



2023-24

ACTIVE EMPLOYEE BENEFIT GUIDE

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For plan year coverage September 1, 2023 - August 31, 2024

Plan-specific information is available on [FCUSD/Staff/Benefits](#)

Click here to enroll: [EASE](#)

Important Notice

Folsom Cordova Unified School District (FCUSD) has made every attempt to ensure the accuracy of the information described in this enrollment guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to the insurance contracts and legal documents. FCUSD reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and FCUSD share plan costs at any time. This enrollment guide creates neither an Employment agreement of any kind nor a guarantee of continued employment with Folsom Cordova Unified School District.

WELCOME



As a District employee, you have access to a comprehensive quality benefits package that offers flexibility and security.

If you wish to do any or all of the following:

- Enroll in medical, dental, or vision coverage for the upcoming plan year
- Contribute to a Health Care, Limited Purpose and/or Dependent Care Flexible Spending Account (FSA)
You must annually re-enroll in the FSA to participate! Your current election will not carry forward.
- Enroll in or increase your Supplemental Life coverage

IMPORTANT NOTICE REGARDING HEALTH SAVINGS ACCOUNTS (HSA) and CONTRIBUTIONS

Be sure to review the information regarding HSAs if you are currently contributing or plan on contributing to an HSA. There are tax consequences if not made in accordance with Federal and State tax rules.

Please take the time to read and understand this guide so you can choose what is best for you. If after reading this guide you need more information, please contact the District's Benefits Office:

Nicole Buvert (A-L)
(916) 294-9000 x104381
jnbuvert@fcusd.org

Liz Ely (M-Z)
(916) 294-9000 x104383
lely@fcusd.org

Jenyn Warren (Retirees)
(916) 294-9000 x104382
jwarren@fcusd.org

You can also contact the Support Center at (877) 785-0211 or click here to [Schedule an Appointment](#) to speak with a benefit counselor.

Benefit summaries and forms included in this guide can be found on the [District's benefits website](#).

¹You can change your coverage during the year if you experience a "Qualified Life Event," including but not limited to marriage, registered domestic partnership, divorce, birth or adoption of a child or death of spouse or child. You have up to 30 days from the date of the event to notify the District, request a change and submit the necessary paperwork. Failure to do so within the 30 day window will forfeit your right to make a mid- year change. You will need to wait until the District's next open enrolment period to make any enrollment changes.

CHANGES FOR 2023-24



WHAT IS CHANGING

All medical premiums have increased for the 2023-24 plan year effective September 1, 2023.

- **Kaiser HDHP Medical Plans** – The two current HDHP plans will be replaced by two new HDHP Kaiser plans with plan design changes including deductible changes. You will need to make an election change during this open enrollment if you want a different plan effective September 1, 2023.

Kaiser HDHP High	Kaiser HDHP Low
\$1500 Single/\$3000 w/in Family deductible	\$2250 Single/\$3000 w/in Family deductible
\$3000 Family deductible	\$4500 Family deductible

- **SHP Medical Plan Names** – The plan names will be changing for all medical plans. The benefits will remain the same with the exceptions noted below.

Current Plan Name	New Plan Name
Summit ML 54	SHP Copay
Vista HD 19	SHP HDHP High
Vista HD 08	SHP HDHP Low

- **SHP Copay** – Cost sharing for Telehealth visits will decrease from \$15 to \$5
- **HDHP High** – Annual Deductible for an individual in a Family will increase from \$2800 to \$3000
- **HDHP Low** – Annual Deductible for an individual in a Family will increase from \$2800 to \$3000 and cost sharing for Telehealth visits will decrease from \$20 to \$10
- **WHA HDHP Deductible Change** – Annual deductible for an individual in a Family will increase from \$2800 to \$3000
- **FSA / HSA Annual Maximum Increases**- The FSA annual maximum election amount for 2023 is \$3050 (minimum election \$300) and HSA maximum is \$3850 Individual / \$7750 Family. Also, if you will become Medicare eligible during the plan year, your contributions must cease six months before you enroll in Medicare Parts A and B.

ELIGIBILITY



Full-time and part-time employees (working a minimum of 20 hours per week) and their eligible dependents can participate in the District's benefits. Eligible dependents include your:

- Legal Spouse or California state-registered domestic partner¹
- Child(ren) up to age 26 – your natural or adopted children, stepchildren and any other children you support for whom you are the legal guardian or for whom you are required to provide coverage as the result of a qualified medical child support order
- Child(ren) of any age if he or she is incapable of self-support due to mental or physical disability

PROOF OF DEPENDENT ELIGIBILITY

If you are adding dependents for the first time to your medical, dental or vision plans, you must provide proof of eligibility by providing supporting documentation as listed below:

1. If adding a spouse - marriage certificate
2. If adding a domestic partner – Registered Domestic Partnership Certificate from the State of California
3. If adding a child – birth certificate

Documents should be uploaded into EASE. If your dependent becomes ineligible for during the year, you must notify the Benefits Office within 30 days. Failure to notify may lead to forfeiture of any COBRA rights and any contributions taken for those dependents. If you do not notify within the 30-day window, you will have to wait until the District's next open enrollment period to make a change.

ESSENTIAL TERMS

Before reviewing your benefit choices for this year, here is a refresher on some key health insurance vocabulary that will help you better understand your options:

Premium	The amount of money paid for your health insurance each month. The District pays a portion of this amount, and you pay the rest.
Deductible	The amount of money you need to pay out-of-pocket before insurance begins contributing towards your health care costs. Preventive services are the exception and are covered at no charge and are not subject to the deductible. Deductibles are tracked on a calendar year (Jan. 1 – Dec. 31) not the District's plan year, Sept. 1 – Aug. 31.
Network	A group of doctors, hospitals, labs, and other providers that your health insurance carrier contracts with so you can make visits at a pre-negotiated (and often discounted) rate.
Health Savings Account (HSA)	A personal bank account that can be used to pay for qualified health care expenses. You can only contribute money to this account if you are enrolled in one of the District's High Deductible Health Plans (HDHPs) and not enrolled in Medicare.
Copayment (Copay)	A predetermined dollar amount you pay for visits to the doctor, prescriptions, and other health care (as specified by your plan).
Coinsurance	The percentage you pay for the cost of covered health care services. For example, if the coinsurance under your plan is 20%, you would pay 20% of the cost of the service and your insurance would pay the remaining 80%.
Out-of-Pocket Maximum	The cap on your out-of-pocket costs for the calendar year (January 1 – December 31). Once you have reached this amount, your plan will cover 100% of your qualified medical expenses for the remainder of the calendar year.

¹Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by the District on behalf of your domestic partner are generally considered taxable income to you. Contact the District's Benefits Office if you believe your domestic partner is exempt from federal or state taxes.

