BELLFLOWER UNIFIED SCHOOL DISTRICT

2023 Benefits Overview

Certificated Employees

BENEFIT HIGHLIGHTS

MEDICAL

CALPERS

Certificated employees have ten different medical plans to choose from through CalPERS.

ENROLLMENT

SUNGARD

Benefit enrollment is completed through SunGard, the District's online benefit enrollment system.

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FSA

HEALTH CARE FSA

2023 Health Care FSA Maximum Annual Election $2,850

DEPENDENT CARE FSA

2023 Dependent Care FSA Maximum Annual Election $5,000

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DENTAL

TWO DENTAL PLANS

Two plans to help fit your family needs.

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VISION

GLASSES EVERY 12 MONTHS

You can choose between frames or contact lenses each year.

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HEALTH

CHIROPRACTIC AND ACUPUNCTURE

20 combined visits with a $15 copay per in-network visit.

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CONTENTS

YOUR BENEFITS PACKAGE

Please review this guide to learn about the benefit options available to you, so you can make informed decisions about your benefits for 2023. When you make well-informed decisions, you can help reduce your out-of-pocket health care costs, and help control the rising costs of health care premiums.

This Benefit Overview Guide does not provide all of the details about all the benefit programs. Additional information is available in each program's plan document or certificate of coverage. These are available by request from the Insurance Help Desk.

If you have any questions, please contact the Insurance Help Desk. Additional contact information is shown at the end of this guide.

ELIGIBILITY

EMPLOYEES

To participate as an "Employee" in the health plans of the District, individuals must be employed and paid for services by the Employer and meet the minimum requirements as negotiated by the District Collective Bargaining Units and the District's applicable rules.

DEPENDENTS

The definition of eligible dependents is impacted by government regulations and plan provisions. At the time of the printing of this guide, eligible dependents are defined as:

- Legally married spouses
- Qualified domestic partners
- Children up to age 26
- Stepchildren
- Legally adopted children
- Disabled children (Social Security determination required after age 26/no age maximum)
- Children of qualified Domestic Partnerships
- Any child for whom a Qualified Medical Child Support order that complies with all applicable laws has been issued (effective August 10, 1993)

If you are unsure whether a person qualifies as your dependent, call the Insurance Help Desk for assistance.

Prior to enrolling anyone as your dependent, please verify that your dependent qualifies under the plan rules.

Proof of dependent status

Verification is required for all first-time enrollees. All employees are required to submit proof of eligibility certifying that the individuals enrolled as dependents meet the eligibility requirements by providing one of the following documents at the time of their request.

Spouse/Domestic Partner
- marriage certificate
- domestic partnership state registration

Children
- birth certificate
- employee certification of dependent

ENROLLMENT

WHEN TO ENROLL

Enrollments for newly eligible employees are due within 30 days of attainment of eligibility or date of hire. If enrolling any dependents, they must enroll in the same Medical, Dental and Vision option as you choose for yourself.

When it is time for you to enroll, you will need to have names, Social Security numbers and dates of birth for any dependents you wish to enroll and for your life insurance beneficiaries.

OPEN ENROLLMENT

Each year during September, the District will hold an annual election period called Open Enrollment. At that time, you may change between the coverage options or add/remove eligible dependents.

For those who Opt-Out of coverage, you will be required to re-enroll in the program during Open Enrollment OR enroll in benefits. The newly-elected options will be effective the following January 1 – December 31.

OPT-OUT

When you opt-out you will receive a tenthly stipend in the amount of **$250** for Medical only or **$280** for Medical, Dental and Vision. If you are currently enrolled in this program and would like to continue, you must re-enroll annually.

In order to Opt-Out, you will need to elect this option in SunGard (the online benefits portal) that is available during open enrollment (refer to the instructions on page 6).

MAKING CHANGES THROUGHOUT THE YEAR

The choices you make during your initial enrollment period and during Open Enrollment remain in effect for the entire plan year. Once you are enrolled, you must wait until the next Open Enrollment period to change your benefits or add coverage for dependents, unless you have a **qualified life event** in family or employment status as defined by the IRS.

- Change in marital status
- Change in number of dependents (birth, adoption, death)
- Change in spouse or dependent's eligibility under an employer's plan that results in an involuntary loss of coverage
- Change in employment status that changes eligibility status
- Change in eligibility for a state program such as Medicaid

When you experience a **qualifying life event**, the benefit changes you request must be made **within 30 days** of the event. For example, if your newborn child is born on Nov. 15th, you need to submit this change no later than Dec. 15th.

If you miss this deadline, your dependent would not be eligible for coverage until the next open enrollment period. If you need assistance determining what changes are allowed, contact the **Insurance Help Desk**.

