



# 2023

## Benefits Guide

---

For benefits effective  
January 1, 2023 -  
December 31, 2023



**Santa Maria Joint Union**  
HIGH SCHOOL DISTRICT

# Welcome!

## WELCOME TO YOUR 2023 BENEFITS!

Your health and the health of your family is as important to us as it is to you. That's why we have carefully considered the available healthcare options and selected the plans that we feel offer first-rate benefits at a good value. During this enrollment period, please carefully review each of your options so that you can choose the plans that will best meet your needs. If you have any questions regarding your benefits, please contact us in Human Resources.

Regards,

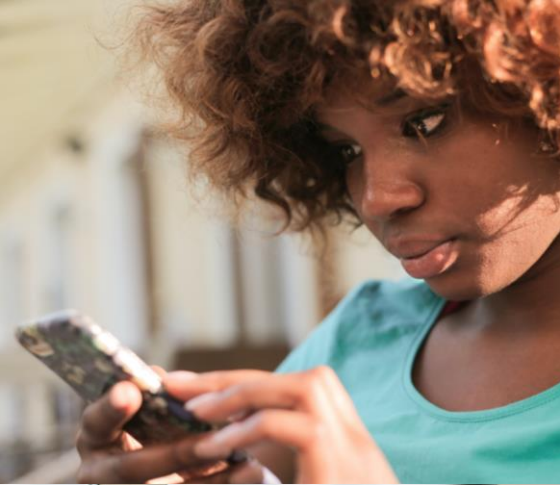
**Kevin Platt**

**Assistant Superintendent- Human Resources**

## TABLE OF CONTENTS

- |   |   |
|---|---|
| 3. <a href="#">Important Contacts</a>                 | 12. <a href="#">Finding In-Network Providers</a>    |
| 4. <a href="#">Enrollment &amp; Eligibility</a>       | 13. <a href="#">Supplemental Insurance</a>          |
| 5. <a href="#">Common Terms</a>                       | 14. <a href="#">Flexible Spending Account</a>       |
| 6. <a href="#">Medical Insurance</a>                  | 15. <a href="#">Life &amp; Disability Insurance</a> |
| 8. <a href="#">Make The Most Of Your Medical Plan</a> | 16. <a href="#">Help When You Need It</a>           |
| 9. <a href="#">Carrier Resources</a>                  | 17. <a href="#">How to Enroll</a>                   |
| 10. <a href="#">Dental Insurance</a>                  | 18. <a href="#">Notices &amp; Enrollment</a>        |
| 11. <a href="#">Vision Insurance</a>                  |   |

# IMPORTANT CONTACTS



## YOUR BENEFITS TEAM

### Santa Maria Joint Union High School District

**Monica Leyva-Marquez**

805-922-4573 x 4206 | [SMJUHSD-Benefits@smjuhsd.org](mailto:SMJUHSD-Benefits@smjuhsd.org)

### ONEDIGITAL HEALTH & BENEFITS

**Theresa Lomeli | Client Advocate**

Direct: 805-690-4560 | Fax: 805-456-4500

[tlomeli@onedigital.com](mailto:tlomeli@onedigital.com)

## CARRIER CONTACTS

### MEDICAL: CALPERS

**Anthem Blue Cross**

HMO: (855) 839-4524 | PPO: (877) 737-7776

[www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)

**Blue Shield**

(800) 334-5847 | [www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers)

**United Healthcare**

(877) 359-3714 | [www.uhc.com/calpers](http://www.uhc.com/calpers)

**OptumRX**

(855) 505-8110 | [https://www.optumrx.com/oe\\_calpers/landing](https://www.optumrx.com/oe_calpers/landing)

### DENTAL

**Delta Dental | Group #7075-5200, 5207**

(800) 422-4234 | [www.deltadental.com](http://www.deltadental.com)

### VISION

**VSP | Group #12179285**

(800) 877-7195 | [www.vsp.com](http://www.vsp.com)

### SUPPLEMENTAL

**Aflac**

Contact your Aflac Agent: Jose Blanco | (208) 794-2522

<https://www.aflacrollment.com/SantaMariaJointUnion/102824949638>

### FLEXIBLE SPENDING ACCOUNT (FSA)

**Aflac**

Contact your Aflac Agent: Jose Blanco | (208) 794-2522

<https://www.aflacrollment.com/SantaMariaJointUnion/102824949638>

### LIFE

**Reliance Standard | Group #GL130692**

(800) 435-7775 | [www.reliancestandard.com](http://www.reliancestandard.com)

### DISABILITY

**LTD: Reliance Standard | Group #LTD105983**

(800) 435-7775 | [www.reliancestandard.com](http://www.reliancestandard.com)

