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# HEALTH BENEFITS GUIDE

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JANUARY 1 – DECEMBER 31

2023

ANAHEIM UNION HIGH SCHOOL DISTRICT

UNLIMITED  
YOU



ANAHEIM UNION HIGH SCHOOL DISTRICT

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**If you have Medicare or will be eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 21 for more details.**

## Welcome

This guide focuses on employee benefits for eligible employees and dependents of the Anaheim Union High School District. These programs encourage development, self-improvement and well-being. We offer you the opportunity to stay healthy and secure with comprehensive health programs.

We encourage you to review these materials and think carefully about which options can help meet the needs of you and your family. As health care costs continue to rise, the best way for all of us to control costs is to become informed consumers and to use our benefits wisely.

We appreciate all that you do and welcome any questions you may have.

For questions and documentation verification appointments contact [benefits@auhsd.us](mailto:benefits@auhsd.us)

*This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.*

# GETTING STARTED & ENROLLMENT



## START

Read this guide and decide what plans suit your medical and dental needs.



## LEARN

Find more resources at <https://flimp.live/auhsd-2023-Benefits-Showcase> and <https://www.auhsd.us/District/Department/14200-RISK-MANAGEMENT>



## GATHER

If you are adding dependents, start gathering the required documents.

## ENROLL NOW

Go to AFenroll:  
[www.americanfidelity.com/auhsd](http://www.americanfidelity.com/auhsd)

### When enrolling DEPENDENTS, you will need the following information:

1. Full legal name of dependent as stated on the Social Security card or ITIN
2. Social Security Number or ITIN
3. Birth Certificate
4. Marriage Certificate or Registered Domestic Partnership
5. Adoption documents
6. Legal Guardianship documents

### DEPENDENT Documentation Verification

After you have completed your dependent enrollment, you can schedule an appointment by emailing [benefits@auhsd.us](mailto:benefits@auhsd.us)

You are automatically enrolled in the following benefit plans:

#### **NO ACTION NECESSARY In AFenroll**

- ✓ Employee Assistance Program (EAP)
- ✓ Short-Term Disability plan — Classified Staff Only
- ✓ Employer-Paid Life Insurance

#### **Need more life insurance?**

You can purchase additional coverage for you and your dependents through payroll deduction. You must pass evidence of insurability to be eligible. Refer to the District web page for more information.

# YOUR ONLINE ENROLLMENT

## Anaheim Union High School District Health Benefits Enrollment

### How to Login

1. To access the online enrollment site, go to the online enrollment site:  
[www.americanfidelity.com/auhdsd](http://www.americanfidelity.com/auhdsd)

*Compatible with Safari, Edge, and Chrome.*

- Review your benefit options
- Return to the home page
- Scroll to “Ways to Enroll”
- Select the SELF-ENROLL box
- Select AFenroll® in the gray bubble

2. At the login screen, you will enter the site using the following information:
  - **Type In your user ID:** Your Social Security Number (SSN)
  - **Type in your PIN:** The last four of your SSN and the last two of your birth year. (For example, for SSN 123-45-6789 and birth year 1974, you would type in 678974).
3. Click the “Log On” button

### Changing Your PIN

You will be asked to change your PIN and complete the security questions, after your initial login to the system. Enter a new PIN and confirm it on the next line. You may choose any combination of letters and numbers. Entering your PIN is the equivalent of your digital signature. Before you can complete your PIN change, you must select a security question, answer it, and provide your email address. This will allow you to reset your PIN if you forget it. Click the “Save New PIN” button.

**Need help navigating the online platform?** Contact **American Fidelity** at **800.365.9180**



### Helpful Tips

- **Log Out:** If you leave the site in the middle of the process, click the ‘Log Out’ button to save your selections.
- **Print Confirmation:** Be sure to print your confirmation. Once you confirm your enrollment, you may click on the confirmation link at the bottom of the ‘Sign/Submit Complete’ to print your confirmation statement.
- **Re-Enter/Make Changes:** You may re-enter the enrollment site (including to ‘View Only’ your original selections) to make changes at any time during your enrollment period. *Please note: Before you exit the system, you must reconfirm with your PIN or your enrollment will not be valid.*
- **Opting Out:** If you choose not to select benefits, you must enter each product module and make that choice.
- **Required:** Social Security Numbers and Dates of Birth are required for all employees and their dependents.
- **Adding Dependent:** If you are adding a dependent as a beneficiary, their Social Security Number is required.
- **Signature:** You will use your PIN to confirm applications and your enrollment confirmation.

# BENEFITS OVERVIEW

## Who is Eligible?

Employees who work at least 20 hours/week throughout the year are eligible for benefits. Your benefits are effective the first of the month following your hire date unless you are hired on the first of the month. You may also enroll the following family members:

- Your legally married spouse\*
- Your state registered domestic partner
- Your children\*\* under age 26
- Your children\*\* who are age 26 or older and became mentally or physically disabled prior to age 26 and primarily depend on you for support. See the summary plan document for additional information.