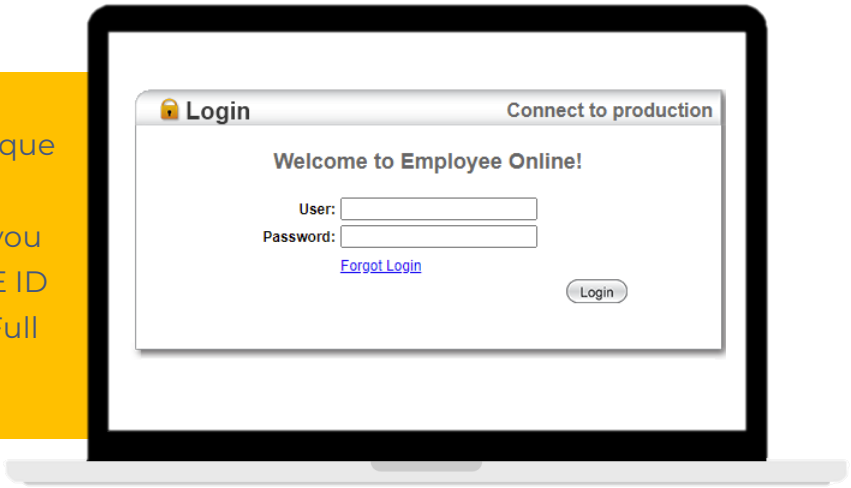
ONLINE ENROLLMENT

EMPLOYEE ONLINE (EOL) powered by SunGard® is the District's intranet product that gives you the ability to change or view specific employment-related personal data. Keep the following intranet address in your favorites: https://bel-eo.businessplus.powerschool.com/ifas7/emponline

Some advantages of EOL are that you can:

- Add or change emergency contacts
- Complete Open Enrollment elections through SunGard
- View personal information
- View and print check stubs

To ensure your privacy we have selected a unique password for you to use when you first access Employee Online. When you access this site you will be required to enter both your EMPLOYEE ID number and your INITIAL PASSWORD: Your Full SSN (no dashes)



The system will prompt you to change your initial password when you first log in. Once you have created a new password, you will be prompted to re-enter your employee id number and new password. Remember to keep this in a safe place!

The system will only allow three attempts to match your password to your employee ID number. Otherwise, it will lock you out. Click on "Forgot Login" to request a reset.

Open Enrollment Changes

Employees must log into SunGard if they have changes to make during Open Enrollment.

If you do not make any changes online during the Open Enrollment window, the coverages you had in 2022 will be carried into 2023 unless you are an Opt-Out or participate in the Flexible Spending Account (FSA).

To participate in the FSA, and/or opt-out of all benefit coverage, you must submit election forms each plan year.

Changes to Medical Plan

In addition to your online enrollment, you must also complete the CalPERS enrollment change form and return it to the Payroll Department within the Open Enrollment period.

If you change your health plan, you will receive new ID cards from your new provider.

Without a qualifying event, you may not change your health plan outside of Open Enrollment.

MEDICAL COVERAGE

Bellflower Unified School District offers you medical plan choices designed to help you get the care you need at a price you can afford. You have the choice to enroll in an HMO or a PPO plan.

HOW DOES MY PLAN WORK?

HMO – The Health Maintenance Organization (HMO) plans provide health care from specific doctors and hospitals under contract with the plan. You pay co-payments for some services, but you have no deductible, no claim forms and a geographically restricted service area.

PPO – These plans operate as preferred provider organizations (PPOs). A PPO is like a traditional "fee-for-service" plan, but you must use doctors in the PPO provider network or pay higher co-insurance (percentage of charges). You must usually meet an annual deductible before some benefits apply. You are responsible for a certain co-insurance amount and the plan pays the balance up to the allowable amount.

CAN I CHOOSE MY DOCTOR?

HMO – When enrolling in an HMO plan, you must select a Primary Care Physician (PCP) from a list of "in-network" doctors. The PCP will direct all your care and will provide you with a referral if you need to see a specialist.

PPO – Yes, you can choose any doctor you prefer. However, you will save money if you choose doctors who are "in-network". You also have the freedom to see a specialist without a referral. Members in the PERS Gold and PERS Platinum plans will be matched to a PCP. If a PPO member has an existing assignment with a PCP, they do not need to change. An assigned PCP will not change a member's ability to self-refer to a specialist. A PCP can be changed at any time.

EVALUATE YOUR OPTIONS

CalPERS offers a variety of plans and carriers to choose from. To assist you in making a decision, utilize the tools and resources available on the CalPERS website.