ENROLLMENT



WHY IT IS IMPORTANT TO PARTICIPATE IN OPEN ENROLLMENT

All eligible employees are requested to actively participate in open enrollment. Even if you are not planning to make changes, you should review your demographic information, current health benefit elections, beneficiaries and dependent enrollments as well as review changes with the benefit plans and/or premium.

HOW TO PARTICIPATE / ENROLL

There are three ways to participate in open enrollment:

1. You can self-enroll online go to fcusd.ease.com (username is your district email and you designated your password. If needed, reset your password. See below for step-by-step instructions
2. Call the Benefit Support Center at **(877) 785-0211**
3. Click here to [Schedule an Appointment](#) time that works best for you

ease

Enrollment Guide at a Glance

1. Log in to Ease per the instructions you have received from your HR administrator or Broker. For optimal performance it is recommended that you use

Chrome  or Firefox  as your browser.

2. Click  to begin your enrollment.


3. Follow the prompts on each page to complete your benefit enrollment.


Click  to proceed to the next section.

4. Verify your personal information is correct and enter in any of your dependent information.

5. If requested during the enrollment process, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.

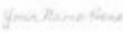
6. Please Select   your benefit by selecting  or  for each plan.

Click  to proceed to the next benefit.

7. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device. 

8. Before you review your forms

Create your signature
You sign your forms for yourself and your dependents.




type your name.

THEN

Sign your signature

Create your signature
You can also sign your forms for your dependents. Please use your signature for the first time.



and follow the prompts to finish.

CLASSIFIED – Rates

MEDICAL, DENTAL AND VISION RATES



FULL PREMIUM RATES FOR MEDICAL, DENTAL AND VISION

District contribution to Medical prorated based on employee FTE

- SINGLE Coverage \$750/mo or \$900/10thly
- FAMILY Coverage \$1233.33/mo or \$1480/10thly

Dental and Vision premiums prorated based on employee FTE

Prorated calculation sheets available [HERE](#)

MEDICAL	2023/2024 RATES			
	MONTHLY (12)		TENTHLY (10)	
<u>KAISER</u>	<u>Single</u>	<u>Family</u>	<u>Single</u>	<u>Family</u>
Kaiser \$20 Copay	\$1,038.21	\$2,387.88	\$1,245.85	\$2,865.46
Kaiser Hospital Copay	\$991.87	\$2,281.30	\$1,190.24	\$2,737.56
Kaiser HDHP High	\$728.95	\$1,676.15	\$874.74	\$2,011.38
Kaiser HDHP Low	\$670.86	\$1,542.54	\$805.03	\$1,851.05
<u>SUTTER</u>	<u>Single</u>	<u>Family</u>	<u>Single</u>	<u>Family</u>
SHP Copay	\$901.40	\$2,073.50	\$1,081.68	\$2,488.20
SHP HDHP High	\$708.20	\$1,628.90	\$849.84	\$1,954.68
SHP HDHP Low	\$659.60	\$1,517.10	\$791.52	\$1,820.52
<u>WESTERN HEALTH ADVANTAGE</u>	<u>Single</u>	<u>Family</u>	<u>Single</u>	<u>Family</u>
WHA \$20 Copay	\$858.33	\$1,976.54	\$1,030.00	\$2,371.85
WHA Hospital Copay	\$807.46	\$1,858.77	\$968.95	\$2,230.52
WHA HDHP 1800	\$655.29	\$1,507.16	\$786.35	\$1,808.59

DENTAL	2023/2024 RATES	
	MONTHLY (12)	TENTHLY (10)
<u>DELTA CARE DHMO*</u>		
Employee	\$20.59	\$24.71
Employee + 1	\$34.00	\$40.80
Employee + 2 or more	\$50.29	\$60.35
<u>DELTA DENTAL PPO</u>		
Employee	\$65.42	\$78.50
Employee + 1	\$124.29	\$149.15
Employee + 2 or more	\$189.71	\$227.65
Management/Confidential	\$125.47	\$150.56

VISION	2023/2024 RATES	
	MONTHLY (12)	TENTHLY (10)
<u>VSP</u>		
Employee and/or Family	\$17.24	\$20.69

*DeltaCare prorated by FTE using Delta Dental PPO single premium rate

CLASSIFIED

MEDICAL & PRESCRIPTION BENEFITS



	Kaiser \$20 Copay	Kaiser Hospital	SHP Copay	WHA \$20 Copay	WHA Hospital
Total Employee Deductions (Monthly—12 paychecks per year) – Full-time Employees (working 8 hours per day)*					
Single	\$288.21	\$241.87	\$151.40	\$108.33	\$57.46
Family	\$1,154.55	\$1,047.97	\$840.17	\$743.21	\$625.44
Total Employee Deductions (Monthly—10 paychecks per year) – Full-time Employees (working 8 hours per day)*					
Single	\$345.85	\$290.24	\$181.68	\$130.00	\$68.95
Family	\$1,385.46	\$1,257.56	\$1,008.20	\$891.85	\$750.53
Cal. Year Deductible					
Individual Coverage	None	None	None	None	None
Individual within a family	None	None	None	None	None
Family Coverage	None	None	None	None	None
Cal. Year Out-of-Pocket Max					
Individual Coverage	\$1,500	\$3,000	\$1,500	\$1,500	\$2,500
Individual within a family	\$1,500	\$3,000	\$1,500	\$1,500	\$2,500
Family Coverage	\$3,000	\$6,000	\$3,000	\$2,500	\$4,500
Physician Services					
Physician Office Visits	\$20 copay	\$20 copay	\$15 copay	\$20 copay	\$20 copay
Specialist Office Visits	\$20 copay	\$20 copay	\$15 copay	\$20 copay	\$20 copay
Preventive Care	No charge	No charge	No charge	No charge	No charge
Other Services					
Room & Board Hospital Inpatient (semi-private)	No charge	\$500 copay per day	No charge	No charge	\$500 copay per day, days 1-5
Outpatient Surgery	\$20 copay per procedure	\$250 copay per procedure	\$15 copay	Office: \$20 copay; Facility: \$100 copay	Office: \$20 copay; Facility: \$100 copay
Emergency Room Services (copay waived if admitted)	\$100 copay	\$150 copay	\$35 copay	\$100 copay	\$100 copay
Urgent Care Services	\$20 copay	\$20 copay	\$15 copay	\$35 copay	\$35 copay
Ambulance Services	No charge	\$150 copay	No charge	No charge	No charge
Chiropractic Care (20 visits per calendar year)	\$15 copay (visits combined with acupuncture)	\$15 copay (visits combined with acupuncture)	\$15 copay (visits combined with acupuncture)	\$15 copay	\$15 copay
Acupuncture (20 visits per calendar year)	\$15 copay (visits combined with chiropractic)	\$15 copay (visits combined with chiropractic)	\$15 copay (visits combined with chiropractic)	\$15 copay	\$15 copay
Prescription Drugs					
Retail (30 day supply)	\$10 Generic \$30 Brand	\$15 Generic \$35 Brand	\$10 Tier 1 \$20 Tier 2 \$35 Tier 3	\$10 Tier 1 \$30 Tier 2 \$50 Tier 3	\$10 Tier 1 \$30 Tier 2 \$50 Tier 3
Mail Order (100 day supply)	\$20 Generic \$60 Brand	\$30 Generic \$70 Brand	\$20 Tier 1 \$40 Tier 2 \$70 Tier 3	\$25 Tier 1 \$75 Tier 2 \$125 Tier 3 (90 day supply)	\$25 Tier 1 \$75 Tier 2 \$125 Tier 3 (90 day supply)
Specialty (30 day supply)	\$100 copay	30% up to a \$200 max copay	20% (max \$100)	20% up to a \$100 max copay	20% up to a \$100 max copay

*If you work less than full-time (8 hours per day), the District's contribution will be pro-rated based on your FTE.

