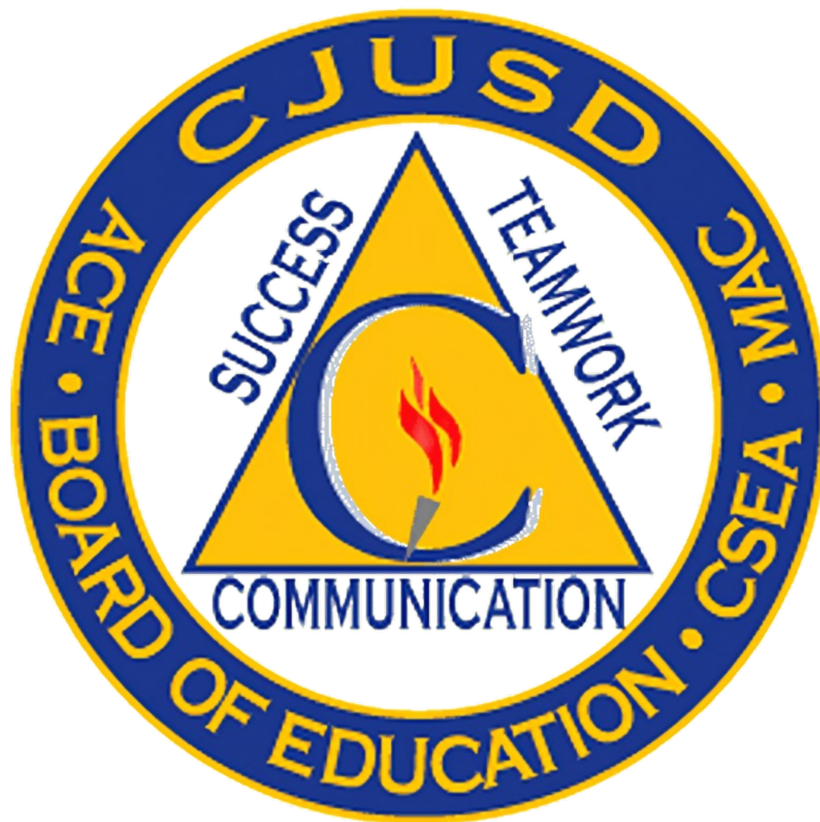


2024-2025 Employee Benefits

July 1, 2024 - June 30, 2025





WELCOME!



Contents

3	Benefit Contacts
4	Eligibility & Enrollment
6	Medical Benefits
24	Vision Benefits
25	Dental Benefits
27	Life Balance Benefits
30	Financial Protection Benefits

Colton Joint Unified School District (CJUSD) is proud to offer comprehensive, high-quality benefits at a reasonable cost. We've designed our benefits to give you choices so you can pick the best benefits for you and your family.

This guide summarizes your benefit options and is an excellent resource for choosing and enrolling for coverage. Please don't hesitate to contact the Health Benefits department for more information about the benefits described here.

Our benefits are effective July 1 through June 30 of each plan year



BENEFIT CONTACTS

Plan	Phone	Website
Medical Benefits		
Kaiser Permanente HMO	1-800-464-4000	https://my.kp.org/cseba
Blue Shield of California HMOs/PPOs	1-855-724-7698	https://myoptions.blueshieldca.com/cseba
Shield Concierge	1-855-747-5800	N/A
Rx Spectrum (Trio ACO HMO)	1-855-747-5800	https://myoptions.blueshieldca.com/cseba/cseba/_/pharmacy_benefits
Rx Ultra Pharmacy (Access+ HMO and PPO)	1-855-747-5800	https://myoptions.blueshieldca.com/cseba/cseba/_/pharmacy_benefits (scroll down)
Teladoc	1-800-835-2362	www.teladoc.com/bsc
American Specialty Network (ASH) (Chiropractic and Acupuncture)	1-800-678-9133	www.ashlink.com
EPIC Hearing Healthcare	1-866-956-5400	www.EPIChearing.com
Dental Benefits		
DeltaCare USA	1-800-422-4234	www.deltadentalins.com
Delta Dental PPO	1-888-335-8227	
Vision Benefits -		
VSP—Blue Shield Members	1-800-877-7195	www.vsp.com
Financial Protection Benefits		
MetLife Basic and AD&D Insurance	1-800-638-5433	www.metlife.com
Tax Savings Benefits		
American Fidelity Health Care and Dependent Care Flexible Spending Accounts	1-800-654-8489	www.americanfidelity.com
Life Balance Benefits		
Health Advocate EAP	1-866-799-2728	www.healthadvocate.com/cseba
Kaiser Vision Essentials	1-833-574-2273	www.kp2020.org/soca

Burnham Advocate: (800) 391-6812

The Burnham Advocate toll-free customer service help-line can provide assistance with insurance related issues when you are unable to resolve them directly with the insurance carriers. With the Burnham Advocate help-line, you will receive fast, skilled assistance with Medical, Dental and Vision provider issues, referral assistance, and claims management.



ELIGIBILITY & ENROLLMENT

Who May Enroll

CJUSD Employees

Regular employees (contracted employees) working more than 20 hours per week / 4 or more hours per day are eligible to enroll in all benefits shown in this guide on their date of hire.

Qualified Dependents

- Your legally married spouse
- Your registered domestic partner (as defined by the state of California)
- Your children, step-children or children of your registered domestic partner to age 26, regardless of marital or student status
- Your children, stepchildren or children of your registered domestic partner of any age for whom you are required to provide coverage under a Qualified Medical Child Support Order
- Your children, step-children or children of your registered domestic partner of any age, if they are incapable of self-care due to a physical or mental disability

Understand Who Is NOT a Qualified Dependent

Unless recognized as one of the qualified dependents listed above, individuals that are **NOT** eligible for CJUSD coverage include:

- Ex-spouse
- Parent
- Grandparent
- Aunt/uncle
- Cousin
- Sister/brother
- Girlfriend/boyfriend
- Niece/nephew

Required Documents to Enroll or Drop Dependents in Health Benefits

You must provide the following documents to enroll your eligible dependents in a CJUSD health plan

- **To enroll a spouse:** Spouse's Social Security number and a copy of your County/State marriage certificate
- **To enroll a domestic partner:** Domestic Partner's Social Security number and a copy of the filed Declaration of Domestic Partnership certificate
- **To enroll a child born to you, adopted, or for whom you are the legal guardian:** You must provide the child's Social Security number, and **depending on the situation:**
 - Hospital, State, or County birth certificate, or
 - Legal adoption or placement documents, or
 - Court-appointed guardianship documents
- **Your current tax return** that lists all your dependents **can be used in lieu of marriage and birth certificates**
- **To drop a spouse from coverage due to divorce or legal separation:** Legal court document with the effective date of divorce or legal separation
- **To drop a domestic partner from coverage due to termination of domestic partnership:** Termination of Domestic Partnership document



ELIGIBILITY & ENROLLMENT

When You May Enroll

- As a new hire, if your first working day is on or before the 15th of the month, health benefits go into effect on the 1st of the following month. If your first working day is the 16th to the last day of the month, health benefits go into effect the following month after the next month on the 1st. You must complete the enrollment process within 30 days of your hire date. If you do not enroll within 30 days, you will not be able to enroll until the next open enrollment unless you experience a qualifying life event.
- Each year during open enrollment
- Within 30 days of a qualifying event as defined by the IRS

Changes to Enrollment

Open Enrollment

During our annual open enrollment period, you may make new benefit elections for the following July 1st effective date.

