# TORRANCE UNIFIED SCHOOL DISTRICT
# FRINGE BENEFITS
# 2020-2021

DATE: August 1, 2020

TO: District Employees

FROM: Deputy Superintendent — Administrative Services

RE: Open Enrollment for Health Insurance Benefits

The Torrance Unified School District's Open Enrollment period for the plan year 2020-2021 begins on **Saturday, August 1, 2020 (online) and ends on Monday, August 31, 2020 at 11:59 p.m.** Enclosed is information about the available plans, eligibility details, plan costs, and required Health Care Reform information for the new plan year.

**YOU MUST TAKE ACTION!! OPEN ENROLLEMENT IS REQUIRED FOR ALL EMPLOYEES**

Please review this packet and keep it for future reference. The full fringe benefits package is available online on the Torrance Unified School District ("TUSD") website (tusd.org/benefits), as well as on the SAI website (enrollmentsolutions.com). Please see your enrollment packet for login details.

## WHAT'S NEW FOR 2020 – 2021

Due to the current COVID-19 pandemic and our efforts to maintain a safe, healthy working environment for all of our employees, Open Enrollment will only be conducted virtually.

Please refer to the front two pages of this packet for instructions and information.

## WHAT YOU NEED TO DO TO ENROLL

You will receive an Open Enrollment packet mailed to your home address that is listed on file with SAI, the District's online Benefit System, as communicated by the District Human Resources Department. The following requirements and instructions apply for all employees, including new hires, employees who are newly eligible for benefits, and returning (benefit-eligible) employees.

If you participated in the Section 125 health care or dependent care flexible spending account ("FSA") programs through American Fidelity Assurance ("AFA"), you **do not** need to virtually meet with anyone to make your new plan year elections. You must, however, enter the annual amount(s) you wish to elect which will then be deducted on a tenthly basis at the start of the new plan year. If you take no action, you will NOT be enrolled in either the 125 Medical Reimbursement or Dependent Day Care Reimbursement FSA plans for the 2020-2021 plan year.

If you want to:

- Enroll eligible family members;
- Make changes to your current medical, dental and/or vision benefit elections;
- Enroll for the first time in an FSA 125 Medical Reimbursement or Dependent Day Care plan; or
- Activate your FSA debit card for the 2020-2021 plan year

**you must schedule a virtual appointment with an AFA representative** by calling 800-365-9180 X 0. **Virtual appointments are the ONLY appointments available.** The last virtual appointment will be at 4:15 p.m., Monday, August 31, 2020. During your appointment, you will be asked to provide valid proof of eligible dependents you would like to enroll for coverage and you will be asked to confirm your benefit elections.

Only if:

- You keep the exact same coverage as you had during the 2019-2020 plan year (with the exception of entering your new election(s) for the FSA program(s) if applicable);
- You are not a NEW participant in the FSA plans;
- You do not have a previously issued expired FSA debit card that needs to be renewed for the new plan year
- You are not adding or dropping any dependents; and
- You are not re-allocating District fringe dollars (sharing with a spouse)

you are eligible to enroll online through the SAI website (enrollmentsolutions.com), **on your own without meeting with anyone.** In order to enroll online, you will be asked to provide your personal PIN and PASSWORD, which is on the cover letter of the Open Enrollment packet mailed to your home. If your packet was not mailed to your home, and you are a new hire, you will not have access to enroll on your own as you will not have your PIN or ACCESS code. Please call AFA to schedule a virtual meeting.

**All employees must complete enrollment by the deadline date of Monday, 11:59 p.m., August 31, 2020. If you do not complete enrollment, your benefits will be terminated with the last date of coverage as September 30, 2020.** You may request to reinstate your benefits by submitting a written appeal to the Manager – Health & Welfare Benefits at the District Office by Friday, 4:00 p.m., October 9, 2020.

The Appeal Process is a requirement for every employee who has lost their benefits and wishes to have their benefits reinstated. The Appeal Process requires a written statement to the Manager – Health & Welfare Benefits explaining how the benefits were lost. If an appeal is granted, the employee will be notified after the 15th of October. **Please see the "LATE AND REINSTATEMENT APPEALS" section at the end of this document for more details.**

## IMPORTANT: CHECK YOUR PAY STUBS AND COVER ANY MISSED PAYMENTS

As costs for health insurance may have increased, your paycheck on the 5th of the month may not be sufficient to cover the costs of your benefits. **Whether you receive Direct Deposit or an actual paycheck, it will be your responsibility to check your pay stubs on the 5th of every month.** If there are not enough funds in this paycheck to cover your benefit elections, you will be required to make a payment for your core benefits, medical, dental, and vision, to the Benefits Department in the District Office by 4:00 p.m. on the 10th day of the month. If payment is not received by 4:00 p.m. on the 10th of the month, your benefits will be terminated retroactively to the last paid month. If your benefits are terminated and you would like to continue your coverage through the District, you will be required to go through the Appeal Process for reinstatement. **Please see the "LATE AND REINSTATEMENT APPEALS" section at the end of the document for more details.**

Payments for all voluntary benefits must be paid directly to each individual vendor where allowable by law.

In cooperation with CSEA Chapter 845 and SEIU Local 99, the District has offered CSEA Chapter 845 and SEIU Local 99 members an opportunity to apply to have all of their pay combined into the second (5th of the month) paycheck. This means you will only receive one paycheck each month (the 5th of the month). If you opt for this method of payment, it is likely that your combined paycheck will have sufficient funds to cover the cost of your benefit elections. However, there is no guarantee, and it is still your responsibility to check your pay stubs and make any missed payments as necessary. This change is allowed only during our annual Open Enrollment or within 30-days of your date of hire. **If your paycheck is short, the District will NOT notify you. You need to ensure that payment is made.**

## NEW HIRES

If you are a new hire and you join the District after Open Enrollment, **you have 30 days from your date of hire to enroll in benefits**. There are scheduled dates and times an AFA representative will be available to assist you with your choices. Please review your benefits packet and have your choices made prior to your appointment. You must meet with an AFA representative and elect coverage within 30-days from your date of hire. If you do not enroll during the 30-day window, and still wish to have benefits with the District, you will have to submit a written appeal and will be subject to the late and reinstatement fee if your appeal is approved. **Please see the "LATE AND REINSTATEMENT APPEALS" section at the end of this document for more details.**

Your benefits are effective on the first of the month after your date of hire. Those employees hired prior to September 1, will need to enroll in two plan years, the current plan year (ending on September 30) and the new plan year beginning on October 1. Any core (medical, dental, and or vision) selections for the current plan year MAY incur an out-of-pocket costs which will have to be paid to the Benefits Department within 3 (three) business days of enrollment via check, cashier's check, or money order.