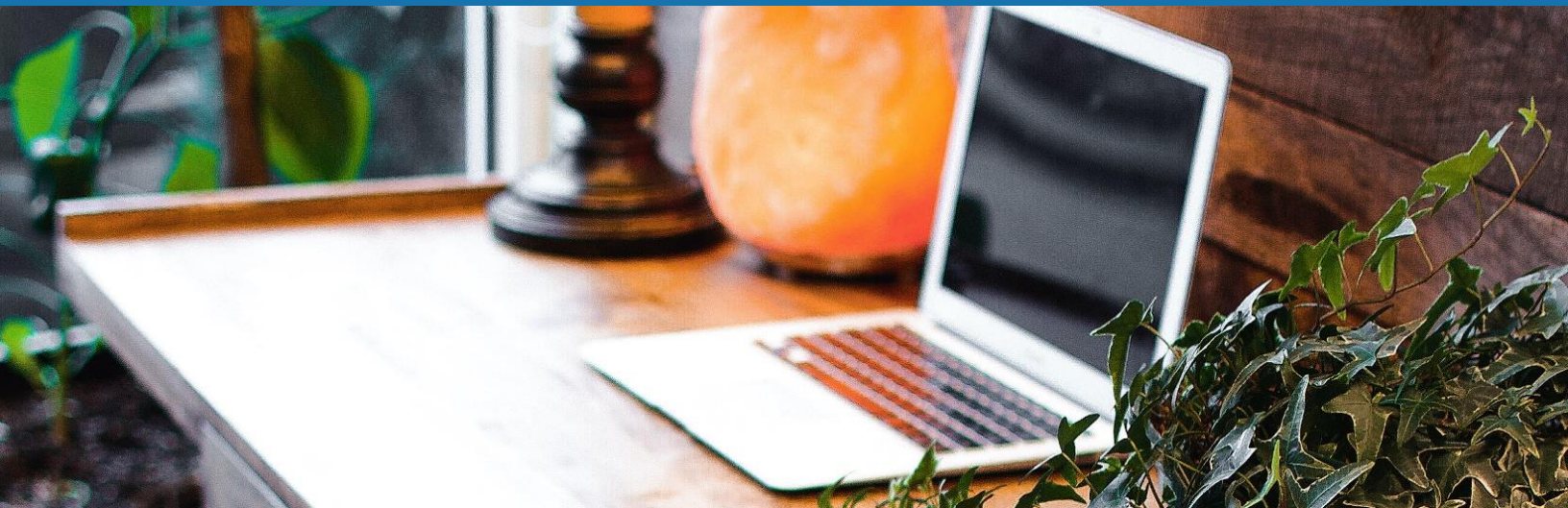
### EAP Plan

**Uprise Health**

800-395-1616 | <https://members.uprisehealth.com/>

Access Code & Password: SMJUHSD

# ENROLLMENT & ELIGIBILITY



## EMPLOYEE ELIGIBILITY

**You** can enroll on the plans included in this guide if you are an employee who is consistently working **at least 4 hours per day**

As a new hire, your benefits will be effective the **first of the month following your date of hire.**

## FAMILY ELIGIBILITY

**Your dependents** can be enrolled on the plan with you if they meet one of the following requirements:

- Legal Spouse or registered domestic partner
- Dependent Children (**under the age of 26 for medical, dental and vision**)
- Children of your spouse or domestic partner
- Dependent children of any age who are incapable of self-sustaining employment because of mental or physical handicap, and who receive from you or your spouse all of their support and maintenance, and who were continuously enrolled on the current medical plan before the age of 26.

### DEPENDENT AGE LIMITATIONS

Your dependent children will no longer be eligible to be enrolled on your plan beyond these age limits:

**MEDICAL:** Until age 26

**DENTAL:** Until age 26

**VISION:** Until age 26

## WHEN CAN I MAKE CHANGES?

**Mid-year**, you can make changes if one of these occur:

Marriage, Birth of a child, Adoption, Involuntary loss of coverage from a qualified group plan, Divorce, Legal separation, Death of spouse or dependent child.

You will have 30 days from the date of the event to make the appropriate change to your benefit elections.

**Open Enrollment** happens once a year and allows you to freely make changes to your plans and who is enrolled. Your company's annual Open Enrollment takes place in **September and October** for an effective date of **January 1st.**

## HOW MUCH WILL IT COST?

You will pay for your portion of the benefit cost through payroll deductions. The cost of each plan is included in the Ease enrollment site to show you the amount you will pay per paycheck.

