Call Anthem's Member Services Department at (800) 888-8288 or (866) 207-9878.

Estimate Your Cost

Did you know that different facilities may charge different amounts for the same service? With the Estimate Your Cost tool, you can estimate your share of the costs before you receive your care. Compare facilities based on their quality measures for certain procedures – length of stay, patient experience, complications and more. Estimate Your Cost is just one of the many tools Anthem offers to help you manage your health care, simply and conveniently.

To Estimate Your Cost

Go to <http://www.anthem.com> and log in (located in the top right corner). Select Estimate Your Cost. Simply search or browse for the procedure you are looking for and the tool will help guide you. You can easily compare facilities in your area.

Condition Care

Do you or a covered family member have a long-term (chronic) health problem? Condition Care is a program for you and there's no extra cost for you to join. When you join Condition Care, you'll get:

- 24-hour, toll-free access to a nurse who'll answer your questions

- A health assessment by phone
- Support from nurse care managers, pharmacists, dietitians, doctors and other health care professionals to help you reach your health goals
- Educational guides, newsletters and tools to help you learn more about your condition
- Condition Care nurse care managers work with members of all ages who have:
 - Asthma
 - Diabetes
 - Chronic obstructive pulmonary disease (COPD)
 - Heart failure
 - Coronary artery disease

Anthem may call you to find out if Condition Care can help you and ask you to sign up. To protect you, they will verify your address or date of birth before talking about your health. Condition Care is for the whole family and can help parents manage their children's chronic conditions, too.

To Learn More or to Join:

Call Anthem's Member Services Department at (800) 888-8288 or (866) 207-9878.

Using Your Medical Benefits Wisely

Tips on Getting the Most Value From Your Medical Plan

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 when accessed from in-network providers. Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and may even help save your life.

What's the difference between preventive care which is free and diagnostic care which you share the cost for in the form of copays and/or coinsurance? Preventive care helps protect you from getting sick, while diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what's causing them. That's diagnostic care.

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

4. Use Generic and Over-the-Counter Drugs When Available

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

Why are generic drugs less expensive? 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 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

As an Anthem member, you can receive a 90 day supply of your maintenance medications for the cost of only 2 copays (compared with a typical 30 day supply for a single copay at your walk-in pharmacy). In addition, your medications will be delivered to your home.

6. Use the LiveHealth Online

LiveHealth Online lets you have a video visit with a board certified doctor using your smartphone, tablet or computer with a webcam. No appointments, no driving and no waiting at an urgent care center. Doctors are available 24/7 to assess your condition and, if its needed, they can send a prescription to your local pharmacy (some medications are excluded). Use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, rashes, infections, allergies or another common health condition. Its faster, easier and more convenient than a visit to an urgent care center. The fee is \$10 per visit for benefits enrolled employees and tier dependents.

Dental Plans

Aetna DHMO Dental Plan

(For Classic HMO/Value Members)

As an Aetna Dental DHMO member, you are required to select a general dentist to provide your dental care. You will contact your general dentist for all of your dental needs, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. For covered procedures, you'll pay the pre-set copay or coinsurance fee described on your DHMO plan booklet. Please keep a copy of your booklet to refer to when utilizing your dental care. This will show the applicable copays that apply to all of the dental services that are covered under this plan.

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.

Aetna DHMO Plan Highlights

- There are no deductibles to meet, and no annual dollar maximum. In most cases, no claim forms to file, and no waiting period for coverage.
- Members are covered for most preventive services, including x-rays and two exams and cleanings per year.
- No copays are required for most diagnostic and preventive services.
- Each family member may select their own PCD.

Aetna PPO Dental Plan – "Buy-Up"

(For Classic HMO/Value HMO Members)

The Aetna PPO plan is a preferred provider dental plan. You may visit a PPO Dentist or a non-network Dentist. When you utilize an Aetna PPO Network Dentist, your out of pocket expenses will be less. If you obtain services using a non-network Dentist, you will incur much higher out-of-pocket expenses and you may be responsible for filing claims.

Aetna PPO Dental Plan

(For HRA/PPO Members)

The Aetna PPO plan is a preferred provider dental plan. You may visit a PPO Dentist or a non-network Dentist. When you utilize an Aetna PPO Network Dentist, your out of pocket expenses will be less. If you obtain services using a non-network Dentist, you will incur much higher out-of-pocket expenses and you may be responsible for filing claims.