## EMPLOYEES ON LEAVE

All employees on an approved Personal Leave of Absence (PLOA), an approved Family Medical Leave Act Absence (FMLA), or an approved Unpaid Leave of Absence (LOA) will receive written notification from the Benefits Department with enrollment instructions and a due date to respond with your benefit selections and/or payment. Failure to respond by the due date will mean you will not have medical, dental or vision coverage for the duration of your leave. Failure to present payment will result in termination of benefits retroactively to the last paid month. If you lost coverage due to non-payment and/or failure to respond and would like to reinstate, you will be required to appeal and if approved, a fee will apply. **Please see the "LATE AND REINSTATEMENT APPEALS" section at the end of the document for more details.** Approved leaves require the approval of the Senior Director of Human Resources, and if approved, participants will be notified in writing from the Senior Director.

## RETURNING EMPLOYEES WITH HEALTH BENEFITS

Only those employees who are not making any changes, who have no new dependents, are not new participants in the FSA plans, do not have an expired FSA debit card (all previously issued debit cards expire at the end of each plan year) or are not combining District fringe contributions with a benefit eligible spouse, will be able to enroll/verify and confirm their health insurance benefits online.

**All employees with new dependents, new medical, dental, vision or voluntary plan elections, new participation in FSA plans, employees who currently have an expired FSA debit card, and/or changes to current elections are required to virtually meet with an AFA representative.**

**Those employees wishing to combine their District fringe allocations with their spouses must send individual email notifications of their desire to combine their fringe allocations to the Benefits Department. Annual notification of the combining of fringe allocations is a mandatory requirement.**

You may make a virtual appointment with an AFA representative by calling (800) 365-9180 (extension 0). Employees who participated in the FSA plans in the previous plan year may enter their new annual contribution amount on the TUSD Online Benefit system and, if no other changes are needed, may enroll online on their own. Employees who wish to begin participation in the FSA plans must virtually meet with an AFA representative.

## ELIGIBILITY REQUIREMENTS FOR HEALTH INSURANCE

The following employees are eligible for health insurance through the District:

**Permanent & Full-time Employees**: All permanent and full-time employees are eligible for District-sponsored health plans and a fringe benefit contribution towards the cost of coverage (where applicable).

**Permanent & Part-time Employees (20 hours or more per week)**: All classified permanent and part-time employees who work 20 hours or more per week are eligible for the District fringe contribution towards health benefits at a prorated amount based on number of hours worked. All certificated employees (excluding Adult Education; see below) whose assignments are less than full time shall have fringe dollars prorated based on their hours worked.

**Certificated Adult Education Teachers:** Adult Education Teachers qualify for a District fringe contribution towards health benefits when they work in a regularly scheduled assignment for 14 hours or more per week. Full time for Adult Education Teachers is 28 hours per week. District fringe benefits are prorated based on the number of hours worked for employees who work less than full time, but at least 14 hours per week.

## EMPLOYEES NOT ELIGIBLE FOR DISTRICT-PAID HEALTH BENEFITS

If you do not work enough hours or do not fall into one of the employment classifications for which a District fringe contribution applies, you may be eligible to elect voluntary self-pay coverage. For specific information regarding eligibility and payment of benefits, please contact the Benefits Department.

## DISTRICT FRINGE BENEFIT CONTRIBUTIONS

The chart below lists the amount of the District's tenthly fringe benefit contribution towards your health benefits. ***The amounts are based on an employee working full-time.*** If you are a part-time employee, your Fringe Benefits will be prorated based on the number of hours you work in your classification. Please refer to the Prorated Fringe Benefit Contribution Schedule for employees who work less than full-time.

All employees eligible for District-paid fringe contributions are required to have basic life and accidental death and dismemberment (AD&D) insurance. The true fringe allocation toward the cost of your medical, dental and vision benefits is your prorated amount listed below minus the mandatory life and AD&D insurance cost of either $4.75 (Certificated/Classified employees) or $11.40 (Certificated/Classified Management, Board Members and Personnel Commissioners).

| EMPLOYEE CLASSIFICATION | DISTRICT 10$^{THLY}$ CONTRIBUTION |
|---|---|
| Adult Education, certificated in bargaining unit, TTA | $1,050 |
| Certificated in bargaining unit, TTA | $1,050 |
| CSEA – Chapter 19 (clerical/technical) | $859 |
| CSEA – Chapter 845 (Paraeducator/Inst. Asst.) | $848 |
| Local 99 | $900 |
| Classified Unrepresented | $898 |
| Certificated Management | $888 |
| Classified Management | $888 |
| Supervisory and Confidential | $888 |
| Board Members/Personnel Commissioners | $888 |

*** * If you and your spouse are both employed by the District and you are both eligible for benefits, you have the option to combine your individual fringe contributions to lessen your out-of-pocket costs. You MUST send individual emails to the Benefits Department to have your fringe dollars combined and this must be done annually. Please contact the Benefits Department for detailed information.* ***

## PRORATED FRINGE BENEFIT CONTRIBUTION SCHEDULE

If you work less than full time, the District will contribute a prorated portion of eligible District fringe benefit contributions towards the cost of your coverage.

The tables below indicate the prorated contributions by the District on a tenthly basis. **The number of hours you work per day will determine the amount of fringe dollars provided by the District.** Mandatory life and AD&D insurance, in the amount of $4.75 (Certificated/Classified employees) or $11.40 (Certificated/Classified Management, Board Members and Personnel Commissioners) will be deducted from the prorated fringe allocation amounts shown below. The balance would then be the true fringe dollar allocation toward the cost of your medical, dental and vision benefits.