The deduction amounts are subject to change at any time as deemed appropriate. Any revisions and changes will be provided in writing with a minimum of 30 days prior to the implementation of the change in contributions.

# COMMON TERMS

Throughout this Benefits Guide, you may come upon a few terms that you don't recognize or fully understand. Refer back to this page as needed to define common benefits terminology you come across.

## HMO NETWORK PLAN

A **Health Maintenance Organization (HMO)** plan limits coverage to care from doctors who work for/contract within a specified network. An HMO requires you and enrolled dependents to select a Primary Care Physician (PCP) & Medical Group who will direct the majority of your health care needs.

## PPO NETWORK PLAN

With a **Preferred Provider Organization (PPO)** plan you have greater flexibility and choice to use both in-network and out-of-network physicians. However, you are encouraged to receive services from the in-network doctors, specialists or facilities. By doing so, you obtain a higher level of benefit than if services were rendered from an out-of-network provider.

## PREMIUM

A premium is the total cost for your medical insurance. You and your company share this cost. You pay your portion through payroll deductions.

## DEDUCTIBLE

A deductible is the amount you must pay before the medical plan begins sharing the cost of services. You pay this full amount, if required by your plan, before the plan pays benefits.

- **Embedded Deductible:** A policy with a deductible for each person covered. Benefits kick in for a family member when they meet their individual deductible and for the whole family when at least two members do so. Embedded policies tend to have higher premiums to accommodate lower deductible options.
- **Non-Embedded Deductible:** A policy with a single, combined deductible for all covered individuals. No benefits begin for any covered individual until this deductible is met either by one member or a combination of several members. The non-embedded policy's higher deductible level carries a lower policy premium than embedded policies.

## COPAY

A **fixed amount** (for example, \$15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network copayments usually are less than out-of-network copayments.

## COINSURANCE

**Your share of the costs** of a covered health care service, calculated as a percent of the allowed amount for the service. You pay coinsurance plus any deductibles you owe.

## OUT-OF-POCKET MAXIMUM

The annual out-of-pocket maximum protects you from major medical expenses. This is the most you would pay, including your deductible and copay, for eligible expenses during the year. Once you reach the out-of-pocket maximum, the plan pays 100% of the usual, customary and reasonable charges for covered services.

## EVIDENCE OF INSURABILITY (EOI)

Evidence of Insurability (EOI) is a record of a person's past and current health events. It's used by insurance companies to verify whether a person meets the definition of good health. You may have to submit this form to a carrier before you are able to elect certain amounts of coverage for voluntary plans.

## SBC & UNIFORM GLOSSARY

Your employer is required to provide you with an easy-to-understand summary about the health plan benefits available to you, aka Summary of Benefits and Coverage (SBC) and a Uniform Glossary that outlines insurance definitions.

- **SUMMARY OF BENEFITS & COVERAGE (SBCs)** are available free of charge. Please reach out to Human Resources to obtain copies of the medical plans that are offered to you during your plan year.
- The **UNIFORM GLOSSARY** is a glossary of insurance definitions in standard, consumer-friendly terms. You may find this helpful as you are evaluating your options. To access the glossary visit: [www.healthcare.gov/glossary](http://www.healthcare.gov/glossary).



## LEARN MORE

Click [HERE](#) to watch a video on the Language of Insurance

# MEDICAL INSURANCE

	CalPERS Platinum Anthem PPO	CalPERS Gold Anthem PPO	CalPERS Anthem Traditional HMO
IN-NETWORK BENEFITS	Anthem Prudent Buyer PPO (broad network)	Anthem Select PPO (narrow network)	Anthem CA Care HMO
Calendar Year Deductible (Single/Family)	\$500/\$1,000 Embedded	\$1,000/\$2,000 Embedded	None
Calendar Year Max Out-Of-Pocket (Single/Family)	\$2,000/\$4,000 (Rx \$2,000/\$4,000) Embedded	\$3,000/\$6,000 (Rx \$2,000/\$4,000) Embedded	\$1,500/\$3,000 (Rx \$7,200/\$14,400) Embedded
Office Visits (PCP/Specialist)	\$20 Copay/\$35 Copay	\$10 Copay/\$35 Copay	\$15 Copay/\$15 Copay
Urgent Care	\$35 Copay, 10%	\$35 Copay, 20%	\$15 Copay
Laboratory/X-Ray	10%*	20%*	0%
Inpatient Care (Includes Maternity)	\$250 Copay*, 10%	20%*	0%
Outpatient Surgery	10%*	20%*	0%
Emergency Room (Waived if Admitted)	\$50 Copay*, 10%	\$50 Copay*, 20%	\$50 Copay
Separate Prescription Deductible	None	None	None
Rx Generic	\$5 Copay	\$5 Copay	\$5 Copay
Rx Brand	\$20 Copay	\$20 Copay	\$20 Copay
Rx Non-Formulary	\$50 Copay	\$50 Copay	\$50 Copay
Rx Specialty	N/A	N/A	N/A

\*Benefits with an asterisk (\*) require that the deductible be met before the plan begins to pay.

