TORRANCE
UNIFIED SCHOOL DISTRICT

FRINGE BENEFITS
PLAN YEAR 2026 – 2027

DATE: August 1, 2026

TO: District Benefit Eligible Employees

FROM: Chief Business Officer – Administrative Services

RE: Open Enrollment for Health Insurance Benefits

Welcome to our annual Open Enrollment!

Please take the time to review your current benefits and take action if you wish to make any changes.

The Torrance Unified School District's Virtual Open Enrollment period for the plan year 2026-2027 will begin on **Monday, August 3, 2026 and will end on Monday, August 31, 2026 at the last appointment time available from American Fidelity for virtual enrollment and at 11:59pm on Monday, August 31, 2026 for any 125 Medical Reimbursement or 125 Dependent Day Care updates to existing accounts.**

Please review this packet carefully. This fringe benefits packet is available online on the Torrance Unified School District ("TUSD") website (tusd.org/benefits), as well as on the SAI website (enrollmentsolutions.com). Login credentials and login information to the SAI website will be mailed to employees prior to Open Enrollment.

WHAT'S NEW FOR 2026-2027

Please log onto your Personal Benefit Portal at Systematic Automation, Inc. to view your current benefits. Instructions, including your password and login, will be mailed to your home address in time for the beginning of our annual Open Enrollment in August, 2026. If, for some reason, you do not receive this information by August 3, 2026, you may come into the Benefits Department with a current photo ID and we will provide this information to you. Your login and password will NOT be provided over the phone or via email or text.

The benefits fringe allocation has been increased by $2,000.00 annually ($200.00 tenthly) for all full-time benefit-eligible employees starting this plan year 2026-2027, with your benefits effective October 1, 2026. This

increase in fringe allocation will also be applied on a prorated basis for part time benefit-eligible employees according to their respective FTEs. See pages 7-10 for pro-rated fringe allocations.
The TUSD Administration and the Board have approved the reinstatement of the premium subsidy for 2026-2027 plan year to mitigate rising healthcare costs. The subsidized premium rates are found on pages 15-16.

It is important to evaluate your current benefits and decide if they still apply to your needs and the needs of your family. If you wish to make any changes to existing benefits or wish to newly enroll in either the 125 Medical reimbursement or Dependent Daycare program, please contact AFA for an appointment. If you have had a change in salary and have elected the AFA disability policy, you may wish to meet with an AFA rep to ensure the premium you are currently paying will reimburse at your new salary should you have to use this policy.

Your TUSD benefits remain on a passive enrollment. The benefits reflected on your benefit selection form are what you will have for the 2026-2027 plan year. There will be no appeals and no changes after 11:59 PM on August 31, 2026. There are two exceptions where a "rollover" is not applicable. These are the 125 Medical Reimbursement and 125 Dependent Day Care which federally require the enrolled employee to update their desired annual deductions. The combination of fringe dollars for those married couples working for TUSD does not rollover. In order to combine your fringe dollars, please send individual emails to the Benefits Department at benefits@tusd.org no later than 4PM on August 31, 2026 to have your District allocated fringe dollars combined for 2026-2027.

NEW ENROLLEES OR MAKING CHANGES

You will receive your login username and password to TUSD's online benefit portal, Systematic Automation, Inc. (SAI), in the mail to your home address that is listed in SAI, as communicated to the Benefits Department by the Human Resources Department.

If you do not receive your login ID and password via US mail, you may come to the Benefits department with a valid photo ID and we will give it to you. This information will not be given over the phone, via email or text.

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 previously participated in the Section 125 health care or dependent care flexible spending account (FSA) programs through American Fidelity Assurance (AFA), for plan year 2026-2027 you must decide on the annual amount(s) you wish to elect and enter that amount on your benefit screen. This amount will then be deducted on a tenthly basis at the start of the new plan year. If you take no action to update the amount on your 125 Medical or Dependent Day Care deductions, these products will NOT be activated for the 2026-2027 plan year.