Qualifying Event

Once you make your benefit elections, you cannot change them throughout the year unless you experience a qualifying event as defined by the IRS.

Examples include, but are not limited to:

- Marriage, divorce, legal separation, or annulment
- Birth, adoption, or death of a child or spouse
- Qualified Medical Child Support Order (QMCSO)
- Change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in contracted work hours
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Eligibility for a federal or state premium assistance program under Medicare, Medicaid, or CHIP

Important: Coverage for New Dependents

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have **30 days** to update your coverage. Please contact the Health Benefits department immediately following a qualifying event. Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If you do not update your coverage within 30 days of the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

Online Benefits Enrollment and Resources

To enroll in your benefits online, visit Benefitfocus at <https://cjuds.hrntouch.com>. You can also easily access or update your personal benefit information, and find Summaries of Benefits and Coverage (SBCs), plan documents, carrier contact information, and District Health & Welfare benefit updates.



MEDICAL BENEFITS

Choosing a Health Plan

One-On-One Virtual Consultations for Medical Benefits

The CJUSD medical plans are provided through the California Schools Employee Benefits Association (CSEBA). The Association (CSEBA) allows you to speak directly with Kaiser Permanente and Blue Shield of California regarding your medical coverage. You can ask questions such as:

- Which plan is right for you?
- Access to providers or specialists?
- How do I continue any care in progress if I change plans?
- What happens to my prescriptions if I change plans?



To learn more, scan or click the QR codes to the right.

Understand What Our Health Plans Have to Offer

Kaiser Permanente HMO

Learn about the advantages of the Kaiser Permanente HMO plan by visiting <https://select.kaiserpermanente.org/CSEBA-JPA-Microsite>.

Blue Shield Medical Plans

Visit <https://myoptions.blueshieldca.com/cseba> to learn about all the resources available to you when you enroll in a Blue Shield medical plan.

How to Find In-Network Providers (And Save Money!)

Kaiser Permanente

To find Kaiser providers and facilities:

- Visit www.kp.org, click on Doctors & Locations
- Select Region: California - Southern
- Search by ZIP code, provider type, place or name
- Select HMO under Health Plan

Blue Shield of California

To find a provider who participates in the Blue Shield of California network:

- **Trio ACO** and **Access+ HMO** plans:
 - Visit www.blueshieldca.com/networkhmo
- **PPO** plans:
 - Visit www.blueshieldca.com/networkppo
 - Search by ZIP code, provider type or name.
 - Select a provider for information on their training, specialties, languages spoken, and address



MEDICAL BENEFITS

Choosing a Health Plan

Which is Best for You — an HMO or a PPO?

Consider these questions and watch the video shown below to help choose the best plan for you and your family.

How much money do you want to spend out of your paycheck for your health plan premium?

Compare the employee premium cost (located on the District website under Personnel Services / Benefits) for the HMO and PPO plans. HMO premiums generally cost the least, while PPOs tend to cost the most.

If you already have a doctor and are changing plans, does your doctor participate in the plan's network?

For HMOs, your doctor needs to be in-network for you to access care from them. With PPOs, you can receive care from any doctor you wish, but you have the highest level of coverage when you access services from in-network doctors.

Keep in mind that when you obtain services from an out-of-network provider, your coinsurance percentage is based on Reasonable and Customary (R&C) Fees as determined by Blue Shield of California. Any out-of-network charges above allowed coinsurance amounts are called **balance billing**. Any balance billing charges are your responsibility and do not apply to the annual out-of-pocket maximum (the limit on how much you pay for covered services in a given year).

Do you have dependents that live outside the geographic areas covered by a health plan?

HMOs only provide coverage through network providers. Only emergency services are covered if you have a dependent who lives outside the area covered by an HMO network.

If you want medical coverage for a dependent who lives outside an HMO network's geographic area, consider a PPO plan as a solution. A PPO plan can provide coverage anywhere in the country.

Do you travel often?

Because HMOs only cover emergency services when you are outside the area covered by the network, consider how likely you are to need care when away from home. An HMO can be a good fit if you don't expect to need care while away from home. On the other hand, if chances are good that you will need more regular care while away from home (if, for example, you have a chronic condition or participate in high-risk sports), a PPO may be your best option.

Do you expect to need specialist care?

If you are managing a chronic or unusual condition, an HMO can provide ease in choosing specialists and seeing them right away. On the other hand, a PPO can give you greater choice in the specialists that you do see. It's important to check the plan's network and determine whether the specialist you want to see participates..

Video: PPO vs. HMO

Learn how PPOs and HMOs differ and how to determine which best fits the needs of you and your family at <https://flimp.live/PPO-vs-HMO>.



MEDICAL BENEFITS

Highlights: Kaiser HMO

	Kaiser Permanente HMO Kaiser 6	Kaiser Permanente HMO Kaiser 12 (Certificated and Management Only)
	Kaiser Providers and Facilities Only	Kaiser Providers and Facilities Only
Cost Factors		
Coinsurance (You Pay)	None	None
Lifetime Maximum Benefit	Unlimited	Unlimited
Calendar Year Deductible – Individual – Family	None None	None None
Out-of-Pocket Maximum – Individual – Family	\$1,500 \$3,000	\$4,000 \$8,000
Health Services	You Pay	You Pay
Office Visit Copay – Preventive Care – Primary Care Physician – Specialist – Urgent Care – Virtual Visits	No charge \$10 \$10 \$10 No charge	No charge \$30 \$30 \$30 No charge
Inpatient Hospitalization	No charge	\$250
Outpatient Surgery	\$10	\$250
Lab and X-Ray – Diagnostic – Complex (MRI/PET)	No charge No charge	\$10 \$50
Emergency Facility	\$50	\$150
Ambulance	No charge	\$150
Chiropractic and Acupuncture ¹	\$10, 30 visits combined	\$10, 30 visits combined
Mental Health/Addiction Care – Outpatient: Individual Visit – Outpatient: Group Visit – Inpatient	\$10 \$5 No charge	\$30 \$15 \$250
Vision	You Pay	You Pay
Eyeglasses or contact lenses	Every 24 months, amount in excess of \$300 allowance	Every 24 months, amount in excess of \$300 allowance
Prescription Drugs	You Pay	You Pay
Retail Pharmacy (100-day supply)	\$10	Generic: \$15; Brand: \$30 (30-day supply)
Mail Order (100-day supply)	\$20	Generic \$30; Brand: \$60
Specialty (30-day supply)	\$20	\$30

¹ Chiropractic and Acupuncture services must be accessed through American Specialty Network (ASH) at 1-800-678-9133 or www.ashlink.com.



