2024 – 2025

EMPLOYEE BENEFITS GUIDE

Valid through September 30, 2025

WELCOME TO YOUR ORANGE UNIFIED SCHOOL DISTRICT (OUSD) EMPLOYEE BENEFITS!

OUSD takes pride in offering a benefit program that provides flexibility for the diverse and changing needs of our employees. Employees and their family members have a full range of benefits to choose from. You choose the options that best meet your needs.

This brochure provides a summary of your benefit options and is designed to help you make choices and enroll for coverage effective October 1, 2024. For more information about any of the benefits described here, please contact the Risk Management Department at (714) 628-5390.

You will receive an email with instructions on how to schedule an appointment to enroll in health benefits.

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ENROLLMENT INFORMATION

Who May Enroll

All active employees regularly scheduled to work as follows are eligible for benefits:

- Classified Employees: 6 hours per day
- Certificated/Leadership Employees: 50% or more of a full-time equivalent

Eligible employees may also enroll eligible dependents. Documentation proving eligibility must be provided as follows:

- New Hire/Increase in Hours Enrollment: Documentation must be provided within 31 days of enrolling the dependent.
- Open Enrollment: Documentation must be provided by October 13 if enrolling any dependents during Open Enrollment
- Qualifying Status Change: Documentation must be provided within 31 days of the qualifying life event.

Eligible dependents and the documentation required to enroll them is as follows:

Eligible Dependent	Document Required for Verifying Eligibility
Spouse	• Prior year's Federal Tax Form that shows the couple was marrier (financial information may be blocked out) • For newly married couples where the prior year tax return is not available, a marriage certificate will be acceptable
Domestic Partner	• Certificate of Registered Domestic Partnership issued by State of California (AB205 Compliant)
Children, Stepchildren, and/or Adopted Children up to age 26	• Certified Birth Certificate or Hospital Birth Certificate for newborns less than 6 months of age (to include full name of child, parent(s) name(s) & child's DOB) • Legal Adoption Documentation
Legal Guardianship up to age 18	• Legal Court Documentation establishing Guardianship
Disabled Dependents over age 26	***Anthem Blue Cross (All items listed below are required)*** • Certified Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name(s) & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Anthem Disabled Dependent Certification Form ***Kaiser (All items listed below are required)*** • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name(s) & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Disabled Dependent Enrollment Application • Most recent Kaiser Certification notice (if available)

Understand Who Is NOT a Qualified Dependent

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

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

Employees who resign will receive health benefit coverage through the end of the month in which they are in a paid status. Dependent coverage ends when the employee's coverage ends or the last day of the month in which the dependent is no longer eligible. Information related to the COBRA Continuation Coverage Rights will be mailed to the home address on file with Human Resources.

ENROLLMENT INFORMATION

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- As a new hire, you may enroll in benefits on the first day of the month following:
  - Your date of hire, or
  - The date hours increase to 6 hours per day for Classified Employees, or
  - The date hours increase to 50% or more of a full-time equivalent for Certificated/Leadership Employees
- During annual open enrollment.
- Within **31 days** of a qualified change in family status as defined by the IRS – see Changes to Enrollment for details.

You will receive an email with instructions on how to enroll. If you are adding dependents, start gathering the required documents.

Paying for Your Coverage

You and OUSD share in the cost of the Health and Welfare benefits you elect. Your contributions are deducted before taxes are withheld which saves you tax dollars. Paying for benefits before-tax means that your share of the costs is deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a status change.

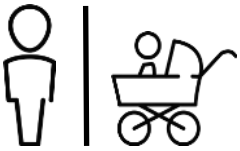
Changes to Enrollment

Open Enrollment is held during August of each year. During our annual open enrollment period, you may make new medical, dental, and vision benefit elections for the following October 1 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.

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 your residence or workplace (if your benefit options change)

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 a new dependent is not automatic. If you experience a qualifying event, you have **31 days** to update your coverage. Please contact Insurance, Business Services immediately following a qualifying event to complete the appropriate election forms as needed. 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.

BENEFIT CONTRIBUTIONS:
CERTIFICATED & LEADERSHIP EMPLOYEES

Certificated & Leadership Employees: Ten Monthly Contributions via Payroll Deduction

HMO Plans: Employee Contributions for Medical, Dental, Vision, and Life Insurance		
Anthem Blue Cross CA Care HMO	**Anthem CA Care with Dental HMO**	**Anthem CA Care with Dental PPO**
Single	$213	$251
Two-Party	$408	$484
Family	$586	$699
Anthem Blue Cross Select HMO	**Anthem Select with Dental HMO**	**Anthem Select with Dental PPO**
Single	$148	$186
Two-Party	$278	$353
Family	$415	$527
Anthem Blue Cross Vivity HMO	**Anthem Vivity with Dental HMO**	**Anthem Vivity with Dental PPO**
Single	$157	$194
Two-Party	$293	$368
Family	$435	$548
Kaiser Permanente HMO	**Kaiser with Dental HMO**	**Kaiser with Dental PPO**
Single	$292	$330
Two-Party	$566	$641
Family	$781	$893

PPO Plans: Employee Contributions for Medical, Dental, Vision, and Life Insurance		
Anthem Blue Cross High PPO	**Anthem High (90/10) PPO Plan with Dental PPO**	**Anthem Low (80/20) PPO Plan with Dental PPO**
Single	$487	$331
Two-Party	$971	$650
Family	$1,339	$917