The co-insurance percentages listed are the amounts that you must pay for the service. For a more complete listing of what is covered, including out of network coverage, please consult the detailed benefit summary from the insurance carrier.

# MEDICAL INSURANCE

	<b>CalPERS Blue Shield Access+</b>	<b>CalPERS UHC Alliance HMO</b>
<b>IN-NETWORK BENEFITS</b>	<b>Blue Shield Access+ HMO</b>	<b>UHC SignatureValue Alliance HMO</b>
<b>Calendar Year Deductible (Single / Family)</b>	None	None
<b>Calendar Year Max Out-Of-Pocket (Single / Family)</b>	\$1,500/\$3,000 (Rx \$7,600/\$15,200) Embedded	\$1,500/\$3,000 (Rx \$7,600/\$15,200) Embedded
<b>Office Visits (PCP/Specialist)</b>	\$15 Copay/\$30 Copay	\$15 Copay/\$15 Copay
<b>Urgent Care</b>	\$15 Copay	\$15 Copay
<b>Laboratory/X-Ray</b>	0%	0%
<b>Inpatient Care (Includes Maternity)</b>	0%	0%
<b>Outpatient Surgery</b>	0%	0%
<b>Emergency Room (Waived if Admitted)</b>	\$50 Copay	\$50 Copay
<b>Separate Prescription Deductible</b>	None	None
<b>Rx Generic</b>	\$5 Copay	\$5 Copay
<b>Rx Brand</b>	\$20 Copay	\$20 Copay
<b>Rx Non-Formulary</b>	\$50 Copay	\$50 Copay
<b>Rx Specialty</b>	\$30 Copay	N/A

The co-insurance percentages listed are the amounts that you must pay for the service. For a more complete listing of what is covered, including out of network coverage, please consult the detailed benefit summary from the insurance carrier.

# MAKING THE MOST OF YOUR MEDICAL INSURANCE

## WHERE TO SEEK CARE

You can benefit from significant savings using an urgent care or virtual care facility versus a hospital Emergency Room (ER) without sacrificing quality of care. Please consult the previous pages of this booklet or plan documents for urgent care and emergency room costs and benefits.

### URGENT CARE

**For injuries and illnesses that aren't life threatening but need fast care.**

- Sprains
- Strains
- Minor broken bone
- Mild asthma attacks
- Minor infections
- Small cuts
- Minor burns
- Urinary tract infections
- Pelvic infections

#### LEARN MORE

Click [HERE](#) to learn more about the differences between Urgent vs ER

### EMERGENCY ROOM

**For serious and/or life-threatening conditions.**

- Heavy bleeding
- Trouble breathing
- Severe head injury
- Chest pain or pressure
- Sudden or severe pain
- Coughing or vomiting blood
- Sudden dizziness, weakness, or changes in vision
- Severe or persistent vomiting or diarrhea
- Changes in mental status, such as confusion
- Loss of consciousness
- Major burns
- Spinal injuries

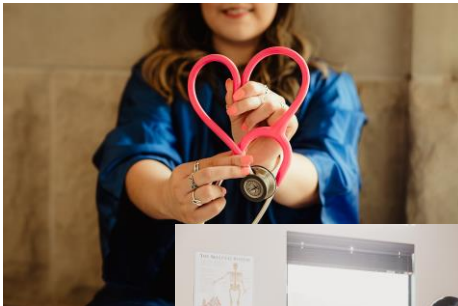
### VIRTUAL CARE

**For minor conditions and convenience. Get care from the comfort of your own home or on the road.**

- Flu
- Minor rashes
- Tooth pain
- Pink eye
- Allergies
- Cold & fever
- Sore throat
- Skin infections
- Headache
- Diarrhea

See page 9 for your Virtual Care details.

