



Palo Alto Unified School District

2017 Benefits Information

Open Enrollment: Nov 7 – Nov 18, 2016

New This Year!

- Online enrollment and changes through BenefitBridge, accessed on the PAUSD staff site, Bob
- Change to Sutter Health Plus medical plan:
 - ◆ Current Blue Shield members (HMO and PPO) must re-enroll
 - ◆ Kaiser members making no changes do not need to re-enroll
- New life insurance plan and provider
- Health Care Flex Spending maximum has increased to \$2,600

Please Remember!

- Employees opting out of medical and/or dental plans must elect opt-out each year and provide proof of insurance
- All employees must re-enroll to participate in Flex Spending

Open Enrollment Calendar and Timeline

Important Dates	What to Expect
November 3, 2016	Open enrollment information available on BOB.
November 7 - November 18, 2016	Open Enrollment Period – Online Open Enrollment in PAUSD health plans by accessing the online enrollment platform, BenefitBridge. Link on BOB: https://bob.pausd.org (Medical, dental, vision, life, flexible spending, and Opt-out)
November 10, 2016	<u>Enrollment Assistance Meeting</u> 3:30 p.m.- 5:00 p.m. District Office, Board Room Sutter Health Plus representative available for questions
November 15, 2016	<u>Enrollment Assistance Meeting</u> 3:30 p.m.- 5:00 p.m. District Office, Board Room Sutter Health Plus representative available for questions
November 7 - November 18, 2016	Flexible Spending Accounts Section 125 (FSA) To continue a current FSA or to enroll in a new FSA, access online on BOB, https://bob.pausd.org . Enroll through BenefitBridge.
November 18, 2016	Open Enrollment Ends
January 1, 2017	Your new benefit elections begin for the January 1, 2017 – December 31, 2017 plan year.

Benefits Open Enrollment Online with BenefitBridge

The district will begin utilizing an online enrollment platform, BenefitBridge, with this open enrollment period. Paper forms will no longer be accepted. All new enrollments, plan changes, dependent changes, etc., will be made online. BenefitBridge is accessed on BOB at <https://bob.pausd.org>. You may be contacted via email regarding the need to submit any required documentation, i.e., marriage license, domestic partner affidavit, birth certificate, etc. See the link for access and registration information on BOB. For technical assistance, please contact:

BenefitBridge Customer Care
800-814-1862
Monday – Friday, 8:00 AM – 5:00 PM California time
or email benefitbridge@keenan.com

Who is Eligible for Benefits

Employees

If you work 50% (20 hours per week) or more, you are eligible for benefits on the first day of the month following your initial hire date. Part-time employees pay a prorated portion of the District's cost of benefits.

Dependents

Your dependents may be eligible for medical, dental, vision, and dependent life insurance coverage. There is an employee contribution toward the cost of dependent coverage. Your eligible dependents are:

- Your spouse (county-issued marriage certificate required)
- Your children up to their 26th birthday (county-issued birth, adoption, or legal guardian certificate required)
- Your declared domestic partner as defined by the State of California (domestic partner affidavit required)

When You Can Enroll

New Hires

Newly hired employees must enroll for benefits within 30 days of the date they are first eligible for benefits. New hires will receive an email with a link to the online benefit enrollment tool, BenefitBridge to complete enrollment options. New hire benefit coverage becomes effective the first of the month following your hire date. If you have questions, email sharris@pausd.org for assistance.

During Annual Open Enrollment

Annual open enrollment for benefits will occur each fall for benefit plans that go into effect January 1 of the new plan year. Benefit-eligible employees may change current benefit elections during open enrollment for the new coverage effective January 1. Access the online enrollment platform, BenefitBridge, at <https://bob.pausd.org>.

Making Changes During the Plan Year for Qualified Events

Benefit elections made at the time of hire and during open enrollment remain in effect for the full plan year unless you experience a **qualified status change** event as defined by the IRS. Examples of qualified status changes include marriage, legal separation, divorce, birth or adoption of a child, death of a dependent, change in your or your spouse's/domestic partner's job status, and loss of dependent status. You must notify the Benefits Office within 30 days of a qualified status change event in order to make changes to benefit elections. Any benefit change must be consistent with the status change (for example, you may add dependent coverage after the birth or adoption of a child). Documentation may be requested to verify the qualifying event.

Questions & Answers

Q & A – District-provided Medical Plans (Kaiser and Sutter Health Plus)

1. **Question:** What medical plans will be available in 2017?

Answer: Blue Shield is being replaced by Sutter Health Plus (SHP) as of January 1, 2017. **All employees enrolled in Blue Shield HMO and PPO plans must change their medical election to either Kaiser or Sutter Health Plus.** If you select Sutter Health Plus, you will be prompted to select a primary care physician (PCP) from the Sutter Health Plus website. Many of the Blue Shield PCPs are also contracted with Sutter Health Plus. If you do not enter your PCP selection during online enrollment on BenefitBridge, Sutter Health Plus will assign you to a PCP based on your residential zip code. Once you receive your new Sutter Health Plus identification card, you will be able to change your PCP by contacting SHP Member Services, if desired.