If you wish to participate in the IRS section 125 Medical Reimbursement Plan or the Dependent Day Care Plan, you must schedule a virtual appointment with an AFA representative by calling 800-365-9180. You may also use the AFA online appointment scheduler here:

https://enroll.americanfidelity.com/8F5DD76E

Virtual appointments are the ONLY appointments available. The last virtual appointment day will be Monday, August 31, 2026. During your appointment, you will be asked to provide proof of eligible dependents you would like to enroll for coverage and you will be asked to confirm your benefit elections. Please see Dependent Eligibility for documents required.

If your login and password information was not received, or if you are a new hire, you will not have access to your PIN or ACCESS code. You will need to provide a picture ID at the time of your virtual appointment and the AFA rep you meet with will grant you access to the online benefit system.

NEW HIRES

Congratulations!
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 core (medical, dental and/or vision) 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 on one of the scheduled New Hire dates, within 30-days from your date of hire. If the AFA representative scheduled date does not work for you, you may meet with the Benefits Department to enroll in medical, dental and/or vision products only. If you do not enroll in core (medical, dental, and/or vision) benefits during the 30-day window, you will not be able to obtain benefits through TUSD until the next Open Enrollment in August of the next year. If you are not able to meet with the AFA rep on one of the scheduled dates prior to the expiration of your 30-day window for enrollment, you will not be able to enroll in any pre-tax voluntary benefits.

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 cost 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.**

IMPORTANT: SHORT PAYCHECKS AND MISSED PAYMENTS

Your paycheck on the 5th of the month may not always be sufficient to cover the costs of your benefits. **Whether you are on Direct Deposit or receive 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 retro to the last paid month. If your benefits are terminated and you do not pay the out-of-pocket amount by the 10th of the month, your benefits will be terminated retro to the last paid month. If the 10th falls on a weekend or holiday, your payment must be received on the last business day before the 10th.

Payments for any voluntary benefit premiums not deducted from your paycheck must be paid directly to each individual vendor where allowable by law. You must contact each vendor to make the direct-pay arrangements.

TORRANCE
UNIFIED SCHOOL DISTRICT

Dear CSEA 845 SEIU or Local 99 Union Member:

Due to the continued increase to the cost of health benefits, if you are "Employee only" or carry any additional voluntary plans such as Income Protection, TSA, or any AFA products; or if you are "Employee +1 or more" with no additional voluntary deductions, there may be occasions this school year where your second (5th of the month) paycheck will not be sufficient to pay the cost of your health 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 the paycheck you receive on the 5th of each month, you will be required to make the "missed" payment directly to the District by 4:00 pm by the 10th of the month. If payment is not received by 4:00 pm on the 10th of the month, your benefits will be terminated retro to the first of the unpaid month. The District will NOT notify you of this shortage. It will be your responsibility to make the payment.

In cooperation with your union, the District is offering you an opportunity to apply to have all of your 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, there should be no problem with the funding of your health benefits.

If you want to use this option, please complete the form in Neogov titled "Request for Single Pay for 845/99 only" within 30 days of your hire date. If you would like to opt in or out of this option, you may do so during the open enrollment period each year.

Thank you,

Keith Butler

Keith Butler, Ph.D.
Chief Business Officer
Torrance Unified School District

Please contact your union representative for further information:
CSEA Chapter 845: pugh.sonja@tusd.org
SEIU Local 99: mrangel@seiu99.org

Torrance Unified School District: 2335 Plaza Del Amo, Torrance, CA 90501 | (310) 972-6500 | www.tusd.org

Board of Education: Betty Lieu, Esq. | James Han | Anil Muhammed, Ed.D. | Dave Zygielbaum | Cat Bones

Superintendent of Schools: Timothy H. Stowe, Ed. D.

If there is not enough salary on your paycheck to cover the cost of your benefits, you need to ensure that payment is made or your benefits will be terminated retro to the last paid date. Payments may be made by personal check, cashier's check, or money order made payable to TUSD. If paying with cash, we ae not able to accept 100-dollar bills and must have the EXACT amount due.