## PRORATED FRINGE APPLICATION

- **CSEA – CHAPTER 19 (CLERICAL/TECHNICAL) BARGAINING UNIT**

| NO. OF HOURS | % | DISTRICT FRINGE BENEFITS | NO. OF HOURS | % | DISTRICT FRINGE BENEFITS |
|---|---|---|---|---|---|
| 8 | 100.00% | $859.00 | 5 ¾ | 71.88% | $617.45 |
| 7 ¾ | 96.88% | $832.20 | 5 ½ | 68.75% | $590.56 |
| 7 ½ | 93.75% | $805.31 | 5 ¼ | 65.63% | $563.76 |
| 7 ¼ | 90.63% | $778.51 | 5 | 62.50% | $536.88 |
| 7 | 87.50% | $751.63 | 4 ¾ | 59.38% | $510.07 |
| 6 ¾ | 84.38% | $724.82 | 4 ½ | 56.25% | $483.19 |
| 6 ½ | 81.25% | $697.94 | 4 ¼ | 53.13% | $456.39 |
| 6 ¼ | 78.13% | $671.14 | 4 | 50.00% | $429.50 |
| 6 | 75.00% | $644.25 | | | |

- **CSEA CHAPTER – 845 (PARAEDUCATOR/INST. ASST.) BARGAINING UNIT**

| NO. OF HOURS | % | DISTRICT FRINGE BENEFITS | NO. OF HOURS | % | DISTRICT FRINGE BENEFITS |
|---|---|---|---|---|---|
| 8 | 100.00% | $848.00 | 5 ¾ | 71.88% | $609.54 |
| 7 ¾ | 96.88% | $821.54 | 5 ½ | 68.75% | $583.00 |
| 7 ½ | 93.75% | $795.00 | 5 ¼ | 65.63% | $556.54 |
| 7 ¼ | 90.63% | $768.54 | 5 | 62.50% | $530.00 |
| 7 | 87.50% | $742.00 | 4 ¾ | 59.38% | $503.54 |
| 6 ¾ | 84.38% | $715.54 | 4 ½ | 56.25% | $477.00 |
| 6 ½ | 81.25% | $689.00 | 4 ¼ | 53.13% | $450.54 |
| 6 ¼ | 78.13% | $662.54 | 4 | 50.00% | $424.00 |
| 6 | 75.00% | $636.00 | | | |

- **CERTIFICATED ADULT EDUCATION TEACHERS (5.6 HOURS=FULL TIME)**

| NO. WKLY HOURS | % | DISTRICT FRINGE BENEFITS | NO. WKLY HOURS | % | DISTRICT FRINGE BENEFITS |
|---|---|---|---|---|---|
| 28 | 100.00% | $1,050.00 | 20 | 71.43% | $750.02 |
| 27 | 96.43% | $1,012.52 | 19 | 67.83% | $712.22 |
| 26 | 92.86% | $975.03 | 18 | 64.29% | $675.05 |
| 25 | 89.29% | $937.55 | 17 ½ | 63.00% | $661.50 |
| 24 | 85.71% | $899.96 | 17 | 60.71% | $637.46 |
| 23 ½ | 84.00% | $882.00 | 16 ¼ | 58.00% | $609.00 |
| 23 | 82.14% | $862.47 | 16 | 57.14% | $599.97 |
| 22 | 78.57% | $824.99 | 15 | 53.57% | $562.49 |
| 20 ½ | 73.00% | $766.50 | 14 | 50.00% | $525.00 |

- **CERTIFICATED TEACHERS (6 HOURS=FULLTIME)**

| NO. WKLY HOURS | % | DISTRICT FRINGE BENEFITS | NO. WKLY HOURS | % | DISTRICT FRINGE BENEFITS |
|---|---|---|---|---|---|
| 30 | 100.00% | $1,050.00 | 17 | 56.66% | $594.93 |

| | | | | | |
|---|---|---|---|---|---|
| 29 | 96.66% | $1,014.93 | 16 | 53.33% | $559.97 |
| 28 | 93.33% | $979.97 | 15 | 50.00% | $525.00 |
| 27 | 90.00% | $945.00 | 14 | 46.67% | $490.04 |
| 26 | 86.66% | $909.93 | 13 | 43.33% | $454.97 |
| 25 | 83.33% | $874.97 | 12 | 40.00% | $420.00 |
| 24 | 80.00% | $840.00 | 11 | 36.67% | $385.04 |
| 23 | 76.66% | $804.93 | 10 | 33.33% | $349.97 |
| 22 | 73.33% | $769.97 | 9 | 30.00% | $315.00 |
| 21 | 70.00% | $735.00 | 8 | 26.67% | $280.04 |
| 20 | 66.67% | $700.04 | 7 | 23.33% | $244.97 |
| 19 | 63.33% | $664.97 | 6 | 20.00% | $210.00 |
| 18 | 60.00% | $630.00 | 5 | 16.67% | 175.04 |

- **CLASSIFIED UNREPRESENTED EMPLOYEES**

| NO. OF HOURS | % | DISTRICT FRINGE BENEFITS | NO. OF HOURS | % | DISTRICT FRINGE BENEFITS |
|---|---|---|---|---|---|
| 8 | 100.00% | $898.00 | 5 ¾ | 71.88% | $645.48 |
| 7 ¾ | 96.88% | $869.98 | 5 ½ | 68.75% | $617.38 |
| 7 ½ | 93.75% | $841.88 | 5 ¼ | 65.63% | $589.36 |
| 7 ¼ | 90.63% | $813.86 | 5 | 62.50% | $561.25 |
| 7 | 87.50% | $785.75 | 4 ¾ | 59.38% | $533.23 |
| 6 ¾ | 84.38% | $757.73 | 4 ½ | 56.25% | $505.13 |
| 6 ½ | 81.25% | $729.63 | 4 ¼ | 53.13% | $477.11 |
| 6 ¼ | 78.13% | $701.61 | 4 | 50.00% | $449.00 |
| 6 | 75.00% | $673.50 | | | |

- **LOCAL 99 BARGAINING UNIT**

| NO. OF HOURS | % | DISTRICT FRINGE BENEFITS | NO. OF HOURS | % | DISTRICT FRINGE BENEFITS |
|---|---|---|---|---|---|
| 8 | 100.00% | $900.00 | 5 ¾ | 71.88% | $646.92 |
| 7 ¾ | 96.88% | $871.92 | 5 ½ | 68.75% | $618.75 |
| 7 ½ | 93.75% | $843.75 | 5 ¼ | 65.63% | $590.67 |
| 7 ¼ | 90.63% | $815.67 | 5 | 62.50% | $562.50 |
| 7 | 87.50% | $787.50 | 4 ¾ | 59.38% | $534.42 |
| 6 ¾ | 84.38% | $759.42 | 4 ½ | 56.25% | $506.25 |
| 6 ½ | 81.25% | $731.25 | 4 ¼ | 53.13% | $478.17 |
| 6 ¼ | 78.13% | $703.17 | 4 | 50.00% | $450.00 |
| 6 | 75.00% | $675.00 | | | |