Kaiser will continue to be a plan option in 2017. If you are a current Kaiser plan participant in 2016, and do not want to make any changes to your coverage with Kaiser, you are not required to re-enroll with Kaiser during open enrollment. If you are a Kaiser participant, but wish to change to the Sutter Health Plus for 2017, you may do so by utilizing the online enrollment tool, BenefitBridge, during the open enrollment period.

2. **Question:** I want to keep the same medical coverage with the same dependents as I had last year. What should I do?

Answer: As a Kaiser member, your current plan will continue with no action required on your part during Open Enrollment. There are plan changes for the 2017 plan year; please review the summary documents available on BOB.

Answer: **Blue Shield HMO and PPO plans will no longer be offered by PAUSD in 2017. Your current coverage will end December 31, 2016.** Blue Shield HMO and PPO members **MUST** enroll in either a Kaiser or Sutter Health Plus plan to have medical benefits in 2017. Access the online enrollment platform BenefitBridge posted on the PAUSD intranet site, BOB, during the Open Enrollment period to enroll in medical benefits for 2017.

3. **Question:** Will I be able to continue with my Blue Shield doctors if I choose the Sutter Health Plus plan?

Answer: The Blue Shield network of doctors is larger than the Sutter Health Plus network. A number of employees and dependents will have to select new doctors from the Sutter Health Plus network. If your primary care physician with Blue Shield practiced at a Sutter facility in the Sutter Health Plus network, it is likely that they will be within the Sutter Health Plus network. When the new Sutter Health Plus plan summary is posted, we will post a list of Blue Shield primary care doctors with notation on whether they are in or out of the Sutter Health Plus network.

4. **Question:** Will I be able to see doctors at PAMF and Stanford Hospital & Clinics?

Answer: PAMF in Palo Alto is a central part of the Sutter Health Plus and is in the network. Stanford Hospital and LP Children's Hospital are not in the Sutter Health Plus network and employees will not be able to use these facilities.

5. **Question:** If Stanford Hospital is not in the Sutter Health Plus network, then what hospitals are in the network?

Answer: El Camino Hospital, Sequoia Hospital, Mills Peninsula Medical Center, Menlo Park Surgical Hospital, California Pacific Medical Center, and several others. See the Open Enrollment materials for a complete list.

6. **Question:** Will I be able to go to any Sutter facility?

Answer: Not all Sutter facilities are in the Sutter Health Plus network at this time. For example, the PAMF in the Santa Cruz area is not in the Sutter Health Plus network. Please see the Sutter Health Plus service area map.

7. **Question:** Is there a PPO option in Sutter Health Plus?

Answer: No. There will not be a PPO option with Sutter Health Plus. You will need to select a primary care physician when enrolling in the Sutter Health Plus plan, and Kaiser is an available option.

8. **Question:** Will there be out-of-network options for either Sutter Health Plus or Kaiser?

Answer: Only emergency care may be covered. There are no out of network services unless your Sutter Health Plus or Kaiser Primary Care Physician authorizes a medically indicated referral out of the network.

9. **Question:** I am currently in treatment with a specialist that is not in the Sutter Health Plus network. Will I be able to continue with my specialist?

Answer: You will be able to apply for a Transition of Care with Sutter Member Services. The request will be evaluated by Sutter and you will be advised whether you will be able to continue services with the out-of-network physician and the length of time.

10. **Question:** If I was with Blue Shield, and I will now be enrolling in the Sutter Health Plus plan, will my drug prescriptions be transferred to Sutter Health Plus?

Answer: No, you will need to ask your physician to provide new prescriptions to be filled under the Sutter Health Plus plan. Even if the Blue Shield physician you see is in the Sutter Health Plus network, you will still need to request new prescriptions to be filled by the pharmacy.

11. **Question:** I want to change my dependent coverage (for example, from single to family). What should I do?

Answer: Make dependent coverage changes during open enrollment by accessing BenefitBridge. Log on to BOB at <https://pausd.org> to access the Open Enrollment portal.

12. **Question:** Will there be an employee contribution toward the cost of health care?

Answer: The District will continue to pay the health care costs for full-time employees enrolled in an employee only plan in the Kaiser and Sutter Health Plus. Medical plans with dependents will require an employee contribution.

The monthly employee contributions for plans with dependents are:

	<u>Kaiser</u>	<u>Sutter Health Plus</u>
Employee +1	\$85/month	\$90/month
Employee + Family	\$120/month	\$130/month

13. **Question:** What will benefits cost me if I am a part-time employee?

Answer: All part-time employees will pay a prorated portion of their health care costs based on the FTE/number of hours worked. Please see the table on page 9 for the most common prorated costs.