EMPLOYEES ON LEAVE

All employees on an approved Personal Leave of Absence (PLOA), an approved Family and Medical Leave Act (FMLA) Absence, an Unpaid Leave of Absence (LOA), or an unauthorized Leave of Absence 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. Leaves require the approval of the Director of Human Resources and/or Chief Personnel Officer, and if approved, participants will be notified in writing by the Human Resources Department. **Upon return to work, the employee must contact the Benefits Department within 30 days of their return to work date to request reinstatement of benefits as an active employee.** All information is included in the LOA benefits packet.

MARRIED EMPLOYEES WISHING TO COMBINE DISTRICT FRINGE DOLLARS

Married employees may have their District Fringe allocations combined in order to reduce any out-of-pocket deductions. Both employees must send individual email requests to benefits@tusd.org no later than 4:00 p.m., August 31, 2026.
Annual notification of the desire to combine fringe allocations is a mandatory requirement and prior year notifications will not roll over to the new plan year.

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 $3.15 (Certificated/Classified employees) or $7.56 (Certificated/Classified Management, Board Members and Personnel Commissioners).

EMPLOYEE CLASSIFICATION	DISTRICT 10^{THLY} CONTRIBUTION
Adult Education / Certificated / TTA	$1,250
CSEA – Chapter 19 (clerical/technical)	$1,059
CSEA – Chapter 845 (Paraeducator/Inst. Asst.)	$1,048
Local 99	$1,100
Classified Unrepresented	$1,098
Certificated Management	$1,088
Classified Management	$1,088
Supervisory and Confidential	$1,088
Board Members/Personnel Commissioners	$1,088

* * 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 benefits@tusd.org to have your fringe dollars combined and this must be done annually. Please contact the Benefits Department for detailed information.* *

FRINGE BENEFIT CONTRIBUTION SCHEDULE

If you work less than full time, the District will contribute eligible District fringe benefit contributions based upon the total number of hours assigned to work toward the cost of your coverage.

The tables below indicate the fringe 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 $3.15 (Certificated/Classified employees) or $7.56 (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
8.00	100.00%	$1,059.00	5.75	71.88%	$761.16
7.75	96.88%	$1,025.91	5.50	68.75%	$728.06
7.50	93.75%	$992.81	5.25	65.63%	$694.97
7.25	90.63%	$959.72	5.00	62.50%	$661.88
7.00	87.50%	$926.63	4.75	59.38%	$628.78
6.75	84.38%	$893.53	4.50	56.25%	$595.69
6.50	81.25%	$860.44	4.25	53.13%	$562.59
6.25	78.13%	$827.34	4.00	50.00%	$529.50
6.00	75.00%	$794.25			

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

NO. OF HOURS	%	DISTRICT FRINGE BENEFITS	NO. OF HOURS	%	DISTRICT FRINGE BENEFITS
8.00	100.00%	$1,048.00	5.75	71.88%	$753.25
7.75	96.88%	$1,015.25	5.50	68.75%	$720.50
7.50	93.75%	$982.50	5.25	65.63%	$687.75
7.25	90.63%	$949.75	5.00	62.50%	$655.00
7.00	87.50%	$917.00	4.75	59.38%	$622.25
6.75	84.38%	$884.25	4.50	56.25%	$589.50
6.50	81.25%	$851.50	4.25	53.13%	$556.75
6.25	78.13%	$818.75	4.00	50.00%	$524.00
6.00	75.00%	$786.00			

CERTIFICATED ADULT EDUCATION TEACHERS (5.6 HOURS=FULL TIME)

NO. WEEKLY HOURS	%	DISTRICT FRINGE BENEFITS	NO. WEEKLY HOURS	%	DISTRICT FRINGE BENEFITS
28.00	100.00%	$1,250.00	20.00	71.43%	$892.86
27.00	96.43%	$1,205.36	19.00	67.86%	$848.21