## USING YOUR IN-NETWORK PREVENTIVE CARE BENEFITS

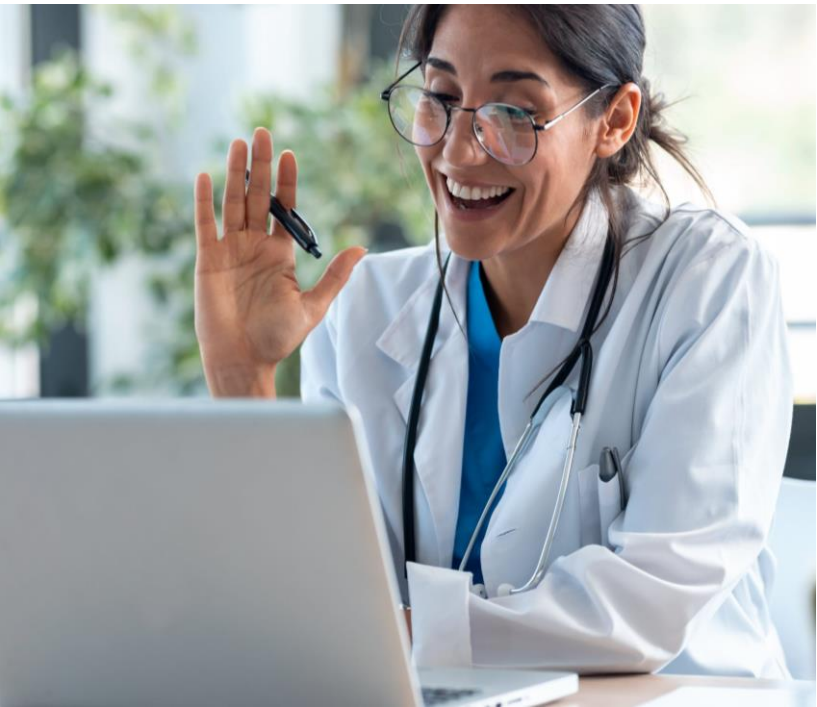


Preventive care visits can help detect unhealthy habits before they become a risk and potentially save your life. Our health plans offer an annual **in-network** well check at **no cost to you**. When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket.

#### Get more out of your well checks by preparing yourself:

- Make a list of health concerns.
- Make a list of medications you are taking.
- If you are seeing a new doctor, get copies of your medical records and your family medical history.
- Review your health plan in advance to be sure you understand your coverage.
- Call your doctor in advance to see which tests and screenings are usually run. You can request that your doctor not perform tests not covered by your health plan.





## VIRTUAL CARE

Virtual care through your medical plan combines in-office quality with in-home privacy and convenience.

See and talk to a doctor from your mobile device or computer without an appointment! Most visits take about 10–15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. This service is part of your health benefits offered through your medical carrier.

**The virtual care services are available through your medical plan. To get started use the below links to access plan information and resources.**

### GETTING STARTED:

- **CalPERS Anthem Gold PPO and Platinum PPO and Traditional HMO:**  
<https://www.anthem.com/ca/calpers/>
- **CalPERS Blue Shield HMO:**  
<https://myoptions.blueshieldca.com/calpers>
- **CalPERS UHC HMO:**  
• <https://www.whyuhc.com/calpers>

## CARRIER MOBILE APPS & ONLINE PORTALS

You can access your medical, dental and vision member ID cards and enrollment details any time, anywhere through your carrier mobile app or carrier website. You can also use these resources to view claims, find providers, and more!

### MEDICAL: Anthem

- Visit [www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)

### MEDICAL: Blue Shield

- Visit [www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers)

### MEDICAL: United Healthcare

Visit [www.uhc.com/calpers](http://www.uhc.com/calpers)

### DENTAL: Delta Dental

- Visit [www.deltadental.com](http://www.deltadental.com)
- Download the Delta Dental mobile app

### VISION: VSP

- Visit [www.vsp.com](http://www.vsp.com)
- Download the VSP mobile app



# CARRIER RESOURCES

# DENTAL INSURANCE

## Delta Dental DPPO

BENEFITS	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
<b>Network Name</b>	Delta Dental PPO*	Non-Delta Dental PPO (including Delta Dental Premier)*
<b>Calendar Year Deductible (Single/Family)</b>	\$0	\$0
<b>Maximum Calendar Benefit</b>	\$1,700	\$1,500
<b>PREVENTIVE SERVICES</b>		
<b>Oral Exam</b>	0%	0%
<b>X-Rays</b>	0%	0%
<b>BASIC SERVICES</b>		
<b>Resin-Based Fillings</b>	10%	10%
<b>Root Canal</b>	10%	10%
<b>Deep Cleaning</b>	10%	10%
<b>Single Extraction</b>	10%	10%
<b>Impaction</b>	10%	10%
<b>MAJOR SERVICES</b>		
<b>Complete Denture</b>	40%	40%
<b>Partial Denture</b>	40%	40%
<b>Crowns</b>	40%	40%
<b>ORTHODONTICS</b>		
<b>Child/Adult</b>	50% \$1,500 Lifetime Max Benefit	50% \$1,500 Lifetime Max Benefit

\*Reimbursement is based on PPO contracted fees for Delta Dental PPO dentists, Premier contracted fees for Delta Dental Premier dentists, and program allowance for non-Delta Dental dentists.