Enrolling dependents requires proof of eligibility. To maintain coverage all requirements must be met within required deadlines. **Provide the following documents to the Health Benefits department within 30 days of your date of hire:**

- Certified marriage certificate
- Certified birth certificates (for children only)
- Certificate of state registered domestic partnership
- Legal guardianship orders
- Social Security cards, ITIN's, (or equivalent document) for all dependents

## PAYING FOR COVERAGE

Health benefit premiums for you and your eligible dependents are 100% paid by the Anaheim Union High School District, unless you are informed otherwise from your HR department.

## Making Changes to Your Benefits

The AUHSD plan year runs from January 1 to December 31. You may make changes to your benefit choices once a year during the open enrollment period. Elections you make will be effective for a full year, unless you terminate employment or have a qualified status change:

- A change in legal marital status (e.g., marriage, divorce or legal separation)
- A change in number of dependents (e.g., birth, adoption or death)
- A change in your/your spouse's/your state registered domestic partner's employment status (e.g., reduction in hours affecting eligibility or change in employment)
- A substantial change in your/your spouse's/your state registered domestic partner's benefits coverage
- A Qualified Medical Child Support order or other judicial decree
- Loss of other coverage

**You must notify the Health Benefits department within 30 days of the above change in status after completing your new dependent enrollment.**

Bring the following applicable documents when enrolling dependents or for changes due to a qualifying status change.

- Certified birth certificates
- Social Security cards or ITIN's (or equivalent document) for all dependents
- Certified marriage certificate
- Final adoption paperwork
- Final divorce paperwork
- Legal separation paperwork
- Legal guardianship orders
- Certificate of state registered domestic partnership
- Proof of loss for all new enrollees

\* Which does not include a spouse from whom you are legally separated.

\*\* Children include your children, your step-children, children covered under a child support order, your domestic partner's children, and children under your legal guardianship ordered by a court.

Email [benefits@auhsd.us](mailto:benefits@auhsd.us)  
for an appointment

# COORDINATION OF BENEFITS (COB)

Coordination of Benefits usually applies when you or a covered dependent are covered by multiple health plans at the same time. For example, you and your spouse/domestic partner have coverage through each other's employers; you each cover yourself and/or dependents.

COB designates the order in which the multiple plans are to pay benefits. Under a COB provision, one plan is determined to be primary and its benefits are applied to the claim first. The unpaid balance is usually paid by the secondary plan to the limit of its responsibility. Benefits are thus "coordinated" among all of the eligible health plans.

The provision is designed so that the payments by all plans do not exceed 100 percent of billed charges for the covered services. COB does not double your coverage; however, it may reduce your out-of-pocket costs.

Coordination of benefits only applies if both health plans allow for coordination of coverage.

## Medical Plans - COB with AUHSD

When you are covered under two medical plans that coordinate coverage, your plan is your primary plan and the separate plan your spouse/domestic partner elects is their primary plan. In other words, the plan which covers you as a dependent is your secondary plan. Please communicate to your providers which plan is primary and which plan is secondary at the time you provide them with both of your medical ID cards.

Coordination of benefits only applies if both health plans allow for coordination of coverage. At AUHSD, the PPO medical plan may coordinate coverage while **the EPO medical plan does not coordinate coverage**. This means that two AUHSD married (or domestic partnership) employees cannot both elect the EPO medical plan. In order for both employees to have EPO medical coverage, one of the employees must waive medical coverage and be enrolled as a dependent under the spouse/domestic partner EPO medical plan. Should the spouse/domestic partner carrying the EPO plan lose coverage (i.e. termination, retirement, divorce, legal separation, elect another plan, etc.), the dependent spouse/domestic partner will retain EPO medical coverage and become the primary subscriber so long as the spouse/domestic partner is an active AUHSD employee.

**"BIRTHDAY RULE"** - When both parents cover an eligible dependent child, the plan for the parent whose birthday (month and day, not year) comes first in the calendar year is primary for the eligible dependent child. A divorce agreement or other court ruling may supersede the birthday rule. Please remind your providers which plan is primary for your child(ren).

In order for your District plan to pay the maximum allowable amount, providers must submit each claim to the primary plan first, and once paid, the provider must bill the secondary plan and include the primary explanation of benefits. Any deviation from this order will result in a denied claim and the provider may attempt to collect the balance from you directly.

You can learn more about coordination of benefits for the Dental and Vision plans on the District web page [www.auhsd.us](http://www.auhsd.us).

# BENEFITS AT A GLANCE



| BENEFITS   | COVERAGE OPTIONS  |
|--|---|
| <b>BENEFITS PROVIDED BY AUHSD</b>                            |   |
| <b>Medical</b>   | <ul style="list-style-type: none"> <li>» PPO plan – Anthem Blue Cross Prudent Buyer EPO/PPO network</li> <li>» EPO plan – Anthem Blue Cross Prudent Buyer EPO/PPO network</li> </ul>  |
| <b>Dental</b>  | <ul style="list-style-type: none"> <li>» Delta Dental PPO</li> <li>» DeltaCare HMO</li> </ul>   |
| <b>Vision</b>  | <ul style="list-style-type: none"> <li>» VSP</li> </ul>   |
| <b>Basic Life and AD&amp;D</b>                               | <ul style="list-style-type: none"> <li>» Lincoln Life - Benefit for employee and dependents</li> </ul>  |
| <b>Employee Assistance Program (EAP)</b>                     | <ul style="list-style-type: none"> <li>» Anthem 24 hour toll-free telephone consultations and referral service available 7 days a week</li> </ul>   |
| <b>Short-Term Group Disability (Classified Only)</b>         | <ul style="list-style-type: none"> <li>» Benefit administered through American Fidelity</li> </ul>  |
| <b>SUPPLEMENTAL PLANS</b>                                    |   |
| <b>Supplemental Life and AD&amp;D</b>                        | <ul style="list-style-type: none"> <li>» Evidence of Insurability required for amount over Guaranteed Issue</li> </ul>  |
| <b>Flexible Spending Accounts (FSA)</b>                      | <ul style="list-style-type: none"> <li>» <b>American Fidelity Assurance (AFA)</b></li> <li>Health Care FSA – \$2,850 maximum plan year contribution</li> <li>Dependent Care FSA – \$5,000 maximum plan year contribution</li> </ul> |
| <b>Additional supplemental plans also available from AFA</b> |   |