26.00	92.86%	$1,160.71	18.00	64.29%	$803.57
25.00	89.29%	$1,116.07	17.50	62.50%	$781.25
24.00	85.71%	$1,071.43	17.00	60.71%	$758.93
23.50	83.93%	$1,049.11	16.25	58.04%	$725.45
23.00	82.14%	$1,026.79	16.00	57.14%	$714.29
22.00	78.57%	$982.14	15.00	53.57%	$669.64
20.50	73.21%	$915.18	14.00	50.00%	$625.00

CERTIFICATED TEACHERS (6 HOURS=FULLTIME)

NO. WEEKLY HOURS	%	DISTRICT FRINGE BENEFITS	NO. WEEKLY HOURS	%	DISTRICT FRINGE BENEFITS
30.00	100.00%	$1,250.00	17.00	56.67%	$708.33
29.00	96.67%	$1,208.33	16.00	53.33%	$666.67
28.00	93.33%	$1,166.67	15.00	50.00%	$625.00
27.00	90.00%	$1,125.00	14.00	46.67%	$583.33
26.00	86.67%	$1,083.33	13.00	43.33%	$541.67
25.00	83.33%	$1,041.67	12.00	40.00%	$500.00
24.00	80.00%	$1,000.00	11.00	36.67%	$458.33
23.00	76.67%	$958.33	10.00	33.33%	$416.67
22.00	73.33%	$916.67	9.00	30.00%	$375.00
21.00	70.00%	$875.00	8.00	26.67%	$333.33
20.00	66.67%	$833.33	7.00	23.33%	$291.67
19.00	63.33%	$791.67	6.00	20.00%	$250.00
18.00	60.00%	$750.00	5.00	16.67%	$208.33

CERTIFICATED TTA (8 HOURS=FULL TIME)

NO. OF HOURS	%	DISTRICT FRINGE BENEFITS	NO. OF HOURS	%	DISTRICT FRINGE BENEFITS
8.00	100.00%	$1,250.00	5.50	68.75%	$859.38
7.75	96.88%	$1,210.94	5.25	65.63%	$820.31
7.50	93.75%	$1,171.88	5.00	62.50%	$781.25
7.25	90.63%	$1,132.81	4.75	59.38%	$742.19
7.00	87.50%	$1,093.75	4.50	56.25%	$703.13

6.75	84.38%	$1,054.69	4.25	53.13%	$664.06
6.50	81.25%	$1,015.63	4.00	50.00%	$625.00
6.25	78.13%	$976.56	3.00	37.50%	$468.75
6.00	75.00%	$937.50	2.00	25.00%	$312.50
5.75	71.88%	$898.44	1.00	12.50%	$156.25

CLASSIFIED UNREPRESENTED EMPLOYEES

NO. OF HOURS	%	DISTRICT FRINGE BENEFITS	NO. OF HOURS	%	DISTRICT FRINGE BENEFITS
8.00	100.00%	$1,098.00	5.75	71.88%	$789.19
7.75	96.88%	$1,063.69	5.50	68.75%	$754.88
7.50	93.75%	$1,029.38	5.25	65.63%	$720.56
7.25	90.63%	$995.06	5.00	62.50%	$686.25
7.00	87.50%	$960.75	4.75	59.38%	$651.94
6.75	84.38%	$926.44	4.50	56.25%	$617.63
6.50	81.25%	$892.13	4.25	53.13%	$583.31
6.25	78.13%	$857.81	4.00	50.00%	$549.00
6.00	75.00%	$823.50			

LOCAL 99 BARGAINING UNIT

NO. OF HOURS	%	DISTRICT FRINGE BENEFITS	NO. OF HOURS	%	DISTRICT FRINGE BENEFITS
8.00	100.00%	$1,100.00	5.75	71.88%	$790.63
7.75	96.88%	$1,065.63	5.50	68.75%	$756.25
7.50	93.75%	$1,031.25	5.25	65.63%	$721.88
7.25	90.63%	$996.88	5.00	62.50%	$687.50
7.00	87.50%	$962.50	4.75	59.38%	$653.13
6.75	84.38%	$928.13	4.50	56.25%	$618.75
6.50	81.25%	$893.75	4.25	53.13%	$584.38
6.25	78.13%	$859.38	4.00	50.00%	$550.00
6.00	75.00%	$825.00			