Log into your myCalPERS account at https://my.calpers.ca.gov/ and use the following tools:

Search Health Plans Tool

- Monthly premiums for each plan
- Side-by-side benefit comparisons and copay information
- Doctor availability by health plan

Plans & Rates

- Health plan links:
  - Health plan's website
  - Prescription Drug Services
  - Evidence of Coverage

Health Benefit Summary

- Side-by-side health plan comparisons
- Covered services and copayment information

CONTRIBUTIONS

The District contribution toward your benefits is an annual maximum of the amounts below to be used toward medical coverage. The District pays 100% of the costs for dental and vision coverage.

$7,538
Employee only

$13,568
Employee + 1

$18,090
Employee + Family

HOW MUCH WILL I CONTRIBUTE TO MY HEALTH PLAN COSTS?

Your cost share will depend on the choices you make for your coverage and if you elect to enroll one or more dependents on your plan. If the annual costs of your elections exceeds the annual District contribution listed above, you will be responsible for the difference. The calculated amount will be charged on a tenthly pay period basis.

See the next page for your employee contribution by medical plan choice and coverage tier.

FACTORS TO CONSIDER WHEN CHOOSING YOUR MEDICAL PLAN

Costs
- Your monthly premium
- Your employer's contribution
- Your contribution
- Copays, deductibles, and treatment costs

Covered benefits
- Acupuncture, chiropractic, diabetes services, physical/occupational/speech therapies, skilled nursing, home health, etc.

Available health plans
- Your eligibility ZIP code determines the health plans available to you

Available networks and doctors
- Doctors, medical groups

CONTRIBUTIONS

Employee Only Coverage		
Medical Plan	Employee Annual Contribution	Employee 10thly Deduction
Anthem HMO Select	$1,316.92	$131.69
Anthem HMO Traditional	$3,774.76	$377.48
Blue Shield HMO Access+	$1,321.48	$132.15
Blue Shield HMO Trio ACO	$399.88	$39.99
HealthNet HMO SmartCare	$1,525.48	$152.55
Kaiser Permanente HMO	$1,517.68	$151.77
UnitedHealthcare HMO Alliance	$1,947.52	$194.75
UnitedHealthcare HMO Harmony	$1,024.60	$102.46
PERS PPO Gold	$626.44	$62.64
PERS PPO Platinum	$4,373.08	$437.31

Employee + One Coverage		
Medical Plan	Employee Annual Contribution	Employee 10thly Deduction
Anthem HMO Select	$4,141.84	$414.18
Anthem HMO Traditional	$9,057.52	$905.75
Blue Shield HMO Access+	$4,150.96	$415.10
Blue Shield HMO Trio ACO	$2,307.76	$230.78
HealthNet HMO SmartCare	$4,558.96	$455.90
Kaiser Permanente HMO	$4,543.36	$454.34
UnitedHealthcare HMO Alliance	$5,403.04	$540.30
UnitedHealthcare HMO Harmony	$3,557.20	$355.72
PERS PPO Gold	$2,760.88	$276.09
PERS PPO Platinum	$10,254.16	$1,025.42

Employee + Family Coverage		
Medical Plan	Employee Annual Contribution	Employee 10thly Deduction
Anthem HMO Select	$4,932.84	$493.28
Anthem HMO Traditional	$11,323.20	$1,132.32
Blue Shield HMO Access+	$4,944.60	$494.46
Blue Shield HMO Trio ACO	$2,548.44	$254.84
HealthNet HMO SmartCare	$5,475.00	$547.50
Kaiser Permanente HMO	$5,454.72	$545.47
UnitedHealthcare HMO Alliance	$6,572.40	$657.24
UnitedHealthcare HMO Harmony	$4,172.76	$417.28
PERS PPO Gold	$3,137.52	$313.75
PERS PPO Platinum	$12,878.76	$1,287.88