The co-insurance percentages listed are the amounts that you must pay for the service. For a more complete listing of what is covered, please consult the detailed benefit summary from the insurance carrier.

# VISION INSURANCE

		VSP VISION
<b>BENEFITS</b>		<b>IN-NETWORK</b>
Network Name		VSP Choice
<b>BENEFIT FREQUENCIES</b>		
Examination		12 months
Lenses		12 months
Frames		24 months
<b>VISION EXAM</b>		
Examination		\$0 copay
<b>LENSES &amp; FRAMES</b>		
Single Vision Lenses		\$0 copay
Bifocal Lenses		\$0 copay
Trifocal Lenses		\$0 copay
Frames		Up to \$80*
<b>CONTACTS</b>		
Elective		Up to \$105*
<b>BENEFIT REQUENCY RESET</b>		
		Date of Service

*\*For In-Network, insurance provider reimburses up to this amount.*

The copays listed are the amounts that you must pay for the service. For a more complete listing of what is covered, including out-of-network benefits, please consult the detailed benefit summary from the insurance carrier.



# FINDING IN-NETWORK PROVIDERS

Your insurance plan contracts with a number of doctors, specialists, hospitals, labs, pharmacies, etc. These providers make up your **network**. By selecting a provider within your network, **you can secure your low costing health services while maintaining high quality of care**. See below for instructions on finding an in-network provider near you:

## MEDICAL – CalPERS

- For the CalPERS Anthem Gold PPO, Platinum PPO or Traditional HMO
  - Go to [www.anthem.com/ca/calpers/find-care/](http://www.anthem.com/ca/calpers/find-care/)
    - Select a plan/network
      - For CalPERS Platinum Anthem PPO: Choose PERS Platinum (Prudent Buyer Plan Providers)
      - For CalPERS Gold Anthem PPO: Choose PERS Gold (Select PPO Preferred Providers)
      - For CalPERS Anthem Traditional HMO: Choose Traditional HMO (Blue Cross HMO CACare-Large Group)
- For CalPERS Blue Shield Access+ HMO
  - Go to [https://myoptions.blueshieldca.com/calpers/calpers/\\_/find\\_a\\_provider](https://myoptions.blueshieldca.com/calpers/calpers/_/find_a_provider)
  - Click Access+ HMO Plan
- For CalPERS UHC Alliance HMO
  - Go to [www.whyuhc.com/calpers/search-for-a-provider](http://www.whyuhc.com/calpers/search-for-a-provider)
  - Select to search providers in the UnitedHealthcare SignatureValue Alliance HMO Plan
- Enter your City, County or Zip code or Search for care by specialty, name NPI or license number
- A list of providers will appear

## DENTAL – Delta Dental

- Go to: [www.deltadentalins.com](http://www.deltadentalins.com)
- Click on “Find a Dentist” at the top of the page
- Enter your Location (address, city or ZIP code)
- Select a Network
  - For the Dental PPO plan, select “**Delta Dental PPO**”
  - Note, members may also see dentists contracted with the “**Delta Dental Premier**” network, but your out-of-pocket costs will be higher, and your calendar maximum benefit will be lower
- Click on “Find Dentists”
- The results page will have a list of in-network providers based on the plan and location that you selected
- Adjust your search parameters as needed

## VISION – VSP

- Go to: [www.vsp.com](http://www.vsp.com)
- Choose the Members tab on the home page.
- Under the tab, click “Find a Doctor”
- Choose how you would like to search. If you want to find providers in your area, click “Search by Location”
- Enter your zip code or address and select “Advance Search”
- Make sure the Doctor Network is set to “**Choice**”. Then click “Apply Filters”
- When you have entered all your specific search criteria click “Search”. You will then be provided with a list of providers in your area



### LEARN MORE

Click [HERE](#) to learn more about the cost saving benefits of staying in-network!

# SUPPLEMENTAL INSURANCE

For added protection we are pleased to offer supplemental insurance options through AFLAC. These coverages are voluntary and are paid for by you, the employee, through payroll deductions. All benefits through these plans are paid directly to you, or a specified beneficiary.

## ACCIDENT INSURANCE

Accident insurance can help you pay for the out-of-pocket costs you may experience after an accident.

## CRITICAL ILLNESS INSURANCE

Being diagnosed with a critical illness can be devastating, both personally and financially. Breathe easier knowing critical illness insurance can help you pay your out-of-pocket expenses and allow you to focus on your health.