BENEFIT CONTRIBUTIONS:
CLASSIFIED EMPLOYEES

Classified Employees: Ten Monthly Contributions via Payroll Deduction

HMO Plans: Employee Contributions for Medical, Dental, Vision, and Life Insurance		
Anthem Blue Cross CA Care HMO	**Anthem CA Care with Dental HMO**	**Anthem CA Care with Dental PPO**
Single	$193	$230
Two-Party	$372	$447
Family	$544	$656
Anthem Blue Cross Select HMO	**Anthem Select with Dental HMO**	**Anthem Select with Dental PPO**
Single	$128	$166
Two-Party	$241	$316
Family	$372	$485
Anthem Blue Cross Vivity HMO	**Anthem Vivity with Dental HMO**	**Anthem Vivity with Dental PPO**
Single	$136	$174
Two-Party	$257	$332
Family	$392	$505
Kaiser Permanente HMO	**Kaiser with Dental HMO**	**Kaiser with Dental PPO**
Single	$272	$310
Two-Party	$529	$604
Family	$738	$851

PPO Plans: Employee Contributions for Medical, Dental, Vision, and Life Insurance		
Anthem Blue Cross High PPO	**Anthem High (90/10) PPO Plan with Dental HMO**	**Anthem Low (80/20) PPO Plan with Dental PPO**
Single	$467	$311
Two-Party	$934	$614
Family	$1,296	$875

MEDICAL BENEFITS

Medical Plan Options

OUSD offers employees five medical plans to choose from through SISC. There are four HMO plans available through Kaiser Permanente and Anthem Blue Cross. There are also two PPO plans available through Anthem Blue Cross. Medical plan costs are shown on the previous page. Highlights of the medical plans follow. All health plans come with "healthy extras" which are described on pages 17 - 22.

Anthem Blue Cross HMO Plans

With the Anthem Blue Cross Health Maintenance Organization (HMO) plans, you must choose a Primary Care Physician (PCP) or medical group. Each HMO has a different provider network: CA Care (the largest network), Select (the second largest network) and Vivity (a narrow network with well known providers). Go to www.anthem.com/ca/sisc to find out which providers are available for each network.

All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.

Highlights of the Anthem Blue Cross HMO plan includes:

- To be eligible for these plans, you must reside in the Anthem Blue Cross of California HMO service area.
- There are no deductibles and no claim forms to file.
- You must select a PCP from the Anthem Blue Cross pre-approved list of healthcare providers.
- If you need specialist care, you'll need a referral from your PCP.
- Each family member may choose his or her own Anthem Blue Cross HMO network PCP.
- Non-network benefits are not covered.
- Prescription drug coverage is provided through Navitus.

Click here for details on how to find an Anthem Provider

Kaiser Permanente HMO Plan

With the Kaiser Health Maintenance Organization (HMO) plan, services must be obtained at a Kaiser facility. Kaiser integrates all elements of healthcare such as physicians, medical centers, pharmacy and administration in one convenient facility.

Highlights of the Kaiser Permanente HMO Plan include:

- To be eligible for this plan, you must reside in the Kaiser Southern California service area.
- There is no deductible and no claim forms to file.
- Services are only covered when you use Kaiser providers and facilities, except in the case of emergency.
- Kaiser offers the convenience of doctors, pharmacies and labs under one roof.
- Kaiser does not require that you choose a primary care physician until after you enroll in the plan.
- Kaiser offers online tools, so you can email your doctor's office, make appointments, refill prescriptions, and more.

Find an In-Network Kaiser HMO Medical Provider:

- **Kaiser Permanente:** Go to www.kaiserpermanente.org or call (800) 464-4000 to find a Kaiser Permanente provider near you.

MEDICAL BENEFITS

Anthem Blue Cross PPO Plans

You have the option of choosing between two Anthem Blue Cross Preferred Provider Organization (PPO) plans. With these plans, you have the freedom to choose your doctor without using a Primary Care Physician (PCP) and you may self-refer to specialists. You may use a PPO provider whose negotiated rates provide richer levels of benefits with claim forms filed by the providers. You have the option to obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

Highlights of the Anthem Blue Cross PPO plans include:

- You are not required to select a PCP.
- As a PPO member, you may use a PPO provider outside of the PPO plan network, but you will pay more out-of-pocket and may be responsible for filing claims. If you visit a non-network provider or health care facility, the plan will pay benefits only up to the "allowed amount," which is based on a limited fee schedule. You will have to pay any charges above the allowed amount (in addition to your regular co-insurance).
- Prescription drug coverage is provided through Navitus.

Click here for details on how to find an Anthem Provider

SISC Health Plan Perk: Teladoc Expert Medical Opinions

SISC offers a valuable expert second opinion service through Teladoc Expert Medical Opinions. The service is free, easy and 100% confidential. Get answers to your health care questions and take advantage of medical opinions from world-leading experts. For more information, visit teladoc.com/sisc or call (800) 835-2362.