MEDICAL BENEFITS

Highlights: Kaiser HMO

Find Kaiser Providers

To locate Kaiser providers and facilities, please visit <https://my.kp.org/cseba> or call 1-800-464-4000.

If you are traveling and need care, please reach out to Kaiser's Away From Home Travel Line at 1-951-268-3900, or visit kp.org/travel.

Kaiser Target

You have the option to visit Kaiser clinics at your local Target clinic. More than 85 conditions can be treated, including:

- Flu shots
- Wellness exams for children, babies, and adults
- School physicals
- Hearing and vision tests
- Care for minor illnesses and injuries

To learn more and find Kaiser Target clinics, go to kptargetclinic.org.

Kaiser Mobile App

The app gives you a simple, secure way to manage your health all in one place, from wherever you are. The Kaiser mobile app lets you:

- Email your doctor's office with nonurgent questions
- Schedule, view, and cancel routine appointments
- Fill or refill most prescriptions,
- View your medical history and most lab test results
- Choose a doctor by browsing online doctor profiles
- Find facilities and pharmacies near you

To access the Kaiser mobile app:

1. Register on kp.org
2. Download the Kaiser mobile app at the App Store or Google Play. Open the mobile app on your phone and sign on using the credentials created in step 1.





MEDICAL BENEFITS

Highlights: Kaiser HMO

Virtual Visits

Virtual visits let you see and talk to a doctor from your mobile device or computer about health concerns at no cost. Phone and video doctor visits are available by appointment.

- Log in to your online Kaiser account at www.kp.org to make a free phone or video appointment with your doctor or call 1-800-464-4000
- For phone visits, the doctor will call you at the time of the appointment
- For video visits, go to <https://mydoctor.kaiserpermanente.org/ncal/videovisit/#>, click Join your visit and log in

E-visits

If you don't want to take the time for a virtual visit or to go to your doctor's office, you can get fast, convenient care with an e-visit, including medical advice, tests, and prescriptions. Simply log in to your www.kp.org account and select **e-visit** under the **appointment center**.

Healthy Extras

Your Kaiser HMO plan comes with healthy resources, many of which are free to Kaiser members. Other programs and courses are available at a special rate. These healthy extras can help you stay informed about healthier lifestyles — mind, body, and spirit.

To access your Kaiser healthy extras, go to <https://my.kp.org/cseba/healthy-extra>:

- Get physician-reviewed health information on a wide array of health topics.
- Discounts on fitness services and products (you can access these from the link above; the direct link is <https://healthy.kaiserpermanente.org/health-wellness/fitness-deal>).
 - **ClassPass** lets you work out from anywhere with unlimited streaming classes on yoga, dance, cardio, boxing, Pilates, boot camp, and more.
 - **Active & Fit Direct** gives you access to thousands of gyms with one membership. You can visit any of the 11,000 participating fitness centers in the nationwide Active&Fit Direct network. Participating gyms may include Gold's Gym, Curves, Anytime Fitness, and more.
 - **Discounts on fitness, health, and wellness products**, such as activity trackers (Fitbit, Garmin, and more), workout apparel (Skechers, 2XU, PRO Compression, and more).
- **Wellness programs and classes**, both in-person and online, either free to Kaiser members or offered at discounted rates.
- **Learn about prescription and over-the-counter drugs and supplements** — including how they work, possible side effects, and more.
- Partner with a **wellness coach** (available in both English and Spanish) at no cost to you. Call 1-866-862-4295 to get started. Programs are available to help you manage your weight, quit tobacco, reduce stress, increase activity, and eat healthier.
- Receive **25% discounts** on complementary care, including massage, acupuncture, and chiropractic.



MEDICAL BENEFITS

Kaiser Mental Health Resources

Kaiser Self-Care Mental Wellness Resources

In addition to the mental health coverage you receive through the Kaiser HMO health plan, there is a broad range of self-care resources available to you, including apps (described below), audio activities, articles, and more. These resources are designed to help you thrive, body, mind, and spirit.

You can access self-care resources at <https://kp.org/selfcare>.

Mental Wellness Apps

Kaiser offers three apps to help support your mental/emotional wellbeing at <https://kp.org/selfcareapps>.

Calm

Calm is the #1 app for meditation, mental resilience, and sleep — designed to help lower stress, reduce anxiety, and more. Kaiser Permanente members can access all the great features of Calm at no cost, including:

- The Daily Calm, exploring a fresh mindful theme each day
- More than 100 guided meditations
- Sleep Stories to soothe you into deeper and better sleep
- Video lessons on mindful movement and gentle stretching

Ginger

Ginger is available to all Kaiser members at no cost for up to 90 days. The Ginger app offers immediate 1 on 1 support for coping with many common challenges such as anxiety, stress, low mood, issues with work or relationships and more. With Ginger, you can:

- Text with a coach anytime, anywhere, 24/7
- Discuss goals, share challenges, and create an action plan with your coach
- Get personalized, interactive skill-building tools from a library of more than 200 activities
- View recaps from each texting session, track progress, and work your coach to adjust your action plans

myStrength

The myStrength app is a personalized program that helps you improve your awareness and change behaviors. Kaiser Permanente members can explore interactive activities, in-the-moment coping tools, community support, and more at no cost.