CLASSIFIED

MEDICAL & PRESCRIPTION BENEFITS



	NEW! Kaiser HDHP High	NEW! Kaiser HDHP Low
Total Employee Deductions (Monthly—12 paychecks per year) – Full-time Employees (working 8 hours per day)*		
Single	\$0.00	\$0.00
Family	\$442.82	\$309.21
Total Employee Deductions (Monthly—10 paychecks per year) – Full-time Employees (working 8 hours per day)*		
Single	\$0.00	\$0.00
Family	\$531.38	\$371.05
Cal. Year Deductible		
Individual Coverage	\$1,500	\$2,250
Individual within a family	\$3,000	\$3,000
Family Coverage	\$3,000	\$4,500
Cal. Year Out-of-Pocket Max		
Individual Coverage	\$3,000	\$4,000
Individual within a family	\$3,000	\$4,000
Family Coverage	\$4,000	\$8,000
Physician Services		
Physician Office Visits	20% coinsurance after deductible	20% coinsurance after Plan Deductible
Specialist Office Visits	20% coinsurance after deductible	20% coinsurance after Plan Deductible
Preventive Care	No charge (deductible waived)	No charge (deductible waived)
Other Services		
Room & Board Hospital Inpatient (semi-private)	20% coinsurance after deductible	20% coinsurance after Plan Deductible
Outpatient Surgery	20% coinsurance after deductible	20% coinsurance after Plan Deductible
Emergency Room Services (copay waived if admitted)	20% coinsurance after deductible	20% coinsurance after Plan Deductible
Urgent Care Services	20% coinsurance	20% coinsurance after Plan Deductible
Ambulance Services	20% coinsurance	20% coinsurance after Plan Deductible
Chiropractic Care (20 visits per calendar year)	\$15 copay after deductible	\$15 copay after deductible
Acupuncture (20 visits per calendar year)	\$20 copay, available through medical plan only after deductible	\$20, available through medical plan only after deductible
Prescription Drugs – Subject to Deductible		
Retail	Generic - 20% coinsurance not to exceed \$50; Brand - 20% coinsurance not to exceed \$100 100-day supply	Generic - 20% coinsurance not to exceed \$50; Brand - 20% coinsurance not to exceed \$100 30-day supply
Mail Order (100 day supply)	Generic - 20% coinsurance not to exceed \$50; Brand - 20% coinsurance not to exceed \$100	Generic - 20% coinsurance not to exceed \$50; Brand - 20% coinsurance not to exceed \$100
Specialty (30 day supply)	20% not to exceed \$100	20%, up to \$150 max copay
*If you work less than full-time (8 hours per day), the District's contribution will be pro-rated based on your FTE.		

CLASSIFIED

MEDICAL & PRESCRIPTION BENEFITS



	SHP HDHP High	SHP HDHP Low	WHA HDHP
Total Employee Deductions (Monthly—12 paychecks per year) – Full-time Employees (working 8 hours per day)*			
Single	\$0.00	\$0.00	\$0.00
Family	\$395.57	\$283.77	\$273.83
Total Employee Deductions (Monthly—10 paychecks per year) – Full-time Employees (working 8 hours per day)*			
Single	\$0.00	\$0.00	\$0.00
Family	\$474.68	\$340.52	\$328.60
Cal. Year Deductible			
Individual Coverage	\$1,500	\$1,500	\$1,800
Individual within a family	\$3,000	\$3,000	\$3,000
Family Coverage	\$3,000	\$3,000	\$3,600
Cal. Year Out-of-Pocket Max			
Individual Coverage	\$3,000	\$3,000	\$3,600
Individual within a family	\$3,000	\$3,000	\$3,600
Family Coverage	\$6,000	\$6,000	\$7,200
Physician Services			
Physician Office Visits	No charge after deductible	\$20 copay after deductible	No charge after deductible
Specialist Office Visits	No charge after deductible	\$20 copay after deductible	No charge after deductible
Preventive Care	No charge (deductible waived)	No charge (deductible waived)	No charge (deductible waived)
Other Services			
Room & Board Hospital Inpatient (semi-private)	\$50 copay per admit after deductible	\$250 copay, days 1-5 after deductible	No charge after deductible
Outpatient Surgery	No charge after deductible	\$20 copay after deductible	No charge after deductible
Emergency Room Services (copay waived if admitted)	No charge after deductible	\$100 copay after deductible	No charge after deductible
Urgent Care Services	No charge after deductible	\$20 copay after deductible	No charge after deductible
Ambulance Services	No charge after deductible	\$100 copay after deductible	No charge after deductible
Chiropractic Care (20 visits per calendar year)	Not covered	Not covered	No charge after deductible
Acupuncture (20 visits per calendar year)	No charge, available through medical plan only after deductible	\$20, available through medical plan only after deductible	No charge after deductible
Prescription Drugs – Subject to Deductible			
Retail (30 day supply)	No charge	\$10 T1/\$30 T2/\$60 T3	T1: \$0/ T2: \$30/ T3: \$50
Mail Order (100 day supply)	No charge	\$20 T1/\$60 T2/\$120 T3	T1: \$0/ T2: \$75/ T3: \$125 (90 day supply)
Specialty (30 day supply)	No charge	20% up to a \$100 max copay	No charge

*If you work less than full-time (8 hours per day), the District's contribution will be pro-rated based on your FTE.