# MEDICAL PLAN CHOICES

Anaheim Union High School District offers two medical plans. These medical plans provide comprehensive coverage but are different in how they are designed. You decide if the PPO Plan or the EPO plan best meets your needs.

## PPO PLAN

### Preferred Provider Organization

#### Network:

#### Anthem Blue Cross Prudent Buyer EPO/PPO

The Preferred Provider Organization (PPO) offers a network of providers who have agreed to discount their fees for their services. You may choose to have your treatment provided by a PPO provider within the network and receive a higher level of benefit with a lower out-of-pocket cost to you.

You may also choose to go outside the network; however, generally benefits are reimbursed at a lower level and you may have higher out-of-pocket costs. The PPO plan has a deductible that must be met before insurance pays on some services.

## EPO PLAN

### Exclusive Provider Organization

#### Network:

#### Anthem Blue Cross Prudent Buyer EPO/PPO

An Exclusive Provider Organization (EPO) plan provides you with choice, flexibility and affordability.

The EPO plan works like an HMO but gives you access to the full PPO network of doctors and hospitals. The result is an easy-to-use plan that delivers convenience, cost, predictability, and choice.

This plan allows you to visit any doctor or hospital within the network. There is no need to select a primary care physician nor do you need a referral to see a specialist within the PPO network. Please note that services received outside of the PPO network are only covered in the event of an emergency.

The EPO plan does not coordinate coverage with other medical plans.





# MEDICAL PLANS

**Both the EPO and PPO  
utilize the Anthem Blue Cross  
Prudent Buyer EPO/PPO Network**

**Note: The EPO plan does not coordinate coverage with other medical plans**

| BENEFIT   | EPO   | PPO   |  |
|---|---|---|--|
|   | IN-NETWORK ONLY   | IN-NETWORK  | NON-NETWORK                                  |
| <b>Lifetime Maximum</b>   | Unlimited   | Unlimited   |  |
| <b>Calendar Year Deductible</b>   | None  | \$275 Individual / \$1,100 Family                           |  |
| <b>Calendar Year Out-of-Pocket Maximum</b><br>(includes deductible)                             | \$2,000 / Individual<br>\$4,000 / Family  | \$1,475 / Individual<br>\$5,900 / Family                    | \$5,075 / Individual<br>\$20,300 / Family    |
| <b>Prescription Drug Out-of-Pocket Maximum</b>  | Included in Calendar Year Out-of-Pocket Maximum   | \$5,125 Individual / \$7,300 Family                         |  |
| <b>Office Visit</b> – Physicians and Specialists  | \$20 copay  | 10% after deductible  | 40% after deductible                         |
| <b>Preventive Care</b><br>(Adult-annual physical, mammogram, Children-immunizations, well-baby) | No charge   | No charge   | 40% after deductible                         |
| <b>Hospitalization Inpatient/Outpatient Services</b>  | No charge   | 10% after deductible  | 40% after deductible                         |
| <b>Emergency Room</b><br>(copay waived if admitted or under observation)                        | \$150 copay   | \$100 copay + 10% after deductible                          |  |
| <b>Diagnostic Test</b><br>– X-ray, blood work<br>– Imaging (CT/PET scans, MRI's)                | No Charge<br>\$100 copay/test   | 10% after deductible<br>10% after deductible                | 40% after deductible<br>40% after deductible |
| <b>Chiropractic Care &amp; Acupuncture</b>  | \$20 copay<br>(Limited to a maximum of 52 visits per year combined with rehabilitation services & physical therapy)   | 10% after deductible<br>Maximum 52 visits per calendar year | No coverage                                  |
| <b>Physical Therapy</b>   | \$20 copay<br>(Limited to a maximum of 52 visits per year combined with rehabilitation services, acupuncture & chiropractic care)   | 10% after deductible  | No coverage                                  |
| <b>Mental Health &amp; Substance Abuse</b><br>Inpatient/Treatment<br>Office Visits              | No charge<br>\$20 copay   | 10% after deductible<br>10% after deductible                | 40% after deductible<br>40% after deductible |
| <b>Prescription Drugs Express Scripts</b>   | <b>Retail</b> (34 day supply) Copay: Generic \$7 / Brand Name Formulary \$25/ Non-Formulary Brand \$50<br><b>Mail Order</b> (90 day supply) Copay: Generic \$14 / Brand Name Formulary \$50 / Non-Formulary Brand \$100<br><b>Specialty Drugs</b> (34-90 day supply) through Accredo Pharmacy.<br><b>Network provider</b> Subject to the applicable copay as generic, formulary, or non-formulary – there is no out-of-network coverage |   |  |

# LOCATE AN **IN-NETWORK MEDICAL** OR **MENTAL HEALTH PROVIDER**

## Looking for a Provider?

You can look for a medical or behavioral health provider, facility, lab, etc.