- Mindfulness and meditation activities
- Tailored programs for managing depression, stress, anxiety, and more
- Tools for setting goals and preferences, tracking current emotional states and ongoing life events, and viewing your progress



MEDICAL BENEFITS

Highlights: Blue Shield HMOs

	Blue Shield Access+ HMO:	Blue Shield TRIO ACO HMO:
	In-Network Only	In-Network Only
Cost Factors		
Network Size	****	**
Coinsurance (You Pay)	None	None
Lifetime Maximum Benefit	Unlimited	Unlimited
Calendar Year Deductible		
– Individual	None	None
– Family	None	None
Out-of-Pocket Maximum		
– Individual	\$1,500	\$1,500
– Family	\$3,000	\$3,000
Health Services	You Pay	You Pay
Office Visit Copay		
– Preventive Care	No charge	No charge
– Primary Care Physician	\$10	\$10
– Specialist	\$10 (\$20 if self referred)	\$10 (\$20 if self referred)
– Urgent Care	\$10	\$10
– Virtual Visits	Teladoc: \$5	No charge
Inpatient Hospitalization	No charge	No charge
Outpatient Surgery	No charge	No charge
Lab and X-Ray		
– Diagnostic	No charge	No charge
– Complex (MRI/PET)	No charge	No charge
Emergency Facility	No charge	\$100
Ambulance	\$100	\$100
Chiropractic and Acupuncture ¹	\$10 (through ASH); limited to 30 visits per calendar year	\$10 (through ASH); limited to 30 visits per calendar year
Mental Health/Addiction Care		
– Outpatient	\$10	\$10
– Inpatient	No charge	No charge

¹ Chiropractic and Acupuncture services must be accessed through American Specialty Network (ASH) at 1-800-678-9133 or www.ashlink.com.



MEDICAL BENEFITS

Highlights: Blue Shield HMO Pharmacy Benefits

Blue Shield Access+ HMO Pharmacy Benefits

If you are enrolled in the Access+ HMO, your prescription drug benefits are accessed through the Rx Ultra network. You can obtain prescription drugs at any participating network pharmacy at the copays/coinsurance shown in the charts below. You can also obtain up to a 90-day supply of maintenance medications from any participating network pharmacy.

To find an Rx Ultra pharmacy, access lists of covered medications, and learn more about your prescription drug benefits, visit https://myoptions.blueshieldca.com/cseba/cseba/_pharmacy_benefits.

Rx Benefits	Retail Pharmacy (up to 30-day supply)	Retail Pharmacy (up to 90-day supply)	Mail Service Pharmacy (up to 90-day supply)
Blue Shield Access+ HMO Rx Ultra Network	Participating	Participating	CVS Caremark
Contraceptives Drugs/Devices	No charge	No charge	No charge
Tier 1	\$5	\$15	\$10
Tier 2	\$25	\$75	\$50
Tier 3	\$40	\$120	\$80
Tier 4*	\$40	\$120	\$80

* Preauthorization for specialty drugs, including self administered injectables, is required. Failure to obtain preauthorization may result in non-payment of benefits. **Specialty drugs must be obtained at CVS Caremark.** You can obtain up to a 30-day supply at CVS Caremark retail pharmacies and a 90-day supply through CVS Caremark mail service. To locate a pharmacy or order specialty drugs, visit www.cvsspecialty.com or call 1-800-237-2767.

Mail Service Pharmacy

You can purchase up to a 90-day supply of covered maintenance drugs through CVS Caremark Mail Services pharmacy with no shipping charge. you take medications on a regular, long-term basis, you can save money by purchasing these drugs through mail services.

To access the mail service pharmacy, log into [Blue Shield of California](https://www.blueshieldca.com) to set up a mail service account. Once registered, send your prescription to CVS Caremark (or have your doctor send it electronically). You can enroll in the CVS Carmark Mail Service Pharmacy automatic refill program for automatic refills.



MEDICAL BENEFITS

Highlights: Blue Shield HMO Pharmacy Benefits

Blue Shield TRIO ACO Pharmacy Benefits

The Rx Spectrum network is exclusive for the Trio ACO HMO and offers cost savings when you fill a prescription at a preferred (Level A) pharmacy, which includes:

- CVS
- Costco
- Safeway
- Vons

RxSpectrum allows you to purchase up to a 90-day supply of maintenance medications from any participating network pharmacy. To find an Rx Spectrum pharmacy, access lists of covered medications, and learn more about your prescription drug benefits, visit https://myoptions.blueshieldca.com/cseba/cseba/_/pharmacy_benefits.

Value-Based Tier Drug Benefit

The Trio ACO HMO features a value-based tier drug benefit. Value-based tier drugs are select drugs, both generic and brand name preventive drugs for conditions such as high blood pressure, high cholesterol, diabetes, and asthma and are available at no charge. To view the current list of covered Value-Based Tier drugs, visit https://myoptions.blueshieldca.com/cseba/cseba/_/pharmacy_benefits.

Rx Benefits	Retail Pharmacy (up to 30-day supply)		Retail Pharmacy (up to 90-day supply)		Mail Service Pharmacy (up to 90-day supply)
	Level A	Level B	Level A	Level B	CVS Caremark
Blue Shield Trio ACO HMO					
Contraceptives Drugs/Devices	No charge	No charge	No charge	No charge	No charge
Value Based Tier Drugs	No charge	No charge	No charge	No charge	No charge
Tier 1	No charge	\$5	No charge	\$15	No charge
Tier 2	\$15	\$25	\$45	\$75	\$30
Tier 3	Not covered	Not covered	Not covered	Not covered	Not covered
Tier 4*	\$25	\$25	\$75	\$75	\$50

* Preauthorization for specialty drugs, including self administered injectables, is required. Failure to obtain preauthorization may result in non-payment of benefits. **Specialty drugs must be obtained at CVS Caremark.** You can obtain up to a 30-day supply at CVS Caremark retail pharmacies and a 90-day supply through CVS Caremark mail service. To locate a pharmacy or order specialty drugs, visit www.cvsspecialty.com or call 1-800-237-2767.

Mail Service Pharmacy

You can purchase up to a 90-day supply of covered maintenance drugs through CVS Caremark Mail Services pharmacy with no shipping charge. you take medications on a regular, long-term basis, you can save money by purchasing these drugs through mail services.

To access the mail service pharmacy, log into [Blue Shield of California](https://www.blueshieldca.com) to set up a mail service account. Once registered, send your prescription to CVS Caremark (or have your doctor send it electronically). You can enroll in the CVS Carmark Mail Service Pharmacy automatic refill program for automatic refills.



MEDICAL BENEFITS

Highlights: Blue Shield PPO

	Blue Shield PPO		Blue Shield Tandem PPO	
	In-Network ¹	Out-of-Network ²	In-Network ¹	Out-of-Network ²
Cost Factors				
Network Size	*****		**	
Coinsurance (You Pay)	10%	30%	10%	30%
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Calendar Year Deductible – Individual – Family	\$500 \$1,500	\$500 \$1,500	\$500 \$1,500	\$500 \$1,500
Out-of-Pocket Maximum – Individual – Family	\$3,500 \$7,000	\$7,000 \$14,000	\$3,500 \$7,000	\$7,000 \$14,000
Health Services				
Office Visit – Preventive Care – Primary Care Physician – Specialist – Urgent Care – Virtual Visits	No charge \$20 \$20 \$20 Teladoc: \$5	30% 30% 30% 30% Not covered	No charge \$20 \$20 \$20 Teladoc: No charge	30% 30% 30% 30% Not covered
Inpatient Hospitalization	10%	30% (\$600 max benefit/day)	10%	30% (\$600 max benefit/day)
Outpatient Surgery	10%	30% (\$350 max benefit/day)	10%	30% (\$350 max benefit/day)
Lab and X-Ray – Diagnostic – Complex (MRI/PET)	10% 10%	30% 30%	10% 10%	30% 30%
Emergency Facility	\$150 plus 10%	\$150 plus 10%	\$150 plus 10%	\$150 plus 10%
Ambulance	10%	10%	10%	10%
Chiropractic and Acupuncture ³	10%	30%	10%	30%
Mental Health/Addiction Care – Outpatient – Inpatient	\$20 10%	30% 30% (\$600 max benefit/day)	\$20 10%	30% 30% (\$600 max benefit/day)

1 After the deductible

2 After the deductible and paid at Reasonable & Customary rates (R&C) as determined by Blue Shield

3 Chiropractic and Acupuncture services must be accessed through American Specialty Network (ASH) at

1-800-678-9133 or www.ashlink.com. Maximum of 24 chiropractic visits per year and 12 acupuncture visits per year.



MEDICAL BENEFITS

Highlights: Blue Shield PPO Pharmacy Benefits

Blue Shield PPO Pharmacy Benefits

If you are enrolled in the Blue Shield PPO, your prescription drug benefits are accessed through the Rx Ultra network. You can obtain prescription drugs at any participating network pharmacy at the copays/coinsurance shown in the charts below. You can also obtain up to a 90-day supply of maintenance medications from any participating network pharmacy.

To find an Rx Ultra pharmacy, access lists of covered medications, and learn more about your prescription drug benefits, visit https://myoptions.blueshieldca.com/cseba/cseba/_pharmacy_benefits.

Rx Benefits	Retail Pharmacy (up to 30-day supply)		Retail Pharmacy (up to 90-day supply)		Mail Service Pharmacy (up to 90-day supply)	
	Participating	Non-Participating	Participating	Non-Participating	CVS Caremark	Non-Participating
Blue Shield PPO Rx Ultra Network						
Contraceptives Drugs/Devices	No charge	Applicable Tier 1, Tier 2, or Tier 3 copay	No charge	Not covered	No charge	Not covered
Tier 1	\$5	\$5 + 25% of R&C	\$15	Not covered	\$10	Not covered
Tier 2	\$25	\$25 + 25% of R&C	\$75	Not covered	\$50	Not covered
Tier 3	\$40	\$40 + 25% of R&C	\$120	Not covered	\$80	Not covered
Tier 4*	\$40	\$40 + 25% of R&C	\$120	Not covered	\$80	Not covered

* Preauthorization for specialty drugs, including self administered injectables, is required. Failure to obtain preauthorization may result in non-payment of benefits. **Specialty drugs must be obtained at CVS Caremark.** You can obtain up to a 30-day supply at CVS Caremark retail pharmacies and a 90-day supply through CVS Caremark mail service. To locate a pharmacy or order specialty drugs, visit www.cvsspecialty.com or call 1-800-237-2767.

Mail Service Pharmacy

You can purchase up to a 90-day supply of covered maintenance drugs through CVS Caremark Mail Services pharmacy with no shipping charge. you take medications on a regular, long-term basis, you can save money by purchasing these drugs through mail services.

To access the mail service pharmacy, log into [Blue Shield of California](https://www.blueshieldca.com) to set up a mail service account. Once registered, send your prescription to CVS Caremark (or have your doctor send it electronically). You can enroll in the CVS Carmark Mail Service Pharmacy automatic refill program for automatic refills.



MEDICAL BENEFITS

Highlights: Blue Shield PPO Pharmacy Benefits

Blue Shield Tandem PPO Pharmacy Benefits

The Rx Spectrum network is exclusive for the Tandem PPO and offers cost savings when you fill a prescription at a preferred (Level A) pharmacy, which includes:

- CVS
- Costco
- Safeway
- Vons

RxSpectrum allows you to purchase up to a 90-day supply of maintenance medications from any participating network pharmacy.

To find an Rx Spectrum pharmacy, access lists of covered medications, and learn more about your prescription drug benefits, visit https://myoptions.blueshieldca.com/cseba/cseba/_/pharmacy_benefits.

Value-Based Tier Drug Benefit

The Trio ACO HMO features a value-based tier drug benefit. Value-based tier drugs are select drugs, both generic and brand name preventive drugs for conditions such as high blood pressure, high cholesterol, diabetes, and asthma and are available at no charge. To view the current list of covered Value-Based Tier drugs, visit https://myoptions.blueshieldca.com/cseba/cseba/_/pharmacy_benefits.

	Participating Pharmacies				
	Retail Pharmacy (up to 30-day supply)		Retail Pharmacy (up to 90-day supply)		Mail Service Pharmacy (up to 90-day supply)
	Level A	Level B	Level A	Level B	CVS Caremark
Blue Shield Trio ACO HMO					
Contraceptives Drugs/Devices	No charge	No charge	No charge	No charge	No charge
Value Based Tier Drugs	No charge	No charge	No charge	No charge	No charge
Tier 1	No charge	\$5	No charge	\$15	No charge
Tier 2	\$15	\$25	\$45	\$75	\$30
Tier 3	\$40	\$40	\$120	\$120	\$80
Tier 4*	\$40	\$40	\$120	\$120	\$80

* Preauthorization for specialty drugs, including self administered injectables, is required. Failure to obtain preauthorization may result in non-payment of benefits. **Specialty drugs must be obtained at CVS Caremark.** You can obtain up to a 30-day supply at CVS Caremark retail pharmacies and a 90-day supply through CVS Caremark mail service. To locate a pharmacy or order specialty drugs, visit www.cvsspecialty.com or call 1-800-237-2767.

Blue Shield Tandem PPO Pharmacy Benefits Continued on Next Page



MEDICAL BENEFITS

Highlights: Blue Shield PPO Pharmacy Benefits

Blue Shield Tandem PPO Pharmacy Benefits, continued

	Non-Participating Pharmacies		
	Retail Pharmacy (up to 30-day supply)	Retail Pharmacy (up to 90-day supply)	Mail Service Pharmacy (up to 90-day supply)
Contraceptives Drugs/Devices	Applicable Tier 1, Tier 2, or Tier 3 copay	Not covered	Not covered
Value Based Tier Drugs	Not covered	Not covered	Not covered
Tier 1	\$5 + 25% of R&C	Not covered	Not covered
Tier 2	\$25 + 25% of R&C	Not covered	Not covered
Tier 3	\$40 + 25% of R&C	Not covered	Not covered
Tier 4	\$40 + 25% of R&C	Not covered	Not covered

Mail Service Pharmacy

You can purchase up to a 90-day supply of covered maintenance drugs through CVS Caremark Mail Services pharmacy with no shipping charge. you take medications on a regular, long-term basis, you can save money by purchasing these drugs through mail services.

To access the mail service pharmacy, log into [Blue Shield of California](#) to set up a mail service account. Once registered, send your prescription to CVS Caremark (or have your doctor send it electronically). You can enroll in the CVS Carmark Mail Service Pharmacy automatic refill program for automatic refills.



MEDICAL BENEFITS

Highlights: Blue Shield Plans

Find Providers and Learn More About Your Benefits

To learn more about all the benefits available to you with the Blue Shield of California plans and to find providers, visit <https://myoptions.blueshieldca.com/cseba> or call 1-855-724-7698.

Shield Concierge

All Blue Shield plan members have access to the Shield Concierge, a team of registered nurses, health coaches, social workers, pharmacy technicians, pharmacists, and customer service representatives.

When you call 1-855-747-5800, the Shield Concierge can help you with:

- Locating a new doctor or specialist
- Coordinating your care for an existing health condition or if you are about to undergo surgery
- Transferring your prescriptions or medical records
- Helping you understand your plan benefits
- Getting answers to your drug and medication questions
- Answering questions about your doctor's instructions



Blue Shield of California Mobile App

The app gives you a simple, secure way to manage your health all in one place, from wherever you are. The Kaiser mobile app lets you:

- 24/7 doctor consults over video or phone
- Review your benefits and see your current plan usage
- Find doctors and facilities covered by your plan
- Get quick access to medical ID cards
- Submit out-of-network claims
- Track your recent medical claims
- Access discount programs for dental, vision, and pharmacy

Download the Blue Shield of California app from the App Store or Google Play.



MEDICAL BENEFITS

Highlights: Blue Shield Plans

Virtual Visits — Teladoc

Teladoc virtual visits allow you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. Teladoc virtual visits are included with all Blue Shield of California medical plans. To access your Teladoc benefits:

- Download the Teladoc app (available at the App Store and Google Play) or go to www.teladoc.com/bsc
- Once you register for your Teladoc account, log in to make a doctor appointment; follow the instructions shown on the app
- You can also reach Teladoc at 1-800-TELADOC (835-2362)
- There is no charge to use Teladoc for the Trio ACO HMO; there is a \$5 copay for Access+ HMO and PPO plans



Teladoc can help you with everyday, non-emergency healthcare issues, including sinus problems, allergies, flu symptoms and much more. Teladoc helps skip the waiting room and the trip to urgent care.

Teladoc Mental Health Benefits

Blue Shield members can access Teladoc's national network of licensed therapists, psychiatrists and mental health professionals. You can get help with managing addiction, depression, stress, anxiety, domestic abuse and more! Whenever you need care, Teladoc providers are available 24/7/365 by phone or video.

Teladoc is available at no cost to Trio HMO members and HMO Access+ and PPO members have a \$5 copay per session.



MEDICAL BENEFITS

Highlights: Blue Shield Plans

Blue Shield Healthy Extras: Wellvolution

Employees and eligible dependents enrolled in a CJUSD Blue Shield of California medical plan have access to Wellvolution. This benefit supports you in living your healthiest lifestyle and gives you access to tools and programs to help manage stress, lose weight, prevent disease or treat existing medical conditions. Wellvolution analyzes your health goals to create a plan for you, with digital tools and weekly action plans. It allows you to track and monitor progress toward your goals, with one-on-one support from experts when you need it.

Programs available through Wellvolution include:

- **Virta** helps support diabetes type 2 reversal
- **Betr** to help you reconnect to wellness by healing from the inside-out, using food-as-medicine. Betr helps you:
 - Effortless weight loss
 - Life changing energy
 - Calm mind and mood
 - Quality sleep
 - Pain free living
 - Improved gut health
- **WeightWatchers** offers a scientifically proven program for weight loss and wellness with digital, in-person and virtual workshops, and personal coaching solutions to help meet your goals. To access your Wellvolution benefits, visit [wellvolution.com](https://www.wellvolution.com).

Wellvolution Mental Wellness Resources

Other programs offered through Wellvolution include **Ginger** for mental health and the **Headspace** app for wellbeing; see [page 21](#) for more details on these benefits.





MEDICAL BENEFITS

Blue Shield Mental Health Resources

Mental Wellness Resources for Blue Shield Plan Members

Your Blue Shield plan includes a wide range of mental health benefits. Whether you need to sleep better, manage anxiety, or get help with addiction, Blue Shield provides counseling, treatment, and programs to help manage your mental health.

Accessing Mental Health Benefits Through Your Blue Shield Health Plan

Your Blue Shield health plan provides coverage for mental health or substance abuse care in-person or wherever you are using your smartphone, tablet, or computer – all within the privacy of your own home.

To find a mental health provider:

1. Visit Find a Doctor for your plan
2. On the Find a Doctor tool, select **MENTAL HEALTH** and continue to visit the **MHSA network**
3. On the provider search page, select **BSC MHSA** as your “Benefit Plan” and **Non-Medicare Provider** under the “Provider List” drop down selection
4. Enter your location details, and select provider type, specialty, gender, ages treated, and any other criteria that are important to you. Then, select Search.

Note: To find a provider who offers virtual services, under Specialties, choose Telehealth.



Accessing Mental Health Benefits Through Teladoc

Blue Shield members have easy access to mental health care through Teladoc. Experience virtual therapy visits from a national network of licensed therapists, psychiatrists and mental health professionals — all from the comfort and privacy of your own home. This benefit is available to you 24/7/365 by phone or video. You can get help with managing addiction, depression, stress or anxiety, PTSD, domestic abuse, and much more.

Teladoc is available at no cost to Trio HMO members and HMO Access+ and PPO members have a \$5 copay per session.

Please see [page 18](#) for details on signing up for and using Teladoc.

MEDICAL BENEFITS

Blue Shield Mental Health Resources

Mental Wellness Apps

Blue Shield of California offers two apps to help support your mental/emotional wellbeing at <https://wellvolution.com/mentalhealth>

Ginger

Ginger is available to all Blue Shield members. The Ginger app offers immediate one on one support for coping with many common challenges such anxiety, stress, low mood, issues with work or relationships and more. With Ginger, you can:

- Text with a coach anytime, anywhere, 24/7
- Discuss goals, share challenges, and create an action plan with your coach
- Get personalized, interactive skill-building tools from a library of more than 200 activities
- View recaps from each texting session, track progress, and work your coach to adjust you action plans
- Video therapy and psychiatry sessions are available for the same copay as with your Blue Shield Health Plan.

Headspace

Headspace is a meditation and sleep tool that teaches members how to meditate, relieve stress, and improve sleep. It consists of a library of 500+ guided meditations on sleep, grief, anxiety, compassion, and more. Additional features include sleep sounds, wind-down exercises, tension-releasing workouts, yoga, and music playlists. Headspace is available to Blue Shield Members and dependents (ages 18 and up).





VISION BENEFITS

VSP Vision Plan

CJUSD provides vision coverage through Vision Service Plan (VSP) for employees enrolled in a Blue Shield plan.

- You can see a VSP in-network provider or an out-of-network provider, however, your costs will be lower if you visit an in-network provider.
- If you visit an in-network provider you will be responsible for a copay at the time of your service.
- If you receive services from an out-of-network doctor, you will pay all costs at the time of service and submit a claim for reimbursement.

To find in-network providers, visit www.vsp.com or call **1-800-877-7195**.

Vision Services	VSP PPO	
	In-Network	Out-of-Network
	You Pay	
Wellvision Exam (Every 12 Months)	\$10 for exam and glasses	Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details. Contact us: 1-800-877-7195 or www.vsp.com
Routine Retinal Screening	Up to \$39 when part of a Wellvision exam (no charge for members with diabetes)	
Lenses (Every 12 Months) – Single Vision – Bifocal – Trifocal	No charge after exam copay No charge after exam copay No charge after exam copay	
Lenses Enhancements – Tinted Lenses – Standard Progressive Lenses – Premium Progressive Lenses – Custom Progressive Lenses	No charge No charge \$40-\$50 \$95-\$120	
Frames (Every 12 Months)	Any charge above \$150 allowance (\$170 allowance for featured frame brands)* \$80 frame allowance at Walmart, Sam's Club, and Costco	
Contact Lenses (Every 12 months instead of lenses in glasses)	\$150 allowance	

* 20% savings on the amount over your allowance

Additional Discounts Available

LASIK and PRK Benefit: You are entitled to a 15% discount on the usual and customary fees for LASIK and PRK procedures, or a 5% discount on any promotional pricing, whichever is the greater benefit, through the US Laser Network.



DENTAL BENEFITS

CJUSD offers two dental plans to choose from: the DeltaCare USA plan and the Delta Dental PPO plan. The DeltaCare USA plan is highlighted below; see the next page for highlights on the Delta Dental PPO plan.

Important Note: We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

DeltaCare USA Plan

- With the DeltaCare USA plan, you must choose a general dentist within the DeltaCare USA network.
- All of your care, such as routine check-ups and emergency situations, must be provided by your general dentist. If specialty care is needed, your general dentist will provide the necessary referral.
- For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your [DeltaCare USA plan booklet](#).
- To find In-Network providers, visit www.deltadentalins.com or call (800) 422-4234.

DeltaCare USA In-Network Only	
Cost Factors	
Calendar Year Maximum Benefit	Unlimited
Annual Deductible	None
Dental Services	You Pay
Preventive Services – Exam, Cleaning, X-rays	Many services are provided at no cost. Other copays vary. For details, see the DeltaCare USA Plan Booklet at https://ws.onehub.com/files/ibsra8gp
Basic and Major Services – Fillings, Posterior Composites, Sealants, Endodontics, Periodontics, Crowns, Inlays/Onlays, Cast Restorations	
Prosthetic Services – Bridges, Dentures, Implants	
Orthodontia – Child and Adult – Orthodontia Lifetime Maximum	





DENTAL BENEFITS

Delta Dental PPO Plan

- This plan offers you the freedom and flexibility to use the dentist of your choice.
- You will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental PPO network.
- If you obtain services using an out-of-network dentist, you are responsible for paying the difference between the covered amount and the actual charges, and you may be responsible for filing claims.

To find in-network providers:

- Delta Dental PPO: visit www.deltadentalins.com or call **1-888-335-8227**

	Delta Dental PPO	
	In-Network	Out-of-Network ¹
Cost Factors		
Calendar Year Maximum Benefit	\$2,000	\$1,500
Annual Deductible	None	None
Dental Services	You Pay	
Preventive Services – Exam, Cleaning, X-rays	30% to 0%	30% to 0% plus any amount over contracted fee ¹
Basic and Major Services – Fillings, Posterior Composites, Sealants, Endodontics, Periodontics, Crowns, Inlays/Onlays, Cast Restorations	30% to 0%	30% to 0% plus any amount over contracted fee ¹
Prosthodontic Services – Bridges, Dentures, Implants	30% to 0%	30% to 0% plus any amount over contracted fee ¹
Orthodontia – Child and Adult	30% to 0%	30% to 0% plus any amount over contracted fee ¹
– Orthodontia Lifetime Maximum	\$1,000	\$1,000

¹ Out-of-network dentist have not agreed to in-network pricing and may bill you for the difference between what Delta Dental pays them and what the dentist usually charges.

Why Coverage Ranges from 70% to 100%

The Delta Dental PPO plan pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic, and major services during the **first year** of eligibility. **You pay 30%.**

The coverage percentage will increase by 10% each year (to a maximum of 100%) if you visit the dentist at least once during the year. The **second year, you pay 20%, the third year, 30%, and the fourth year, 0%.**

If you not use the plan during the calendar year, **there will be a 10% decrease from the level attained the previous year.**



LIFE BALANCE BENEFITS

Health Advocate EAP

Health Advocate Employee Assistance Plan

All employees enrolled in a CJUSD medical plan have access to the Health Advocate Employee Assistance Plan (EAP), which provides health plan advocacy and employee assistance. This program is available 24/7/365 and provides significant support in a wide variety of areas. To access your Health Advocate EAP benefits, call 1-866-799-2728. You can also visit www.healthadvocate.com/cseba. There is no cost to you for this benefit.

Employee Advocacy

Navigating the healthcare system can be a challenging task. Health Advocate provides unlimited access to dedicated Personal Health Advocates—health partners who can get to the bottom of a wide variety of healthcare and insurance-related issues.

Not sure who to call or which benefit to use?