- **CERTIFICATED TTA (8 HOURS=FULL TIME)**

| NO. OF HOURS | % | DISTRICT FRINGE BENEFITS | NO. OF HOURS | % | DISTRICT FRINGE BENEFITS |
|---|---|---|---|---|---|
| 8 | 100.00% | $1,050.00 | 5 ½ | 68.75% | $721.88 |
| 7 ¾ | 96.88% | $1,017.24 | 5 ¼ | 65.63% | $689.12 |
| 7 ½ | 93.75% | $984.38 | 5 | 62.50% | $656.25 |
| 7 ¼ | 90.63% | $951.62 | 4 ¾ | 59.38% | $623.49 |
| 7 | 87.50% | $918.75 | 4 ½ | 56.25% | $590.63 |
| 6 ¾ | 84.38% | $885.99 | 4 ¼ | 53.13% | $557.87 |
| 6 ½ | 81.25% | $853.13 | 4 | 50.00% | $525.00 |
| 6 ¼ | 78.13% | $820.37 | 3 | 37.50% | $393.75 |
| 6 | 75.00% | $787.50 | 2 | 25.00% | $262.50 |
| 5 ¾ | 71.88% | $754.74 | 1 | 12.50% | $131.25 |

- **CERTIFICATED & CLASSIFIED MANAGEMENT, SUPERVISORY & CONFIDENTIAL, BOARD MEMBERS AND PERSONNEL COMMISSIONERS**

| NO. OF HOURS | % | DISTRICT FRINGE BENEFITS | NO. OF HOURS | % | DISTRICT FRINGE BENEFITS |
|---|---|---|---|---|---|
| --- | 100.00% | $888.00 | --- | --- | --- |

## ELIGIBLE DEPENDENTS

You may elect to enroll eligible family members in coverage through the District. Eligible dependents include your:

- Legally married spouse based on the state of residency. In instances of divorce, you must notify the District immediately and submit a copy of the final decree of divorce.

- Qualified domestic partner provided you have filed a Declaration of Domestic Partnership with the California Secretary of State (available at http://www.sos.ca.gov/) and returned the California State Affidavit for Domestic Partners to the District office within 30 days of the approval from the State of California. Otherwise, your Domestic Partner cannot be added until the annual Open Enrollment period. In instances of dissolution of Domestic Partnership, you must notify the District immediately.

  If you elect to enroll your qualified domestic partner, the value of this coverage is taxable income and will be reported on your W-2 for federal income tax purposes. It will not be treated as taxable income for CA state income tax purposes. TUSD will withhold federal income, FICA, and FUTA taxes on imputed income. You may want to consult an attorney regarding the tax and other legal implications of domestic partner coverage.

- Child(ren) until the end of the month in which he/she reaches age 26, or a child who is primarily dependent upon you for support and maintenance as defined by the Internal Revenue Service. For these purposes a "child" includes your:

  - Natural child;
  - Stepchild who is in the custody of the Employee;
  - Grandchild born to your unmarried child under age 19, but only if the grandchild can be claimed as your dependent under the Internal Revenue Service Code;
  - Child who is adopted by you or placed with you for adoption before the child reaches age 18. Placed for adoption means the assumption and retention by the Employee of a legal obligation for total or partial support of the child in anticipation of adoption of the child. The child must be available for adoption and the legal process must have begun. Placement ends when the legal support obligation ends;
  - Child for whom plan coverage is required due to a Qualified Medical Child Support Order (QMCSO), notwithstanding any residency or main support and care requirements. The Plan Sponsor must determine the QMCSO to be in accordance with written procedure (which is incorporated herein by reference and which can be obtained without charge). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under state law and having the force and effect of law under state law and which satisfies the QMCSO requirements of ERISA (section 609 (a)).
  - The annual required plan notices, Children's Health Insurance Program (CHIP)/Medicaid notice, and the medical plan summary of Benefits and Coverage documents are available on the TUSD website and via links on your online Benefits Summary Page

The Plan Administrator or Contract Administrator has the right to request information needed to determine an individual's eligibility for benefits under the Plan.

The following dependents are **not** eligible for coverage:

- Spouse following final decree of dissolution or divorce;
- Domestic partner following a dissolution of domestic partner status;
- Any person who is on active duty in a military service, to the extent permitted by law;
- Any Spouse who is eligible and has enrolled as an Employee under the Plan.

Eligibility for Medicaid or the receipt of Medicaid benefits will not be taken into account in determining a dependent's eligibility.

Please review carefully to determine your dependent(s) eligibility and the appropriate documents that you will be required to submit. **The District will not be able to provide you with any documents previously submitted.** You will need to provide one or more documents for each individual covered under one of the following dependent categories:

- **Spouse:** 1st page of the 2019 or EXTENSION for 2019, in addition to your 2018 IRS tax forms. Also, provide spouse's and dependent's social security number(s). Souvenir or original marriage certificates will only be accepted for newly married individuals (6 months or less) only. No photocopies will be accepted.

- **Domestic Partner:** Domestic Partner Registration. You will need to provide a copy of your "Declaration of Domestic Partnership" certificate that provides proof of eligibility requirements for domestic partnership under the State of California, Family Code section 297.

- **Birth Child:** Original Birth Certificate or 1st page of 2019 IRS tax form. Hospital certificates are acceptable for newborns born in 2020 only. No photocopies will be accepted. In addition, provide dependent child's social security number(s).

- **Dependents between the age of 19 through age 26 to include birth children, stepchildren, adopted and foster children, and legal guardianship:** Original Birth Certificate with State embossed seal or certified copy of the original birth certificate or 1st page of 2019 IRS tax form showing dependent status. No photocopies will be accepted. In addition, provide dependent's social security number(s).

- **Step Children**: Original Birth Certificate with State embossed seal or certified copy of the original birth certificate of step-child(ren) listing employee's current spouse as the parent of the step-child(ren), or 1st page of 2019 IRS tax form. No photocopies will be accepted. In addition, provide dependent step child's social security number(s).

- **Adopted, Foster Children or Legal Guardianship:** 1st page of 2019 IRS tax form and court documents showing legal responsibility for the child(ren). No photocopies will be accepted. In addition, provide dependent child's social security number(s).

We understand that some employees will not have birth certificates or marriage licenses at this time, which is why we will accept the first page of your 2019 or EXTENSION for 2019 in addition to your 2018 Federal tax form.

## EFFECTIVE DATE FOR DEPENDENT COVERAGE

An eligible dependent who is added to any of your core benefits (medical, dental, or vision) will have the same effective coverage date as you do. If you would like to add a dependent to your coverage at a later date, you will be required to meet a qualifying event and come into the Benefits Department with the document(s) listed on the Eligibility form and sign for the addition of your new dependent.