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

NO. OF HOURS	%	DISTRICT FRINGE BENEFITS	NO. OF HOURS	%	DISTRICT FRINGE BENEFITS
---	100.00%	$1,088.00	---	---	---

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 last day 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 26, but only if the grandchild can be claimed as your dependent under the Internal Revenue Service Code, or legal guardianship specifically indicating the responsibility of obtaining medical coverage for the child(ren) listed on the guardianship;
    - 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 2025, or EXTENSION for 2025 in addition to your 2024 IRS tax forms. Also, provide your 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.

- **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 2025 IRS tax form. Hospital certificates are acceptable within the first six months from the newborn's date of birth. 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 2025 IRS tax form showing dependent status. 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 2025 IRS tax form. In addition, provide dependent stepchild's social security number(s).

- **Adopted, Foster Children or Legal Guardianship:** 1st page of 2025 IRS tax form and court documents showing legal responsibility for the child(ren). 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 2025, or EXTENSION for 2025 in addition to your 2024 IRS tax form. We will accept the souvenir certificate for both newborns and newly married couples.

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 coverage as you do. If you would like to add a dependent to your coverage at a later date, you will need to meet a qualifying event and come into the Benefits Department with the required 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 this plan year's District Open Enrollment period – August 1 through August 31. Exceptions to this open enrollment window are limited to the following Qualifying events:

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. Your acceptance of benefits on our online system will be considered written declination.

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 the qualifying event.

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 meet with the Benefits Department and ensure that any desired changes are made 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 state of California, please contact the Benefits Department to obtain an out-of-area card for your dependent(s), as Anthem Blue Cross EPO will not be their network of providers.

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 acceptance of the Kaiser Arbitration Agreement. If you do not agree with the Kaiser Foundation Arbitration Agreement, you will need to switch medical plans or cancel your membership. During passive enrollments, your previous acceptance of the Kaiser Arbitration Agreement will transfer into the new plan year.

INTERNAL REVENUE CODE – SECTION 125 PLAN

The new plan year for the District's Section 125 Plan begins October 1, 2026. Virtual Open Enrollment will begin Monday, August 3, 2026 and will end on Monday, August 31, 2026 for new participants and for online FSA changes on existing accounts. AFA is the administrator of the Section 125 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, Hospital Indemnity, or Accident policies), please contact AFA at (800) 365-9180 to schedule an appointment.

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 2026. Your last payroll deduction will be reflected on the payroll warrant paid in July 2026. 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, 2026 through September 30, 2027 may be submitted for reimbursement (Note: You can submit expenses incurred within the October 1, 2026-September 30, 2027 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 $680.00 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 Schools First Federal Credit Union, please call (800) 462-8328 X 4727, or go to their website schoolsfirstfcu.org for more information.

HEALTH INSURANCE RATES FOR BENEFITS-ELIGIBLE ACTIVE EMPLOYEES

Employee Benefit Rates for 2026 – 2027 (shown on a tenthly basis)

MEDICAL INSURANCE (Optional)	KAISER BASIC	KAISER B	TUSD MEDICAL
Employee Only	$662.30	$878.08	$1,322.16
Employee + Spouse/Domestic Partner	$1,524.60	$1,956.16	$2,844.35
Employee + Child(ren)	$1,438.37	$1,848.35	$2,693.72
Employee + Family	$2,386.90	$3,034.24	$4,365.17

DENTAL INSURANCE (Optional) Composite rate	DeltaCare HMO	TUSD DENTAL PPO
Employee or Employee+Spouse/Children or + Family	$35.06	$107.52

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)	OCHS
Certificated & Classified Employees - $25,000	$3.15
Management, Board Members & Personnel Commissioners - $60,000	$7.56

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 payroll contributions or payroll 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 their date of hire.

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

When an employee is hired in August, with benefit eligibility in September, they will pay a prorated out of pocket amount, if any, 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 month following their date of hire.

The date you actually sign up for your benefits does not change the effective date of those benefits. For example: If you are hired on September 15 and your benefits are effective October 1, you then will need to meet with either AFA or the Benefits Department the "new hire enrollment day" in October. 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.

If your employment ceases or terminates, benefit coverage will end at midnight on the last day of the month in which you are employed.

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 that 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 a 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 the 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 re-enroll only in the same plans that they were in prior to the leave. If there was dependent coverage, the employee may re-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 unpaid 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 their 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 retro to 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 and within 30-days of the return to work date, after the unpaid Personal Leave of Absence, it is the employee's responsibility to contact the Benefits Department to reinstate all core 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

American Fidelity Assurance Company (AFA) offers a variety of voluntary products, both pre-tax and after-tax. 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.

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 the 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 the first of the following month.

PRODUCTS AFFECTED:
TEXAS LIFE (though AFA)
OCHS VOLUNTARY LIFE (through TUSD)
AMERICAN FIDELITY DISABILITY (through AFA)
AMERICAN FIDELITY LIFE (through AFA)
AMERICAN FIDELITY CRITICAL CHOICE (through AFA)
UNITED WAY CRUSADE (through United Way)
SCHOOLS FIRST FEDERAL CREDIT UNION (through Schools First Federal)
FIRST FINANCIAL FEDERAL CREDIT UNION (through First Financial)
SCHOOLS FEDERAL CREDIT UNION (through Schools Federal)
ANY UNION DUES OR DONATIONS (through TTA, CSEA 19, CSEA 845 or LOCAL 99)

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
GRACE SALCEDA	Benefit Specialist	(310) 972-6121	salceda.grace@tusd.org
JOSEPH CONTRERAS	Benefit Specialist	(310) 972-6098	contreras.joseph@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	$1,250	Optional, choice of: • Kaiser Basic • Kaiser B • TUSD Medical	Optional, choice of: • TUSD Dental • DeltaCare HMO	Not available through District paid fringe benefits	Optional • VSP	Mandatory $25K
Certificated in bargaining unit, TTA	$1,250	Optional, choice of: • Kaiser Basic • Kaiser B	Optional, choice of: • TUSD Dental • DeltaCare HMO	Not available through District paid fringe benefits	Optional • VSP	Mandatory $25K

		• TUSD Medical				
CSEA – Chapter 19 (clerical/technical)	$1,059	Optional, choice of: • Kaiser Basic • Kaiser B • TUSD Medical	Optional, choice of: • TUSD Dental • DeltaCare HMO	Not available through District paid fringe benefits	Optional • VSP	Mandatory $25K
CSEA – Chapter 845 (Paraeducator/ IA/EA)	$1,048	Optional, choice of: • Kaiser Basic • Kaiser B • TUSD Medical	Optional, choice of: • TUSD Dental • DeltaCare HMO	Not available through District paid fringe benefits	Optional • VSP	Mandatory $25K
Local 99	$1,100	Optional, choice of: • Kaiser Basic • Kaiser B • TUSD Medical	Optional, choice of: • TUSD Dental • DeltaCare HMO	Not available through District paid fringe benefits	Optional • VSP	Mandatory $25K
Classified - Unrepresented	$1,098	Optional, choice of: • Kaiser Basic • Kaiser B • TUSD Medical	Optional, choice of: • TUSD Dental • DeltaCare HMO	Not available through District paid fringe benefits	Optional • VSP	Mandatory $25K
Certificated Management	$1,088	Optional, choice of: • Kaiser Basic • Kaiser B • TUSD Medical	Optional, choice of: • TUSD Dental • DeltaCare HMO	Not available through District paid fringe benefits	Optional • VSP	Mandatory $60K
Classified Management	$1,088	Optional, choice of: • Kaiser Basic • Kaiser B • TUSD Medical	Optional, choice of: • TUSD Dental • DeltaCare HMO	Not available through District paid fringe benefits	Optional • VSP	Mandatory $60K
Supervisory & Confidential	$1,088	Optional, choice of: • Kaiser Basic • Kaiser B • TUSD Medical	Optional, choice of: • TUSD Dental • DeltaCare HMO	Not available through District paid fringe benefits	Optional • VSP	Mandatory $25K