CERT/MGMT/CONF - Rates

MEDICAL, DENTAL AND VISION RATES



FULL PREMIUM RATES FOR MEDICAL, DENTAL AND VISION

FCUSD contribution to Medical prorated based on employee FTE

- SINGLE coverage \$675/mo or \$810/10thly
- FAMILY coverage \$1233.33/mo or \$1480/10thly

Dental and Vision premiums are prorated based on employee FTE

Prorated calculation sheets available [HERE](#)

MEDICAL 2023/2024 RATES				
	MONTHLY (12)		TENTHLY (10)	
<u>KAISER</u>	<u>Single</u>	<u>Family</u>	<u>Single</u>	<u>Family</u>
Kaiser \$20 Copay	\$1,038.21	\$2,387.88	\$1,245.85	\$2,865.46
Kaiser Hospital Copay	\$991.87	\$2,281.30	\$1,190.24	\$2,737.56
Kaiser HDHP High	\$728.95	\$1,676.15	\$874.74	\$2,011.38
Kaiser HDHP Low	\$670.86	\$1,542.54	\$805.03	\$1,851.05
<u>SUTTER</u>	<u>Single</u>	<u>Family</u>	<u>Single</u>	<u>Family</u>
SHP Copay	\$901.40	\$2,073.50	\$1,081.68	\$2,488.20
SHP HDHP High	\$708.20	\$1,628.90	\$849.84	\$1,954.68
SHP HDHP Low	\$659.60	\$1,517.10	\$791.52	\$1,820.52
<u>WESTERN HEALTH ADVANTAGE</u>	<u>Single</u>	<u>Family</u>	<u>Single</u>	<u>Family</u>
WHA \$20 Copay	\$858.33	\$1,976.54	\$1,030.00	\$2,371.85
WHA Hospital Copay	\$807.46	\$1,858.77	\$968.95	\$2,230.52
WHA HDHP 1800	\$655.29	\$1,507.16	\$786.35	\$1,808.59

DENTAL 2023/2024 RATES		
	MONTHLY (12)	TENTHLY (10)
<u>DELTA CARE DHMO*</u>		
Employee	\$20.59	\$24.71
Employee + 1	\$34.00	\$40.80
Employee + 2 or more	\$50.29	\$60.35
<u>DELTA DENTAL PPO</u>		
Employee	\$65.42	\$78.50
Employee + 1	\$124.29	\$149.15
Employee + 2 or more	\$189.71	\$227.65
Management/Confidential	\$125.47	\$150.56

VISION 2023/2024 RATES		
	MONTHLY (12)	TENTHLY (10)
<u>VSP</u>		
Employee and/or Family	\$17.24	\$20.69

*DeltaCare prorated by FTE using Delta Dental PPO single premium rate

CERTIFICATED/MGMT/CONF

MEDICAL & PRESCRIPTION BENEFITS



	Kaiser \$20 Copay	Kaiser Hospital	SHP Copay	WHA \$20 Copay	WHA Hospital
Total Employee Deductions (Monthly—12 paychecks per year) – Full-time Employees (working 8 hours per day)*					
Single	\$363.21	\$316.87	\$226.40	\$183.33	\$132.46
Family	\$1,154.55	\$1,047.97	\$840.17	\$743.21	\$625.44
Total Employee Deductions (Monthly—10 paychecks per year) – Full-time Employees (working 8 hours per day)*					
Single	\$435.85	\$380.24	\$271.68	\$220.00	\$158.95
Family	\$1,385.46	\$1,257.56	\$1,008.20	\$891.85	\$750.53
Cal. Year Deductible					
Individual Coverage	None	None	None	None	None
Individual within a family	None	None	None	None	None
Family Coverage	None	None	None	None	None
Cal. Year Out-of-Pocket Max					
Individual Coverage	\$1,500	\$3,000	\$1,500	\$1,500	\$2,500
Individual within a family	\$1,500	\$3,000	\$1,500	\$1,500	\$2,500
Family Coverage	\$3,000	\$6,000	\$3,000	\$2,500	\$4,500
Physician Services					
Physician Office Visits	\$20 copay	\$20 copay	\$15 copay	\$20 copay	\$20 copay
Specialist Office Visits	\$20 copay	\$20 copay	\$15 copay	\$20 copay	\$20 copay
Preventive Care	No charge	No charge	No charge	No charge	No charge
Other Services					
Room & Board Hospital Inpatient (semi-private)	No charge	\$500 copay per day	No charge	No charge	\$500 copay per day, days 1-5
Outpatient Surgery	\$20 copay per procedure	\$250 copay per procedure	\$15 copay	Office: \$20 copay; Facility: \$100 copay	Office: \$20 copay; Facility: \$100 copay
Emergency Room Services (copay waived if admitted)	\$100 copay	\$150 copay	\$35 copay	\$100 copay	\$100 copay
Urgent Care Services	\$20 copay	\$20 copay	\$15 copay	\$35 copay	\$35 copay
Ambulance Services	No charge	\$150 copay	No charge	No charge	No charge
Chiropractic Care (20 visits per calendar year)	\$15 copay (visits combined with acupuncture)	\$15 copay (visits combined with acupuncture)	\$15 copay (visits combined with acupuncture)	\$15 copay	\$15 copay
Acupuncture (20 visits per calendar year)	\$15 copay (visits combined with chiropractic)	\$15 copay (visits combined with chiropractic)	\$15 copay (visits combined with chiropractic)	\$15 copay	\$15 copay
Prescription Drugs					
Retail (30 day supply)	\$10 Generic \$30 Brand	\$15 Generic \$35 Brand	\$10 Tier 1 \$20 Tier 2 \$35 Tier 3	\$10 Tier 1 \$30 Tier 2 \$50 Tier 3	\$10 Tier 1 \$30 Tier 2 \$50 Tier 3
Mail Order (100 day supply)	\$20 Generic \$60 Brand	\$30 Generic \$70 Brand	\$20 Tier 1 \$40 Tier 2 \$70 Tier 3	\$25 Tier 1 \$75 Tier 2 \$125 Tier 3 (90 day supply)	\$25 Tier 1 \$75 Tier 2 \$125 Tier 3 (90 day supply)
Specialty (30 day supply)	\$100 copay	30% up to a \$200 max copay	20% (max \$100)	20% up to a \$100 max copay	20% up to a \$100 max copay

*If you work less than full-time (8 hours per day), the District's contribution will be pro-rated based on your FTE.