If your request to add a new dependent is made on, before or within thirty (30) days of the dependent's eligibility date, the dependent's coverage will be effective the first of the month following eligibility.

If you request coverage after 30 days of the dependent's eligibility date, the dependent's coverage will be effective only in accordance with the Open Enrollment or Special Enrollment Rights provisions.

A dependent's coverage will not become effective prior to your effective date.

A dependent who ages out of the plan at age 26 will have all benefits termed at the end of the month in which he/she turns 26. The over age dependent will have options for COBRA coverage.

## EXCEPTIONS TO THE OPEN ENROLLMENT PERIOD

As a rule, additions or changes to an employee's benefit coverage are restricted to the District's Open Enrollment period – August 1 through August 31. Exceptions to this open enrollment window are limited to the following:

**Enrollment due to loss of coverage**
An employee or dependent that loses other coverage may request enrollment into the TUSD plan if the following conditions are met:

***Employee or Dependent declined coverage.*** The employee or dependent declined TUSD coverage when it became available because he or she had other coverage.
***The declination of other coverage was in writing.*** The declination of coverage is stated in writing.
***Loss of coverage.*** The employee or dependent must have lost coverage under one of three circumstances:

- the end of COBRA coverage,
- loss of eligibility, or
- the end of employer contributions toward other plan coverage.

***Individuals eligible for enrollment.*** Employees and/or their spouses/domestic partners or dependents, who satisfy the loss of coverage requirements and are otherwise eligible to enroll in a plan, will be given an opportunity to enroll. In addition, if an employee alone meets these conditions, all family members (spouses and dependents) are entitled to enrollment.

Please note that for dependent enrollment due to a loss of coverage or newly acquired dependent status, coverage will take effect the first of the month following the date of eligibility.

**Enrollment for new dependents**

New dependents may be added to coverage if the following conditions are met:

- ***Employee eligible for or already covered.*** The employee must be either participating in the plan or eligible to enroll in it.
- ***New dependent status.*** The dependent, as determined by the plan's terms, must have become the employee's dependent through marriage, birth, adoption, or placement for adoption, and **must be enrolled within 30 days of the qualifying event.**
- ***Individuals eligible for special enrollment:*** A new dependent also grants special enrollment rights to a current employee, his or her spouse, or both, even if they previously declined coverage. However, enrollment is not available for other dependents who previously declined coverage or for dependents who are new for reasons other than marriage, birth, adoption, or placement for adoption.

In addition to the special enrollment events noted above, a group health plan must permit you and your dependent(s) that are "eligible but not enrolled for coverage" under an employer plan to enroll in two additional circumstances:

(a) Loss of Coverage Due to Loss of Eligibility for Medicaid or CHIP - the Plan will permit a special enrollment period if you or your dependent loses coverage under Medicaid or CHIP due to a loss of eligibility or

(b) Eligibility for Premium Assistance under Medicaid or CHIP - the Plan will permit a special enrollment period if you or your dependent becomes eligible for government premium assistance under Medicaid or CHIP.

**You or your dependent must request enrollment or an election change within 30 days (60 days for Medicaid or CHIP) after you or your dependent is terminated from or determined to be eligible for such assistance.**

## EMPLOYEE RESPONSIBILITIES

Employees who meet the above qualifications **must notify the Benefits Department within 30 days (or 60 days for Medicaid or CHIP**) of the date of qualification to either add or drop an eligible dependent. This request must include any documents that can substantiate your request (e.g. notice from employer canceling medical coverage, copy of birth or marriage certificate).

It is the employee's responsibility to contact the Benefits Department within 30 days of the qualifying event to add a new dependent, or drop an existing dependent. If the addition of a dependent results in an out-of-pocket amount, and it is beyond the Payroll cut-off date, the employee will be required to pay the additional premium(s). If eligible, coverage will become effective on the first day of the following month of qualification of coverage. The employee is responsible for paying all additional out-of-pocket costs of coverage for the addition of dependents.

If your dependent(s) will be attending school out of the Southern California area, please contact the Benefits Department to obtain an out-of-area card for your dependent(s).

## FOR ALL CURRENT OR NEW KAISER PLAN ENROLLED EMPLOYEES:

You must agree to the Kaiser Foundation Health Plan Arbitration Agreement that will print out at the end of your Benefit Selection Form. Acceptance of this agreement is required by Kaiser Foundation Health if you wish to enroll or continue to participate in any of the Kaiser health plans. When you sign up for and/or accept your elected benefits, if they include a Kaiser medical plan, your approval of elections is considered an electronic signature of acceptance of the Kaiser Arbitration Agreement. Failure to agree to the Kaiser Foundation Arbitration Agreement will disqualify you from Kaiser membership and participation.

## INTERNAL REVENUE CODE – SECTION 125 PLAN

The new plan year for the District's Section 125 Plan begins October 1, 2020. Open Enrollment for changes and new participants will begin on line only on Saturday, August 1, 2020 and ends on Monday, August 31, 2020. AFA is the administrator of this plan.

Section 125 allows an employee to designate a portion of his/her taxable income to cover out-of-pocket expenses for health care, childcare, or elderly care and other health services approved by the IRS. In addition, if an employee is required to contribute to the cost of their health coverage premiums, the contribution may be pre-tax, reducing the employee's taxable income. Once you make your pre-tax elections, they will remain in effect until the next open enrollment period or until there is a change in status event. Some examples of change in status events include:

- Changes in your legal marital status: Marriage, divorce, legal separation or death
- Changes to your dependents' eligibility
- Changes in employment: Part-time to full-time or full-time to part-time, termination of your spouse's or dependent's employment.

Your change in status event must cause a gain or loss of eligibility. In addition, you may only make a change to coverage that is consistent with your change in status event. Employees who meet the above qualifications must come into the Benefits Department for enrollment **within 30 days of the date of qualification**. You must also have any documents that can substantiate your request (e.g. notice from employer canceling medical coverage, copy of new birth or new marriage certificate) on hand during your virtual enrollment.

If you would like additional information regarding benefits under Section 125, or if you would like to sign up for any voluntary products offered by AFA (Cancer, Disability, Life, Critical Choice, or Accident policies), please contact AFA at (800) 365-9180 (extension 0).