14. **Question:** My benefit coverage will be for the whole plan year, January 1, 2017 – December 31, 2017 but I only receive 10 or 11 paychecks a year. How will the District handle my monthly employee contributions?

Answer: The District Payroll will make double deductions in the last two paychecks of the school year to cover the employee contribution and prorated costs for the summer months.

15. **Question:** What if I am married to, or the registered partner of, another PAUSD employee who is benefits-eligible?

Answer: Married and registered partners, who are both benefits-eligible and employed by the District may be eligible for an additional District contribution toward the employee contribution for health benefits in the employee-plus-one and employee-plus-family medical coverage policies. Adding the percentages of full time equivalent (FTE) for each employee of the couple and multiplying the portion over 1.0 FTE by the monthly cost of the employee-only rate shall determine the amount of the additional District contribution toward the employee contribution. If this amount equals or exceeds the employee monthly contribution for the chosen medical plan, the couple will not be required to pay an employee contribution. If this product does not equal or exceed the employee contribution for the chosen medical

plan, the couple will pay the difference as a monthly payroll deduction. Married and registered partners, where both are benefit eligible part-time employees, may combine their percentage of full time status to qualify for the full-time District contribution toward an employee-plus-one or employee-plus-family without having the District's contribution prorated.

16. **Question:** I would like to decline medical coverage from the District and receive the \$2,500 stipend. What should I do?

Answer: Full-time, benefits-eligible employees may opt out of the District's medical plan and receive \$2,500 for a full year of non-coverage (partial year non-enrollment will be prorated). You **MUST** complete a new insurance coverage waiver notice accessed on the online enrollment platform, BenefitBridge, and provide proof of comparable coverage for not only yourself but your non-District spouse and dependents. **Current Opt-Out Stipends are NOT automatically renewed.**

17. **Question:** How do I cover my college student who is away at school?

Answer for Sutter Health Plus Members: If the student is attending college outside of the Sutter Health Plan service area, you will need to look into student coverage that might be available through the university.

Answer for Kaiser Members: Kaiser covers much of California. You have the option of enrolling the student now in the PAUSD plan for the Bay Area and, when the coverage begins 1/1/17, contact Kaiser to change the student's plan to the appropriate region where she/he is attending college.

Q & A – Delta Dental Premier or PPO Plan

1. **Question:** I want to stay on my current Delta Dental Plan—either the Delta Dental Premier or PPO Plan. What should I do?

Answer: You do not need to do anything. Your current Delta Dental Plan will automatically continue.

2. **Question:** I want to make changes to the Delta Dental PPO Plan. What should I do?

Answer: You must complete the Open Enrollment process on BenefitBridge for dental benefits. Access the Open Enrollment portal on the PAUSD internal website, BOB (<http://bob.pausd.org>), and follow the open enrollment link.

3. **Question:** If I am currently on the Delta Premier Plan and I change to the Delta Dental PPO Plan, can I change back to the Delta Dental Premier Plan?

Answer: No, once you leave the Delta Dental Premier Plan you may not return to it later.

4. **Question:** Is the District offering a stipend to opt out of the dental insurance coverage this year?

Answer: Yes, employees who are eligible for 100% District-paid dental coverage may opt out of the District's dental plan and receive \$300 for a full year of non-coverage (partial year non-enrollment will be prorated). You **MUST** complete a dental plan waiver notice accessed on the online enrollment platform, BenefitBridge. **Current Opt-out Stipends are NOT automatically renewed.**

Q & A – Flexible Spending Account (FSA) Health Care

1. **Question:** I want to continue my health care FSA. What should I do?

Answer: To continue or to add a medical Flex Spending account) you **MUST** complete a new PayFlex enrollment online with BenefitBridge. Access the BenefitBridge Open Enrollment portal on the PAUSD internal website, BOB (<http://bob.pausd.org>), and follow the open enrollment instructions for Medical Flex Spending. **Your current 2016 Flex Spending account will NOT be automatically renewed.**

2. **Question:** Will the District contribute matching funds to my health care Flex Spending account (FSA)?

Answer: Yes, the District will provide up to \$200 in matching funds to your health care FSA to help employees with

increasing health costs. You may contribute more than \$200 into the FSA, up to \$2,600 annually. The maximum contribution level will be \$2,400 employee contribution + \$200 District contribution for medical Flex Spending Accounts.

3. **Question:** Is there a minimum amount that I must contribute to open a health care FSA?

Answer: Yes, a \$5-per-month minimum contribution is required. The amount you choose to contribute will be automatically deducted from each month's paycheck. The District will match each month's contribution up to \$200 total for the year. To receive the maximum District contribution to your medical Flex Spending plan, an employee must contribute \$200. Employee contribution (\$200) plus District contribution (\$200) will be a \$400 Flex Spending account limit.

4. **Question:** If I contribute \$100 to a Health care FSA how do I get the District's \$100 dollars of matching funds?

Answer: The District will automatically contribute the matching funds on a monthly basis.