HMO MEDICAL PLANS

	Kaiser	Anthem	Blue Shield	Health Net	UHC
	HMO	Select | Traditional	Access+ | Trio ACO	SmartCare	Alliance | Harmony
Calendar Year Deductible					
Individual/Family Maximum	N/A	N/A	N/A	N/A	N/A
Maximum Calendar Year Copay (excluding pharmacy)					
Individual/Family Maximum	$1,500/$3,000	$1,500/$3,000	$1,500/$3,000	$1,500/$3,000	$1,500/$3,000
Hospital (including Mental Health and Substance Abuse)					
Deductible (per admit)	N/A	N/A	N/A	N/A	N/A
Inpatient	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Facility/Surgery	No Charge	No Charge	No Charge	No Charge	No Charge
Emergency Services (copay waived if admitted as an inpatient or for observation as an outpatient)					
Emergency Room Deductible	N/A	N/A	N/A	N/A	N/A
Emergency Non-Emergency	$50	$50	$50	$50	$50
Physician Services (including Mental Health and Substance Abuse)					
Office Visits	$15	$15	$15	$15	$15
Inpatient Visits	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Visits	$15	$15	$15	$15	$15
Urgent Care Visits	$15	$15	$15	$15	$15
Preventive Services	No Charge	No Charge	No Charge	No Charge	No Charge
Surgery/Anesthesia	No Charge	No Charge	No Charge	No Charge	No Charge
X-Ray/Lab					
Routine Diagnostic Complex Imaging	No Charge	No Charge	No Charge	No Charge	No Charge
Prescription Drugs					
Deductible	N/A	N/A	N/A	N/A	N/A
Retail Pharmacy (30-day supply) Generic/Brand/Non-Formulary	$5/ $20/ NA	$5/ $20/ $50	$5/ $20/ $50	$5/ $20/ $50	$5/ $20/ $50
Retail Pharmacy (30-day supply) Maintenance Drugs after 2nd fill Generic/Brand/Non-Formulary	N/A	$10/ $40/ $100	$10/ $40/ $100	$10/ $40/ $100	$10/ $40/ $100
Mail Order Pharmacy (90-day supply) Maintenance Drugs Generic/Brand/Non-Formulary	$10/ $40/ NA	$10/ $40/ $100	$10/ $40/ $100	$10/ $40/ $100	$10/ $40/ $100
Mail order maximum copay per person per calendar year	N/A	$1,000	$1,000	$1,000	$1,000
Durable Medical Equipment					
Covered Items	No Charge	No Charge	No Charge	No Charge	No Charge
Infertility Testing/Treatment					
Covered Charges	50%	50%	50%	50%	50%
Occupational/Physical/Speech Therapy					
Inpatient (hospital or skilled nursing facility)	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient (office or home visits)	$15	$15	$15	$15	$15
Maximum Visits Per Year	N/A	N/A	N/A	N/A	N/A
Diabetes Services					
Glucose monitors, test strips	No Charge	No Charge	No Charge	No Charge	No Charge
Self-management training	$15	$15	$15	$15	$15
Acupuncture and Chiropractic					
Office Visits	$15	$15	$15	$15	$15
Maximum visits per year	20 (combined)	20 (combined)	20 (combined)	20 (combined)	20 (combined)

PPO MEDICAL PLANS

	PERS Gold		PERS Platinum	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Calendar Year Deductible				
Individual/Family Maximum	$1,000 / $2,000		$500 / $1,000	
Maximum Calendar Year Copay (excluding pharmacy)				
Individual/Family Maximum	$3,000 / $6,000	N/A	$2,000 / $4,000	N/A
Hospital (including Mental Health and Substance Abuse)				
Deductible (per admit)	N/A		$250	
Inpatient Outpatient Facility/Surgery	20%	40%	10%	40%
Emergency Services (copay waived if admitted as an inpatient or for observation as an outpatient)				
Emergency Room Deductible	$50 (hospital ER charges only)		$50 (hospital ER charges only)	
Emergency	20%		10%	
Non-Emergency	20%	40%	10%	40%
Physician Services (including Mental Health and Substance Abuse)				
Office Visits	$10 PCP/$35 Specialist	40%	$20 PCP/$35 Specialist	40%
Inpatient Visits	20%	40%	10%	40%
Outpatient Visits	$10 PCP/ $35 Specialist	40%	$20 PCP/$35 Specialist	40%
Urgent Care Visits	$35	40%	$35	40%
Preventive Services	No Charge	40%	No Charge	40%
Surgery/Anesthesia	20%	40%	10%	40%
X-Ray/Lab				
Routine Diagnostic Complex Imaging	20%	40%	10%	40%
Prescription Drugs				
Deductible	N/A		N/A	
Retail Pharmacy (30-day supply) Generic/Brand/Non-Formulary	$5/ $20/ $50		$5/ $20/ $50	
Retail Pharmacy (30-day supply) Maintenance Drugs after 2nd fill Generic/Brand/Non-Formulary	$10/ $40/ $100		$10/ $40/ $100	
Mail Order Pharmacy (90-day supply) Maintenance Drugs Generic/Brand/Non-Formulary	$10/ $40/ $100		$10/ $40/ $100	
Mail order maximum copay per person per calendar year	$1,000		$1,000	
Durable Medical Equipment				
Covered Items	20%	40%	10%	40%
Infertility Testing/Treatment				
Covered Charges	Not Covered		Not Covered	
Occupational/Physical/Speech Therapy				
Inpatient (hospital/skilled nursing facility)	No Charge		No Charge	
Outpatient (office or home visits)	20%	40% (20% OT)	10%	40% (10% OT)
Maximum Visits Per Year	Pre-certification required for > 24 visits		Pre-certification required for > 24 visits	
Diabetes Services				
Glucose monitors, test strips	Coverage Varies		Coverage Varies	
Self-management training	$20	40%	$10 PCP/$35 Specialist	40%
Acupuncture and Chiropractic				
Office Visits	$15	40%	$15	40%
Maximum visits per year	20 (combined)		20 (combined)	