MEDICAL BENEFITS:
HMO HIGHLIGHTS

	Anthem Blue Cross CA Care HMO	Anthem Blue Cross Select HMO	Anthem Blue Cross Vivity HMO	Kaiser Permanente HMO
	In-Network Only	In-Network Only	In-Network Only	In-Network Only
Network Size	****	***	*	***
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Co-Insurance (Plan Pays)	100%	100%	100%	100%
Calendar Year Deductible	None	None	None	None
Calendar Year Out-of-Pocket Maximum - Individual - Family	 $1,500 $3,000	 $1,500 $3,000	 $1,000 $2,000	 $1,500 $3,000
Covered Services	**You Pay**	**You Pay**	**You Pay**	**You Pay**
Office Visit	$20	$20	$20	$20
Telemedicine	$10 through MDLive	$10 through MDLive	$10 through MDLive	No charge
Urgent Care	$20	$20	$20	$20
Preventive Care	No Charge	No Charge	No Charge	No Charge
X-Ray/Lab	No Charge	No Charge	No Charge	No Charge
Complex Imaging	$100/Test	$100/Test	$100/Test	No Charge
Emergency Room Facility (waived if admitted)	$100	$100	$200	$100
Inpatient Hospital (Preauthorization Required; Limits May Apply)	$200/Admit	$200/Admit	No Charge	No Charge
Outpatient Hospital	$100	$100	No Charge	$20
Outpatient Surgery	$100	$100	No Charge	$20
Ambulance (Ground or Air)	$100	$100	$100	$50
Acupuncture / Chiropractic	$10 30 Visits (Combined)	$10 30 Visits (Combined)	$10 30 Visits (Combined)	$10 30 Visits (Combined)
Physical and Occupational Therapy	$20	$20	$20	$20
Prescription Drugs				
Separate Rx Calendar Year Out-of-Pocket Maximum	Individual: $2,500 Family: $3,500	Individual: $2,500 Family: $3,500	Individual: $2,500 Family: $3,500	Not applicable
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Kaiser
Retail Pharmacy – Generic: Costco – Generic: Network Pharmacy ** – Brand – Specialty	30 Days No Charge $9 $35 $35 (Must Use Navitus Mail)	30 Days No Charge $9 $35 $35 (Must Use Navitus Mail)	30 Days No Charge $9 $35 $35 (Must Use Navitus Mail)	30 Days Not applicable $10 $30 $30
Mail Order – Generic – Brand	90 Days: Costco $0 $90	90 Days: Costco $0 $90	90 Days: Costco $0 $90	100 Days $20 $60

The Navitus network does **NOT include Walgreens.

MEDICAL BENEFITS:
PPO HIGHLIGHTS

	Anthem High (90/10) PPO	Anthem Low (80/20) PPO
	In-Network	In-Network
Lifetime Maximum Benefit	Unlimited	Unlimited
Co-Insurance (Plan Pays)	90%	80%
Calendar Year Deductible Individual / Family	$500 / $1,000	$1,000 / $2,000
Calendar Year Out-of-Pocket Maximum Individual / Family	$1,000 / $3,000	$3,000 / $6,000
Covered Services	**You Pay**	**You Pay**
Office Visit (No charge for first 3 visits)	$20 after deductible	$30 after deductible
Telemedicine	$10 through MDLive	$10 through MDLive
Urgent Care	$20 after deductible	$30 after deductible
Preventive Care	No Charge	No Charge
X-Ray/Lab	10% after deductible	20% after deductible
Complex Imaging	10% after deductible	20% after deductible
Emergency Room Facility	10% after deductible, plus $100	20% after deductible, plus $100
Inpatient Hospital (Preauthorization Required; Limits May Apply)	10% after deductible	20% after deductible
Outpatient Hospital	10% after deductible	20% after deductible
Outpatient Surgery	10% after deductible	20% after deductible
Ambulance (Ground or Air)	10% after deductible, plus $100	20% after deductible, plus $100
Acupuncture / Chiropractic	10% after deductible Uses ASH Network	20% after deductible Uses ASH Network
Physical and Occupational Therapy	20% after deductible	20% after deductible
Prescription Drugs	**You Pay**	**You Pay**
Separate Rx Calendar Year Out-of-Pocket Maximum	Individual: $2,500 Family: $3,500	Individual: $2,500 Family: $3,500
Pharmacy Benefit Manager	Navitus	Navitus
Retail Pharmacy – Generic: Costco – Generic: Network Pharmacy** – Brand – Specialty	30 Days No Charge $9 $35 $35 (Must Use Navitus Mail)	30 Days No Charge $9 $35 $35 (Must Use Navitus Mail)
Mail Order – Generic – Brand	90 Days: Costco $0 $90	90 Days: Costco $0 $90

** The Navitus network does **NOT** include Walgreens.

When using Out-of-Network PPO Providers, members are responsible for any difference between the maximum allowed amount and actual charges, as well as any deductible & percentage copay.

The plan may pay for the following services and supplies up to the maximum number of days or visits and/or dollar maximum shown. When using out-of-network providers, the plan will pay the lesser of the benefit maximum or the maximum allowed amount. If the maximum allowed amount is less than the listed benefit maximum, the plan will not exceed the maximum allowed amount. Likewise, if the listed benefit maximum is less than the maximum allowed amount, the plan will not exceed the listed benefit maximum.

Lab, X-ray, chiropractic, allergy testing, outpatient hospital, DME & rehabilitation services not covered out-of-network.

MENTAL WELLNESS BENEFITS

Mental Health Benefits Available through the OUSD HMO Plans

	Anthem Blue Cross CA Care HMO	Anthem Blue Cross Select HMO	Anthem Blue Cross Vivity HMO	Kaiser-HMO $20 Co-pay
	In-Network Only	In-Network Only	In-Network	In-Network
Covered Services	**You Pay**	**You Pay**	**You Pay**	**You Pay**
Virtual Visits	$10	$10	$10	No Charge
Outpatient Visits	No Charge	No Charge	No Charge	$20
Inpatient Visits	$200	$200	No Charge	No Charge

Mental Health Benefits Available through the OUSD PPO Plans

	Anthem Blue Cross High (90/10) Plan	Anthem Blue Cross Low (80/20) Plan
	In-Network	In-Network
Covered Services	**You Pay**	**You Pay**
Virtual Visits	$10 Copay	$10 Copay
Outpatient Visits	Ded, 10%	Ded, 20%
Inpatient Visits	Ded, 10%	Ded, 20%

Note: For the OUSD PPO plans, virtual visits are not covered out-of-network. If you access outpatient and inpatient visits out-of-network, you are responsible for any difference between the maximum allowed amount and actual charges, as well as any deductible & percentage copay.