5. **Question:** What happens if I don't spend all of the money I have in my health care FSA?

Answer: Your health care FSA balance must be spent, on qualified medical expenses, during the 12 months from January 1, 2017 - December 31, 2017. However, there is a 2½ month grace period (until March 15, 2018) that will allow you to spend down any remaining FSA balance from 2017. Once the grace period has ended, any remaining balance from 2017 is no longer available to the employee.

6. **Question:** What if I still have a balance after the March 15th grace period has ended?

Answer: After March 15, 2018, the grace period has ended and any remaining balance from 2017 is no longer available to the employee.

Q & A – Flexible Spending Account (FSA) Dependent Care

1. **Question:** I want to continue my Dependent Care FSA. What should I do?

Answer: To continue or to add a Dependent Care Flex Spending account you MUST complete a new PayFlex enrollment online with BenefitBridge. Access the BenefitBridge Open Enrollment portal on the PAUSD internal website, BOB (<http://bob.pausd.org>), and follow the open enrollment instructions for Dependent Care Flex Spending. **Your current 2016 Flex Spending account will NOT be automatically renewed.**

2. **Question:** Do I need to have a health care FSA in order to have a dependent care FSA?

Answer: No, each FSA is independent of the other.

3. **Question:** Is the District providing a matching contribution to a Dependent Care FSA?

Answer: No, there is no District matching contribution for Dependent Care Flex Spending accounts. The District will only make a matching contribution to a health care FSA.

4.. **Question:** Is there a federal limit to a Dependent Care FSA?

Answer: Yes, there is a \$5,000 Dependent Care FSA per family.

Double Coverage

Does your spouse also work for PAUSD? If so, you cannot cover yourself and also be covered as a dependent by your spouse's PAUSD plan. Likewise, only one of you may cover your eligible children for health care.

Medical Options

PAUSD employees eligible for medical benefits will have the options of two medical plans to cover yourself and your eligible dependents. All eligible employees must select either Kaiser Permanente or Sutter Health Plus. Study your options, as the plans offer different levels of coverage and provider choices. For a comparison of your options, refer to the Medical Plan Highlights chart on page 10.

Health Maintenance Organizations (HMOs)

When you enroll with an HMO, you must receive all of your medical care from HMO providers at the HMO's facilities or no benefits will be paid (except for certain emergencies). HMOs typically offer the highest level of benefits at the lowest cost. You generally pay only a copayment at the time of service and there are no claim forms to file. Many services, such as preventive care, are covered in full. HMOs emphasize preventive care such as routine physicals, prenatal care, well baby care, well woman care, and cholesterol screenings. Please look at the provider website to learn more about what type of educational programs your HMO offers.

Kaiser Permanente HMO

When you select the Kaiser HMO, you are encouraged to choose a Personal Plan Physician who will coordinate all your health care needs, including hospital stays and referrals to specialists. You may select a Personal Plan Physician from the following specialties: internal medicine, obstetrics/gynecology, family practice, or pediatrics. Some Kaiser specialty departments, such as mental health and optometry, do not require a referral from your Personal Plan Physician. Some services may be limited for members who live outside of a designated Kaiser service area.

Sutter Health Plus (SHP)

When you enroll with Sutter Health Plus you will be seen by a physician participating in the Sutter Health Plus network and be seen in Sutter facilities designated as participating in the Sutter Health Plus network. During open enrollment you will be asked to select a Primary Care Physician within the Sutter Health Plus network. If you do not select a Primary Care Physician, SHP Member Services will assign you to a Primary Care Physician. Your Sutter Health Plus Primary Care Physician will be your "point person" in coordinating your health care across the Sutter Health Plus network.

***Please note that not all Sutter facilities are in the Sutter Health Plus network (e.g., the Sutter PAMF in Santa Cruz is not a part of the Sutter Health Plus network). Please see the service area map that lists facilities in the Sutter Health Plus network.

Preferred Provider Organization (PPO)

There is no PPO option beginning January 1, 2017.

Your Cost for Coverage

Refer to the Medical Plan Highlights chart on page 10 for a comparison of how the different plans pay for various treatments and services. For more detailed information, please refer to your insurance summary plan description.

Premiums

For full-time employees, the District pays the cost of premiums for the Kaiser and Sutter Health Plus plans as shown on the next page. The employee will pay the employee contribution as shown. For part-time employees working 50% (20 hours per week) and more, the District pays a prorated portion of the District's cost for the medical, dental, vision, or life benefits that the employee chooses to purchase. The employee pays the balance.

Opt-out Stipend

Full-time, benefits-eligible employees may opt out of the District's medical and/or dental insurance plans, provided the employee can provide proof of comparable medical/dental coverage through a non-District spouse or legal partner. As an incentive to take advantage of the opportunity to opt out of the District's plans, eligible employees may receive \$2,500 for a full year of medical non-coverage and/or \$300 for a full year of dental non-coverage (partial year non-enrollment will be prorated).

