



HEALTH & WELFARE BENEFITS

Payroll/Benefits Office

Elk Grove Unified School District



Enrollment Period

- 30 Day enrollment period Begins with Benefit Eligible Date/Paperwork Approval Date
 - Hire Date, Increase in Hours, or Return From Leave of Absence
 - Benefits are Forfeited for the current fiscal year if Forms are not Submitted within 30 day enrollment period



Effective Date of Benefits

- Benefits are effective the 1st of the month following the Benefit Eligible Date/Paperwork Approval Date.

Completed Enrollment Forms are required within the 30 day window of the Qualifying Event.

- Annual Open Enrollment is the period of opportunity to review current health plan coverage's and make changes and/or additions and terminations at the beginning of the Employer's plan year.
 - EGUSD's plan changes go into effect each July 1.

Changes include but are not limited to:

- Adding a spouse or dependent not previously enrolled within 30 days of original qualifying event. IE, Marriage.
- Termination of coverage for an ex-spouse without proof of divorce.
- Please refer to page 20 for further explanation on Enrollment Changes



Eligible Dependents

- **Legally Married Spouse** (Common Law Marriages Not Recognized)
 - Marriage Certificate Required at time of Enrollment
- **Registered Domestic Partners** (As Recognized by AB 2208, California's Domestic Partnership law)
 - Certificate of Registration Required at time of Enrollment
- **Children Age 26 or Younger**
 - Natural Children of Employee, Spouse or Registered Domestic partner
 - Birth Certificate Required at time of Enrollment
 - Adopted Children
 - Adoption Court Documentation Required at time of Enrollment
 - Legal Court Appointed Guardian
 - Court Documentation Required at time of Enrollment

****All Dependent's Social Security Numbers are required at time of Enrollment.**



Submission of Forms

- Cover Sheet
 - EGUSD Health Benefits Enrollment Form
 - Used to enroll in American Health Care, Dental and Vision
 - Verifies subscriber's intention for enrollment and indicates effective date of insurance and or changes to coverage's.
- Medical Enrollment Form/Application
 - Forms Located in Each Plan Packet or the District's website. Visit the Benefits page on www.egusd.net
- Beneficiary Designation Forms
 - Group Life



Forms Cont.

- Completed Forms Must Be Submitted to the Compensation and Benefits Dept. in person.
(Located: 9510 Elk Grove-Florin Rd Rm, 107 - Hrs: 8AM-5PM M-F closed holidays)
 - A Benefit Technician will accept and review your forms.
 - Forms Sent Through District Mail or USPS May Result in Late, Lost, or Rejected Documents.
 - Due to privacy concerns, please do not mail or fax forms to the Compensation and Benefits Department.
 - All Forms must be turned in together with required proof.
 - Incomplete and missing forms or missing proof of eligibility may prohibit or delay enrollment in insurance.
- Please Return Unused Packets for Recycling

Medical Insurances & Employee Monthly Cost for Benefits (deducted pre-tax)

Rates Effective Plan year July 1, 2011 – June 30, 2012

Mental Health and Substance Abuse Parity
Effective July 1, 2010

Mental Health and Substance Abuse claims are treated as any other medical condition with the same costs and limitation.

Please refer to Group's Summary of Benefit for Employer's current Medical Plans.

EGUSD offers Kaiser and Health Net HMO plans to it's Employees and Dependents 2011/2012 Plan Year.

		DISTRICT MONTHLY PREMIUM			EMPLOYEE COST To be deducted 12 months		
	GROUP NUMBERS	TIER 1 EMPLOYEE ONLY	TIER 2 EMPLOYEE & ONE	TIER 3 EMPLOYEE FAMILY	TIER 1 EMPLOYEE ONLY	TIER 2 EMPLOYEE & ONE	TIER 3 EMPLOYEE FAMILY
KAISER	1659-100	451.69	903.38	1,278.28	0	0	0
HEALTH NET	67454A	415.61	831.20	1,176.15	24.95	49.89	70.59
DELTA DENAL	2433-0061	60.69	121.38	171.75	0	0	0
VSP	12-143078-1-1	7.02	14.04	19.87	0	0	0
AHC- HEALTH NET	8236-A	61.03	122.07	172.72	INCLUDED IN ABOVE RATES		
MANDATORY CONTRIBUTION		80.00 (District EGBERT Contribution)			Varies by Bargaining Unit (Employee Current year Contribution)		