CALPERS BENEFITS

Bellflower USD has partnered with CalPERS to provide you and your family ten medical health plans for you to choose from. CalPERS provides health benefits to more than 1.5 million public employees, retirees, and their families through health plans from Health Maintenance Organizations (HMO) and Preferred Provider Organizations (PPO).

myCalPERS

Access your benefits information anytime, anywhere with my CalPERS!

- Secure self-service website
- Access myCalPERS on any device with any browser.
- Find a doctor using the search by zip code tool.
- Message a team of experts for answers to your healthcare questions.

Take advantage of the following resources offered by the CalPERS health plans to improve your health and well-being.

ANTHEM BLUE CROSS

Anthem has lifestyle programs to help keep you healthy and motivated. Check out these programs for Anthem members and take advantage of these resources by visiting Anthem Blue Cross to keep you at your best.

LiveHealth ONLINE

Visit with a Doctor 24/7. Get expert advice, a treatment plan and prescriptions if needed.

BLUE SHIELD

Blue Shield of California members have more than just basic health care. They have access to extensive health information, well-being tools, and more. To learn more, visit Blue Shield Live Healthy page.

Speak to a Licensed Doctor online via a mobile app or phone in under 10 minutes.

TELADOC

CALPERS BENEFITS

Take advantage of the following resources offered by the CalPERS health plans to improve your health and well-being.

HEALTHNET

HealthNet is focused on giving you the tools you need to help you live a healthier, more productive life. Our programs help empower you to make healthy lifestyle decisions for you and your family. Download a copy of your CalPERS Wellness and Value-Added Programs Booklet by clicking on the link.

babylon

Speak to a doctor 24/7 and therapist weekdays 7:00 a.m. to 7:00 p.m. The app is available in English and Spanish.

E-VISITS FOR ONLINE CARE

KAISER

At Kaiser, you receive more than just a health plan. Kaiser delivers the top doctors, personalized care and all the services you need — tailored to fit you and your lifestyle. Get the most out of your health plan by understanding what benefits are available to you checking out Kaiser's Health & Wellness page and select your region for specific information in your area.

UNITEDHEALTHCARE

UnitedHealthcare offers tools and events to make small changes by adding healthy habits to your everyday life, so you can move towards better health management to help you live a full and active life.

To find resources and events, visit UnitedHealthcare Health Care Tools page.

CalPERS

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DENTAL PLAN

Good health includes healthy teeth and gums. As an employee of Bellflower Unified School District, you have the option of two dental plans with Delta Dental – DeltaCare DHMO and Delta Dental PPO Incentive.

	DeltaCare HMO Plan	Delta PPO Incentive Plan		
	In-Network Only	In-Network PPO	In-Network Premier	Out-of-Network
How does my plan work?	Members must choose a primary care dentist who will be responsible for coordinating your dental care.	This plan operates as a preferred provider organization (PPO). You choose which dentists provide your care. Coverage may be higher and costs will be lower when you visit "In-Network" providers. It is your responsibility to ensure whether your providers are In-Network or Out-of-Network.		
What does an "Incentive Plan" mean?	N/A	Most benefits start at 70% depending on the service. (Prosthodontics remain at 50% for the duration of the plan). If you visit the dentist one time during the year, the benefit will increase by 10% for the following year. This will occur each year until the benefit reaches 100%. If you do not visit the dentist during the year, your benefits will remain at the current level and will not decrease unless there is a lapse in coverage.		
Annual Deductible (waived for preventive services)	None	None	$25 individual $75 family	$25 individual $75 family
Annual Maximum	None	$2,000 per person	$1,500 per person	$1,500 per person
Diagnostic & Preventive Oral exams, cleanings, x-rays, fluoride treatment	No charge for most covered services	70% - 100%	70% - 100%	70% - 100% + balance billed
Basic Services Fillings, extraction, root canals	No charge for most covered services	70% - 100%	70% - 100%	70% - 100% + balance billed
Major Services Crowns, inlays, on-lays, cast restorations	No charge for most covered services	70% - 100%	70% - 100%	70% - 100% + balance billed
Prosthodontics Bridges, dentures and implants	No charge for most covered services	50%	50%	50% + balance billed
Orthodontia		Not covered	Not covered	Not covered
Child [1]	$1,600 Copay			
Adult [1]	$1,800 Copay			
Lifetime Benefit Maximum	N/A			
Dental Accident Benefits	No charge	No charge	No charge	No charge
Separate maximum benefit per person per calendar year	$1,600	$1,000	$1,000	$1,000

[1] Children age limit for orthodontia under the HMO plan is up to age 19. Adult orthodontia on the HMO plan is adults, including covered adult children.