Active Employee PLAN	District Monthly Contribution (12 per annum)	Employee Monthly Contribution (12 per annum)	Total Monthly Premium Rate for 2017
Kaiser			
Employee	\$640.32	\$0	\$640.32
Employee + 1	\$1,195.64	\$ 85.00	\$1,280.64
Employee + Family	\$1,692.11	\$120.00	\$1,812.11
Sutter Health Plus			
Employee	\$654.82	\$0	\$654.82
Employee + 1	\$1,219.76	\$90.00	\$1,309.76
Employee + Family	\$1,723.51	\$130.00	\$1,853.51
Delta Dental			
PPO Plan	\$122.80	\$0	\$122.80
Premier Plan	\$146.90	\$0	\$146.90
VSP			
Vision Plan	\$17.56	\$0	\$17.56
VOYA Life Ins			
Life Insurance	\$9.00	\$0	\$9.00

The amount an employee will contribute toward benefits is determined by the percentage you are working. To calculate the percentage you are working, divide the number of hours you work each day by 8. Or, divide the number of hours you work each week by 40.

	District Contribution	Employee working 50%	Employee working 60%	Employee working 69%	Employee working 75%	Employee working 80%	Employee working 81%	Employee working 90%	Employee working 100%
Monthly Employee Contribution									
Kaiser-employee only	640.32	320.16	256.13	198.50	160.08	128.06	121.66	64.03	-
Kaiser-employee + 1	1,195.64	682.82	563.26	455.65	383.91	324.13	312.17	204.56	85.00
Kaiser-employee + family	1,692.11	966.06	796.84	644.55	543.03	458.42	441.50	289.21	120.00
Sutter Health Plus-employee only	654.82	327.41	261.93	202.99	163.71	130.96	124.42	65.48	-
Sutter Health Plus HMO-emp + one	1,219.76	699.88	577.90	468.13	394.94	333.95	321.75	211.98	90.00
Sutter Health Plus-emp + family	1,723.51	991.76	819.40	664.29	560.88	474.70	457.47	302.35	130.00
Delta PPO-composite rate	122.80	61.40	49.12	38.07	30.70	24.56	23.33	12.28	-
Delta Premier-composite rate	146.90	73.45	58.76	45.54	36.73	29.38	27.91	14.69	-
Vision Service Plan-composite rate	17.56	8.78	7.02	5.44	4.39	3.51	3.34	1.76	-
VOYA Life Insurance	9.00	4.50	3.60	2.79	2.25	1.80	1.71	0.90	-

Important Note:

10-month employees will have a double deduction of premiums from the April and May warrants to cover summer months of June and July when you are not receiving a regular paycheck. 11-month employees will have double deductions of premiums from the June warrant only.

Medical Highlights

	Kaiser Permanente HMO Plan	Sutter Health Plus HMO Plan
	<i>You pay:</i>	<i>You pay:</i>
Annual Deductible This is the amount you pay each year before the plan pays its portion of expenses.	No deductible	No deductible
Annual Out-of-pocket Maximum	\$1,500 per person \$3,000 per family	\$500 per person \$3,000 per family
Lifetime Maximum	Unlimited	Unlimited
Choice of Providers	You must use the HMO's providers. Your care must be coordinated by your Primary Care Physician (PCP).	You must use the HMO's providers. Your care must be coordinated by your Primary Care Physician (PCP).
Physician Office Visit	\$20 copay	\$20 copay
Hospital Inpatient	\$500 copay per admission	\$250 copay per day (up to 3 days)
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Preventative Health Coverage *	No charge *	No charge *
Outpatient Tests	\$20 copay (no charge for x-ray, lab, & immunizations)	\$20 copay
CT, CAT, or PET scan MRI or Nuclear Cardiac Scan	No charge	No charge
Outpatient Surgery	\$20 per procedure	\$100 per procedure
Home Health Care	Covered in full (limited to 100 visits per calendar year)	\$0 copay (up to 100 visits per calendar year)
Prescription Drugs	<p style="text-align: center;">Kaiser Pharmacies: Generic: \$15 copay (30-day supply) Brand: \$35 copay (30-day supply) Specialty: 20%, up to \$250 copay max per Rx (30-day supply)</p> <p style="text-align: center;">Mail Order: Generic: \$30 (100-day supply) Brand: \$70 (100-day supply)</p>	<p style="text-align: center;">Participating Pharmacies: Generic: \$10 copay (30-day supply) Brand (formulary): \$20 copay (30-day supply) Brand (non-formulary): \$60 copay (30-day supply)</p> <p style="text-align: center;">Specialty: 20%, up to \$100 copay max per Rx (30-day supply)</p> <p style="text-align: center;">Mail Order: Generic: \$20 copay (100-day supply) Brand (formulary): \$60 copay (100-day supply) Brand (non-formulary): \$120 (100-day supply)</p>

* Please refer to your health plan's Evidence of Coverage or Summary Plan Description for included preventative services.