Dental Plan Summary: Aetna Dental PPO Plan – Buy-Up

Plan Features	In-Network	Out-of-Network
Calendar Year Maximum	\$1,500	\$1,000
Deductible (Annual)		
- Individual	\$50	\$50
- Family	\$150	\$150
Preventative (Plan Pays)	100%	50%
- Deductible Waived	Yes	Yes
Basic Services (Plan Pays)	80%	50%
Major Services (Plan Pays)	50%	50%
Orthodontia - Adult & Child		
- Coinsurance	Not covered	Not covered
- Lifetime Maximum		

Dental Plan Summary: Aetna Dental PPO Plan – Base

Plan Features	In-Network	Out-of-Network
Calendar Year Maximum	\$1,500	\$1,500
Deductible (Annual)		
- Individual	\$50	\$50
- Family	\$150	\$150
Preventative (Plan Pays)	100%	100%
- Deductible Waived	Yes	Yes
Basic Services (Plan Pays)	80%	80%
Major Services (Plan Pays)	80%	80%
Orthodontia - Adult & Child		
- Coinsurance	50%	50%
- Lifetime Maximum	\$1,500	\$1,500

Vision Plan

MESVision Plan

The MESVision plan provides professional vision care and high quality lenses and frames through a broad network of optical specialists. MESVision has the largest and most diverse vision provider network, with 5,947 providers in California alone. The MESVision network includes Ophthalmologists, Optometrists and Opticians. The Opticians include many of the retail chains such as: Lenscrafters, Pearle Vision, Target, Sam's Club, Walmart, Sears, Sterling Optical and more. Costco will be in the MESVision network later in 2011. 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 MESVision.

Vision Plan Summary: MESVision Plan

Plan Features	In-Network	Out-of-Network
Copay		
– Examination	100% after \$25 copay	No copay; covered up to \$40
– Materials	None	None
Examination		
– Frequency	12 Months	12 Months
Lenses		
– Single Vision	100%	Up to \$40
– Lined Bifocal	100%	Up to \$60
– Progressive	Up to \$89.50	Up to \$80
– Frequency	12 Months	12 Months
Frames	Up to \$130	Up to \$78
– Frequency	12 Months	12 Months
Contact Lenses		
– Cosmetic / Elective	Up to \$130	Up to \$117
– Frequency	12 Months	12 Months

Employee Assistance Program (EAP)

Aetna Employee Assistance Program (EAP)

Assistance Program (EAP) through Aetna at no charge to employees. This plan provides you and your family members with up to 3 face-to-face and telephonic consultations for a wide range of emotional health, family and work issues including marital/family/relationship, stress/emotional, Legal and Financial and grief.

Your EAP also features online services to help you balance work and life and take care of a variety of chores and challenges. The website includes resources, child and elder care search tools, and a children's section.

To access your benefits you can call the 24-hour CONFIDENTIAL EAP Line at (855) 283-1915 or you may visit the Aetna EAP website at www.mylifevalues.com. The log in user name and password is RESOURCES.

Life and AD&D Insurance

Aetna Life and AD&D Insurance

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the District. Tustin Unified School District pays for coverage, offered through Aetna, in the amount of \$50,000.

Long Term Disability (LTD) Insurance

Aetna Long Term Disability (LTD) Insurance

The Tustin Unified School District offers you Long-Term Disability (LTD) income replacement if you are disabled for an extended period of time, through Aetna. You must be disabled to receive a benefit. If you become totally and permanently disabled, benefits begin 120 days after the start of your illness or injury. Long Term Disability provides you with a combined monthly benefit equal to 67% of your pre-disability earnings to a maximum of \$2,250 a month.

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs)

You can set aside money in a Flexible Spending Account (FSA) before taxes are deducted to pay for certain health expenses (HCSA) and dependent care expenses (DCAP), lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You choose how you want to receive reimbursement for your eligible expenses. You may sign up for direct deposit to your bank account or you may have a check sent to your home.

Please remember all receipts must be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

You must enroll in Flexible Spending Accounts every year at Open Enrollment, even if you do not plan to change the amounts set aside. Flexible Spending Account elections do not carry over from year to year.

Health Care Spending Account (HCSA)

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays, expenses that exceed plan limits and even many over the counter remedies. Employees may defer up to \$1,500 pre-tax per year.

Dependent Care Assistance Plan (DCAP)

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. Employees may defer up to \$5,000 per year.

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. 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.

Resources / Carrier and District Contacts

Below is a list of insurance carrier and District contacts should you require assistance with your benefit questions.

Plan	Contact Info
Tustin Unified School District	
Wendy Dever, Employee Benefits Liaison	(714) 730-7301 ext. 51347 wdever@tustin.k12.ca.us
Michele Bowden, Business Services	(714) 730-7301 ext. 376 mbowden@tustin.k12.ca.us
Medical – Anthem	
HMO Member Services	(800) 888-8288
HRA/PPO Member Services	(866) 207-9878
Pharmacy	(800) 700-2541
Mail Order Pharmacy	(866) 267-1013
Carrier Website	www.anthem.com/ca
Dental – Aetna	
PPO/DHMO Member Services	(877) 238-6200
Carrier Website	www.aetna.com
Vision – MES	
Member Services	(800) 877-6372
Carrier Website	www.mesvision.com
Basic Life and AD&D / Long Term Disability – Aetna	
Life/AD&D Member Services	(800) 523-5065
LTD Member Services	(866) 326-1380
Carrier Website	www.aetnadisability.com
Employee Assistance Program – Aetna	
Counselor Services	(855) 283-1915

Plan	Contact Info
EAP Website Log-in: RESOURCES	www.mylifevalues.com
Flexible Spending Accounts – Sheakley	
Member Services	(800) 877-5055
Claim Fax	(513) 326-8082
Carrier Website	www.sheakley.com
Voluntary Benefits – UNUM	
Group Voluntary Term Life Member Services	(800) 421-0344
Whole Life & STD Member Services	(800) 635-5597
Carrier Website	www.unum.com
Voluntary Benefits – Trustmark	
Customer Care Team	(800) 918-8877, Option 6
Claims Customer Service	(877) 201-9373
Website	www.trustmarksolutions.com/individual/file-claim
Accident Claim Services	Fax: (508) 471-3208 or Email: Riderclaims@trustmarkins.com
Critical Illness w/ Cancer Claim Services (new claim)	Fax: (508) 853-2757 or Email: vbs_disability@trustmarkins.com
Disability Claims Services (new claim)	Fax: (508) 853-2757 or Email: vbs_disability@trustmarkins.com
Life Claim Services (new claim)	Fax: (508) 853-0310 or Email: lifecclaims@trustmarkins.com

Employee Contributions

This chart compares the tenthly contributions for our Employee Benefit plans.* Your cost for coverage will vary depending on the option and level of coverage you choose. Employee contributions for Medical, Dental and Vision coverage are deducted from your paycheck with pre-tax dollars. This means that contributions are taken from your earnings before taxes, resulting in lower taxes and increased take home pay.

Coverage For	Tenthly Employee Contribution
Medical HMO Select – Anthem	
Employee Only	\$12.00
Employee + Spouse	\$100.00
Employee + Child(ren)	\$56.00
Employee + Family	\$125.00
Medical HMO Value – Anthem	
Employee Only	\$102.00
Employee + Spouse	\$314.00
Employee + Child(ren)	\$204.00
Employee + Family	\$358.00
Medical HRA/PPO – Anthem	
Employee Only	\$324.00
Employee + Spouse	\$698.00
Employee + Child(ren)	\$518.00
Employee + Family	\$816.00
Dental Buy-Up – Aetna	
Employee Only	\$33.00
Employee + Spouse	\$69.00
Employee + Child(ren)	\$76.00
Employee + Family	\$112.00

- This applies to full-time employees who have been in a benefit eligible position for 2 or more years (4 years for Certificated hired after 1/1/2018 or Classified hired after 7/1/2018).

- Eligible Part-time employees will pay a pro-rated amount.

Annual Notices

State and federal laws require that employers provide disclosure and annual notices to their plan participants. Tustin Unified School District has posted all federally required annual notices on TUSD's website for you to download and read at your convenience.

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 TUSD'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 TUSD'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. This regulation is designed to

help you better understand and evaluate your health insurance choices.



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This brochure 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 brochure 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 benefit program, please contact the Human Resources Department.

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