Click here for details on how to find an Anthem Provider

MENTAL WELLNESS BENEFITS

Lincoln Financial Group Guidance Resources Employee Assistance Plan

Balancing life can sometimes be difficult. The Lincoln Financial Group Guidance Resources EAP is a free, confidential resource for you and the members of your household. The EAP provides support to help manage a wide range of issues and offers discounted referrals for professional services.

In-person and Virtual Face-to-Face Support

Some matters are best resolved by meeting with a professional in person. With EmployeeConnect, you and your family get in-person or virtual face-to-face help for short-term issues (up to five sessions with a counselor per person, per issue, per year).

You can also receive a free, 30-minute In-person or virtual consultation with network lawyers (one consultation per legal issue), and a 25% discount for subsequent consultations.

24/7 Life Support

You and your family can access the following services anytime—online, on the mobile app, or with a toll-free call:

- Information on and referrals for items such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more.
- Legal information and referrals for family law, estate planning, consumer and civil law.
- Financial guidance on household budgeting and short-and long-term planning.

EmployeeConnect

EmployeeConnect offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the GuidanceNow mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets, and more.

To access your Guidance Resources EAP, visit GuidanceResources.com (Username: LFGSupport; Password: LFGSupport1) or call 888-628-4824.

You can also find more Information here: District website->Departments ->BusinessServices ->RiskManagement -> HealthBenefits for plan information

MENTAL WELLNESS BENEFITS

Anthem Employee Assistance Program

OUSD provides employees and their household members with the Anthem Employee Assistance Program (EAP) through SISC. This program is available 24/7/365, is completely confidential, and provides significant support in a wide variety of areas.

Support and Counseling

The EAP provides confidential support in balancing a wide array of challenges in areas such as:

- Relationship difficulties
- Managing change and stress
- Legal and financial problems
- Marriage, family or parenting concerns
- And more

The EAP provides you with to 6 counselling sessions per issue per benefit year

Identity Monitoring and Theft Resolution

- Free identity monitoring and theft resolution services through IDnotify. The customer care team is available 24/7/365, with robust knowledge in both credit and non-credit restoration, with CITRMS (Certified Identity Theft Risk Management Specialist), FCRA, and FACTA certifications.
- Your IDnotify specialist will help you determine if an identity theft event has occurred and guide you through any necessary restoration activities.

Legal and Financial Resources

- **Legal Assist:** A library of articles on legal topics and issues
- **Legal Forms:** 100 legal forms for a variety of family and consumer situations
- **State Specific Legal Forms:** Advanced directives and instructions for each state
- **Estate Planning:** Articles and resources to address estate planning questions
- **Financial Calculators:** Will allow you to get answers and explore different options regarding home and personal financing, investing, and retirement
- **Pocketsmith Discount:** PocketSmith Personal Financial Manager is an online tool that uses an innovative calendar-based approach to help employees quickly and easily manage their personal finances.

myStrength App

- Helps you learn to reduce stress, anxiety, depression or substance abuse
- Helps keep you motivated with engaging activities that help you learn new ideas

Seminars and Articles

- Online resources for a wide array of topics, including both a library of articles and on-demand seminars

Savings Center

- Discount shopping program that is provided through Perks At Work
- Discounts of up to 25% on name brand, practical, and luxury items

How to Access EAP Benefits

- Call **(800) 999-7222**
- Visit **anthemEAP.com** (to log in, enter SISC as the program name).

HEALTHY EXTRAS:
ALL OUSD MEDICAL PLAN MEMBERS

All employees and enrolled family members receive the following benefits when enrolled in a OUSD medical plan (through SISC).

Telemedicine Benefits

Phone and/or video visits are an excellent option for convenient, accessible care when you don't need a doctor to see you in person. They are also a good choice when away from home or if you need short term prescription drug refills. OUSD provides telemedicine coverage with all medical plans.

Anthem Blue Cross Members: MDLIVE

MDLIVE gives you access to doctors 24/7 via phone or secure video for non-emergency medical conditions.
The copay will be $10 per visit starting 10/1/2024.

- MDLIVE doctors have 15 years experience practicing medicine on average.
- Pediatricians are on call.
- You can access behavioral health therapy and psychiatrist visits through MDLive
- Access MDLIVE at **(888) 632-2738**, visit **mdlive.com/sisc** or download the app from the App Store or Google Play

Kaiser Members: Phone and Video Visits

Log in to your Kaiser account at **www.kp.org** to make a free phone or video appointment with your doctor or call **(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
- There is no copay for phone or video visits

Common Conditions Treated With Telemedicine			
General Care			**Pediatric Care**
Allergies	Fever	Respiratory Infections	Cold & Flu
Asthma	Headache	Sinus Infections	Constipation
Bronchitis	Infections	Skin Infections	Ear Infections
Cold & Flu	Insect Bites	Sore Throat	Nausea
Diarrhea	Joint Aches	Urinary Tract Infections	Pink Eye
Ear Infections	Rashes	And More!	And More!

Nurse Support

OUSD provides 24/7/365 Nurse support with all medical plans at no cost to you. Nurses can help:

- Determine if you need to see a doctor either in-person or via telemedicine
- Recommend home health care when appropriate
- Get the answer to health questions for you and your family

Anthem Blue Cross: 24-Hour Nurse HelpLine

Call **(800) 700-9184** to speak to a registered nurse or to access the Anthem AudioHealth Library

Kaiser: Advice Nurse

Call **(800) 464-4000** to speak to a Kaiser Advice Nurse at any time

HEALTHY EXTRAS:
ALL OUSD MEDICAL PLAN MEMBERS

All employees and enrolled family members receive the following benefits when enrolled in a OUSD medical plan (through SISC).

Teladoc Medical Experts (Second Opinion)

- A free, 100% confidential benefit available to all OUSD health plan members
- Access expert guidance. Connect with a physician who guides you through every step in the process and coordinates your review with a team of specialists and your existing physician
- Receive collaborative care. Our team of doctors works with you to develop and deliver a clear diagnosis and treatment plan that's right for you
- Start a case, Submit your request online, in the Teladoc mobile app or by calling (800) 835-2362.

Health Smarts Program

- Free annual flu shot clinic
- Free, annual confidential health screening event for total cholesterol, HDL cholesterol, blood glucose, blood pressure and other key ratios—with each participant receiving a $25 Amazon gift award code

Discounted Gym Memberships

With the Active & Fit Direct program, you can choose from over 9,000 participating fitness centers and YMCAs nationwide for a much lower cost than you would pay on your own

- Use the online fitness tracking feature, which uses a variety of wearable devices and apps
- You pay only $28 a month (plus $25 enrollment fee and taxes)

Anthem Blue Cross Members

Log into www.anthem.com/ca/sisc
Click "Discounts"
Visit "Special Offers"

Kaiser Members

Visit kp.org/choosehealthy
Select either Northern or Southern California
Click "Choose Healthy"
Click "learn more" near the ASH Active & Fit logo at the bottom of the page

HEALTHY EXTRAS:
KAISER PERMANENTE HMO PLAN MEMBERS

Kaiser Permanente HMO members receive the following benefits through SISC.

Healthy Lifestyle Programs

You have access to an array of free programs designed to support you in cultivating good health, fitness and well being. To learn more and/or join any of them, go to kp.org/healthylifestyles.

Healthy Lifestyle Programs for Chronic Conditions

These programs are designed to support people living with chronic conditions or health issues. Go to kp.org/healthylifestyles to join them.

- **Care for Diabetes:** Receive support in managing diabetes to help you lead a healthier, more satisfying life.
- **Care for Your Health:** A customized plan to help you handle medications and treatments, and deal with daily challenges
- **Care for Pain:** A personalized pain management plan can help you enjoy life to the fullest while dealing effectively with your chronic pain.

Wellness Coaching

Partner with a wellness coach (available in both English and Spanish) at no cost to you. Programs are available to help you:

- Manage your weight
- Quit tobacco
- Reduce stress
- Increase activity
- Eat healthier

Call (866) 862-4295 to get started.

ChooseHealthy Discounts

This program offers a directory of complementary care, an online store, fitness club discounts, savings on health products and services, and more.

When you register for ChooseHealthy, you'll also receive a free annual Premium Membership (a $69.95 value). This membership gives you access to online resources and tools to help you achieve your health and fitness goals. You can develop a personalized exercise or meal plan, track your progress, and more.

To get started, go to kp.org/choosehealthy or call (877) 335-2746.

HEALTHY EXTRAS:
KAISER PERMANENTE HMO MEMBERS

Kaiser Permanente HMO members receive the following benefits through SISC.

Mental Wellbeing and Wellness Apps

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

- **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
- 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
- **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 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

HEALTHY EXTRAS:
ANTHEM BLUE CROSS HMO & PPO MEMBERS

Anthem Blue Cross HMO & PPO members receive the following benefits through SISC.

Free Generic Prescriptions at Costco

- Anthem plan members can receive free generic medications at Costco in addition to standard Costco discount pricing on other prescription drugs (narcotics, pain relievers and cough syrup with pain reliever are not eligible for the free generic medication offer)
- 90 day supplies of free generic medications are available through the Costco mail order program
- Costco membership is not required

Condition Care

- Free support to better understand and manage specific chronic health conditions and improve your overall quality of life
- Current, accurate data about Asthma, Diabetes, Congestive Heart Failure (CHF), Coronary Artery Disease (CAD) and Chronic Obstructive Pulmonary Disease (COPD) plus education to help you better manage and monitor your condition. ConditionCare also provides depression screening

Time Well Spent

Anthem provides you with a large variety of wellness resources, designed to help you be healthier and more productive
To access Time Well Spent, visit https://timewellspent-ca.anthem.com

Anthem Blue Cross Discounts

- Anthem offers discounts on a wide array of different kinds of services and products
- Explore the many discounts available by logging into www.anthem.com/ca and selecting **Discounts**

Personal Health Coaching App—Vida Health

- Get one-on-one health coaching, therapy, digital programs and other tools and resources via online or mobile access. The program helps prevent, manage or reverse conditions such as pre-diabetes, diabetes, hypertension, obesity, depression, anxiety, etc.
- To access call **(855) 442-5885** or visit https://vida.com/sisc

HEALTHY EXTRAS:
ANTHEM BLUE CROSS PPO MEMBERS

Anthem Blue Cross HMO & PPO members receive the following benefits through SISC.

Enhanced Cancer Benefit—Contigo Health
(Anthem Blue Cross PPO members only)

- If you receive a cancer diagnosis, this benefit provides an in-person evaluation with confirmation of diagnosis and development of a customized treatment plan at no charge.
- To access, call (877) 220-3556 or go to contigohealth.com/sisc

Physical Therapy for Back or Joint Paid—Hinge Health
(Anthem Blue Cross PPO members only)

- Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.
- To access call (855) 902-2777 or visit https://hingehealth.com/sisc.

24/7 Access to Virtual Maternity & Postpartum Support—Maven
(Anthem Blue Cross PPO members only)

- Consult with a care advocate who connect you with trustworthy content delivered by doctors, specialists coaches and other maternity providers to help deal with pregnancy and postpartum concerns.
- To access a Maven visit https://mavenclinic.com/join/sisc.

Hip, Knee, and Spine Surgical Benefits—Carrum Health
(Anthem Blue Cross PPO Members Only)

Carrum Health is a special surgery benefit that provides exclusive access to "Centers of Excellence." These hospitals and doctors provide for an improved patient experience and top quality, more affordable care. Eligible procedures include; hip replacement, knee replacement, cervical spinal fusion and lumbar spinal fusion. **This benefit is exclusive to Scripps Hospital and must be accessed through Carrum Health. This is only for PPO plans.**

- Access top-quality surgeons at Scripps with no out-of-pocket cost through Carrum Health.
- All medical bills, including deductibles, coinsurance and even travel expenses are covered.
- To learn more, call Carrum Health at (888) 855-7806.

TIPS ON GETTING THE MOST FROM YOUR HEALTH BENEFITS

1 Ask Questions

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.

2 Utilize your Free Preventive Care Benefits to Stay Healthy

Preventive care benefits are covered at no charge to you (in-network only for the PPO plan). Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and most importantly… potentially save your life! Take advantage of these no cost benefits now to hopefully avoid major illnesses and costs in the future.

3 Get the Right Health Care and Save Money

Choosing the right care for your medical situation will help save you money out-of-pocket:

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

4 Use Generic Drugs When Available

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

Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established, frequently used medications that do not require expensive advertising.

Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

5 Use the Mail-Order Prescription Drug Benefit for Maintenance Medications

If you take medications on a long term basis, the mail order prescription drug benefit can save you money. As a Kaiser Permanente or Anthem Blue Cross member, you will receive discounts when you purchase maintenance medications through the mail-order pharmacy. In addition, your medications will be delivered to your home.

Medical Plan Terms Video

Medical plan terms, such as deductibles, copays, coinsurance and out-of-pocket maximums, can sometimes be confusing. For a quick video that shows how these work, visit http://video.burnhambenefits.com/terms.

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage. This regulation is designed to help you better understand and evaluate your health insurance choices. Summaries of Benefits and Coverage are available from Human Resources.

DENTAL BENEFITS

OUSD offers two dental plans to choose from.

Delta Dental DPPO

- 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 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.

DeltaCare DHMO

- With the DeltaCare Dental Health Maintenance Organization (DHMO) plan, you must choose a general dentist within the 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 DHMO plan booklet.

	DeltaCare USA DHMO	Delta Dental PPO	
	In-Network Only	In-Network	Out-of-Network[1]
Network Name	DeltaCare USA	Delta Dental	N/A
Cost Factors			
Calendar Year Maximum Benefit	None	$1,400/person	$1,000/person
Annual Deductible			
– Individual	$0	$60	
– Family	$0	$180	
Dental Services	**You Pay**	**You Pay**	
Diagnostic and Preventive Services – Exam, Cleaning, X-rays	No Charge for Most Services	Plan pays 100% with no deductible	Plan pays 80% with no deductible
Basic Services – Fillings, posterior composites – Oral Surgery – Endodontics – Periodontics	Various copays apply	Plan pays 80%	Plan pays 80% of R&C*
Major Services – Crowns, Inlays/Onlays, – Cast restorations – Dentures and Bridgework, Implants	Various copays apply Implants: Not covered	Plan pays 80% Implants: $1,000 max/year	Plan pays 80% of R&C* Implants: $1,000 max/year
Orthodontia	$270 start-up fee		
– Child (to age 19)	$1,700 Copay	Plan pays 50% / $2,000 Lifetime Benefit Maximum	
– Adult	$1,900 Copay	Plan pays 50% / $2,000 Lifetime Benefit Maximum	

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.

* R&C is the reasonable and customary charge—the usual charge for specific services in the geographic area where you are treated.

Find an In-Network Dental Provider:

Go to www.deltadentalins.com, or call 888-335-8227 (PPO) to find a Delta Dental network provider near you.

VISION BENEFITS

Vision Service Plan

OUSD provides employees with vision coverage through Vision Service Plan (VSP).

- VSP provides professional vision care and high quality lenses and frames through a broad network of optical specialists
- You will receive greater benefits if you utilize a network provider
- If you utilize an out-of-network provider, you will be responsible for paying all charges at the time of your appointment and will be required to file an itemized claim with VSP

	VSP Vision Plan	
	In-Network	**Out-of-Network**
Vision Care	**You Pay**	**You Pay**
Exam (Once Every 12 Months)	$25	Amount over $50 allowance
Retinal Screening (as part of exam)	$39	Not covered
Eyeglasses (In Lieu of Contact Lenses)	**You Pay**	**You Pay**
Frames (Once Every 12 Months)	Amount over $130 allowance ($150 allowance for featured brands); 20% discount on costs above allowance	Amount over $70 allowance
Lenses (Once Every 12 Months)		
– Single Vision	No charge	Amount over $50 allowance
– Lined Bifocals	No charge	Amount over $75 allowance
– Lined Trifocals	No charge	Amount over $100 allowance
– Standard Progressive	No charge	Amount over $75 allowance
Contact Lenses (In lieu of Eyeglasses)	**You Pay**	**You Pay**
Contact Lenses (Once Every 12 Months)	Amount over $130 allowance	Amount over $105 allowance
Exam (Fitting and Evaluation)	You receive 15% discount	Full amount
Discounts	**In-Network Only**	
Eyeglasses/Sunglasses	Extra $20 on featured frame brands; 30% savings on additional eyeglasses/sunglasses within 12 months of last exam	
Laser Vision Correction	15% average discount or 5% off promotional price	

Finding an In-Network Vision Provider:

- To find in-network providers, visit www.vsp.com and search the VSP Signature provider network or call 800-877-7195

TAX SAVINGS BENEFITS

Flexible Spending Accounts

The FSA plans, offered through American Fidelity allow you to set aside money before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts.

FSA plan highlights include:

- Your contributions will be in effect for the entire plan year. Employees cannot stop or change your Health Care FSA contributions during the plan year, and changes to the Dependent Care FSA are only allowed if you have a qualified status change, such as marriage, divorce, or birth or adoption of a child.
- Money cannot be transferred between the Health Care and Dependent Care FSA.
- A new enrollment is required each year, even if you do not plan to change the amount(s) set aside. You must re-enroll each year during Open Enrollment.

Note:

Please remember that you must save your receipts, just in case American Fidelity needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines. For additional information, call **800-662-1113** or go to **www.americanfidelity.com**.

Health Care Flexible Spending Account

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. You can also use it to pay for over-the-counter medicines, menstrual supplies, and COVID-19 PPE. Employees may defer up to $3,200 pre-tax per year.

Health Care Dependent Care Assistance Plan

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to $5,000 pre-tax per year ($2,500 if you are married and file a separate tax return). Your total Dependent Assistance Plan election amount is deducted from your paycheck in equal amounts throughout the year. **Please note you can only seek reimbursement from your Dependent Care Assistance plans from the funds in your account at the time you submit your claim.**

Flexible Spending Account Rules

- You must designate how much money you wish to contribute annually to each account at the beginning of the Plan Year. Money set aside for one account cannot be moved to another account.
- You may change your annual contributions only if you experience a qualifying “change in family status,” such as marriage, divorce, addition or loss of a dependent or a change in your spouse’s employment.
- The Healthcare FSA features a carryover provision. If you have not used all your funds by December 31st, you may be able to carry over up to $610 of unused Healthcare FSA contributions to the next plan year.
- It is important to carefully review your estimated expenses before enrolling. Unspent funds over the maximum carry over of $610 remaining in the FSAs after December 31st will be forfeited – referred to as the “Use It or Lose It Rule.”

FSA Video

Learn more about how an FSA can help you save money with this quick video: **http://video.burnhambenefits.com/fsa**

FINANCIAL PROTECTION BENEFITS

Lincoln Financial Group Basic Life and Accident Insurance

OUSD gives you the ability to financially protect your family/beneficiaries with Life and Accidental Death & Dismemberment (AD&D) insurance.

- Life insurance provides a tax-free cash payout to your beneficiaries in the event of your death.
- AD&D insurance provides an additional benefit equal to your life insurance if your death is caused by a covered accident. You can also receive a portion of your AD&D benefit if you experience dismemberment caused by a covered accident.

Eligible employees receive coverage through Lincoln Financial Group in the amount of $50,000. You have the option to cover your spouse for $1,500 and your child(ren) for $1,500 (age 8 days – 6 months: $100). Coverage amounts begin to reduce at age 70 and benefits terminate at retirement. See the plan certificate for details.

Your Basic Life and Accident insurance includes two added value benefits:

- LifeKeys, which provides access to counseling, financial, and legal support. To access your LifeKeys services, visit GuidanceResources.com, download the GuidanceNow mobile app, or call **(855) 891-3684**. (First-time users, enter Web ID LifeKeys)
- TravelConnect services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home. To learn more about TravelConnect, go to www.MyOnCallPortal.com and enter Group ID: **LFGTravel123**.

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 Insurance, Business Services

RESOURCES AND CONTACTS

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact the Risk Management Department at **(714) 628-5390**.

How to Navigate the SISC Website for Specific Carrier Information

- Go to **https://sisc.kern.org**
- Select **Health Benefits**
- Select **Member Resources**
- Select the **Logo** of the **Insurance Carrier/Vendor**

Benefit Plan	Phone	Website
Medical, Prescription Drug, and Mental Health Benefits		
Kaiser Permanente HMO	(800) 464-4000	www.kp.org/sisc
Kaiser Chiropractic/Acupuncture provided by American Specialty Health (ASH)	(800) 678-9133	www.ashlink.com/ash/kp
Anthem Blue Cross Health Plans	(800) 825-5541	Www.anthem.com/ca/sisc
Navitus Prescription Drugs (For Anthem Blue Cross Plans)	(866) 333-2757	www.navitus.com
MDLive	(888) 632-2738	mdlive.com/sisc
SISC: Teladoc Expert Medical Opinions	(800) 835-2362	teladoc.com/sisc
Lincoln Financial Group Guidance Resources Employee Assistance Program	(888) 628-4824	GuidanceResources.com (Username: LFGSupport; Password: LFGSupport1)
Anthem Employee Assistance Program	(800) 999-7222	www.anthemeap.com | Password: SISC
Dental Benefits		
Deltacare DHMO	(888) 335-8227	www.deltadentalins.com
Delta Dental PPO		
Vision Benefits		
Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
Tax Savings Benefits		
American Fidelity Flexible Spending Accounts	(800) 365-9180	https://enroll.americanfidelity.com/7E5AD8D7
Financial Wellness Benefits		
Lincoln Financial Group Basic Life and Accident Insurance	(800) 423-2765	www.lincolnfinancial.com

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage. This regulation is designed to help you better understand and evaluate your health insurance choices. Summaries of Benefits and Coverage are available from Human Resources.

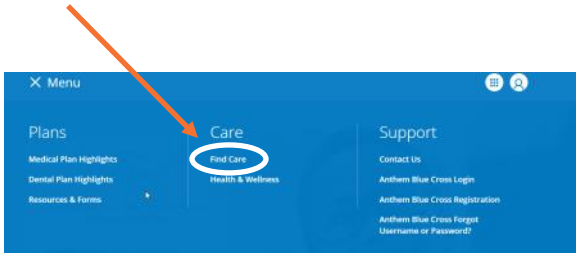
HOW TO FIND AN ANTHEM PROVIDER

How to Locate an Anthem Medical or Mental Health Provider

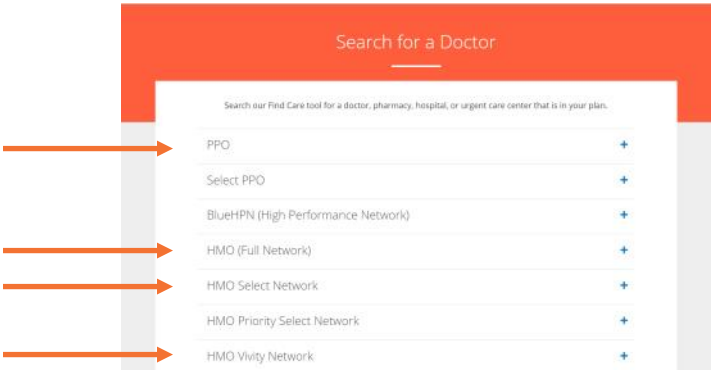
Looking for an Anthem Provider?

It's easy to find an Anthem medical or behavioral health provider, a facility, lab, etc. To start, go to anthem.com/ca/sisc.

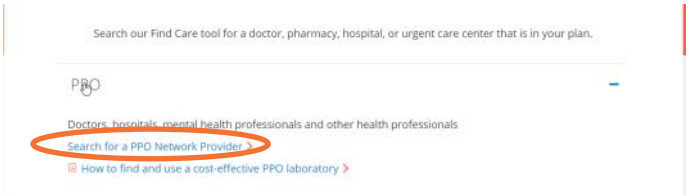
1. Go to **Menu** on top left corner of web page and choose **Find Care**



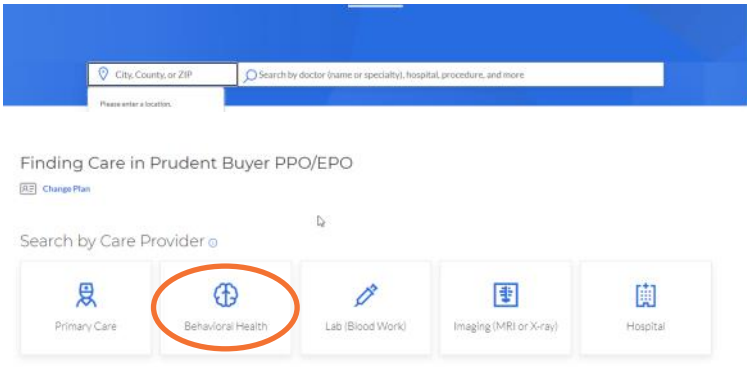
2. Choose the network for your Anthem health plan:
   - PPO
   - HMO (Full Network)
   - HMO Select Network
   - HMO Vivity Network



3. Search for provider by selecting the name of the network. Here is an example of what it looks like when you select PPO:



4. Enter your zip code and select the type of provider you wish to locate.



For mental health services, click on **Behavioral Health**

IMPORTANT INFORMATION

The Affordable Care Act and You

Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2024 tax year. In addition, several other states, including Massachusetts, New Jersey, and Vermont, as well as the District of Columbia, have reinstated an individual mandate requirement, and others are considering doing so. You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by OUSD or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

However, if you choose to purchase coverage through the marketplace, because OUSD's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis

For more information, go to **www.healthcare.gov**.

Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. OUSD will distribute all federally required annual notices upon hire and during each annual open enrollment period. Annual notices will also be posted on our website for you to download and read at your convenience.

Annual notices include:

- **Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty. This notice also provides a written procedure for individuals to request and receive Certificates of Creditable Coverage.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by OUSD's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.
- **Women's Health and Cancer Rights Act (WHCRA):** The Women's Health and Cancer Rights Act (WHCRA) contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy. The U.S. Departments of Labor and Health and Human Services are in charge of this act of law which applies to group health plans if the plans or coverage provide medical and surgical benefits for a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.
- **Special Enrollment Rights:** Plan participants are entitled to certain special enrollment rights outside of OUSD's open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.
- **Medicaid & Children's Health Insurance Program:** Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.
- **Summary of Benefits and Coverage (SBC):** Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage. The new regulation is designed to help you better understand and evaluate your health insurance choices.

IMPORTANT INFORMATION

Domestic Partnerships –State Taxes vs. Federal Taxes

Under California state law, pre-tax dollars can be used to purchase health or dental coverage for a domestic partner and/or their dependents, if your domestic partnership meets eligibility requirements and is registered with the State of California. You must provide a copy of the approved State certificate to receive this tax benefit. The amount OUSD pays toward coverage cost will be excluded from your reported state income.

Under federal tax law, pre-tax dollars cannot be used to purchase benefits for a domestic partner or their children. Unless your partner and the partner's children meet an exception, you pay your share of the coverage cost with after-tax dollars. The amount OUSD pays toward the cost of your domestic partner's coverage will be taxable as regular income on your paycheck.

If you are enrolling a Domestic Partner and/or their dependents, the amount that OUSD pays to cover your domestic partner and/or their eligible dependents must be reported as additional federal taxable income. You will be provided with additional documentation that illustrates the dollar value of that coverage.

Plan Arranged By:

2211 Michelson Drive, Suite 1200, Irvine, CA 92612 / Telephone: (949) 833-2983 / Fax: (949) 833-9549
www.burnhambenefits.com

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

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