Board Members/ Personnel Commissioners	$1,088	Optional, choice of: • Kaiser Basic • Kaiser B • TUSD Medical	Optional, choice of: • TUSD Dental • DeltaCare HMO	Not available through District paid fringe benefits	Optional • VSP	Mandatory $60K
Leaves of Absences	None, self-pay	• May only re-enroll in same plans prior to LOA	• May 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: • Kaiser Basic • Kaiser B • TUSD Medical	Optional, choice of: • TUSD Dental • DeltaCare HMO	None, may purchase a self-pay plan from American Fidelity	Optional • 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 • Kaiser Basic • Kaiser B • TUSD Medical	Optional, choice of • TUSD Dental • DeltaCare HMO	None, may purchase a self-pay plan from AFA	Optional • VSP	Not available

DIRECTORY OF CARRIERS/VENDORS

KAISER MEDICAL PLANS — GROUP #100971 **PO BOX 80204 WORLDWAY POSTAL CTR LA 90080**	(800) 464-4000 www.kaiserpermanente.org
TUSD MEDICAL – ADMINISTERED BY **PINNACLE CLAIMS MANAGEMNT, INC.** **PO BOX 2220** **NEWPORT BEACH, CA 92658**	TUSD Dedicated line: (844) 899-2195 General Line: (800) 649-9121 Fax: (949) 809-8938 COBRA fax: (949) 809-8940 Email: eligibility@pinnacletpa.com COBRA email: cobra@pinnacletpa.com www.pinnacletpa.com Find a provider: www.anthem.com/ca
PINNACLE RX SOLUTIONS **RX BIN: #017051** **PCN: PRS**	(844) 899-2195 or (866) 695-3309 www.prxsolutions.com customerservice@prxsolutions.com P.O. Box 2540 Newport Beach, CA 92658
PINNACLE RX SOLUTIONS - MAIL ORDER **KINGS PHARMACY**	(844) 899-2195 Fax (949) 387-0784
PINNACLE RX SOLUTIONS SPECIALTY PROGRAM **BIOPLUS SPECIALTY PHARMACY NPI: 1174517452**	(888) 292-0744 FAX (800) 269-5493
TUSD DENTAL — GROUP #6541-0003 **PO BOX 3248 TORRANCE CA 90510**	(866) 499-3001 www.deltadentalins.com
DELTACARE HMO - GROUP #76705-0001 **PO BOX 1803 ALPHARETTA, GA 30023**	(800) 422-4234 www.deltadentalins.com
VISION — VISION SERVICE PLAN — VSP **POLICY #12293177** **PO BOX 45210 SF CA 94145**	(800) 877-7195 www.vsp.com
LIFE AND AD&D — OCHS FINANCIAL GROUP	(800) 392-7295
EMPLOYEE ASSISTANCE PROGRAM — **CARELON BEHAVIORAL HEALTH**	(844) 327-8873 www.carelonwellbeing.com www.myachieve.com
SCHOOLS FIRST PLAN ADMINISTRATION **403(b), 457, ROTH**	Matthew Pak (800) 462-8328 x 4116 Cell (714) 975-0140 Email: mpak@schoolsfirstfcu.org
AMERICAN FIDELITY ASSURANCE COMPANY **SECTION 125 VOLUNTARY BENEFITS**	(800) 365-9180 Appointments/questions (800) 662-1113 www.americanfidelity.com
SCHOOLS FIRST FEDERAL CREDIT UNION	(714) 258-4000
CTA/STANDARD	800-522-0406
KINECTA CREDIT UNION	(310) 643-3298 Torrance PCH (310) 643-2753 Torrance Skypark
TEXAS LIFE	800-283-9233
CALIFORNIA CREDIT UNION	(800) 334-8788
FIRST FINANCIAL CREDIT UNION	(800) 539-8491 x 5171