CERTIFICATED/MGMT/CONF

MEDICAL & PRESCRIPTION BENEFITS



	NEW! Kaiser HDHP High	NEW! Kaiser HDHP Low
Total Employee Deductions (Monthly—12 paychecks per year) – Full-time Employees (working 8 hours per day)*		
Single	\$53.95	\$0.00
Family	\$442.82	\$309.21
Total Employee Deductions (Monthly—10 paychecks per year) – Full-time Employees (working 8 hours per day)*		
Single	\$64.74	\$0.00
Family	\$531.38	\$371.05
Cal. Year Deductible		
Individual Coverage	\$1,500	\$2,250
Individual within a family	\$3,000	\$3,000
Family Coverage	\$3,000	\$4,500
Cal. Year Out-of-Pocket Max		
Individual Coverage	\$3,000	\$4,000
Individual within a family	\$3,000	\$4,000
Family Coverage	\$4,000	\$8,000
Physician Services		
Physician Office Visits	20% coinsurance after deductible	20% coinsurance after Plan Deductible
Specialist Office Visits	20% coinsurance after deductible	20% coinsurance after Plan Deductible
Preventive Care	No charge (deductible waived)	No charge (deductible waived)
Other Services		
Room & Board Hospital Inpatient (semi-private)	20% coinsurance after deductible	20% coinsurance after Plan Deductible
Outpatient Surgery	20% coinsurance after deductible	20% coinsurance after Plan Deductible
Emergency Room Services (copay waived if admitted)	20% coinsurance after deductible	20% coinsurance after Plan Deductible
Urgent Care Services	20% coinsurance	20% coinsurance after Plan Deductible
Ambulance Services	20% coinsurance	20% coinsurance after Plan Deductible
Chiropractic Care (20 visits per calendar year)	\$15 copay after deductible	\$15 copay after deductible
Acupuncture (20 visits per calendar year)	\$20 copay, available through medical plan only after deductible	\$20, available through medical plan only after deductible
Prescription Drugs – Subject to Deductible		
Retail	Generic - 20% coinsurance not to exceed \$50; Brand -20% coinsurance not to exceed \$100 100-day supply	Generic - 20% coinsurance not to exceed \$50; Brand - 20% coinsurance not to exceed \$100 30-day supply
Mail Order (100 day supply)	Generic - 20% coinsurance not to exceed \$50; Brand - 20% coinsurance not to exceed \$100	Generic - 20% coinsurance not to exceed \$50; Brand - 20% coinsurance not to exceed \$100
Specialty (30 day supply)	20% not to exceed \$100	20%, up to \$150 max copay
*If you work less than full-time (8 hours per day), the District's contribution will be pro-rated based on your FTE.		

CERTIFICATED/MGMT/CONF

MEDICAL & PRESCRIPTION BENEFITS



	SHP HDHP High	SHP HDHP Low	WHA HDHP
Total Employee Deductions (Monthly—12 paychecks per year) – Full-time Employees (working 8 hours per day)*			
Single	\$33.20	\$0.00	\$0.00
Family	\$395.57	\$283.77	\$273.83
Total Employee Deductions (Monthly—10 paychecks per year) – Full-time Employees (working 8 hours per day)*			
Single	\$39.84	\$0.00	\$0.00
Family	\$474.68	\$340.52	\$328.60
Cal. Year Deductible			
Individual Coverage	\$1,500	\$1,500	\$1,800
Individual within a family	\$3,000	\$3,000	\$3,000
Family Coverage	\$3,000	\$3,000	\$3,600
Cal. Year Out-of-Pocket Max			
Individual Coverage	\$3,000	\$3,000	\$3,600
Individual within a family	\$3,000	\$3,000	\$3,600
Family Coverage	\$6,000	\$6,000	\$7,200
Physician Services			
Physician Office Visits	No charge after deductible	\$20 copay after deductible	No charge after deductible
Specialist Office Visits	No charge after deductible	\$20 copay after deductible	No charge after deductible
Preventive Care	No charge (deductible waived)	No charge (deductible waived)	No charge (deductible waived)
Other Services			
Room & Board Hospital Inpatient (semi-private)	\$50 copay per admit after deductible	\$250 copay, days 1-5 after deductible	No charge after deductible
Outpatient Surgery	No charge after deductible	\$20 copay after deductible	No charge after deductible
Emergency Room Services (copay waived if admitted)	No charge after deductible	\$100 copay after deductible	No charge after deductible
Urgent Care Services	No charge after deductible	\$20 copay after deductible	No charge after deductible
Ambulance Services	No charge after deductible	\$100 copay after deductible	No charge after deductible
Chiropractic Care (20 visits per calendar year)	Not covered	Not covered	No charge after deductible
Acupuncture (20 visits per calendar year)	No charge, available through medical plan only after deductible	\$20, available through medical plan only after deductible	No charge after deductible
Prescription Drugs – Subject to Deductible			
Retail (30 day supply)	No charge	\$10 T1/\$30 T2/\$60 T3	T1: \$0/ T2: \$30/ T3: \$50
Mail Order (100 day supply)	No charge	\$20 T1/\$60 T2/\$120 T3	T1: \$0/ T2: \$75/ T3: \$125 (90 day supply)
Specialty (30 day supply)	No charge	20% up to a \$100 max copay	No charge

*If you work less than full-time (8 hours per day), the District's contribution will be pro-rated based on your FTE.

TAX-ADVANTAGED ACCOUNTS



FLEXIBLE SPENDING ACCOUNTS (FSAs)

You may participate in FSAs to help pay for eligible health care and dependent care expenses with pre-tax dollars. ***Benefit elections do not automatically roll over to the new plan year. You must actively elect to participate during each open enrollment window.***

Health Equity is the District's FSA administrator. Get support 24/7. You can log in and manage everything via a simple mobile app. Submit a claim by snapping a photo. You can learn more at: HealthEquity.com/Learn – webinars, tutorials, videos, calculators, and more.

- **General Health Care FSA (up to \$3,050 for the 2023 plan year):** You may use the General Health Care FSA to be reimbursed for eligible medical, dental, and vision out-of-pocket expenses, like deductibles, copayments, coinsurance, and prescriptions (except insulin, which is covered without a prescription) plus other qualified medical expenses that are not covered by your health plans. **Note:** While you are enrolled in a General Health Care FSA, you cannot make or receive Health Savings Account (HSA) contributions.
- **Limited Health Care FSA (up to \$3,050 for the 2023 plan year):** You may use the Limited Health Care FSA to pay for eligible out-of-pocket dental and vision expenses. **Note:** You can make or receive HSA contributions when you are enrolled in a Limited Health Care FSA.
- **Dependent Care FSA (up to \$5,000 per year):** You may use the Dependent Care FSA to be reimbursed for eligible child and elder care expenses (such as daycare) so you may work.

How FSAs Work

FSAs work like savings accounts. Each pay period, a pre-tax payroll deduction based on your annual FSA election is deposited into your FSA. Pre-tax deductions allow you to save on taxes. When deciding how much to contribute to an FSA, estimate your future health care and dependent care expenses to the best of your ability. Keep in mind that any unused balance at the end of the plan year will generally be forfeited. For a list of eligible expenses, claim filing deadlines, and other information regarding FSAs, visit Health Equity's website at: HealthEquity.com/QME.

Grace Period

If you have not spent all of your Health Care FSA dollars by the end of the plan year—August 31, 2024—you may continue to incur claims for expenses during the “Grace Period.” The “Grace Period” extends until November 15, 2024, during which time you can continue to incur claims and use up any remaining amounts.

Debit Cards

If you enroll in one of the Health Care FSAs, you will automatically receive 2 debit cards to pay for services directly out of your account if you choose.

Participation Cost

The Health Care or Dependent Care FSA have a \$3.85 per month administrative fee. The fee is the same whether you have one or both of the FSAs. If you are enrolling in the Limited Purpose FSA only the fee is \$2.00. The fee will be deducted from your paycheck on a post-tax basis. You will be charged a runout period fee of \$11.55 if you choose to stop your enrollment or upon termination.

TAX-ADVANTAGED ACCOUNTS – continued



HEALTH SAVINGS ACCOUNT (HSA)

You are eligible to open and make contributions to an HSA if the following apply:

- You are covered under a qualifying “High Deductible Health Plan” (HDHP);
- You are **NOT** covered under another medical plan that is NOT a qualifying HDHP (including a full medical FSA even through your spouse)
- You are **NOT** enrolled in Medicare Parts A or B¹; and,
- You are not claimed as a tax dependent by another taxpayer.

Health Equity is the District’s HSA administrator. An HSA is a bank **savings** account that can be used for qualified health care expenses.

- **Funds will not expire:** Your HSA balance is yours. If you do not spend your balance in a year, it will roll over into the following year.
- **The account follows you:** You own your HSA account. Think of it as a personal bank account for qualified health care expenses. If you switch jobs or retire¹, you will take it with you.
- **Triple tax advantages:** Once you have opened your HSA, you will contribute pre-tax money², your account will grow tax-free, and you may pay for eligible health care expenses tax-free.

Each year, the IRS sets limits on how much you can contribute to an HSA. Maximum contributions for 2023 are:

Single Coverage: \$3,850

Family Coverage (two or more enrolled): \$7,750

Age 55 or older: An additional contribution of \$1,000

Important: HSAs involve very complex rules, including limitations on eligibility^{1,2}, contribution limits, and expense reimbursement. Federal and state tax penalties may be assessed upon you if these requirements are not met. For more information, visit Health Equity’s website at www.healthequity.com. You should talk to a tax advisor about your personal circumstances with respect to the HSA rules. Another helpful resource is IRS Publication 969 (www.irs.gov/publications/p969/ar02.html).

If you are interested in opening a Health Savings Account--and you will not be Medicare-eligible during the 2023 calendar year-- an educational presentation can be found at www.fcusd.org/staff/benefits.

Debit Cards

If you enroll in the HSA, you will automatically receive 2 debit cards to pay for health care services and expenses directly out of your account if you choose.

¹If you are Medicare eligible, once enroll in Medicare, you will not be able to contribute to your HSA. You may delay your Medicare Part A and B enrollment until you retire which will allow you to continue to make contributions to your HSA. If you qualify for premium free Part A, your coverage will go back up to 6 months from when you sign up. You should stop making contributions to your HSA 6 months before you enroll in Part A and B. You must submit a change form to the District’s Benefit Office to stop your contributions.

²Certain states do not treat HSA contributions or distributions as tax-free (e.g., Alabama, California, New Jersey). Consult your tax advisor to understand how HSA participation may impact you and your family members from a tax perspective.

DENTAL BENEFITS



Your dental benefits are provided through Delta Dental and are available to you and your eligible dependents. You have the choice of two plans – DeltaCare DHMO and Delta Dental PPO. More information, regarding your dental options, may be found on the [District's benefits website](#).

DeltaCare DHMO This plan is similar to a medical HMO in that you must select a contracting dentist or dental group who will provide all of your dental care. This plan has a very limited network of specific providers to choose from. You must initiate your dental care through your assigned dentist or dental group. There are no benefits payable if you do not use your assigned dentist or dental group. You can find an in-network dentist at www.deltadentalins.com and selecting the **DeltaCare USA** network. If you transfer from the Delta Dental PPO plan to this plan and later return to the PPO, your incentive level will reset at 70%.

Delta Dental PPO (Incentive Plan) New plan members begin with a 70% benefit for the majority of services. If a member has one claim in the calendar year, the benefit will increase 10% the following January 1 up to 100%. Each member within a family has their own incentive level and a member will maintain their benefit level as long as they remain on the PPO plan. This plan allows you to visit any licensed dentist; however, you receive advantages such as claims submission and lower out-of-pocket expenses when choosing a network dentist. You can find a network dentist at www.deltadentalins.com. You receive the best discounts when utilizing **PPO** dentists.

Key Features	DeltaCare ¹	Delta Dental PPO	
		PPO Network	Premier Network & Out-of-Network
Employee Premiums (based on FTE pro-rated/Delta Dental PPO single rate)		12 pay periods / 10 pay periods	
Employee Only	\$0.00	\$0.00 / \$0.00	
Employee + One Dependent	\$0.00	\$58.87 / \$70.64	
Employee + 2 or More Dependents	\$0.00	\$124.29 / \$149.15	
Management & Confidential	\$0.00	\$0.00 / \$0.00	
Calendar Year Maximum <i>Per Person</i>	None	\$2,200	\$2,000
Calendar Year Deductible	None	None	None
Benefits & Covered Services (You Pay)			
Diagnostic & Preventive Exams, cleanings and x-rays	Various copays apply	30% - 0%	30% - 0%
Basic Services Fillings, sealants and posterior composites	Various copays apply	30% - 0%	30% - 0%
Endodontics Root canals	Various copays apply	30% - 0%	30% - 0%
Periodontics Gum treatment	Various copays apply	30% - 0%	30% - 0%
Oral Surgery	Various copays apply	30% - 0%	30% - 0%
Major Services Crowns, inlays, onlays and cast restorations	Various copays apply	30% - 0%	30% - 0%
Prosthodontics Bridges, dentures and implants	Various copays apply	50%	50%
Orthodontia Services (You Pay)			
Orthodontics (children and adults)	Various copays apply	Not covered	Not covered

¹A detailed copay list can be found on the District's benefits website. Employees working less than full-time (8 hours per day) will have their District contribution pro-rated using Delta Dental PPO single premium rate.

VISION BENEFITS



You and your dependents have access to vision coverage through VSP. You can seek care through any vision provider; however, you receive discounts when using contracted VSP providers. To find an in-network provider, visit www.vsp.com, select FIND A DOCTOR and choose the **Advantage Network**.