Internal Dual Coverage

- Effective September 1, 2010 Elk Grove Unified School District no longer allows internal dual coverage for all benefit eligible employees and dependents.
- Subscribing Health Net members will not be charged additional Health Net cost if benefited spouse waives coverage.



Prescription Plans

- Health Net members use a separate prescription drug card from American Health Care (AHC) to cover your outpatient prescriptions.

- AHC will mail members a prescription card with the Subscriber's name and the District logo on it. (Dependent's will be listed internally on AHC's eligibility processor.)

This card will be used at your pharmacy in place of your Health Net card. Members may also obtain prescriptions by mail through **Informed Mail**, please contact AHC for more information and a listing of covered drugs on the District's Formulary @ www.americanhealthcare.com

- Kaiser members will have their prescriptions filled directly through Kaiser



Dental Benefits

- Delta Dental Premiere (PPO)

- To find a dentist near you..

- Call (866)499-3001 or

- Visit www.deltadentalca.org

- Progressive Plan (70% - 100%)

General and Basic Services. Please refer to Plan Summary for details.

- \$2,500.00 Calendar Year Maximum per Enrollee Excluding Orthodontia

- Orthodontia - 50% of Covered Treatment/up to a \$2,500.00 Lifetime Maximum per Enrollee.



Vision Benefits

- VISION SERVICE PLAN (VSP)
 - To find a provider near you...
 - Call (866)213-2249 or
 - Visit www.vsp.com
 - Includes Exam, Glasses, Lenses & Contact Lenses
 - Exams - No Cost - Every 12 Months
 - Frames - Coverage Up to \$120 - Every 24 Months
 - Medically Necessary Lenses - No Cost - Every 12 Months
 - Contact Lenses – Coverage Up to \$120 – Every 12 Months
In Lieu of Frames & Lenses
 - Out of Network Services Available
 - Purchase and Get Reimbursed by VSP



Cash Waiver

- Employees With Alternative Coverage

- Medical - \$65.00

- **Effective January 1, 2008 – A provision of the John Warner National Defense Authorization Act prohibits the payment of cash in lieu of District Sponsored insurance when using TRICARE as primary insurance coverage. Please speak with a Benefit Team Member for more information.

- Waiver Paid Monthly – Taxable income on EOM pay warrant.

- Must Complete Waiver Form Annually During Open Enrollment Confirming Alternative Coverage

- Incentive to Employees to waive in lieu of dual coverage of EGUSD medical insurance.

- EGUSD Employees whose spouse waive Medical insurance through EGUSD and are enrolled through an EGUSD Employee or Retiree as their dependent will have the additional cost of premium waived if enrolled on the higher cost plan. You must make this change at time of hire or during Open Enrollment and the spouse that waives must renew their waiver each year to qualify. (Both members must be an EGUSD benefited employee or benefit qualified Retiree from EGUSD)



Group Term Life Insurance

- 100% District Paid
- All Bargaining Units
 - \$150,000
 - Management, Confidential/Supervisory & Administrative Support
 - \$100,000
 - School Board Members
 - \$50,000
 - AFSCME, ATU, CSEA, EGEA & PSWA
- Must Designate Beneficiary

EGBERT (Elk Grove Benefits Employee Retiree Trust)



- Provides Funding for Retiree Health Insurance for Qualified Employees
 - See the “EGBERT” Plan Summary Document
- The employee groups have agreed that all benefit eligible employees will contribute an established amount to the current year active employee benefit package. Because the District participates in a Section 125 plan, your monthly benefit contribution will be tax-sheltered. This contribution will be listed as deduction number 7910 on your pay stub. Each month the District will contribute an amount into the retiree trust. Both of these monthly amounts are subject to annual increases in accordance with negotiated agreements.



Employee Paid Disability

- State Disability Insurance (SDI)
 - AFSCME/ATU/EGTEAMS
 - PSWA
- American Fidelity
 - CSEA
- The Standard Income Protection
 - EGEA/CTA- Enrollment may be required.
 - Please contact EGEA @ 916-685-4588 for further details.



Section 125-Flexible Spending

- Monthly Pre-Tax Deductions
- Un-reimbursed Medical, Dental, Vision or Child Care Expenses
- Administered by Pay Flex 1-(800)284-4885
 - Enroll Within 30 Days of Benefit Eligible Date
 - Must Renew Contract Annually During Open Enrollment



Deferred Compensation Plan - 457

- Voluntary - Supplemental Tax Deferred Compensation Plan
- Managed by CalPers 457 Deferred Compensation Plan/I.N.G.
- www.calpers.ingplans.com/or request a packet at the Compensation and Benefits Dept.
- Applications should be submitted to the Compensation and Benefits Department by the 10th of any month for changes to that month's EOM pay.
- Non Commission Fee Based Investment Program



Tax Sheltered Annuities - 403(b)

- Voluntary Supplemental Tax Deferred Plan
- Contributions Made to Company of Choice
- Administered by CALSTRS/403b Comply
In Partnership with JEM Resource Partners
- Employees en-roll, make investments, and changes on-line @ www.calstrs403bcomply.com. (Secured login will be required)
- Vendor List is Available at www.calstrs403bcomply.com



Retirement

- **Mandatory Contributions Deducted**
 - **Public Employee's Retirement System (PERS)**
(888)225-7377 www.calpers.ca.gov
 - 7% of Earnings deducted pre-tax
 - **State Teacher's Retirement System (STRS)**
(800)228-5453 www.calstrs.com
 - 8% of Earnings deducted pre-tax



Enrollment Changes

- Open Enrollment
 - Spring
 - Changes Effective July 1st
- Mid Year
 - Allows Employee to Enroll in Benefits (Medical, Dental & Vision) Within 30 Days of Qualifying Event
 - Must Provide Supporting Documents
 - Subject to Insurance Carrier approval



Enrollment Changes Cont.

■ Qualifying Events

- Spouse's/Domestic Partner's Open Enrollment
- Significant Cost Change
- Significant Curtailment of Coverage
- Coverage Change of Spouse/Domestic Partner or Dependent Under Another Employer's Plan
- HIPAA Special Enrollment Rights
- Entitlement to Medicare or Medicaid
- A COBRA Qualifying Event
- Newborn Addition
 - Newborn is covered under the Subscriber until the end of the birth month. Must complete enrollment forms within 30 days of birth to continue coverage.
- Marriage or Domestic Partner Registration
- Divorce
- Adoption
- Acquire Guardianship of a Child
- Loss of Other Coverage (hardship)



COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985)

- COBRA Continuation in EGUSD Sponsored Medical, Dental and Vision Programs
- Available to Benefit Eligible Employees and Their Covered Dependents if:
 - Employee's hours are reduced below benefit eligibility as defined by bargaining unit contract
 - Overage dependent is no longer a full-time student
 - Employee's marital status changes – Final court documentation required
 - Employee Resigns

**GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS
(Consolidated Omnibus Budget Reconciliation Act of 1985)**

Introduction

You are receiving this notice because you have recently qualified for coverage under the Elk Grove Unified School District health plans. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the plans you choose. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family and what you need to do to protect the right to receive it.**

COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under your plans when they would otherwise lose their group health coverage.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of the plans you and/or your family members are enrolled in when coverage would otherwise end because of a life event known as a “qualifying event.” Specific qualifying events are listed below in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse and your dependent children could become qualified beneficiaries if coverage under the plans you are enrolled in is lost because of the qualifying event. Qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage because either one of the following qualifying events happens:

- Your hours of employment are reduced below the minimum to qualify for benefits as defined by the your bargaining contract, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage because of any of the following qualifying events happen:

- Your spouse dies;
- Your spouse’s hours of employment are reduced below the minimum to qualify for benefits as defined by the spouse’s bargaining contract;
- Your spouse’s employment ends for any reason other than your gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage because any of the following qualifying events happen:

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced below the minimum to qualify for benefits as defined by the employee’s bargaining contract;
- The parent-employees employment ends for any reason other than your gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (under Part A, Part B, or both);
- The parents becomes divorced or legally separated; or
- The child stops being eligible for coverage as a “dependent child.”

NOTE: If a proceeding in bankruptcy is filed with respect to an employer, and that bankruptcy results in the loss of coverage of any retired employee covered thru that employer, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee’s spouse, surviving spouse and dependent children will also become qualified beneficiaries if the bankruptcy results in the loss of their coverage.

You Must Give Notice of Some Qualifying Events

If the qualifying event is divorce or legal separation of the employee and spouse or dependent child's losing eligibility for coverage as a dependent child you must notify the plan administrator (EGUSD Payroll Department) **no later than 60 days after the qualifying event occurs or the date loss of coverage.** You would notify us by completing a benefits change from indicating the qualifying event date and the dependent whose benefits need to be ended.

How is COBRA Coverage Provided?

Once the EGUSD Payroll Department receives notice that a qualifying event has occurred, COBRA continuation will be offered to each of the qualified beneficiaries. A letter explaining their COBRA rights and options will be mailed to the qualified beneficiaries. It will include information on cost of continuation, deadlines for submitting enrollment for COBRA and forms to be completed in order to enroll in the COBRA coverage chosen. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. Dependents are offered continuation for up to 36 months. The qualifying events that fall under this category are listed above as either spouse or dependent qualifying events. The employee is offered continuation for up to 18 months for both the employee and qualified dependents. The qualifying events that fall under this category are listed above as employee qualifying events. The only exception to this would be if the employee became entitled to Medicare benefits less than 18 months before the qualifying event. In this case COBRA continuation coverage for **qualified beneficiaries** other than the employee are offered for up to 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months).

The 18-month period of COBRA continuation coverage may be extended under two separate circumstances

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under your plan is determined by the Social Security Administration to be disabled you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total of 29 months. The disability would have to have started at some time **before the 60th day of COBRA** continuation coverage and **must last at least until the end of the 18-month period** of continuation coverage. Documentation verifying the Social Security determination of disability must be submitted prior to the end of the 18-month period to the EGUSD Payroll Department in order to qualify for this extension.

Second qualifying event extension of the 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months. Notice of the qualifying event must be given to the EGUSD Payroll Department in a timely manner. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the plan had the first qualifying event not occurred.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the EGUSD Payroll Department informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the EGUSD Payroll Department.

Payroll Department Information

- Direct Deposit
 - Direct Deposit Forms are located in Rm107 in the District Office.
 - Please submit by the 10th of any month for that month's payroll. Deposits will be made automatically on the 2nd processed payroll following submission. Please expect a paycheck to be mailed to your home the first month.
 - EGUSD recommends you have our form completed by your banking institution for account accuracy and to avoid delay of deposit.
- Payday – Contracted Employee Pay - Last Working Day of the Month for that month's pay.
- Substitute and Supplemental Pay – Checks are mailed the 10th of the month following the end of the pay period. Direct Deposits are deposited on the 10th of the month.
 - Checks are Mailed to Home Address
 - Direct Deposit Stubs will be e-mailed to employees District
- Payline - Payroll's Monthly Newsletter - Located in the District E-mail Public Folders/Payroll Folder.



Human Resource Department

- **Name Changes** (Must also Fill out a Change Form in Payroll for Benefits to receive name change)
- **Address changes** (Must also Fill out a Change Form in Payroll for Benefits to receive address change)
- **Salary Placement / Step advance, TB test, Credentials (686-7795)**
- **Sick/Vacation Inquires, sick leave transfers, Catastrophic Leave bank (686-7798)**