## HOSPITAL INDEMNITY INSURANCE

Hospital indemnity insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehab facility. The benefit amount is determined by the type of facility and the number of days you stay.

## SHORT TERM DISABILITY INSURANCE

Short Term Disability Insurance offers income replacement benefits to help with the loss of income due to a covered illness or injury.

## WHOLE LIFE INSURANCE

Life Insurance helps financially protect your loved ones when you pass away. You may also buy coverage for your spouse or children. Whole Life coverage can also be a great investment vehicle as it's designed to build a cash value at a guaranteed rate of return.

## LEARN MORE & ENROLL

To enroll in coverage and to obtain full plan offerings, rates and detailed information on your plans please contact your AFLAC Enrollment Benefit Counselor directly at the number below and refer to the benefit summary published by the carrier.

**AFLAC Benefit Counselor: Jose Blanco**  
(208) 794-2522 | [jose\\_blanco@us.Aflac.com](mailto:jose_blanco@us.Aflac.com)



Scan the QR Code to see the Aflac insurance products offered to you!

You can also click [HERE](#) to be taken to your Aflac benefits website.



# FLEXIBLE SPENDING ACCOUNT

PLAN YEAR: January 1<sup>st</sup>, 2023 – December 31<sup>st</sup> 2023

## HOW DOES IT WORK?

- Regular elected amounts are deducted from your gross wages and credited to your spending account.
- Health Care Account funds are completely available the first pay cycle of the plan year.
- Dependent Care Account funds are available as they are deducted from your paychecks.
- You can use the funds in your accounts to pay for applicable expenses as they arise.
- Accounts abide by the “use it or lose it rule”, which means any funds remaining in your accounts at the end of the plan year will be forfeited to your employer.
- IRS law states that you can’t have both a Health Care FSA and an HSA. You may only be enrolled in one of the two plans.

## HEALTH CARE ACCOUNT FSA

You can set aside pre-tax dollars to pay for health care expenses not covered under the medical, dental or vision plan. This also includes many medical related qualifying items as well, such as over-the-counter medications, contact lens solution, and prescription sunglasses.

If you are enrolled in the HSA plan, you are not eligible to enroll in the Health Care FSA. However, you are eligible to elect a Limited Purpose FSA. With a Limited Purpose FSA, you can set aside pre-tax dollars to pay for non-medical health related expenses such as dental and vision expenses. This plan is only available to employees enrolled in the HSA plan.

**SAMPLE LIST OF ELIGIBLE HEALTH CARE EXPENSES:** Doctor visit co-payments, Prescription drugs co-payments, Hospital co-insurance payments, Dental co-payments, Contact Lenses, Prescription Sunglasses

**SAMPLE LIST OF ELIGIBLE LIMITED PURPOSE EXPENSES:** Dental co-payments, Contact Lenses, Prescription Sunglasses

## DEPENDENT CARE ACCOUNT FSA

You can set aside pre-tax dollars to pay for dependent care expenses, such as a child’s day care, extended care, after school or assistance for an elderly parent or incapacitated dependent

**SAMPLE OF ELIGIBLE EXPENSES FOR CHILDREN:** Nanny, babysitter, pre-K, before and after school care through age 12. Expenses paid to a relative are also eligible if they are age 19+ and are not a tax dependent of the FSA participant.

**SAMPLE OF ELIGIBLE EXPENSES FOR ADULT/ELDER CARE:** Nurse fees, expenses paid to a relative are also eligible as long as they are age 19+ and are not a tax dependent of the FSA participant.

FLEXIBLE SPENDING ACCOUNT6	AFLAC
<b>2022 IRS MAXIMUM ANNUAL CONTRIBUTION</b>	
Health Care FSA (including Limited Purpose)	\$2,850 (2023 limit pending IRS)
Dependent Care FSA	\$5,000
<b>COMMON QUESTIONS</b>	
Does my plan have a debit card?	Yes, Health Care Account Only
Is there a grace period to incur eligible expenses?	No
Is there a run-out period to submit claims?	Yes, 60 days (Health Care only)
Does any funding rollover to the next plan year?	Yes, \$570 (Health Care only) (2023 limit pending IRS)
Is the same debit card used for Health and Dependent Accounts?	No

# LIFE & DISABILITY INSURANCE



## GROUP TERM LIFE & AD&D – Reliance Standard

Your employer provides you with life and accidental death and dismemberment (AD&D) insurance coverage at no cost!