For a complete list of copayments, benefits description, and exclusions and limitations, please refer to the full benefit summaries for each plan.

VISION PLAN

You are automatically enrolled in Vision Service Plan (VSP) with each medical plan. This plan provides for an exam, lenses and frames every 12 months. There is also an average savings of 15% off the regular price for Laser Vision Correction.

	In-Network	Out-of-Network
	You pay:	**Plan reimburses you up to:**
Exam	$10 copay	$50
Lenses		
Single vision	$0 after exam copay	$50
Bifocal	$0 after exam copay	$75
Trifocal	$0 after exam copay	$100
Frames	Amounts over $150 allowance or over $170 allowance for featured frame brands + 20% savings over allowance	$70
Contact Lenses		
Medically necessary	$0	$210
Elective	Amounts over $120 allowance	$105

Diabetic Eyecare Plus Program

If you have diabetes, your VSP vision care coverage include a covered-in-full retinal screening, digital imaging of the inside of the eye, that allows your eye doctor to see the health of your retina and check for diabetic eye disease (or diabetic retinopathy). These retinal images also help your eye doctor establish a baseline of the health of your eyes to monitor and track ocular changes over time.

Exams	Every 12 months
Lenses	Every 12 months
Frames	Every 12 months
Contact Lenses in leu of lenses	Every 12 months

FLEXIBLE SPENDING ACCOUNT

HEALTH CARE FSA AND DEPENDENT CARE FSA

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses with pre-tax dollars. The money you contribute to the FSAs is payroll-deducted pre-tax, saving you income and Social Security taxes.

Each year you participate in the FSAs, you must elect the amount you want to contribute to each account. Your contributions will be deducted from your paychecks in equal installments throughout the year and deposited into your account(s). For the 2023 Plan Year you may contribute up to $2,850 to the Health Care FSA and $5,000 ($2,500 if you are married and file your taxes separately) to the Dependent Care FSA.

Both accounts function independently. When you incur expenses, you can access the funds in your account to pay for eligible health care or dependent care expenses.

ACCESSING YOUR FSA FUNDS

Eligible expenses for the Health Care FSA include medical, dental, and vision expenses not covered under your health care plans, e.g. office visit copays, drug copays, expenses subject to your deductible, orthodontia, eyeglasses, etc.

You will have immediate access to your annual contribution amount from the first day of the benefit year, before all scheduled contributions have been made.

Eligible expenses for the Dependent Care FSA are those that allow you and your spouse to work or attend school full time. These services generally include day care, day camps, and caregivers for disabled dependents.

Unlike the Health Care FSA, you can only access the money that is currently in the account.

2023 Health Care FSA Maximum Annual Election
$2,850

2023 Dependent Care FSA Maximum Annual Election
$5,000

Grace Period

If at the end of your plan year you have a balance in your account, you will have until March 15, 2024 to incur expenses and use the funds and until March 31st to submit claims.

FLEXIBLE SPENDING ACCOUNT DEBIT CARD

FLEXIBLE SPENDING ACCOUNT DEBIT CARD

When enrolling in an FSA, McGriff Insurance Services will issue you a Visa debit card to pay for eligible expenses at the time of service. Your Flex Debit card allows you to pay for eligible medical expenses directly from your Health FSA instead of using out-of-pocket funds.

Medical-related facilities, including doctor's offices and hospitals, will accept your flex debit card. Retailers, such as drugstores and pharmacies with computer systems that recognize eligible expenses when scanned, will also accept your flex debit card.

RULES TO KEEP IN MIND

FSAs offer sizeable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the following:

- The IRS has a strict "use it or lose it rule": If you do not use the full amount in your FSAs by the end of the plan year or the Grace Period, you will lose any remaining funds.
- All claims must be submitted within 90 days of the end of the plan year.
- In the event of employment termination, contributions to our plan stop and you can no longer incur expenses for reimbursement. Claims must be submitted within 30 days of termination date.
- Once you enroll in the FSAs, you cannot change your contribution amount during the year unless you experience a qualified status change.
- You cannot transfer funds from one FSA account to another.

Save Your Receipts

No matter how you access your FSA funds, be sure to keep your receipts to validate your reimbursements eligible expenses

VOLUNTARY LIFE INSURANCE

Providing economic security for your family if you die, become disabled, or experience an injury or illness is a major consideration in personal financial planning. Bellflower Unified School District provides you with an option of Voluntary Life Insurance. Employees will pay the premiums through payroll deductions.