Call Health Advocate!

Diagnosed with a medical issue?

Count on Health Advocate to answer questions, research and explore treatment options, and coordinate services relating to your care.

Need to find a doctor or hospital?

Health Advocate has a Perfect Match Provider Locator. They can match you with the right quality providers, and even make an appointment at a time that works for your schedule!

Considering a second opinion?

Health Advocate will research and identify top experts and Centers of Excellence, arrange for the transfer of your medical records and test results, and arrange face-to-face appointments.

Medical bills, claims or benefit questions?

Get help with complex claims! Health Advocate will review your medical bills to uncover possible errors or duplicate charges, and help resolve complicated claims and billing issues.

Support for the whole family!

Health Advocate is available to you, your spouse or domestic partner, dependents, parents, and parents-in-law.

How to Access Health Advocate

Health Advocate's years of experience make it easy. You need to make only one call or send an e-mail and your Personal Health Advocate will:

- Act quickly and effectively on your behalf.
- Protect your privacy and keep information strictly confidential.
- Find the best answers.
- Make any necessary follow-up arrangements.

Get help by calling 1-866-799-2728 or visiting www.healthadvocate.com/cseba.



LIFE BALANCE BENEFITS

Health Advocate EAP

Employee Assistance

Employees enrolled in a CJUSD medical plan and eligible family members can receive free, confidential assistance to help with with life creating balance. The EAP provides you with:

- 24/7 phone consultations with licensed mental health professionals and referrals to supportive resources
- Up to five face-to-face counseling sessions per issue per rolling calendar year for you and your household members
- Online programs to offer something different than traditional counseling
- Access to quick and confidential help from legal and financial experts



What Can Health Advocate Employee Assistance Help With?

The EAP can help with issues and needs such as:

- Stress, Anxiety or Depression
- Relationship Issues
- Grief and Loss
- Legal Assistance
- Financial Services and Referrals
- Childcare Resources and Referrals
- Senior Care
- Pet Care
- Identity Theft
- And More!

MyHelp

Use Health Advocate's MyHelp to connect with a counselor anywhere, anytime, via text, phone, chat, and video. Care Managers work with you directly to help with personal, family, and life changes, 24/7/365.

Digital Cognitive Behavioral Therapy

Health Advocate also provides you with Digital Cognitive Behavioral Therapy (dCBT). This is a dynamic, technology-driven approach that allows you to develop skills and competencies that have a positive impact on health, wellbeing, and productivity.

Take Advantage of Your Health Advocate EAP Benefits

To access your Health Advocate EAP benefits, call 1-866-799-2728 or visit healthadvocate.com/members.



LIFE BALANCE BENEFITS

EPIC Hearing Benefit

EPIC Hearing Healthcare

If you are enrolled in a CJUSD medical plan, you have access to Amplify through EPIC Hearing Healthcare (a CSEBA benefit).

Hearing loss can happen at any age. Treating it early can help improve your overall wellbeing. It's estimated that 26 million people in the U.S. between ages 20 and 69 have hearing loss. With EPIC, you can get a hearing test and hearing aids.

Learn more about the many benefits available to you through this plan by calling [1-866-956-5400](tel:1-866-956-5400) or visiting www.EPIChearing.com.

Hearing Aid Choices

With EPIC, you can choose to how to get the hearing aids that are right for you. You can choose virtual care through Right4You (see below). You can also choose in-person care with nearly unlimited hearing aid choices available through a local hearing provider from EPIC's 7,000+ hearing aid providers.

You can choose from 2,000+ hearing aid models and styles from the industry's top brands, all at significant savings. You also have EPIC's private-labeled hearing aid brand, Relate™, available to you. This hearing aid features innovative technology, including:

- Recharging capabilities,
- Connection to two Bluetooth devices,
- Tap control, and
- A mobile app.

Right2You Virtual Care

This convenient option provides virtual appointments with a licensed EPIC hearing professional from the comfort of home, along with custom-programmed hearing aids delivered directly to your door with remote hearing aid adjustments. :

1. Call EPIC at [1-866-956-5400](tel:1-866-956-5400) to learn more.
2. Take a quick online hearing test at www.epichearing.com/hearingtest
3. Speak with a licensed hearing professional on the phone to review test results and discuss any additional necessary testing
4. Meet with an EPIC hearing professional to discuss hearing aid recommendations and to order Relate™ or Phonak hearing aids
5. Receive hearing aids delivered right to your doorstep, along with a virtual hearing aid fitting, and follow-up care



FINANCIAL PROTECTION BENEFITS

Life insurance is an important resource to help protect your loved ones in the event of your death. Things like funeral expenses, debt, and the cost of living, can all add up. Life insurance can help lessen the financial burden and provide coverage to help pay for these types of expenses.

MetLife Financial Basic Life and AD&D Insurance

CJUSD provides you with Basic Life insurance coverage of \$25,000. You must be a fulltime employee (7 or more hours). This coverage protects your family or other beneficiaries in the event of your death while you are actively employed with the company.

Accidental Death and Dismemberment (AD&D) coverage provides an additional benefit to your beneficiary if your death is due to a covered accident or injury.

Life benefits will reduce by certain percentages as you age (65% at age 65, 45% at age 70, 30% at age 75, and 20% at age 80), and will terminate when you leave the company or retire.

Additional Benefits Included with Life and AD&D Insurance

- **Travel assistance** when traveling more than 100 miles from your home, offering you emergency personal service, medical assistance services, and emergency transportation services.
- **Accelerated death benefit** if you are diagnosed with a terminal illness with a life expectancy under 12 months. You may collect 50% of your death benefit while you are living. All remaining benefits will be paid to your beneficiary upon death.
- **Waiver of premium** if you become totally disabled while an active employee and cannot work, you will not have to pay life insurance premiums for as long as you remain disabled up to the benefit termination.
- **Beneficiary support services** to help your beneficiaries with financial professionals and other support resources.
- **Conversion of Coverage if you terminate your employment.** You have the option to convert all or part of the amount of life insurance in force to an individual policy without evidence of insurability within 31 days of termination.
- **Continuation of Coverage (portability):** if you terminate your employment. You have the option to continue all or part of the amount of life/AD&D insurance in force on the date of termination by satisfactorily answering a few health questions. Employees must apply for portability within 31 days of employment termination.

Important Facts About Beneficiaries

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

- You can change your beneficiary designation at any time
- You may designate a sole beneficiary or multiple beneficiaries to receive payment in the percentage(s) allocated
- To select or change your Life Insurance beneficiary, contact the Personnel Services Department.



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

Learn more at www.burnhambenefits.com

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Health Benefits department.