## HEALTH CARE AND DEPENDENT CARE FSA PLANS

For employees participating in the health care or dependent care FSA plans, **the first payroll deduction will be reflected on the payroll warrant paid in October 2020. Your last payroll deduction will be reflected on the payroll warrant paid in July 2021. All benefits both core and voluntary will pull on the same schedule, October through July.**

Under the health care FSA, all qualifying bills incurred during the period of October 1, 2020 through September 30, 2021 may be submitted for reimbursement (Note: You can submit expenses incurred within the October 1, 2020-September 30, 2021 plan year within 90 days of the plan year end to be considered for reimbursement). Unused contributions made to this plan cannot be refunded to you. However, the District has made provisions to have up to $500 per plan year carried over to the next plan year if the contributions are not reimbursed by the end of the run-out period.

AFA will send all employees, who will be new participants to the health care and/or dependent care FSAs, a booklet describing the plans and also include claim reimbursement forms. The Section 125 Plan rules, including the Change in Status rules, apply to your health care and dependent care FSA elections. Refer to the information provided by AFA for further details. Please also visit their website: https://americanfidelity.com.

## TAX-SHELTERED ANNUITIES

A tax-sheltered annuity ("TSA") 403(b), is a tax-deferred investment of a contribution made through one of the District's approved companies. TSAs are handled by Envoy Plan Services (800) 248-8858, envoyplanservices.com.

## HEALTH INSURANCE RATES FOR BENEFITS-ELIGIBLE ACTIVE EMPLOYEES

**Employee Benefit Rates for 2020 – 2021 (shown on a tenthly basis)**

| MEDICAL INSURANCE (Optional) | KAISER BASIC | KAISER B | TUSD MEDICAL |
|---|---|---|---|
| Employee only | $472.00 | $666.00 | $804.00 |
| Employee + Spouse/Domestic Partner | $944.00 | $1,332.00 | $1,608.00 |
| Employee + Child(ren) | $897.00 | $1,265.00 | $1,528.00 |
| Employee + Family | $1,417.00 | $1,997.00 | $2,411.00 |

| DENTAL INSURANCE (Optional) Composite rate | DeltaCare HMO | TUSD DENTAL |
|---|---|---|
| Employee or Employee+spouse/children or + Family | $39.00 | $117.00 |

| VISION INSURANCE (Optional) Composite rate | VSP |
|---|---|
| Employee or Employee+spouse/children or +Family | $25.00 |
| | |

| BASIC LIFE AND AD&D INSURANCE (Mandatory for all benefit eligible employees) | LINCOLN |
|---|---|
| Certificated & Classified employees - $25,000 | $4.75 |
| Management, Board Members & Personnel Commissioners - $60,000 | $11.40 |

## COVERAGE PERIOD FOR HEALTH INSURANCE

Health coverage is provided for 12 calendar months from October 1 through September 30 annually. District-paid fringe contributions (if eligible) toward the cost of elected core benefits (medical, dental and vision) are applied in TENTHLY amounts. Payroll deductions are also taken on a TENTHLY basis from payroll warrants issued on the fifth of the month for the

pay months of October through July. No contributions or deductions are taken during the months of August and September. There must be ten months of payroll deductions in order to provide twelve months of coverage.

New hires who work 12 calendar months will become benefit eligible on the first of the month following date of hire.

For employees working 11 months (an "11 month employee"), coverage would begin the first of the month following date of hire. In instances where an employee is hired in August, a monthly premium would be assessed for September.

When an employee is hired in August, with benefit eligibility in September, they will pay a prorated amount should they elect benefits for the month of September. That same employee will also have to register for benefits for the new plan year, beginning in October. Deductions for benefits beginning in October will be made on the payroll warrant issued October 5.

For employees hired after the month of September, the effective date is the first of the following month following date of hire.

The date you actually sign up for your benefits does not change the effective date of those benefits. For example: You are hired on September 15; your benefits are effective October 1; you then meet with either AFA or the Benefits Department on October 9. Depending upon your benefit selections, you may owe an out-of-pocket amount since you enrolled after the first payroll pull (October 5) for October benefits.

**In all cases, benefits do not begin until the first of the month following eligibility, which is defined as your date of hire.**

**Neither benefits nor premiums are prorated.**

**Should you terminate employment or end your contract prior to the ten months of benefit deductions, benefit coverage will end at midnight on the last day of the month in which you are employed.**

## LATE AND REINSTATEMENT APPEALS

Approved appeals for reinstatement will be handled **after** October 15 of the new plan year. TUSD will have the sole discretion to allow reinstatement of an employee's coverage. If the employee's appeal is accepted, coverage will be reinstated retroactive to October 1, 2020. The reinstated employee will be required to pay a $100.00 reinstatement fee and a $50.00 late payment fee. In addition, all reinstatements will require full payment of all out of pocket costs for the missed month's benefits. These costs must be paid in full and cannot be deducted from your paycheck due to mandated LACOE regulated payroll timelines. Due to our Section 125 rules, no pre-tax voluntary plan elections may be re-elected even if an appeal is granted. Payment must be made by cash (exact change – no $100.00-dollar bills) or check. **Failure to pay the reinstatement fee, late fee, or out-of-pocket costs IN FULL will result in termination of all benefits and enrollment will be limited to the next open enrollment period.** If an appeal to be reinstated in the plan is denied by TUSD, the employee will not have the opportunity to enroll for coverage until the next Open Enrollment period.

**Late and reinstatement fees, and all premium payments may only be made for the exact amount in the form of exact cash, cashier's check, personal check or money order. Please note, TUSD is no longer able to accept $100.00-dollar bills for payment.**

Late and reinstatement fees are required to be paid any time benefits are lost and an appeal for reinstatement is granted due to: Non-payment of premium; short-check situations where the amount on the 5th of the month is not sufficient to cover the cost of deductions; failure to enroll during Open Enrollment; and non-response to an approved Personal Leave of Absence (PLOA), an approved Leave of Absence (LOA), or an approved Family Leave of Absence (FMLA) letter from the Benefits Department.

## NEWBORN AND ADOPTED CHILDREN – LIMITED 31-DAY BENEFIT PERIOD

If a child is born to an Employee or covered dependent spouse, benefits will be available for covered expenses of the child

incurred within the first 31-days after birth. Benefits for such child will be available for the 31-day period only. After the 31-day period, coverage for the child will be available only if, within the 30-days after the child's birth, the Employee has notified the TUSD Benefits Department of the birth, has enrolled the child, and has agreed to make any required contributions for coverage from the first of the month following the date of birth.

The above 31-day benefit period will also apply to an adopted child that is placed with the employee or dependent spouse within 30 days of birth (i.e. the child will have a 31-day benefit period beginning on the date of birth). Any other adopted child will also be eligible for a 31-day benefit period, beginning with: (1) the date the child is placed with the employee or dependent spouse for adoption, or (2) the date the adoption is final.