- **Coverage Amount: \$20,000**
- **Age Reductions: Age 65: 65%; Age 70: 85%**

**Don't forget to designate a beneficiary for your Life and AD&D benefits when enrolling!**

## LONG TERM DISABILITY – Reliance Standard

Long term disability insurance will start paying out at the end of your short term disability coverage period.

Please view the carrier's full plan summary document for a detailed description of what is or is not covered.

**This benefit is 100% employer-paid!**

### RELIANCE STANDARD LONG TERM DISABILITY



MONTHLY BENEFIT	
Percentage of Salary	66.67%
Maximum Monthly Benefit	\$1,500
PLAN DETAILS	
Definition of Disability	2 Years
Elimination Period	150 Days
Maximum Benefit Period	1 Year to Social Security Normal Retirement Age (SSNRA) depending on your eligibility
Pre-Existing Limitations	3/12*

\*Disabilities that occur during the first 12 months of coverage due to pre-existing condition during the 3 months prior to coverage are excluded.

# HELP WHEN YOU NEED



Insurance is confusing. We love to help. You have someone dedicated to assist you with the following:

- **YOUR ENROLLMENT:** As a new hire, during open enrollment and if you have a mid-year qualifying event
- **ACCESSING CARE:** Locating in-network medical, dental and vision providers, hospitals and urgent care facilities near you and how to receive treatment by a specialist through the referral and authorization process
- **UNDERSTANDING YOUR BENEFITS:** Helping you understand the benefits available to you and how to use your insurance plans
- **DETERMINING YOUR COSTS:** Explaining the cost of service for in-network providers
- **CLAIMS RESOLUTION:** Effectively resolving claims disputes and confirming your claims were processed correctly by your carrier

## Employee Advocacy



**Theresa Lomeli**

Direct: 805-690-4560

Fax: 805-456-4500

[tlomeli@onedigital.com](mailto:tlomeli@onedigital.com)

## Employee Assistance Program



### LEARN MORE



Click [HERE](#) to learn more about the support that your EAP can offer



Sometimes life is stressful. When situations seem too tough to get through on your own, you have a lifeline for help. **You and your household members can access confidential, professional assistance from an Employee Assistance Program (EAP).** Every session is 100% confidential and can provide you with assistance for issues such as:

- Marital conflicts
- Mental health management
- Substance abuse
- Financial/legal concerns
- And much more!

Your EAP includes **6 face-to-face visits** and **unlimited calls.**

### GET STARTED TODAY!

- Phone: 800-395-1616
- Web: <https://members.uprisehealth.com/>
- Access Code & Password: SMJUHSD



# HOW TO ENROLL



## ease

Our online enrollment platform is EASE! Quickly and conveniently make your enrollments online through a computer or with the convenience of a smart phone. No app required, just follow the directions below.

### HOW TO GET STARTED

1

#### LOOK FOR AN EMAIL FROM EASE!

You will receive an email from **EASE** when it is time to make your enrollment. Read the email for information on the enrollment process and click the 'Sign Up' button to be taken to the **EASE** portal to complete setting up your account.

You can also login to Ease by going to <https://www.ease.com/>, Click Login, and enter SMJUHSD, to be taken to your login.



2

#### SUBMIT YOUR ELECTIONS

Once you are logged in, simply select 'Start Enrollment' in the banner of the home page. **EASE** will walk you through the steps of completing your enrollment. Select to enroll in or waive each plan. Make sure to verify your personal information is correct and enter any dependent information. If requested during the enrollment process, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.

Start Enrollment

3

#### SIGN FORMS & CLICK 'FINISH'

Once you have completed making your enrollments, you can sign your forms electronically! **EASE** will ask you to type your name as well as use your mouse or finger to sign your name to input onto the forms! Select the 'Finish Signing' button when complete. You will receive a confirmation email once your elections are submitted successfully.

Sign Forms

Finish Signing

# NOTICES & ENROLLMENT



## EMPLOYEE NOTICES

Please review the required employee notices detailing your rights and options by clicking the link below. You can also request a paper copy of any of these notices at any time.

[DOWNLOAD NOTICES HERE](#)



## READY TO ENROLL?

Are you ready to make your benefit elections? Click the link below to log into your enrollment system and begin your enrollment.

[ENROLL NOW](#)

The rates and benefit plan information shown in this guide are illustrative only. To the extent the rates or the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents and/or plan document(s) that govern the terms and conditions of the plans described in this guide, the underlying insurance and/or plan documents will govern in all cases. The insurance carrier will determine the actual rates based upon the final member enrollment, plan selection, funding, type, and eligibility criteria. Until that time, and the carrier's final communication, the rates will be subject to change.

# NOTES



Created exclusively by OneDigital, 2022