- 1 Go to [www.anthem.com/ca/find-care](http://www.anthem.com/ca/find-care)
  - Select your State

- 2 Search under “**Use Member ID for Basic Search**”

Type “**KZU**” (the first three letters of your membership ID on your card to search in your correct network.

A screenshot of the search interface. At the top is a person icon with a list symbol. Below it is the heading "Use Member ID for Basic Search" and the text "Find doctors, hospitals and more near you." A link says "Search your medical plan without logging in. (?)". A search input field contains "KZU" and a blue "Search" button is to its right. A red circle highlights the "KZU" text in the input field.

Both the PPO and EPO utilize the “**Prudent Buyer EPO/PPO**” network for in-network providers and facilities.

- 3 This will take you to the next screen where you can search for in-network care.

A screenshot of the "Find Care" search interface. The title "Find Care" is at the top. Below it are two search input fields: "City, County, or ZIP" and "Search by doctor (name or specialty), hospi...". A red circle highlights the "City, County, or ZIP" field. Below the search fields is a link "寻找护理" and a search bar for "Find a testing center near you with our COVID-19 Test Site Finder". At the bottom, it says "Finding care in KZU" and has a "Change Plan" link.

For mental health services, select **Behavioral Health**.

# THIRD PARTY ADMINISTRATOR



## Trustmark – Third Party Administrator

Trustmark is the administrator for your health benefits plan, managing all administrative aspects including claims processing, fee negotiation, and eligibility. Trustmark works with your Anthem network to get you the medical care you need. Trustmark is dedicated to meeting the needs of our employees and their families, and places customer service and satisfaction as its highest priority. **Contact Trustmark with your medical plan or claims questions or to replace your ID cards.**

[www.mytrustmarkbenefits.com](http://www.mytrustmarkbenefits.com)  
866.280.4120

## Avoid Overpaying Your Medical Bills

It is important to review the Explanation of Benefits (EOB) sent to you from Trustmark. The EOB will reflect all negotiated rates that have been applied and will reflect the amount you owe the provider.

# MENTAL HEALTH PROVIDER

## Anthem Blue Cross – Mental/Behavioral Health & Substance Abuse In-Network Provider

The mental health & substance abuse benefit is designed to help you address various issues that affect your daily life. Through face-to-face counseling sessions the mental health & substance abuse benefit is the first step to regaining control and improving life quality. Locate an Anthem Provider today.

**100% Confidential**

[www.anthem.com/ca/find-care](http://www.anthem.com/ca/find-care)



# EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life is full of challenges and sometimes balancing it is difficult. The EAP is there when you need it. The Anthem EAP offers the appropriate assistance for a wide range of issues and provides referrals to professional counselors or services that can help you resolve emotional health, family, and work issues.

All AUHSD benefit eligible employees and members of your household are provided with the employer paid Employee Assistance Plan (EAP). All eligible employees are automatically enrolled in the EAP.

**Along with unlimited telephonic access, the EAP also offers 3 face-to-face visits with a counselor per person per issue.**

Work or Life Needs, Clinical Counseling, Financial Information, Legal Information...and more.



**Member Services Available 24/7**

**100% CONFIDENTIAL**

**Code: AUHSD**

**Toll free: 800.999.7222**

**Online: [www.anthemEAP.com](http://www.anthemEAP.com)**

# VISION

## VSP Vision Care

VSP has one of the largest networks of private practicing optometrists, ophthalmologists, and opticians. In addition to the vision plan benefits provided through your benefits program, VSP offers a number of non-covered services at a discount.



| BENEFIT            | IN-NETWORK                                       | NON-NETWORK   |
|--------------------|--|---------------|
|                    | MEMBER PAYS                                      | REIMBURSEMENT |
| Exam               | \$10 copay                                       | Up to \$50    |
| Frames             | \$115 - \$135 allowance<br>\$70 Costco allowance | Up to \$70    |
| <b>Lenses</b>      |  |               |
| Single             | Combined with exam                               | Up to \$50    |
| Bi-Focal           | Combined with exam                               | Up to \$75    |
| Tri-Focal          | Combined with exam                               | Up to \$100   |
| Contacts           | Up to \$175                                      | Up to \$105   |
| <b>Frequency</b>   |  |               |
| Exam               | Once every 12 months                             |               |
| Contacts or Lenses | Once every 12 months                             |               |
| Frames             | Once every 24 months                             |               |

Sign up as a member online to locate providers, and view benefits and claims.  
[www.VSP.com](http://www.VSP.com)

# DENTAL PLANS



## DELTA DENTAL PPO Plan

Visit a dentist in the PPO network to maximize your savings. The dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill. Seeing a Delta PPO network dentist gives you a higher benefit level (\$1,700 per calendar year) and lower out-of-pocket costs.

If you see an out-of-network dentist, the benefit amounts are subject to the Delta contracted fee schedule. You will be responsible for the difference between the plan payment and the dentist's usual charge. You will also have a lower benefit level (\$1,500 per calendar year).

## DELTACARE USA HMO Dental Plan

Dental HMOs are designed to help you and your family maintain oral health and reduce your out-of-pocket costs, and they're simple to use. Just select a participating (network) dentist at enrollment and refer to your Schedule of Benefits to determine your benefits for each covered service.



| BENEFIT                              | DELTA DENTAL (PPO) |                       | DELTACARE (HMO)       |
|--------------------------------------|--------------------|-----------------------|-----------------------|
|                                      | DELTA PPO NETWORK  | NON DELTA PPO NETWORK | IN-NETWORK ONLY       |
| <b>Calendar Year Deductible</b>      | None               | None                  | None                  |
| <b>Calendar Year Maximum Benefit</b> | \$1,700/person     | \$1,500/person        | Unlimited             |
| <b>Preventative &amp; Diagnostic</b> |                    |                       |                       |
| Oral evaluation, cleaning, x-ray     | 20% copay          | 20% copay             | No charge             |
| <b>Basic Services</b>                |                    |                       |                       |
| Fillings, simple tooth extractions   | 20% copay          | 20% copay             | No cost               |
| Root canals                          | 20% copay          | 20% copay             | \$30-\$90 copay       |
| <b>Major Services</b>                |                    |                       |                       |
| Crowns, inlays and onlays            | 30% copay          | 30% copay             | \$60-\$75 copay       |
| Gum treatment                        | 30% copay          | 30% copay             | \$75 copay            |
| <b>Prosthodontia</b>                 |                    |                       |                       |
| Bridge – porcelain fused to metal    | 30% copay          | 30% copay             | \$60 copay            |
| Complete upper denture               | 30% copay          | 30% copay             | \$70 copay            |
| Implant Services                     | Not covered        | Not covered           | Not covered           |
| <b>Orthodontia</b>                   |                    |                       |                       |
| Start up fee                         | Not covered        | Not covered           | \$350 copay           |
| Orthodontia treatment - child/adult  | Not covered        | Not covered           | \$1,600/\$1,800 copay |

Sign up as a member online to print ID cards, locate providers, and view benefits and claims.

[www.DELTADENTALINS.com](http://www.DELTADENTALINS.com)

# LIFE INSURANCE



All benefit eligible employees (and their eligible dependents) with AUHSD are provided with employer-paid Life and Accidental Death & Dismemberment (AD&D) coverage. You are automatically enrolled in Life and AD&D plans.

## Employee Life

Benefit amount of \$50,000\*

**\*Note:** Employees in a management position should contact the Health Benefits office for additional information.

## Accidental Death and Dismemberment (AD&D)

- 100% of the Life benefit
- Provides specified benefits for a covered accidental bodily injury that directly causes dismemberment.
- In the event of death from a covered accident, both Life and AD&D benefit would be payable each in the amount of the basic life insurance.

## Benefits After Retirement

- Benefits will terminate at retirement

## Supplemental Life Insurance

- Payroll deduction applies
- Evidence of Insurability required
- Go to the District web page to learn more – TIME SENSITIVE

Complete the attached life insurance beneficiary form found at the back of this booklet and return to the Health Benefits department.

Refer to the plan documents for a complete description of this plan.

# SHORT-TERM GROUP DISABILITY

(Classified Staff Only)

- Your plan pays a monthly disability benefit of 66 <sup>2</sup>/<sub>3</sub>% of your monthly compensation not to exceed:
  - (1) a maximum covered monthly compensation of \$7,500.00;
  - (2) the amount for which premium is being paid. If applicable, your disability benefit will be reduced by deductible sources of income.
- Coverage begins on the 61st day of disability or after the end of accumulated sick leave, whichever is greater, due to a covered injury or sickness.
- Benefits are payable up to 2 years for a covered injury or sickness.

Learn more at [www.auhsd.us](http://www.auhsd.us)



# FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSA) provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. As an eligible employee, you agree to set aside a portion of your pre-tax salary in an account, and that money is deducted from your paycheck over the course of the year. The amount you contribute to the FSA is not subject to social security (FICA), federal, state or local income taxes—effectively adjusting your annual taxable salary.

## Health Care Reimbursement FSA

**The annual maximum contribution \$2,850**

The Health Care Reimbursement FSA allows you to pay for certain IRS-approved health care expenses not covered by your insurance or reimbursed by any other benefit plan. Eligible expenses include those incurred by you, as well as your spouse and dependents. Typical expenses include co-pays, coinsurance, deductibles, and prescription drug expenses.

## Dependent Care Reimbursement FSA

**The annual maximum contribution 5,000**

The Dependent Care Reimbursement FSA allows you to use pre-tax dollars toward qualified dependent care. Care must be for a tax-dependent child under age 13 who lives with you, or a tax-dependent spouse

or child who lives with you and is incapable of caring for themselves. Also, the care must be needed so that you and your spouse (if applicable) can go to work. Care must be given during normal working hours and cannot be provided by another of your dependents. Typical expenses include baby-sitters, nursery schools, pre-schools, and day care centers.

## “Use-It-or-Lose-It” Rule

The Health Care and Dependent Care Reimbursement FSAs run on a calendar basis. The current plan year is from January 1 through December 31; claims can only be for services/expenses incurred in the calendar year. All claims MUST be submitted no later than 70-days from end of plan year for reimbursement. Any funds left unclaimed will be forfeited. Please refer to your plan documents for additional information.

| EXAMPLE                       | WITHOUT FSA    | WITH FSA       |
|-------------------------------|----------------|----------------|
| Monthly Salary                | \$2,000        | \$2,000        |
| Medical Expenses              | N/A            | -\$250         |
| Taxable Gross                 | \$2,000        | \$1,750        |
| Taxes (Federal & State @ 20%) | -\$400         | -\$300         |
| Less Estimated FICA (7.65%)   | -\$153         | -\$133         |
| Medical Deductions            | -\$250         | N/A            |
| <b>TAKE HOME PAY</b>          | <b>\$1,197</b> | <b>\$1,267</b> |

*If you are subject to FICA taxes, there might be a reduction in your social security benefit due to the reduction of FICA contributions. Example is hypothetical for illustrative purposes only. Please contact your tax advisor for actual tax savings.*

**You have 30 days from your hire date to enroll. Contact AFA for more information.**

<https://americanfidelity.com/support/videos/section-125/>



# CONTACT INFORMATION

| PROVIDER   | GROUP #   | PHONE NUMBER / WEBSITE   | WILL I RECEIVE AN INSURANCE CARD?  |
|--|---|--|--|
| <b>PPO Medical Plan</b><br>Trustmark - third party administrator<br>Network: Anthem Blue Cross Prudent Buyer EPO/PPO | U30000  | 866.280.4120<br>www.anthem.com/ca<br>(Anthem Blue Cross Prudent Buyer EPO/PPO) | Yes  |
| <b>EPO Medical Plan</b><br>Trustmark - third party administrator<br>Network: Anthem Blue Cross Prudent Buyer EPO/PPO | U30000  | 866.280.4120<br>www.anthem.com/ca<br>(Anthem Blue Cross Prudent Buyer EPO/PPO) | Yes  |
| <b>PPO Dental</b><br>Delta Dental of California  | 6654-1006 certificated<br>6654-1007 classified<br>6654-1008 retiree | 866.499.3001<br>www.deltadentalins.com   | No, but you can register on Delta's website and print your own card if you'd like; however it is not required. |
| <b>HMO Dental</b><br>DeltaCare USA   | 70760-001 Active<br>70760-003 Retiree                               | 800.422.4234<br>www.deltadentalins.com   | Yes  |
| <b>Vision</b><br>Vision Service Plan VSP   | N08 809301 0008-0008  | 800.877.7195<br>www.vsp.com  | No, an ID card is not required to see a VSP provider.  |
| <b>Express Scripts (Rx Plan)</b><br>For both the PPO & EPO Medical Plans   | RxBin: 003858<br>RxGroup: KKRA<br>Control: A4<br>ID: your SSN       | 866.727.5892<br>Mail order: 866.727.5892<br>www.express-scripts.com            | No separate card issued. Express Scripts is shown on your medical ID card.                                     |
| <b>Employee Assistance Program</b><br>Anthem   |   | 800.999.7222<br>www.anthemEAP.com<br>User Name: AUHSD                          | No separate card issued. The EAP phone number is shown on your medical ID card.                                |
| <b>Life/AD&amp;D</b>   | Contact the District Benefits Office for Assistance                 |  | No   |
| <b>Group Disability Income Benefits</b><br>(Classified Staff Only)   | Contact the District Benefits Office for Assistance                 |  | No   |
| <b>Flexible Spending Accounts (FSA)</b><br>American Fidelity (AFA)   | 800.365.9180  |  | No   |

# IMPORTANT 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](http://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](http://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](http://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 July 31, 2022. Contact your State for more information on eligibility –**

### ALABAMA – Medicaid

<http://myalhipp.com/>  
☎ 1-855-692-5447

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

<http://myakhipp.com/>  
☎ 1-866-251-4861

✉ [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid Eligibility:

<https://health.alaska.gov/dpa/Pages/default.aspx>

### ARKANSAS – Medicaid

<http://myarhipp.com/>  
☎ 1-855-MyARHIPP (855-692-7447)

### CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp>

☎ Phone: 916-445-8322 ☎ Fax: 916-440-5676

✉ [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado

<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>

☎ 1-800-359-1991/ State Relay 711

Health Insurance Buy-In Program (HIBI)

<https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

☎ 1-855-692-6442

### FLORIDA – Medicaid

<https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
☎ 1-877-357-3268

### GEORGIA – Medicaid

GA HIPP

<https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

☎ 678-564-1162, Press 1

GA CHIPRA

<https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

☎ 678-564-1162, Press 2

### INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

<http://www.in.gov/fssa/hip/>

☎ 1-877-438-4479

All other Medicaid

<https://www.in.gov/medicaid/>

☎ 1-800-457-4584

### IOWA – Medicaid and CHIP (Hawki)

Medicaid

<https://dhs.iowa.gov/ime/members>

☎ 1-800-338-8366

Hawki

<http://dhs.iowa.gov/Hawki>

☎ 1-800-257-8563

HIPP

<https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

☎ 1-888-346-9562

# IMPORTANT NOTICES

## KANSAS – Medicaid

<https://www.kancare.ks.gov>  
1-800-792-4884

## KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)

<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

1-855-459-6328

[kihipp.program@ky.gov](mailto:kihipp.program@ky.gov)

## KCHIP

<https://kidshealth.ky.gov/Pages/index.aspx>

1-877-524-4718

Kentucky Medicaid

<https://chfs.ky.gov>

## LOUISIANA – Medicaid

[www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)

1-888-342-6207 (Medicaid hotline) or  
1-855-618-5488 (LaHIPP)

## MAINE – Medicaid

Enrollment

<https://www.maine.gov/dhhs/ofi/applications-forms>

1-800-442-6003 / TTY: Maine relay 711

Private Health Insurance Premium

<https://www.maine.gov/dhhs/ofi/applications-forms>

1-800-977-6740 / TTY: Maine relay 711

## MASSACHUSETTS – Medicaid and CHIP

<https://www.mass.gov/masshealth/pa>

1-800-862-4840 / TTY: (617) 886-8102

## MINNESOTA – Medicaid

<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

1-800-657-3739

## MISSOURI – Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

573-751-2005

## MONTANA – Medicaid

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

1-800-694-3084

[HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

## NEBRASKA – Medicaid

<http://www.ACCESSNebraska.ne.gov>

1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

## NEVADA – Medicaid

<http://dhcfnv.gov>

1-800-992-0900

## NEW HAMPSHIRE – Medicaid

<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

603-271-5218

Toll free for HIPP program: 1-800-852-3345, ext 5218

## NEW JERSEY – Medicaid and CHIP

Medicaid

<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

609-631-2392

CHIP

<http://www.njfamilycare.org/index.html>

1-800-701-0710

## NEW YORK – Medicaid

[http://www.health.ny.gov/health\\_care/medicaid/](http://www.health.ny.gov/health_care/medicaid/)

1-800-541-2831

## NORTH CAROLINA – Medicaid

<https://medicaid.ncdhhs.gov/>

919-855-4100

## NORTH DAKOTA – Medicaid

<http://www.nd.gov/dhs/services/medicalserv/medicaid/>

1-844-854-4825

## OKLAHOMA – Medicaid and CHIP

<http://www.insureoklahoma.org>

1-888-365-3742

## OREGON – Medicaid

<https://healthcare.oregon.gov/Pages/index.aspx>

<https://www.oregonhealthcare.gov/indexes.html>

1-800-699-9075

## PENNSYLVANIA – Medicaid

<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

1-800-692-7462

## RHODE ISLAND – Medicaid and CHIP

<http://www.eohhs.ri.gov/>

1-855-697-4347, or 401-462-0311 (Direct RItte Share Line)

## SOUTH CAROLINA – Medicaid

<https://www.scdhhs.gov>

1-888-549-0820

## SOUTH DAKOTA - Medicaid

<http://dss.sd.gov>

1-888-828-0059

## TEXAS - Medicaid

<http://gethipptexas.com/>

1-800-440-0493

## UTAH – Medicaid and CHIP

Medicaid: <https://medicaid.utah.gov/>

CHIP: <http://health.utah.gov/chip>

1-877-543-7669

## VERMONT– Medicaid

<http://www.greenmountaincare.org/>

1-800-250-8427

## VIRGINIA – Medicaid and CHIP

<https://www.coverva.org/en/famis-select>

<https://www.coverva.org/en/hipp>

Medicaid: 1-800-432-5924

CHIP: 1-800-432-5924

# IMPORTANT NOTICES

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
866.444.EBSA (3272)

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2023)

## 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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

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## Women's Health and Cancer Rights Act

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 has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- and Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Contact the Risk Management Department for more information or see a copy of the summary plan description (SPD).

## Newborn's and Mothers' Health Protection Act of 1996

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 normal 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).

# IMPORTANT NOTICES

## Privacy Rights

### Protecting Your Health Information

Anaheim Union High School District is committed to the privacy of your health information. The administrators of the Anaheim Union High School District Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure. The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting your Risk Management Department.

### Notice About Special Enrollment Rights

A federal law called HIPAA requires that we notify you about your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

### Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program).

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after you or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

### Loss of Coverage for Medicaid or a State Children’s Health Insurance Program.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

### New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

### Eligibility for Medicaid or a State Children’s Health Insurance Program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after you or your dependents’ determination of eligibility for such assistance. To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact:

|                              |  |
|------------------------------|--|
| <b>Name of Entity/Sender</b> | Anaheim Union High School District/LeAnna Williams |
| <b>Contact–Position</b>      | Director, Risk Management & Insurance              |
| <b>Address:</b>              | 501 North Crescent Way, Anaheim, CA 92801          |
| <b>Phone Number:</b>         | 714.999.5657                                       |
| <b>Email:</b>                | benefits@auhsd.us                                  |



# IMPORTANT NOTICES

## Important Notice from Anaheim Union High School District (AUHSD) About Your Prescription Drug Coverage and Medicare — Medicare Part D Notice

**THIS NOTICE PERTAINS ONLY TO EMPLOYEES AND RETIREES ENROLLED IN THE DISTRICT'S HEALTH PLAN AND IN MEDICARE OR WILL BE MEDICARE-ELIGIBLE WITHIN THE NEXT 12 MONTHS – OCTOBER 2022**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Anaheim Union High School District (AUHSD) and about 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 current 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.

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.
2. AUHSD has determined that the prescription drug coverage offered by the District's health plan is, 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 existing 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 current creditable prescription drug coverage, 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 Current Coverage If You Decide To Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current AUHSD coverage may be affected. If you do decide to join a Medicare drug plan and drop your current AUHSD coverage, be aware that you and your dependents may not be able to get this coverage back.

### **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 current coverage with AUHSD and don't join a Medicare drug plan within 63 continuous days after your current 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.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. NOTE: You'll 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 through AUHSD changes. You may also 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'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

# IMPORTANT NOTICES

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

- Visit [www.medicare.gov](http://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](http://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).

|                              |  |
|------------------------------|--|
| <b>Name of Entity/Sender</b> | Anaheim Union High School District/LeAnna Williams |
| <b>Contact–Position</b>      | Director, Risk Management & Insurance              |
| <b>Address:</b>              | 501 North Crescent Way, Anaheim, CA 92801          |
| <b>Phone Number:</b>         | 714.999.5657                                       |
| <b>Email:</b>                | benefits@auhsd.us                                  |



# IMPORTANT NOTICES

## Summary of Benefits & Coverage and Uniform Glossary

For participants and beneficiaries who enroll or re-enroll in group health coverage through an open enrollment period (including re-enrollees and late enrollees), an SBC must be provided with open enrollment materials. If the plan or issuer requires participants (or beneficiaries) to actively elect to maintain coverage or provides an opportunity to change coverage options during open enrollment, the SBC must be provided as part of the open enrollment materials. If the plan does not require a new election (an evergreen plan), the SBC must be provided no later than 30 days prior to the first day of the new plan year.

## Section 6055 Written Statement of Health Insurance Coverage Provided to Covered Individuals

Entities providing “minimum essential coverage” must report certain information to the IRS and must provide a written statement to covered individuals. Statement must be furnished to individuals annually by January 31 pertaining to coverage that was offered in the previous calendar year.

### Form 1095-B and Instructions:

<https://www.irs.gov/forms-pubs/about-form-1095-b>

### Form 1095-C and Instructions:

<https://www.irs.gov/forms-pubs/about-form-1095-c>

## Section 6055 Written Statement of Health Insurance Coverage Offered to Full-Time Employees of Large Groups

Large employers providing “minimum essential coverage” must report certain information to the IRS and must provide a written statement to covered individuals. Employers must furnish individual statements annually by January 31 pertaining to coverage that was offered in the previous calendar year.

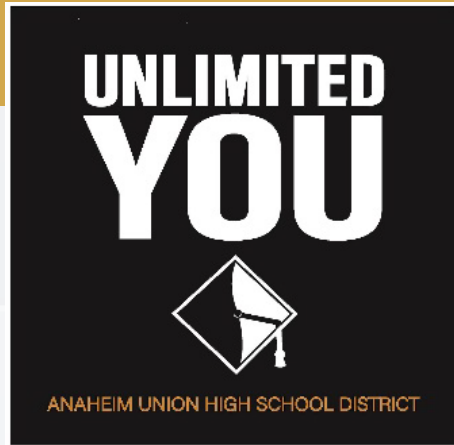
### Form 1095-C and Instructions:

<https://www.irs.gov/forms-pubs/about-form-1095-c>

*\*A large employer employs an average of at least 50 full-time and full-time equivalent employees on business days during the preceding calendar year.*

## Annual Opt-Out Notice

An applicable large employer must give full-time employees an annual notice and opportunity to opt-out of coverage unless the coverage offered provides minimum value and is affordable based on the federal poverty level safe harbor. The employer must provide this notice in order to be considered as having “offered” coverage to full-time employees for the purpose of the Employer Mandate.



THIS BENEFIT SUMMARY PREPARED BY



**Gallagher**

Insurance | Risk Management | Consulting



# Beneficiary Designation Form Anaheim Union High School District

Please return completed form to: Benefits Department / Mail Stop #77

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

- This beneficiary information applies to all coverages applicable to the covered employee and will replace any prior beneficiary designation.
- The primary beneficiary is the individual(s) who will receive the insurance proceeds in the event of the insured's death.
- In the event the primary beneficiary(ies) predecease(s) the insured, the contingent beneficiary(ies) will receive the insurance proceeds.
- If no beneficiary is named, or no beneficiary survives the insured, settlement will be made in accordance with the terms of the Group Contract.
- To change your beneficiaries, you must complete a new form.
- If you wish to name more beneficiaries than this form provides space for, complete your list on an additional copy of this form and attach it.

**Beneficiary Designation** - (the total of Primary Beneficiaries must equal 100%, and the total of Contingent Beneficiaries must equal 100%). If you need to list more beneficiaries please attached additional pages of this form.

Primary (you must have at least one primary beneficiary)      Percentage of benefit: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security/ Tax ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Primary     Contingent    Percentage of benefit: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security/ Tax ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Primary     Contingent    Percentage of benefit: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security/ Tax ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Complete this form and retain a copy for your records