Members are entitled to the following : WellVision Exam – Once every 12 months and

Materials – Once every 12 months

- One pair of glasses (can combine first and second service to help offset out-of-pocket expenses)
- Contact lenses (can combine first and second service contact lens allowances)
- Two pairs of glasses (separate first and second service benefits)
- Glasses and contacts (separate first and second service benefits, contacts would fall under second service benefits for plan optimization)

Key Features	VSP PPO – Premiums based on FTE pro-rated	
	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)		
WellVision Exam	\$5 copay	up to \$45
Contact Lens Exam	Copay not to exceed \$50	Deducted from materials allowance
First Service – Glasses OR Contact Lenses (once every 12 months)		
Lenses		
Single Vision Lenses	\$0 copay	up to \$31
Bifocal Lenses	\$0 copay	up to \$50
Trifocal Lenses	\$0 copay	up to \$60
Standard Progressive Lenses	\$0 copay	up to \$50
Premium Progressive Lenses	\$95 - \$105 copay	up to \$50
Lens Enhancements		
Anti-reflecting Coating	\$41 copay	Cost of enhancement
Photochromic/Transition Adaptive Lenses	\$70 copay	
Scratch Resistant Coating	\$17 copay	
Polycarbonate for Adults	\$31 copay	
Frames		
Standard Frames	\$150 allowance	up to \$50
Featured Frames	\$200 allowance	up to \$50
Costco, Walmart and Sam's Club	\$80 allowance	N/A
Contact Lenses		
Cosmetic	\$150 allowance	up to \$250
Medically Necessary	\$0 copay	up to \$250
Second Service – Glasses OR Contact Lenses (once every 12 months)		
Materials Copay	\$50 copay	\$50 copay
Lenses		
Single Vision Lenses	\$0 copay	up to \$31
Bifocal Lenses	\$0 copay	up to \$50
Trifocal Lenses	\$0 copay	up to \$60
Standard Progressive Lenses	\$0 copay	up to \$50
Premium Progressive Lenses	\$95 - \$105 copay	up to \$50
Lens Enhancements		
Anti-reflecting Coating	\$41 copay	Cost of enhancement
Photochromic/Transition Adaptive Lenses	\$70 copay	
Scratch Resistant Coating	\$17 copay	
Polycarbonate for Adults	\$31 copay	
Frames		
Standard Frames	\$150 allowance	up to \$50
Featured Frames	\$200 allowance	up to \$50
Costco, Walmart and Sam's Club	\$80 allowance	N/A
Contact Lenses		
Cosmetic	\$400 allowance	up to \$250
Medically Necessary	\$0 copay	up to \$250
Primary Eyecare Benefit		
Office Visit Copay	\$20 copay	Not covered

VISION BENEFITS – continued

VALUE ADDED VISION BENEFITS



Primary Eyecare Benefit (\$20 copay)	<p>The Primary Eyecare Benefit is designed for the detection, treatment, and management of ocular conditions and/or systemic conditions that produce ocular or vision symptoms. A member can seek care from their VSP provider versus their medical primary care physician for:</p> <p>Symptoms - including but not limited to:</p> <ul style="list-style-type: none"> • ocular discomfort • transient loss of vision • flashes or floaters • pain in or around the eyes • red eyes • swollen lids • diplopia • ocular trauma <p>Conditions - including but not limited to:</p> <ul style="list-style-type: none"> • ocular hypertension • glaucoma • cataracts • pink-eye • sty • corneal abrasion • corneal dystrophy • macular degeneration • retinal nevus • Blepharitis
Glasses and Sunglasses	<p>Get 20% off additional glasses and/or non-prescription sunglasses from any VSP doctor within 12 months of your last WellVision Exam. More information can be found at www.vsp.com.</p>
Laser Vision Correction	<p>Receive an average of 15% off the regular price or 5% off the promotional price of laser vision correction. Discounts only apply to contracted facilities. Visit www.vsp.com for more details.</p>
Retinal Screening	<p>Members pay no more than a \$39 copay on routine retinal screenings as an enhancement to the WellVision Exam.</p>
TruHearing	<p>You can save up to 60% on a pair of digital hearing aids and savings on batteries for you and your extending family members. For more information, visit www.truhearing.com/vsp.</p>

¹Employees working less than full-time (8 hours per day) have their District contribution pro-rated.

LIFE BENEFITS



In addition to health benefits, the District also offers eligible employees life benefits. These benefits are intended to provide financial assistance for you in the event of a dismemberment or the death of a spouse or child or your beneficiaries in the event of your death.

BASIC LIFE/AD&D

The District provides you with Basic Life/AD&D insurance through UNUM . Your dependents, spouse and children (to age 26 years old), have Basic Life coverage in the amount of \$5,000 also at no cost.

Bargaining Unit	Amount
Classified	\$25,000.00
Certificated/Classified Mgmt./Conf	\$50,000.00
Certificated Mgmt./Board Members	\$75,000.00

SUPPLEMENTAL LIFE/AD&D

You have the option to purchase supplemental (additional) life insurance through UNUM for yourself. Costs are calculated based on the amount of coverage you elect. You can elect in increments of \$25,000, not to exceed 3 times your annual salary or \$150,000 (whichever is less), rounded to the nearest \$25,000.

When enrolling in Supplemental Life/AD&D insurance outside of your initial eligibility window or as a new hire, you are subject to Evidence of Insurability (EOI) also known as medical underwriting. You must complete an enrollment form AND EOI form in order to be considered for Supplemental Life/AD&D.

Visit the District's benefit website for more detailed benefit summaries and enrollment paperwork.

Benefit Amount*	Employee Premiums 12 pay periods / 10 pay periods
\$25,000	\$4.50 / \$5.40
\$50,000	\$9.00 / \$10.80
\$75,000	\$13.50 / \$16.20
\$100,000	\$18.00 / \$21.60
\$125,000	\$22.50 / \$27.00
\$150,000	\$27.00 / \$32.40

*Your benefit election cannot exceed 3 times your annual salary, rounded to the nearest \$25,000.



Value Added Benefits

Waiver of Premium	If you are under age 60, become disabled and are no longer able to work, your premium payments may be waived during this period of disability.
Portability/Conversion	If you retire, reduce your hours (and are no longer eligible for benefits) or leave the District, you can take this coverage with you by electing either Portability or Conversion coverage. You will be provided additional information upon your ineligibility for the District's coverage.
Accelerated Death Benefit	If you become terminally ill and are not expected to live more than twelve months, you may request up to 75% of your death benefit. A doctor must certify your condition in order to qualify for this benefit.
Life Planning Financial and Legal Resources	Provides financial counseling services to survivors and terminally ill employees at no cost. This service is also extended to you upon the death or terminal illness of your covered spouse.
Assist America	If you or your family travel more than 100 miles from home or in a foreign country, for business or pleasure, Assist America's global network of professionals will provide a full range of emergency services 24 hours a day, 365 days a year. Some of these services include medical consultation and evaluation by Western-trained, English-speaking physicians, hospital admission guarantee, emergency prescription services, legal services, and lost luggage assistance. Call Assist America at (800) 872-1414.
Work Life-Balance, EAP	EAP helps employees deal with their problems by providing immediate assistance through a toll-free number where professional counselors help with personal as well as legal issues. OPTUM will be our new vendor providing this service.

OTHER VALUABLE BENEFITS



EMPLOYEE ASSISTANCE PROGRAM

All benefit eligible employees are automatically enrolled in the EAP at no cost to you. Through **OPTUM**, you may receive a confidential personal assessment and referral services. The program may help with a wide array of concerns including finding elder care, relationship and family issues, general stress, personal loss, financial hardship and parenting. You and your family members are entitled clinical consultations per family member.