Delta Dental Options

The Delta Dental PPO Plan is available to all eligible employees for dental coverage for yourself and your eligible dependents. Employees hired prior to January 1, 2010 may continue enrollment in the Delta Dental Premier Incentive Plan or they may choose to change coverage to the Delta Dental PPO Plan.

Delta Dental PPO Plan (Available to All Eligible Employees)

The Delta Dental PPO (Preferred Provider Organization) program allows you the freedom to visit any licensed dentist, including a dentist from the Delta Dental Premier network. However, there are advantages to using a Delta Dental PPO network dentist instead of a Premier or non-Delta Dental dentist.

When you use a Delta PPO network dentist the payment amount to the dentist (which is charged to your annual allowance of \$2,500) is significantly lower. The Delta Dental PPO does require copayments for certain procedures. Delta Dental PPO dentists have agreed to accept Delta's determination of fees and will not bill over Delta's approved amount.

Delta Dental Premier Plan (Available Only to Employees Hired Prior to 1/1/2010)

Delta Premier allows you to visit any dentist, but there are several advantages to choosing a Delta dentist:

- Low, pre-negotiated rates
- No claim forms

Plus, with Delta Premier, you have an incentive to visit the dentist at least once during the year. Here's why: The Plan pays 70% of the approved fees for covered diagnostic, preventive, basic, cast, and crown benefits during the first year you are eligible. This percentage will increase 10% each year (to a maximum of 100%) for each person covered, provided that the individual (you or your dependent) visits the dentist at least once during the year. If you do not visit the dentist during a year, you or your dependent will remain at the level reached the previous year.

To use a Delta provider, check the Delta Dental provider directory online to find a dentist in your area and make an appointment.

If you use a non-Delta provider, make an appointment with your chosen dentist. You may have to pay the entire bill at the time of treatment. You must file a claim form for reimbursement.

Need Help?

***For a list of Delta dentists, visit the website at www.deltadentalins.com
or call Delta toll-free at (800) 765-6003.***

Benefits Highlights for Delta Dental Premier & PPO Plans

	Delta Premier	Delta PPO
Annual Maximum	\$2,000 per person	\$2,500 per person in-network \$2,000 per person out-of-network
Diagnostic and Preventative Benefits Oral examinations, routine cleanings, x-rays, fluoride treatment, space maintainers, special consultations	70% Paid by Plan Level 1 80% Paid by Plan Level 2 90% Paid by Plan Level 3 100% Paid by Plan Level 4	100% Paid by Plan
Basic Benefits Fillings, root canals, periodontics (gum treatment), tissue removal (biopsy), sealants, oral surgery (extractions)	70% Paid by Plan Level 1 80% Paid by Plan Level 2 90% Paid by Plan Level 3 100% Paid by Plan Level 4	80% Paid by Plan
Crowns and Other Cast Restorations Crowns, inlays, onlays, cast restorations	70% Paid by Plan Level 1 80% Paid by Plan Level 2 90% Paid by Plan Level 3 100% Paid by Plan Level 4	50% Paid by Plan
Prosthodontics Bridges, partial dentures, full dentures	50% Paid by Plan	
Implant Benefits	Not Covered	50% Paid by Plan
Deductibles Deductibles are waived for diagnostic & preventative services	\$25 per person, \$75 per family per calendar year	

* Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan for a description of waiting periods and a list of benefit limitations and exclusions.

** Fees are based on maximum plan allowance (MPA) for in-network dentists and the MPA for out-of-network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.

Vision Coverage

The District Vision Service Plan (VSP) Network is VSP Choice. With VSP, caring for your eyes is easy. In fact, millions of Americans rely on VSP for personalized care, excellent service, and great value.

VSP offers flexibility and choices. You may use any vision care provider, but if you use a VSP Choice network provider, you get the most value from your VSP benefit. With VSP providers there are no cards, no claim forms, and no hassles. With other providers, you must pay the bill in full and file a claim for reimbursement at the scheduled benefit level.

Need Help?

To Find a VSP provider call (800) 877-7195 or go online at www.vsp.com.

Vision Plan Highlights

	If You Use a VSP Provider	If You Use Other Provider
Eye Exam (1 exam every 12 months)	\$10 copay	Reimbursed up to \$45
Eyeglass Lenses (1 pair every 12 months)	Single vision, lined bifocal lenses, lined trifocal lenses, and tints covered in full	Reimbursed up to \$30 for single vision, \$50 for bifocal, and \$65 for trifocal
Eyeglass Frames <u>or</u> Contact Lenses (1 pair every 12 months) Frame of your choice covered up to \$115 plus 20% off the amount over your allowance	Covered in full up to plan allowances	Reimbursed up to \$70 for frame and \$105 for contact lenses

Life & Accident Insurance: New Insurance Program with Voya

Group Term Life Insurance for Yourself

As a District employee who is benefit-eligible you may receive group term life insurance in the amount of \$100,000. Employees, age 65 and older, are eligible for \$65,000. At age 70, your benefit is \$50,000. You also receive an equal amount of Accidental Death and Dismemberment (AD&D) coverage. The District pays the entire cost of this important protection for full-time employees. Voya Financial administers this plan. Your term life insurance benefit is payable at the time of your death. AD&D benefits are payable only if your death or serious injuries are the direct result of an accident.

Group Term Life Insurance for Your Dependents

The District also provides basic life insurance coverage through Voya Financial for your dependents. Your spouse and children are each eligible for \$1,000 of coverage. Life insurance coverage for newborn children between the ages of birth and 6 months will be \$100. Dependent children are eligible until age 26.

Is Your Beneficiary Information Up-to-Date?

Be sure your beneficiary information is up-to-date. This can be done anytime—it does not have to be done during Open Enrollment. Enter beneficiary information by accessing the BenefitBridge link located on the PAUSD internal website, BOB (<http://bob.pausd.org>).

Voluntary Insurance Plans/Products

Flexible Spending Accounts (FSA)

To participate in the Flexible Spending Accounts, you must enroll each year during the Open Enrollment period. The District uses PayFlex to administer the FSA programs. Taking advantage of an FSA is a great way for you and your family to save money by reducing your taxable income. Under the IRS Code, an FSA allows you to pay certain eligible medical and dependent care expenses with pre-tax dollars.

To continue or to add a dependent care Flex Spending Account you **MUST** complete a new PayFlex enrollment online with BenefitBridge. Access the BenefitBridge Open Enrollment portal on the PAUSD internal website, BOB (<http://bob.pausd.org>), and follow the Open Enrollment instructions for the flexible spending plans. **Your current 2016 Flex Spending account will NOT be automatically renewed.**

For the 2017 plan year, the District will provide up to \$200 in matching funds to your health care FSA to help employees with increasing health costs.

Debit Card Convenience

Your FSA(s) has a great feature—the FSA debit card. You can use your PayFlex FSA Debit Card to pay eligible health plan deductibles, copays, and prescription drugs. It’s easy, convenient, and hassle-free. On the enrollment form you can designate the amount you wish to contribute to a health care FSA up to \$2,600. There is also an FSA for dependent care with a \$5,000 maximum contribution per married couple.

Flexible Spending Account Highlights

	Health Care Account	Dependent Care (Child Care) Account
Your Pre-tax Contributions	Minimum: \$5 per month Maximum: \$2,600 per year	Minimum: \$5 per month Maximum: \$5,000 per year per married couple
Eligible Expenses A complete list of eligible expenses is found on IRS forms 502 and 503, available at www.irs.gov/forms_pub	Expenses that could be deducted on your federal income tax return for you, your spouse, and any dependent you list on your tax return, provided they have not been reimbursed by other coverage. <ul style="list-style-type: none"> • health plan deductibles and copays • prescription drugs • certain charges not covered by any plan Examples of ineligible expenses are premiums, cosmetic surgery, and non-prescription over the counter drug costs.	Expenses to care for eligible dependents that allow you to work. Eligible dependents include: <ul style="list-style-type: none"> • children under age 13 who qualify as a dependent on your tax return • your spouse or other qualifying family member listed on your tax return who is physically or mentally incapable of self-care Ineligible expenses include food, clothing, and care during nonworking hours.
Special Note	You cannot deduct reimbursed expenses on your federal income tax return.	You cannot use reimbursed expenses for the Earned Income Credit, which may be more advantageous if your family income is below \$25,000.

For additional information about FSA plans go to the following link for the PayFlex FAQs page at <https://www.payflex.com> and select “individuals” then “learn about pre-tax accounts.”

Identity Theft Protection

PAUSD is offering a voluntary ID Theft Protection plan effective January 1, 2017. This program offers identity recovery service to you and your family members such as credit monitoring, toll-free worldwide telephone access, and educational tools. Employees may enroll in this voluntary program via BenefitBridge.

ID Theft Protector with Keenan: 24/7/365 Peace of Mind

ID Theft Protector offers real peace of mind and comprehensive, real-time identity theft recovery service for you and your family to quickly and easily recover from identity theft.

24/7/365 “real time” access to credit bureau records allow specially trained and certified fraud resolution specialists to identify the crime, respond quickly to stop additional damage, remove fraudulent activity from the victim’s name, and regain control of your credit history.

With ID Theft Protector, resolution services happen much more quickly than with competitive programs. Whenever and wherever a victim’s identity is stolen, ID Theft Protector begins to make it better right away - with only one call to our 24/7/365 emergency assistance center.

Enroll Today for Just \$10 Monthly

- On BenefitBridge, elect ID Theft Protector
- Once registered, you will receive a Welcome Kit with details on how to activate coverage for you and your family.

Tax Deferred Retirement and Investment Plans 403(b)/457

As an employee of a public school system, you are eligible to participate in a 403(b) and/or 457(b) retirement plan. Participation in these plans is voluntary and may be done at the employee’s discretion.

How to Participate

To participate in a 403(b) or 457(b) tax-deferred compensation program choose from the vendors listed below, open an account with the vendor, and then complete a salary reduction form (available in the Human Resources office).

403(b) “Tax Sheltered Annuity Plan”

Please find the complete list of available 403(b) vendors at the CalSTRS website: www.403bcompare.com

457(b) “Deferred Compensation Plan”

Palo Alto Unified School District participates in 457(b) plans offered by two vendors:

CalPERS Information about the CalPERS 457(b) plan is located at <https://www.calpers.ca.gov/page/active-members/retirement-benefits/deferred-compensation>

The TDS Group – Information about the TDS Group 457(b) plan is available at <http://tdsgroup.org> (866) 446-1072 Option 4

Plan Descriptions

A **403(b) “Tax Sheltered Annuity Plan”** is a tax-deferred retirement plan available to employees of educational institutions and certain non-profit organizations as determined by section 501(c)(3) of the Internal Revenue Code. Contributions and investment earnings in a 403(b) grow tax-deferred until withdrawal

(assumed to be retirement), at which time they are taxed as ordinary income. Generally, penalty-free distribution from a 403(b) cannot occur until the participant reaches age 59½. At age 59½ penalty-free distribution is usually permitted even if you are still working. Early withdrawals are subject to a 10% IRS penalty and a 2½% state penalty. Furthermore, withdrawals are subject to ordinary income taxation in the year withdrawn, as well as a significant penalty by the vendor.

Typically, plans have two kinds of expenses: administrative costs and investment management fees. Investment management fees are usually charged by the investment company as a percentage of the total assets under management—the total value of your account. These fees range from about 0.2% on the low end to 3% on the high end. During the first few years of the contract, you may have to pay surrender charges if you transfer your money elsewhere. Often the surrender fees start at 7% or 8% and decline by a percentage point every year.

A **457(b) “Deferred Compensation Plan”** is a tax-deferred compensation plan that works very much like the 403(b) retirement plans. The key difference is unlike a 403(b) plan, there is no 10% IRS penalty and 2½% state penalty for early withdrawals before the age of 59½ (although the withdrawal is subject to ordinary income taxation and may be subject to a vendor penalty). Early withdrawals are restricted to separation from the District, retirement, or a qualified hardship emergency. No other early withdrawals are permitted. Another difference is that you may not begin regular withdrawals at age 59½ if you are still employed by the District. Generally, withdrawals must begin at age 70½ even if you are still employed. There usually are no vendor surrender charges for transferring your money to different funds. Investment management fees are charged by the investment company as a percentage of the total assets under management.

2017 Maximum Annual Contribution		
	\$18,000	403(b) contribution limit
	\$18,000	457(b) contribution limit
	\$6,000	Age 50+ catch-up limit

Disability Insurance

PAUSD employees do not pay into the State Disability Plan. Two voluntary plans are available to employees to help cover the gaps in coverage that you may face if you are unable to work because of sickness or disability. Pacific Educators is available to all employees; The Standard is a plan that is available to teachers who are members of the California Teachers Association. Please contact these vendors directly for information and enrollment instructions.

Company	Eligible Groups	Contact
Pacific Educators	All Employees	www.peinsurance.com
The Standard	CTA Members	www.cta.org (under My CTA section)

Important Contact Information

Questions About	Call	On the Web
Medical Benefits		
• Sutter Health Plus Member Services	(855) 563-2250	www.sutterhealthplus.org
• Kaiser Permanente	(800) 464-4000 (800) 788-0616 Español	http://www.kp.org/california
Dental Benefits		
• Delta Dental Premier Plan	(800) 765-6003	http://www.deltadentalins.com/
• Delta Dental PPO Plan	(800) 765-6003	
Vision Benefits		
• Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
Life Insurance Benefits		
• Voya Financial	(888) 238-4840	www.voya.com
Flexible Spending Accounts		
• PayFlex	(800) 729-3539	http://www.payflex.com/
Commuter Benefit		
• WageWorks	(877) 924-3967	www.wageworks.com
Employee Assistance Program		
• Managed Health Network	(855)789-5915	mhn.advantageengagement.com

Need Help?

For Benefits Enrollment	For registration or navigation assistance, contact: BenefitBridge Customer Care (800) 814-1862 Monday – Friday, 8:00 a.m. – 5:00 p.m. or email benefitbridge@keenan.com
For Plan Questions	PAUSD Benefits Administration Sue Harris, Benefits Administrator, sharris@pausd.org Gaby Rueda, Benefits and Payroll Tech, grueda@pausd.org

This brochure highlights certain features of the Palo Alto Unified School District benefits program. It does not include all plan rules and details and is not to be considered a certificate of coverage. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this brochure and the legal plan documents, the plan documents are the final authority. Palo Alto Unified School District reserves the right to change or discontinue the benefit plans at any time.