Schedule Of Benefits

Employee and Spouse

- Increments of $10,000 to a maximum of $500,000 for yourself and/or your spouse
- Benefit amounts need not be the same
- A spouse must be under age 70 at the time of enrollment
- Spouse coverage terminates at age 75

Child(ren)

- 14 days to 6 months: $1,000
- 6 months to age 20*: Increments of $5,000 up to $20,000
- Child life extends to age 26 if full-time student

Guarantee Issue Amounts

Employee under age 60 $100,000

Employee age 60 to 70 $10,000

Spouse under age 60 $50,000

Children: All amounts guaranteed provided the employee and/or spouse is approved for coverage

Evidence Of Insurability (EOI)

EOI is required for amounts over the Guarantee Issue during the initial enrollment. Late entrants are subject to EOI for any amounts elected.

Benefit Reduction Due To Age

Please see the summary plan description for employee amounts that are reduced starting at age 75.

Employee and Spouse – Tenthly Rates

Age	Per $10,000
< 30	$0.60
30 - 34	$1.00
35 - 39	$1.10
40 - 44	$1.30
45 - 49	$1.80
50 - 54	$3.10
55 - 59	$5.20
60 - 64	$8.10
65 - 69	$15.50
70+	$25.00

Children – Per Family Unit

Coverage	Tenthly Rate
$5,000	$1.00
$10,000	$2.00
$15,000	$3.00
$20,000	$4.00

Example	Election	Tenthly Cost
Employee (age 30)	$100.000	$10.00
Spouse (age 40)	$50,000	$6.50
Child(ren)	$15,000	$3.00
	Total	$19.50

VOLUNTARY AD&D INSURANCE

Bellflower employees also have a choice to elect Voluntary Accidental Death and Dismemberment (AD&D) insurance. This can be elected separately from Voluntary Life Insurance. No evidence of insurability is required for any amount. Employees will pay the premiums through payroll deductions.

Tenthly Rate		
Coverage	**Rate**	**Amount**
Employee	$0.20	Per $10,000
Spouse	$0.10	Per $5,000
Child	$0.40	Flat $10,000

Schedule Of Benefits

Employee

- Increments of $10,000 to a maximum of $500,000 not to exceed 10 times annual earnings

Spouse

- Increments of $5,000 to a maximum of $250,000 not to exceed 50% of employee amount

Child(ren)

- $10,000
- You must elect Voluntary AD&D coverage for yourself in order to also elect coverage for your spouse and/or children.

Benefit Reduction Due to Age

Please see the summary plan description for employee and spouse amounts that are reduced starting at age 75.

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

VOLUNTARY BENEFITS PACIFIC EDUCATORS

Voluntary Term Life, Disability and Cancer Insurance is available through Pacific Educators. Pacific Educators is one of California's oldest and largest providers of employee benefits to education/school personnel focusing on providing the highest quality Life, Disability and Cancer Insurance available.

HARTFORD LIFE INSURANCE COMPANY

Hartford Life Insurances offers six plans to choose offering flexibility to help you find an option that meets your budget.

Plan Features

- Premiums start at just $4.50 a month and do not increase with age.
- Your spouse may be covered for benefits without necessity of the you being covered.
- Family Coverage is available and gives $5,000 worth of coverage to all dependent children (6 months to 23 years) and spouse for only $1 a month.
- Accelerated life insurance benefits provide early payments for critical illness.

Plan provides up to **$402,000** in life insurance for employees and their spouses

FIDELITY SECURITY LIFE INSURANCE COMPANY

Plan Features

- Your spouse can apply for coverage without necessity of you being covered.
- All unmarried dependents children (6 months to 25 years) can obtain $2,500 to $10,000 of coverage.
- As a new employee you can receive 1 unit of coverage Guarantee Issue (no health questions) if applied for within the first 120 days of employment.

Plan provides up to **$238,000** of term life insurance for employees and their spouses

Benefits to **$1,000,000** or more

OTHER POLICIES

Pacific Educators can quote any amount of life insurance on a specialized one on one basis. Their database scans thousands of “A” rated insurance companies' policies to find the best premiums based on your criteria.
All life insurance plans may be continued even if you leave Bellflower USD.

VOLUNTARY BENEFITS PACIFIC EDUCATORS

CANCER INSURANCE

Cancer insurance plans are designed to provide benefits in the event you or a family member are diagnosed with cancer.

Plan Features

- Three plans to choose from with premiums starting at $7.26 a month for you and $10.38 for your whole family.
- Preventative maintenance benefits for mammogram and cervical cancer screening even without diagnosis of cancer and even if your health insurance pays 100% for those procedures.
- A first diagnosis benefits pays a one-time $1,500 benefit for the first diagnosis of any cancer (except skin cancer).