Phone Number: 866 248-4096

Website: <http://www.liveandworkwell.com>

CHIROPRACTIC AND ACUPUNCTURE SERVICES

The medical carriers contract with outside vendors for their chiropractic and acupuncture benefits. You must receive covered services from a participating provider. You can search for participating providers by utilizing the list below.

Acupuncture services for the Kaiser HDHP and SHP HDHP plans are only available upon referral from your primary care physician.

More information can be found on the [District's benefits website](#).

Carrier	Vendor	Phone Number	Website
Kaiser	American Specialty Health (ASH)	(800) 678-9133	www.ashlink.com/ash/kp
Sutter Health Plus	OptumHealth	(800) 428-6337	www.myoptumhealthphysicalhealthofca.com
Western Health Advantage	Landmark Healthplan	(800) 298-4875	www.lhp-ca.com

KEY CONTACTS



Contact	Phone Number	Website/Email	Group ID
Kaiser – Medical	800-464-4000 800-777-1370	www.kp.org	32170
SHP – Medical	855-315-5800	www.sutterhealthplus.org	78103
WHA – Medical	888-563-2250	www.westernhealth.com	11874
DeltaCare – Dental DHMO	800-422-4234	www.deltadentalins.com	71691
Delta Dental – Dental PPO	866-499-3002	www.deltadentalins.com	7006
VSP – Vision	800-877-7195	www.vsp.com	30091469
UNUM – Life Insurance	866-679-3054	www.unum.com	801342
Health Equity – FSAs	877-924-3967	www.healthequity.com/wageworks	N/A
Health Equity – HSA	866-346-5800	www.healthequity.com	N/A
EAP – OPTUM	866 248-4096	http://www.liveandworkwell.com	N/A
Benefits Office Nicole Buvert (Employee last names A-L) Liz Ely (Employee last names M-Z) Jenyn Warren (Retirees)	916 294-9000 x104381 916 294-9000 x104383 916 294-9000 x104382	jnbuvert@fcusd.org lely@fcusd.org jwarren@fcusd.org	N/A
Employee Support Center	877 785-0211	Benefit Counselor Appointment	N/A
Benefits Website	N/A	www.fcusd.org/Staff/Benefits	N/A
Ease Online Enrollment Portal		www.fcusd.ease.com	

ANNUAL NOTICES

MEDICARE PART D CREDITABLE COVERAGE NOTICE



This Notice applies only if:

1. You and/or your dependent(s) are enrolled in a Folsom Cordova Unified School District medical plan; and,
2. You are eligible for Medicare.

If this does not apply to you, you may ignore this notice.

Please read this notice carefully and keep it where you can find it. This notice has information about your prescription drug coverage with Folsom Cordova Unified School District and your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your employer coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your employer coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
1. Folsom Cordova Unified School District has determined that the prescription drug coverage offered under the Folsom Cordova Unified School District plan(s) through Kaiser, Sutter Health Plus (SHP), and Western Health Advantage (WHA) plan(s) are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your creditable prescription drug coverage during the upcoming calendar year through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Employer Coverage If You Decide to Join A Medicare Drug Plan?

Your health plan coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will be eligible to receive all of your current health and prescription drug benefits. If you do decide to join a Medicare drug plan and drop your employer coverage for the upcoming calendar year, be aware that you and your dependents may not be eligible to receive health and prescription drug benefits in the future.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your employer coverage and do not join a Medicare drug plan within 63 continuous days after the coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

ANNUAL NOTICES



For More Information About This Notice Or Your Employer Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information about Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

May 1, 2023
Folsom Cordova Unified School District
1965 Birkmont Drive
Rancho Cordova, CA 95742

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(916) 294-9000 x104383
lely@fcusd.org

Jenyn Warren (Retirees)
(916) 294-9000 x104382
jwarren@fcusd.org

ANNUAL NOTICES



SUMMARY OF BENEFITS AND COVERAGE (SBC)

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. The District offers a variety of health coverage options and choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC) is available for your medical plan which summarizes important information about your health coverage options. The SBC and a Uniform Glossary are available on the District's benefits website. A paper copy is also available, free of charge, by emailing the District's Employee Benefits Office.

PATIENT PROTECTION NOTICE Your health plan may require or allow for the designation of a primary care provider. If so, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members, including a pediatrician, as the primary care provider. Until you make this designation, the health plan may designate one for you.

You do not need prior authorization from the health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan or procedures for making referrals.

For information on how to select a primary care provider, a list of participating primary care providers, or a list of health care professionals who specialize in obstetrics or gynecology, contact your health plan.

NOTICE OF HIPAA SPECIAL ENROLLMENT RIGHTS If an eligible employee declines enrollment in a group health plan for the employee or the employee's spouse or dependents because of other health insurance or group health plan coverage, the eligible employee may be able to enroll him/herself and eligible dependents in this plan if eligibility is lost for the other coverage (or because the employer stops contributing toward this other coverage). However, the eligible employee must request enrollment within **30** days after the other coverage ends (or after the employer ceases contributions for the coverage).

In addition, if an eligible employee acquires a new dependent as a result of marriage, birth, adoption or placement for adoption, the eligible employee may be able to enroll him/herself and any eligible dependents, provided that the eligible employee requests enrollment within **30** days after the marriage, birth, adoption, or placement for adoption.

Furthermore, eligible employees and their eligible dependents who are eligible for coverage but not enrolled, shall be eligible to enroll for coverage within 60 days after becoming ineligible for coverage under a Medicaid or Children's Health Insurance Plan (CHIP) plan or being determined to be eligible for financial assistance under a Medicaid, CHIP, or state plan with respect to coverage under the plan.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, contact your health plan.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your health plan.

ANNUAL NOTICES



Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA-Medicaid	MAINE-Medicaid
<p>A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>
INDIANA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840</p>
IOWA-Medicaid and CHIP (Hawki)	MINNESOTA-Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
KANSAS-Medicaid	MISSOURI-Medicaid
<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
KENTUCKY-Medicaid	MONTANA-Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
LOUISIANA-Medicaid	NEBRASKA-Medicaid
<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

NEVADA-Medicaid	SOUTH CAROLINA-Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEW HAMPSHIRE-Medicaid	SOUTH DAKOTA-Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY-Medicaid and CHIP	TEXAS-Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW YORK-Medicaid	UTAH-Medicaid and CHIP
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA-Medicaid	VERMONT-Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA-Medicaid	VIRGINIA-Medicaid and CHIP
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OKLAHOMA-Medicaid and CHIP	WASHINGTON-Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
OREGON-Medicaid	WEST VIRGINIA-Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
PENNSYLVANIA-Medicaid	WISCONSIN-Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
RHODE ISLAND-Medicaid and CHIP	WYOMING-Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

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