NOTE: During the limited 31-day benefit period, a birth child or adopted child is NOT a covered person. Any extended coverage periods or coverage continuation options which are available to Covered Persons will NOT apply to a child who is provided with these 31 days of limited benefits and who is not enrolled within such 30-day period. The birth child or adopted child must be enrolled within the 30-day period and must be enrolled with an effective date of the first of the month following date of birth or adoption.

## HEALTH BENEFITS WHILE ON UNPAID FAMILY MEDICAL LEAVE ACT (FMLA) ABSENCE

Employees who are on an approved unpaid Family Medical Leave Act (FMLA) absence are entitled to continue their health insurance coverage and will continue to receive their District fringe contribution toward the cost of their health coverage during the leave period. If an employee has a deduction for their cost of premium, they will be required to pay this amount during the leave period. Failure to pay the amount due will result in termination of benefits retroactive to the last paid month.

If an employee does not return to work after an unpaid FMLA absence and is approved for an unpaid Personal Leave of Absence, and chooses to continue their health insurance coverage, the employee is responsible for the entire cost of the premium (e.g. the employee portion plus the District-paid portion).

It is the employee's responsibility to contact the Human Resources Department to make the necessary arrangements and complete the proper paperwork for all leaves requested. It is also the employee's responsibility to respond to notification from the Benefits Department in regard to continuation of their benefits while on an approved FMLA absence. All payments are required to be made on time. A payment schedule will be provided to the employee. If payment is not made when due, coverage will be terminated effective the last day of the month for which premiums were paid. The employee and any dependents may be offered the option of COBRA coverage in the event coverage is involuntarily terminated.

If an employee elected not to continue their health insurance coverage while on unpaid FMLA and returns to work, **the employee is entitled to enroll only in the same plans that they were in prior to the leave. If there was dependent coverage, the employee may enroll those dependents only (unless there was a birth or adoption) who were covered prior to the leave.** Any other changes would not be allowed until the next Open Enrollment period unless there is a qualifying change in status or special enrollment event permitting a mid-year change in coverage.

## HEALTH BENEFITS WHILE ON UNPAID PERSONAL LEAVE OF ABSENCE

Employees who are on an approved unpaid Personal Leave of Absence are entitled to continue their health insurance coverage. The employee is responsible for the entire cost (e.g. 100%) of the premium amount.

It is the employee's responsibility to contact the Human Resources Department to make the necessary arrangements and complete the proper paperwork for the personal unpaid leave of absence. It is also the employee's responsibility to respond to notification from the Benefits Department in regard to continuation of their benefits while on an approved LOA. All payments are required to be made on time. A payment schedule will be provided to the employee. If payment is not made when due, coverage will be terminated effective the last day of the month for which premiums were paid. The employee and any dependents may be offered COBRA coverage in the event coverage is involuntarily terminated. Failure to pay premiums does not constitute an involuntary loss of coverage. Upon return to work after the unpaid Personal Leave of Absence, it is the employee's responsibility to contact the Benefits Department to reinstate all benefits held prior to their leave.

If an employee elected not to continue their health insurance coverage while on unpaid Personal Leave of Absence and returns to work**, the employee is entitled to enroll only in the same plans they were enrolled in prior to the leave and if there was dependent coverage, enroll those dependents only (unless there was a birth or adoption) who were covered prior to the leave**. Any other changes would not be allowed until the next open enrollment period unless there is a qualifying change in status or special enrollment event permitting a mid-year change in coverage. It is the employee's responsibility to contact the Benefits Department to reinstate core benefits held prior to their leave.

## VOLUNTARY PRODUCTS

All requests for changes to AFA after-tax voluntary products are required to be addressed to an AFA representative not to anyone at the District Office. You must contact AFA to schedule an appointment to meet with an AFA representative for all changes to your AFA products. Their number is (800) 365-9180 x 0.

Any and all changes to CTA Life and CTA Income Protection (The Standard) must be addressed directly to The Standard Company at (800) 522-0406.

Any changes to after-tax voluntary products, to add or drop a deduction, must be submitted in writing by way of a new application, an add form for new products, or a signed drop or termination form. **No emailed requests will be accepted**. Please see full listing below.

The Benefits Department must receive the written, signed request at least 30 (thirty) days prior to the payroll cutoff date for the desired affected payroll month. Provided the written, signed form is received within the required time period, the deduction will be stopped or started in the following month's payroll.

PRODUCTS AFFECTED:

TEXAS LIFE (though AFA only)
LINCOLN VOLUNTARY LIFE (through TUSD)
AMERICAN FIDELITY DISABILITY (through AFA only)
AMERICAN FIDELITY LIFE (through AFA only)
AMERICN FIDELITY CRITICAL CHOICE (through AFA only)
TTA CHARITY (through TUSD)
UNITED WAY CRUSADE (through TUSD)
SCHOOLS FIRST FEDERAL CREDIT UNION (through Schools First Federal)
FIRST FINANCIAL FEDERAL CREDIT UNION (through First Financial)
SCHOOLS FEDERAL CREDIT UNION (through Schools Federal)

## BENEFITS DEPARTMENT CONTACTS

| | | | |
|---|---|---|---|
| **MAIN LINE** | | **(310) 972-6036** | **benefits@tusd.org** |
| **KATHY KASAI** | **Manager – Health & Welfare Benefits** | **(310) 972-6089** | **kasai.kathy@tusd.org** |
| **IRIS CABRERA** | **Benefit Analyst** | **(310) 972-6024** | **cabrera.iris@tusd.org** |
| **MILETTE SHORT** | **Benefit Specialist** | **(310) 972-6098** | **short.milette@tusd.org** |
| **CLAUDIA FLORES** | **Benefit Technician** | **(310) 972-6023** | **flores.claudia@tusd.org** |
| **LIZETTE JIMENEZ** | **Benefit Specialist** | **(310) 972-6121** | **jimenez.lizette@tusd.org** |

## CHART OF BENEFITS

| EMPLOYEE CLASS | FULL-TIME DISTRICT FRINGE | MEDICAL | DENTAL | INCOME PROTECTION | VISION | BASIC LIFE AND AD&D |
|---|---|---|---|---|---|---|
| Adult Education, Certificated in bargaining unit, TTA | $1,050 | Optional, choice of:<br>• Kaiser Basic<br>• Kaiser B<br>• TUSD Medical | Optional, choice of:<br>• TUSD Dental<br>• DeltaCare HMO | Not available through District paid fringe benefits | Optional<br>• VSP | Mandatory $25K |
| Certificated in bargaining unit, TTA | $1,050 | Optional, choice of:<br>• Kaiser Basic<br>• Kaiser B<br>• TUSD Medical | Optional, choice of:<br>• TUSD Dental<br>• DeltaCare HMO | Not available through District paid fringe benefits | Optional<br>• VSP | Mandatory $25K |
| CSEA – Chapter 19 (clerical/technical) | $859 | Optional, choice of:<br>• Kaiser Basic<br>• Kaiser B<br>• TUSD Medical | Optional, choice of:<br>• TUSD Dental<br>• DeltaCare HMO | Not available through District paid fringe benefits | Optional<br>• VSP | Mandatory $25K |
| CSEA – Chapter 845 (Paraeducator/ IA/EA) | $848 | Optional, choice of:<br>• Kaiser Basic<br>• Kaiser B<br>• TUSD Medical | Optional, choice of:<br>• TUSD Dental<br>• DeltaCare HMO | Not available through District paid fringe benefits | Optional<br>• VSP | Mandatory $25K |
| Local 99 | $900 | Optional, choice of:<br>• Kaiser Basic<br>• Kaiser B<br>• TUSD Medical | Optional, choice of:<br>• TUSD Dental<br>• DeltaCare HMO | Not available through District paid fringe benefits | Optional<br>• VSP | Mandatory $25K |
| Classified - Unrepresented | $898 | Optional, choice of:<br>• Kaiser Basic<br>• Kaiser B<br>• TUSD Medical | Optional, choice of:<br>• TUSD Dental<br>• DeltaCare HMO | Not available through District paid fringe benefits | Optional<br>• VSP | Mandatory $25K |
| Certificated Management | $888 | Optional, choice of:<br>• Kaiser Basic<br>• Kaiser B<br>• TUSD Medical | Optional, choice of:<br>• TUSD Dental<br>• DeltaCare HMO | Not available through District paid fringe benefits | Optional<br>• VSP | Mandatory $60K |
| Classified Management | $888 | Optional, choice of:<br>• Kaiser Basic<br>• Kaiser B<br>• TUSD Medical | Optional, choice of:<br>• TUSD Dental<br>• DeltaCare HMO | Not available through District paid fringe benefits | Optional<br>• VSP | Mandatory $60K |
| Supervisory & Confidential | $888 | Optional, choice of:<br>• Kaiser Basic<br>• Kaiser B<br>• TUSD Medical | Optional, choice of:<br>• TUSD Dental<br>• DeltaCare HMO | Not available through District paid fringe benefits | Optional<br>• VSP | Mandatory $25K |
| Board Members/ Personnel Commissioners | $888 | Optional, choice of:<br>• Kaiser Basic<br>• Kaiser B<br>• TUSD Medical | Optional, choice of:<br>• TUSD Dental<br>• DeltaCare HMO | Not available through District paid fringe benefits | Optional<br>• VSP | Mandatory $60K |
| Leaves of Absences | None, self-pay | • May only re-enroll in same plans prior to LOA | • My only re-enroll in same plans prior to LOA | Not available through District paid fringe benefits | • May only re-enroll in same plans prior to LOA | Not available |
| Part-time (less than 20 hours per week) | None, self-pay | Optional, choice of:<br>• Kaiser Basic<br>• Kaiser B<br>• TUSD Medical | Optional, choice of:<br>• TUSD Dental<br>• DeltaCare HMO | None, may purchase a self-pay plan from American Fidelity | Optional<br>• VSP | Not available |
| Substitutes | None, self-pay | Not available | Not available | Not available | Not available | Not available |
| Affordable Care Act (ACA) Benefit Eligible | None, self-pay | Optional, choice of<br>• Kaiser Basic<br>• Kaiser B<br>• TUSD Medical | Optional, choice of<br>• TUSD Dental<br>• DeltaCare HMO | None, may purchase a self-pay plan from AFA | Optional<br>• VSP | Not available |

## DIRECTORY OF CARRIERS/VENDORS

| INSURANCE CARRIER | CONTACT INFORMATION |
|---|---|
| **KAISER Medical Plan — GROUP #100971** | (800) 464-4000<br>www.kaiserpermanente.org |
| **TUSD Medical Plan - GROUP #03585** | |
| **Anthem Blue Cross** | http://www.anthem.com/ca |
| **Pinnacle Claims Management, Inc.** | TUSD Dedicated line: (844) 899-2195<br>General Line: (800) 649-9121<br>Fax: (949) 809-8938<br>COBRA fax: (949) 809-8940<br>Email: eligibility@pinnacletpa.com<br>COBRA email: cobra@pinnacletpa.com<br><br>www.pinnacletpa.com<br><br>P.O. Box 2220<br>Newport Beach, CA 92658 |
| **Pinnacle Rx Solutions — RX BIN #017051** | (877) 782-9658<br>www.prxsolutions.com<br><br>P.O. Box 2540<br>Newport Beach, CA 92658 |
| **Welldyne Rx Mail Order** | Phone: (855) 900-0782<br>Fax: (877) 221-1259<br>www.myWDRX.com<br>https://pinnacle.welldynerx.com |
| **Acaria Health Specialty Pharmacy** | (800) 511-5144<br>www.acariahealth.com |
| **DENTAL — DELTA DENTAL** | |
| **TUSD Dental — GROUP #6541-0003** | (866) 499-3001<br>www.deltadentalins.com |
| **DeltaCare HMO - GROUP #76705-0001** | (800) 422-4234<br>www.deltadentalins.com |
| **VISION — VISION SERVICE PLAN — POLICY #12293177** | (800) 877-7195<br>www.vsp.com |
| **LIFE AND AD&D — LINCOLN FINANCIAL GROUP** | (800) 423-2765<br>www.lfg.com |
| **EMPLOYEE ASSISTANCE PROGRAM — BEACON HEALTH OPTIONS** | (800) 662-7241<br>www.myachieve.com |
| **ENVOY PLAN SERVICES**<br>403b and 457b Plans | (800) 248-8858<br>Email: info@envoyplanservices.com |
| **AMERICAN FIDELITY ASSURANCE COMPANY**<br>Section 125 Benefits | FSA Enrollment: (800) 365-9180 (extension 0)<br>FSA Reimbursement: (800) 325 0654<br>www.americanfidelity.com |
| **KEENAN & ASSOCIATES**<br>Workers' Compensation | (310) 212-0363 (extension 3723) |

**TEXAS LIFE 800-283-9233 STANDARD 800-522-0406 SCHOOLS FIRST 714-528-4000 CALIFORNIA CU 800-334-8788**