You, your spouse and unmarried dependent children (under age 25) are eligible to enroll. All benefits from this plan are paid directly to the insured. Acceptance is guaranteed to each family member who hasn't been medically treated or advised of cancer within 10 years.

DISABILITY INCOME INSURANCE

If disabled our plans help fill this need by offering substantial financial assistance when disability strikes.

Plan Features

- The plans offered by Pacific Educators pay 12 months, 365 days a year regardless of work schedule. Most other plans pay for scheduled workdays only.
- Maternity benefits are available and pay the same as any other disability.
- Our plans pay 100% full benefits.

WHO CAN ENROLL IN PACIFIC EDUCATORS' PLANS?

All school or school district employees who work more than 20 hours a week are eligible to apply for our programs. There are no other requirements.

(800) 722-365 www.peinsurance.com

FIND A PROVIDER

MEDICAL

All CalPERS Plans

- Go to www.calpers.ca.gov
- Choose Active Members > Health Benefit > Plans & Rates
- On right-hand side, click on “Health Plan Search by ZIP Code” and choose “Public Agency/School”
- Click on “Yes” to include your doctor
- Enter your doctor’s name
- If found, click on the button of your doctor and continue
- The next page will list all the HMO and PPO plans that your doctor participates in

VISION

VSP

- Go to www.vsp.com
- Click “Find a Doctor”
- Enter Location Zip Code
- Click “Search”

DENTAL

Delta Dental

To find a dental provider who participates in the Delta Dental network:

- Visit deltadentalins.com, click on **Find a Dentist**
- Enter your zip code under **Location**
- From the drop-down menu choose **DeltaCare USA** if enrolled in the HMO plan. If enrolled in the PPO plan, choose **Delta Dental PPO**
- Select **Find a Dentist**

CONTACTS

Benefit	Contact	Telephone	Web Address
Medical CalPERS	N/A	(888) 225-7377	www.calpers.ca.gov
Dental HMO Group Number: 75604	Delta Dental	(800) 422-4234	http://www.deltadentalins.com
Dental PPO Group Number: 6697-0003	Delta Dental	(800) 422-4234	http://www.deltadentalins.com
Vision Policy Number: 818418	VSP Signature	(800) 877-7195	www.vsp.com
Flexible Spending Accounts Policy: Bellflower USD	McGriff Flexible Benefits	(800) 768-4873	www.mcgriff.com/flex
Voluntary Life and AD&D Policy Number: 180449	Reliance Standard	(800) 351-7500	www.reliancestandard.com
Voluntary Benefits Policy: Bellflower USD	Pacific Educators	(800) 722-3365	www.peinsurance.com

INSURANCE HELP DESK FOR BELLFLOWER UNIFIED SCHOOL DISTRICT EMPLOYEES

(310) 609-1917

healthinsurance@busd.k12.ca.us

REQUIRED NOTICES

It is important that you review the list of notices below. Where required by law, full versions of the summary notices can be obtained by contacting the Insurance Help Desk.

PATIENT PROTECTION NOTICE

Your plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. Until you make this designation, the medical carrier designates one for you.

HIPAA – SPECIAL ENROLLMENT RIGHTS

This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)

This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer- sponsored health coverage.

THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.

COBRA – FIRST NOTICE OF COBRA RIGHTS

This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

REQUIRED NOTICES

MEDICARE PART D: PRESCRIPTION DRUG COVERAGE AND MEDICARE

Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/MARKETPLACE

Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

ADA WELLNESS PROGRAM NOTICE

To comply with ADA, wellness plans that collect health information or involve medical exams must provide a notice to employees that explains how the information will be used, collected and kept confidential.

HIPAA WELLNESS PROGRAM NOTICE

This is a wellness program notice that is subject to HIPAA's notice requirement regarding reasonable alternative standards to earn a program incentive.

REQUIRED NOTICES

GINA WELLNESS PROGRAM NOTICE

Employers are prohibited from requesting or requiring genetic information. By providing this notice, any receipt of genetic information generally will be deemed inadvertent and not a violation of the prohibition.

FAMILY AND MEDICAL LEAVE ACT NOTICE

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for specific family reasons listed in the full notice. An eligible employee who is a covered service member's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the service member with a serious injury or illness.

GENERAL NOTICE OF USERRA RIGHTS

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

DISCLOSURE TO ENROLEES REGARDING HIPAA OPT-OUT

Group health plans sponsored by State and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from the requirements listed in the full notice for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy.

NOTES

Some people are heroes. And some people jot down notes.

Revised September 2022
Prepared by: