2017 - 2018

Employee Benefits Overview

Open Enrollment Is Here: August 1-25, 2017.

You must enroll online through Employee Self Service (ESS). If you are new to insurance, you must complete a paper form and return it to Human Resources no later than August 25th. If you are adding or deleting dependents, you must complete the online enrollment and submit a Change Form to Human Resources. **Change Forms and enrollment forms are available online at www.sbunified.org/benefits or at Human Resources.** If you need assistance enrolling online, please stop by the District Office on Wednesday 8/9, 8/16, or 8/23 between 9:00 a.m. and 3:00 p.m. Please read the information in this booklet for additional details.

Santa Barbara Unified
SCHOOL DISTRICT

The benefits in this summary are effective:

October 1, 2017 - September 30, 2018

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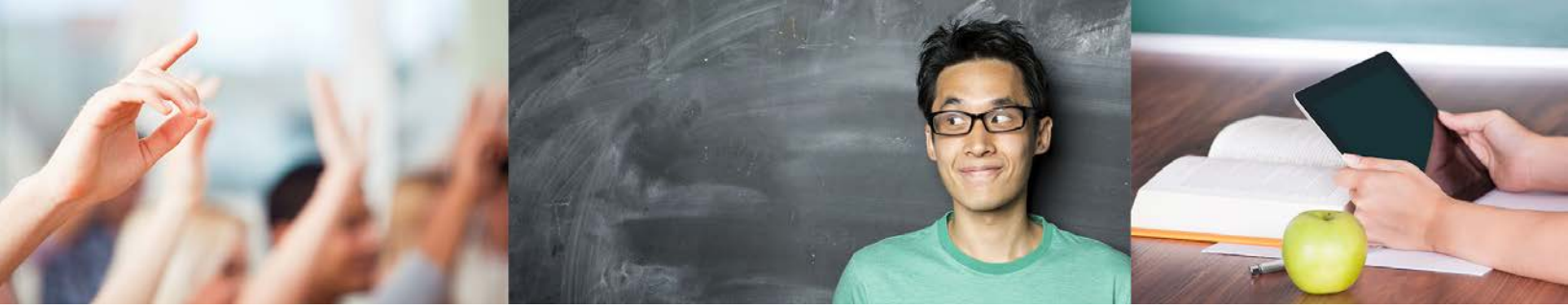
Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices on the District's website, www.sbunified.org/benefits for more details.



IT'S TIME TO TALK BENEFITS

At Santa Barbara Unified School District, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health is the reason Santa Barbara Unified School District offers you this benefits program. We are providing you with this overview to help you understand the benefits that are available to you and how to best use them. For a complete description of all benefit provisions, please refer to your plan benefit booklets or evidence of coverage (EOC) documents. A list of plan contacts is provided at the back of this summary.

Open Enrollment Information

OPEN ENROLLMENT MEETINGS

August 9	August 23
11:00am – 12:30pm District Office Boardroom	3:30pm – 5:00pm District Office Boardroom
720 Santa Barbara St., Santa Barbara, CA 93101	

Online enrollment assistance will be available from 9:00am to 3:00pm during the Open Enrollment meeting dates noted above.

ANNUAL BENEFITS FAIR

August 17
8:30am – 3:00pm San Marcos High School 4750 Hollister Ave., Santa Barbara, CA 93110

Our benefits carriers will be attending to answer questions. Come and join us!

Open Enrollment Period: August 1 to August 25, 2017

All online enrollments must be completed and all forms must be received in Human Resources by August 25, 2017.

If you are waiving insurance coverage, you MUST complete an Insurance Waiver form which is available online or on page 33 of this booklet.

What's New?

ANTHEM BLUE CROSS

The District will continue to offer all of the Anthem medical plans (80-E PPO 1, 80-G PPO 2, 80-M PPO 3 and HDHP-HSA). There is one benefit change to the PPO plans for the 2017-2018 plan year. The ambulance service (ground or air) will now have a $100 copay. If you would like to make changes to your plan, you will need to submit a Change Form to the HR department by no later than August 25, 2017. You may obtain a Change Form at one of our upcoming meetings or go online to **www.sbunified.org/benefits**.

New Anthem Diabetes Prevention Program

Anthem Blue Cross is pleased to announce a new benefit for qualified members. This free comprehensive 16-week program will help members lose weight, adopt healthy habits and reduce their risk of developing diabetes. You may choose from an array of national programs like Jenny Craig, Retrofit or HealthSlate. To find out if you qualify, go to **www.solera4me.com/sisc** and take a one minute quiz.

Health Coaching | Weekly Lessons | Integrated devices | Group Support

SOLERA4ME

ADVANCE MEDICAL

SISC is pleased to introduce a new medical second opinion provider called **Advance Medical**. This service is free of charge to employees and their covered dependents. This program replaces Ground Rounds.

Why obtain an expert medical opinion?

- Find comfort that the medical treatment you receive is the treatment that you need and/or understand the best options for your care
- You obtain access to medical specialist from all over the globe that specialize in treating your medical situation
- Throughout the program, you will work directly with a doctor, not a nurse, who will be your case manager and can guide you to the answers that you need

Getting started with this second opinion program is confidential and only takes a few minutes. To begin using this program, you must first register at **www.advance-medical.net/sisc** or can call 1-855-201-9925.

CARRUM HEALTH

SISC has partnered with Carrum Health to provide Anthem PPO and HDHP members with access to an enhanced benefit with selected physicians at Scripps Health in San Diego for Hip Replacements, Knee Replacements and many Inpatient Spine surgeries. This benefit is optional and is separate from your Anthem Blue Cross medical plan. Under the Carrum benefit at Scripps:

- There are no medical bills! Co-insurance and deductibles are waived*
- Travel expenses are covered 100% for you and an adult companion
- A personal Carrum Care Concierge will:
  - *help complete forms*
  - *gather and transfer medical records*
  - *assist in the selection of a surgeon*
  - *schedule the surgery*
  - *make travel arrangements and*
  - *coordinate port-discharge recovery care*

Get started online:
my.carrumhealth.com/sisc
Or contact us at:
1-888-855-7806

**Due to IRS regulations, HDHP members are subject to the deductible but co-insurance is waived.*

MDLIVE

MDLive is available to all members on the Anthem PPO plans. MDLive offers 24/7/365 on-demand access to a national network of board-certified doctors and pediatricians that can diagnose, recommend treatment and prescribe medications. New for 2017 is the inclusion of behavioral health therapists and psychiatrist consultations. The behavioral health visits will cost the same as your office visit copay. Access to physicians is via online video, phone or secure email.

A medical consultation is only $5.00 and a behavioral health consultation is your office visit copay.

Register by calling 888.632.2738 or go to www.mdlive.com/sisc.

Who Can Be Covered?

WHO IS ELIGIBLE?

You are eligible for SBUSD's group benefits if your classification is offered benefits.

DEPENDENT ELIGIBILITY

The definition of dependent includes your spouse, domestic partner (must be registered with the California State Registry), and child(ren) up to age 26 (coverage stops when they turn 26) regardless of student or marital status. Child(ren) includes stepchild(ren), child(ren) placed under a "qualified medical child support order," adopted child(ren) or child(ren) placed for adoption.

ADDING AND EXCLUDING DEPENDENTS

Newly acquired dependents may be added to the plan during the year by completing the necessary forms within 30 days of them becoming eligible. If you do not add them within the 30 day period, they will need to wait to enroll until the **next** Open Enrollment period. You may only add them during this 30 day window, otherwise, you may enroll them during the next Open Enrollment period which would be August of 2018, to be effective October 1, 2018.

NOTICE ON DEPENDENT TERMINATIONS

It is the employee's responsibility to notify the district of any changes in eligibility status for their spouse, domestic partner or dependent(s) at the end of the month of one of the following:

For Spouse: event of death OR final divorce decree is reached;

For Domestic Partner: event of death OR the Notice of Termination of Domestic Partnership OR nullity of the domestic partnership is complete OR if a domestic partner no longer qualifies as a domestic partner because of qualifying as a dependent;

For Dependent: event of death OR final divorce is reached when step-child OR legal guardianship is terminated OR when reach age 26 unless they have a disabled certification.

Making the Most of Your Benefits Program

Helping you and your family members stay healthy and making sure you use your benefits program to its best advantage is our goal in offering this program. Here are a few things to keep in mind

STAY WELL!

Harder than it sounds, of course, but many health problems are avoidable. Take action—from eating well, to getting enough exercise and sleep. Taking care of yourself takes care of a lot of potential problems.

ASK QUESTIONS AND STAY INFORMED

Know and understand your options before you decide on a course of treatment. Informed patients get better care. Ask for a second opinion if you're at all concerned.

GET A PRIMARY CARE PROVIDER

Having a relationship with a PCP gives you a trusted person who knows your unique situation when you're having a health issue. Visit your PCP or clinic for non-emergency healthcare.

GOING TO THE DOCTOR?

To get the most out of your doctor visit, being organized and having a plan helps. Bring the following with you:

- Your plan ID card
- A list of your current medications
- A list of what you want to talk about with your doctor

If you need a medication, you could save money by asking your doctor if there are generics or generic alternatives for your specific medication.

NUTRITION

Eating moderately and well really does help keep the doctor away. Stay away from fat-heavy, processed foods and instead focus on whole grains, vegetables, and lean meats to be the healthiest you can be.

USING THE EMERGENCY ROOM

Did you know most ER visits are unnecessary? Use them only in a true emergency—like any situation where life, limb, and vision are threatened. Otherwise, call your doctor, your nurse line, or go to an Urgent Care clinic. You'll save a lot of money and time.

BE MED WISE!

Always follow your doctor's and pharmacist's instructions when taking medications. You can worsen your condition(s) by not taking your medication or by skipping doses. If your medication is making you feel worse, contact your doctor.

Medical / In-Network Only

This comparison chart shows a brief summary of the medical benefits available.

	Anthem Blue Cross 80-E PPO 1 Plan	Anthem Blue Cross 80-G PPO 2 Plan
Annual Deductible	$300/Individual $600/Family	$500/Individual $1,000/Family
Annual Out-of-Pocket Max	$1,000/Individual $3,000/Family	$2,000/Individual $4,000/Family
Lifetime Max	Unlimited	Unlimited
Office Visit		
Primary Provider	$20 (deductible waved)	$30 (deductible waved)
Specialist	$20 (deductible waved)	$30 (deductible waved)
Preventive Services	Plan pays 100%	Plan pays 100%
Chiropractic Care	Plan pays 80% of charges	Plan pays 80% of charges (limits apply)
Acupuncture Care (limited to 12 visits per calendar year)	Plan pays 80% (limited to $50 / visit)	Plan pays 80% (limited to $50 / visit)
Lab and X-ray	Plan pays 80% of charges	Plan pays 80% of charges
Inpatient Hospitalization	Plan pays 80% of charges	Plan pays 80% of charges
Outpatient Surgery	Plan pays 80% of charges	Plan pays 80% of charges
Urgent Care	$20 (deductible waved)	$30
Emergency Room ***(copay waived if admitted)***	$100 copay then plan pays 80% of charges	$100 copay then plan pays 80% of charges
Ambulance	$100 copay then plan pays 80% of charges	$100 copay then plan pays 80% of charges

This comparison chart shows a brief summary of the medical benefits available.

Anthem Blue Cross 80-M PPO 3 Plan	Anthem Blue Cross PPO HDHP-HSA Plan	Kaiser Permanente HMO Traditional Plan
$3,000/Individual $6,000/Family	$3,000/Individual $5,200/Family	None $1,500/3,000
$4,000/Individual $8,000/Family	$5,000/Individual $10,000/Family	$1,500/Individual $3,000/Family
Unlimited	Unlimited	Unlimited
$40 (deductible waved) $40 (deductible waved)	10% of allowable charges 10% of allowable charges	$30 $30
Plan pays 100%	Plan pays 100%	Plan pays 100%
Plan pays 80% of charges	Plan pays 90% of charges	$10- 30 visits/year (combined Chiro and Acupuncture)
Plan pays 80% (limited to $50 / visit)	Plan pays 90% (limited to $50 / visit)	$10- 30 visits/year (combined Chiro and Acupuncture)
Plan pays 80% of charges	Plan pays 90% of charges	Plan pays 100%
Plan pays 80% of charges	Plan pays 90% of charges	Plan pays 100%
Plan pays 80% of charges	Plan pays 90% of charges	$30 per procedure
$40 (deductible waved)	Plan pays 90% of charges	$30
$100 copay then plan pays 80% of charges	$100 copay then plan pays 90% of charges	$100 copay
$100 copay then plan pays 80% of charges	$100 copay then plan pays 90% of charges	$50 / trip

Medical / In-Network Only

This comparison chart shows a brief summary of the medical benefits available.

	Anthem Blue Cross 80-E PPO 1 Plan	Anthem Blue Cross 80-G PPO 2 Plan
Mental Health/Substance Abuse		
Inpatient	20% of charges	20% of charges
Outpatient	$20 (deductible waived)	$30 (deductible waived)
Prescription Drugs		
Deductible on Brand Drugs	$200 Individual/$500 Family	$200 Individual/$500 Family
Annual Out-of-Pocket Maximum	$2,500 Individual/$3,500 Family	$2,500 Individual/$3,500 Family
Pharmacy		
Retail-30 day supply	$10-Generic/$35-Brand	$10- Generic/$35- Brand
Costco Pharmacy	$0 Generic/$35 Brand (30 day supply) $0 Generic/$90 Brand (90-day supply)	$0 Generic/$35 Brand (30-day supply) $0 Generic/$90 Brand (90-day supply)
Mail Order		
Costco Pharmacy (90 day supply)	$0 Generic/ $90 Brand	$0 Generic / $90 Brand
Navitus (30 day supply)	$35 Specialty	$35 Specialty
Skilled Nursing Semi-Private Room (100 days/year)	Plan pays 80% of charges	Plan pays 80% of charges
Pregnancy and Maternity Office Visit	$20 (deductible waived)	$30 (deductible waived)
Therapy Physical, Occupational, & Speech	Plan pays 80% of charges	Plan pays 80% of charges
Inpatient or Outpatient Hospice	Play pays 100%	Play pays 100%
Home Health Care Services and supplies –subject to utilization review (limited to 100 days/year	Plan pays 80% of charges	Plan pays 80% of charges

This comparison chart shows a brief summary of the medical benefits available.

Anthem Blue Cross 80-M PPO 3 Plan	Anthem Blue Cross PPO HDHP-HSA Plan	Kaiser Permanente HMO Traditional Plan
20% of charges $40 (deductible waived)	10% of charges 10% of charges	Plan pays 100% $30
$200 Individual/$500 Family $2,500 Individual/$3,500 Family	Combined Medical/Pharmacy Deductible & Out-of-Pocket	None None
$10-Generic/$35-Brand	$9- Generic/$35- Brand	$10-Generic/$30- Brand (up to 100 day supply)
$0 Generic/$35 Brand (30 day supply) $0 Generic/$90 Brand (90-day supply)	$0 Generic/$35 Brand (30-day supply) $0 Generic/$90 Brand (90-day supply)	$10-Generic/$30 Brand (up to 100-day supply)
$0 Generic/ $90 Brand $35 Specialty	$18 Generic / $70 Brand N/A	$10 Generic / $30 Brand (up to 100 day supply) N/A
Plan pays 80% of charges	Plan pays 90% of charges	Plan pays 100%
$40 (deductible waived)	Plan pays 90% of charges	$30
Plan pays 80% of charges	Plan pays 90% of charges	$30
Play pays 100%	Play pays 100%	Play pays 100%
Plan pays 80% of charges	Plan pays 90% of charges	Plan pays 100%

Dental

Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

Santa Barbara Unified School District provides you with a comprehensive coverage through Delta Dental.

Delta Dental PPO Plan – Group Number 7075-5400

	In-Network	Out-Of-Network
Calendar Year Deductible	$0 $0	$0 $0
Annual Plan Maximum	$1,700 per member	$1,500 per member (combined with in-network)
Waiting Period	None	None
Diagnostic and Preventive	Plan pays 70 - 100%	Plan pays 70 - 100% UCR
Basic Services:		
Filings	Plan pays 70 - 100%	Plan pays 70 - 100% UCR
Endodontics	Plan pays 70 - 100%	Plan pays 70 - 100% UCR
Periodontics	Plan pays 70 - 100%	Plan pays 70 - 100% UCR
Major Services:		
Crowns, inlays, onlays, and cast restorations	Plan pays 70%-100%	Plan pays 70%-100%
Prosthodontics & implant:	Plan pays 50%	Plan pays 50%
Orthodontic Services		
Orthodontia	Plan pays 50%	Plan pays 50%
Lifetime Maximum	$1,500 per member	$1,500 per member
Dependent Children	Covered	Covered
Dental Accident	100% (separate $1,000 max / person)	100% (separate $1,000 max / person)

Vision

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions. We offer you vision coverage through Vision Service Plan (VSP).

Vision Service Plan (VSP) – Group Number 2465606A

	In-Network	Out-Of-Network
Examination		
Benefit	$5 copay then plan pays 100%	$35 allowance
Frequency	1 x every 12 months	In-network limitations apply
Eyeglass Lenses		
Single Vision Lens	Plan pays 100% of basic lens	Up to $25 Allowance
Bifocal Lens	Plan pays 100% of basic lens	Up to $40 Allowance
Trifocal Lens	Plan pays 100% of basic lens	Up to $50 Allowance
Frequency	1 x every 12 months	In-network limitations apply
Frames		
Benefit	$150 allowance	$30 allowance
Frequency	1 x every 24 months	In-network limitations apply
Contacts Lenses*		
Benefit	$105 allowance for contacts and contact lens exam	Up to $90
Frequency	1 x every 12 months	1x every 12 months

*Contact lenses are in lieu of spectacle lenses and frame. If you choose contacts you will be eligible for a frame 24 months from the date the contact lenses were obtained.

USING YOUR VSP BENEFIT IS EASY

- Find a VSP doctor who's right for you at **www.vsp.com** under the VSP Signature network.
- Review your plan coverage before your appointment.
- At your appointment, tell them you have VSP. There's no ID card necessary but you can print one on **www.vsp.com**.

Rates for 2017 - 2018

The amount you play for your coverage is outlined below and depends on the plan that you select and whether you cover dependents on your plan. Please note that there are two set of rates; Classified (Blue) and Certificated (Green). All premium amounts are tenthly.

CLASSIFIED RATES / TENTHLY

Anthem Blue Cross	Employee Pays (Tenthly)	District Contribution Amount
80 - E : PPO 1		
Employee Only	$499.78	$327.02
Employee + 1 Dependent	$918.57	$701.43
Employee + 2 or More Dependents	$1,191.25	$1,086.35
80 - G : PPO 2		
Employee Only	$443.38	$327.02
Employee + 1 Dependent	$806.97	$701.43
Employee + 2 or More Dependents	$1,032.85	$1,086.35
80 - M : PPO 3		
Employee Only	$135.00	$475.80
Employee + 1 Dependent	$486.57	$701.43
Employee + 2 or More Dependents	$575.65	$1,086.35
High Deductible Health Plan :	**HDHP - HSA**	
Employee Only	$288.58	$327.02
Employee + 1 Dependent	$528.57	$701.43
Employee + 2 or More Dependents	$666.85	$1,086.35

Kaiser Permanente	Employee Pays (Tenthly)	District Contribution Amount
HMO		
Employee Only	$340.18	$327.02
Employee + 1 Dependent	$613.77	$701.43
Employee + 2 or More Dependents	$746.05	$1,086.35

Vision Service Plan - VSP	Employee Pays (Tenthly)	District Contribution Amount
Vision		
Employee Only	$0	$11.04
Employee + 1 Dependent	$8.18	$13.90
Employee + 2 or More Dependents	$19.22	$13.90

Delta Dental Premier	Employee Pays (Tenthly)	District Contribution Amount
PPO Dental		
Employee Only	$21.95	$40.45
Employee + 1 Dependent	$89.03	$40.45
Employee + 2 or More Dependents	$147.95	$40.45

CERTIFICATED RATES / TENTHLY

Anthem Blue Cross	Employee Pays (Tenthly)	District Contribution Amount
80 - E : PPO 1		
Employee Only	$499.78	$327.02
Employee + 1 Dependent	$918.57	$701.43
Employee + 2 or More Dependents	$1,191.25	$1,086.35
80 - G : PPO 2		
Employee Only	$443.38	$327.02
Employee + 1 Dependent	$806.97	$701.43
Employee + 2 or More Dependents	$1,032.85	$1,086.35
80 - M : PPO 3		
Employee Only	$283.78	$327.02
Employee + 1 Dependent	$486.57	$701.43
Employee + 2 or More Dependents	$575.65	$1,086.35
High Deductible Health Plan :	**HDHP HSA**	
Employee Only	$288.58	$327.02
Employee + 1 Dependent	$528.57	$701.43
Employee + 2 or More Dependents	$666.85	$1,086.35

Kaiser Permanente	Employee Pays (Tenthly)	District Contribution Amount
HMO		
Employee Only	$340.18	$327.02
Employee + 1 Dependent	$613.77	$701.43
Employee + 2 or More Dependents	$746.05	$1,086.35

Vision Service Plan - VSP	Employee Pays (Tenthly)	District Contribution Amount
Vision		
Employee Only	$0	$11.04
Employee + 1 Dependent	$8.18	$13.90
Employee + 2 or More Dependents	$19.22	$13.90

Delta Dental Premier	Employee Pays (Tenthly)	District Contribution Amount
PPO Dental		
Employee Only	$21.95	$40.45
Employee + 1 Dependent	$89.03	$40.45
Employee + 2 or More Dependents	$147.95	$40.45

Health Savings Account (HSA)

A Health Saving Account (HSA) is available only to employees who participate in the Anthem Blue Cross High Deductible Health Plan (HDHP). An HSA is like an IRA for healthcare. It is a tax-advantaged personal savings or investment account that you can use to save and pay for qualified health expenses, now or in the future. Paired with a qualified high deductible health plan (HDHP), an HSA is a powerful financial tool that empowers you to be more actively involved in your healthcare decisions.

An HSA allows you to:

- Save toward medical expenses (including dental and vision), up to IRS maximums (see
- Table 1)
- Have your contributions deducted on a pre-tax basis
- Change your contribution amount at any time
- Roll the funds to the following year (this is not a "use it or lose it" plan)
- Keep the account; it is portable; it goes with you if you leave employment
- Use a debit card to pay for qualified medical expenses
- Use the funds to pay for IRS tax dependents even if they are not enrolled in the HDHP

Table 1 – HSA Contribution Limits for 2018

Annual Single Contribution Maximum	$3,450*
Annual Family Contribution Maximum	$6,900*
Annual Catch-Up Contribution Maximum (for HSA participants that are 55 years or older)	$1,000

*These amounts are the maximum the IRS allows to contribute to your HSA.

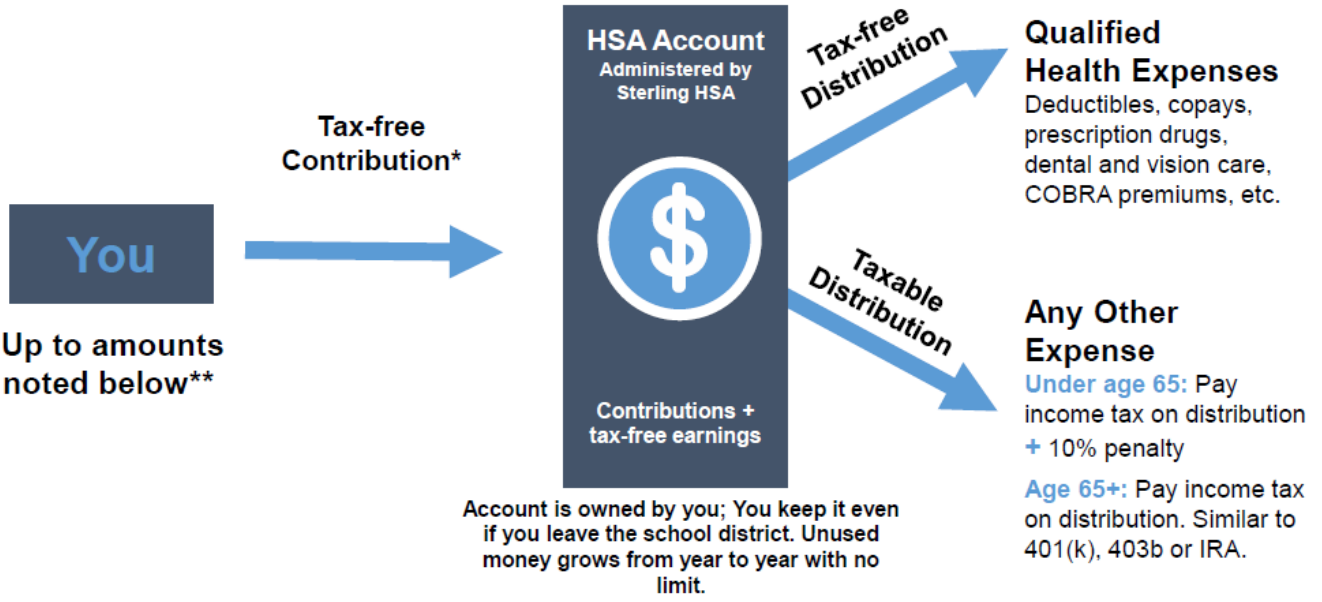
IMPORTANT INFORMATION:

- If you have a Section 125 Flexible Benefit Plan (FBP) for 2016, you cannot open an HSA until the available funds in your 2017 FBP Healthcare account have been used, and the balance in your Healthcare FBP account is $0.
- You cannot have an HSA and be a dependent on another person's health insurance plan, unless that plan is also a High Deductible Health Plan.

You must open an HSA account with Sterling HSA in order to make payroll contributions towards your HSA account. If you do not open an account, the district will not be able to transfer your contributions into your HSA account.

FOUR WAYS TO GROW YOUR HSA

1. If you will save on monthly premiums by enrolling in the HDHP, put the savings into your HSA.
2. If you usually set aside money for medical expenses in your healthcare Flexible Benefit Plan (FBP), direct those dollars to your HSA instead.
3. If you get a pay increase or bonus, direct a portion of it towards your HSA.
4. If you haven't maxed out your contributions, make a deposit to your HSA before April 15 for an addition tax deduction.



*State income tax may apply
**Total account contribution for 2018 is limited to:
Single: $3,450 or $4,450 if you are 55+ Family: $6,900 or $7,900 if you are 55+

Basic Life / Accidental Death and Dismemberment (AD&D)

Santa Barbara Unified School District provides Basic Life insurance and Accidental Death and Dismemberment insurance through Cigna at no cost to you. All eligible full-time benefits employees are automatically enrolled in the Basic Life and AD&D as long as a form has been completed and returned to the Human Resources department.

Eligible Group	Life Insurance Benefit*
Certified / Classified Employees	$30,000
Management	$100,000
Spouse	$1,500
Children – 6 months to 19 years and up to 25 years if full-time student	$1,500
Children – birth to 6 months	$500

Eligible Group	AD&D Benefit*
Certified / Classified Employees	$30,000
Management	$100,000
Spouse	$1,500
Children – 6 months to 19 years and up to 25 years if full-time student	$1,500
Children – birth to 6 months	$500

*Note age reduction schedule: when you reach age 65, benefits will be reduced to 65%; at age 70, your benefits will be reduced to 40%; at age 75, your benefits will reduce to 25%.

Together, all the way.®

Cigna

Programs through your Life insurance

Here are other valuable programs that eligible employees are automatically enrolled in:

HEALTHY REWARDS

The Health Rewards program offers you a variety of discount programs were you can save money on alternative services such as acupuncture or massage therapy and products. This program is easy to use. You can choose from a wide network of conveniently located participating providers by visiting CIGNA.com/rewards (password: savings) or by calling 1.800.258.3312.

WILL PREPARATION

Cigna's Will Center is secure, easy to use and available at CIGNAWillCenter.com seven days a week, 365 days a year. Employees can complete life and health care legal documents online, such as:

- Last will and testament
- Living will
- Health Care Power of Attorney
- Financial Power of Attorney
- Medical Authorization for Minor

For additional help, you may call 800.901.7534.

TRAVEL ASSISTANCE

This free of cost program offers you peace of mind when you travel in the event that an unfortunate situation arises - injury, illness, death , theft, natural disaster, disease outbreak or terrorism. To access benefits please call 888.226.4567 (Group #57). Program will assist with:

- Medical evacuation
- Multilingual assistance
- Emergency travel assistance
- Medical referrals
- Transportation of remains

IDENTITY THEFT

The Identity Theft Program provides access to personal case managers who give step-by-step assistance and guidance if you have had your identity stolen. You may call 888.226.4567 (Group #57) for assistance. This program will help with the following:

- Placing fraud alerts
- Canceling/Replacing credit cards
- Reporting to credit agencies
- Provide an ID theft affidavit
- Provide Identity Theft kit

Healthcare and Dependent Care Section 125 Flexible Benefit Plan

REMEMBER - You must re- enroll in this program each year if you wish to participate in an FBP for that plan year. It is not automatic.

How your Flexible Benefit Plan (FBP) Works

Each year during the Open Enrollment period, you decide how much you want to contribute to one or both of the Flexible Benefit Plans.

Healthcare FBP

The Healthcare FBP is used to pay medical, dental, or vision expenses not paid for by your insurance such as deductibles, co-payments, and co-insurance amounts. Each pay period, the amount you designate is deducted from your paycheck before taxes are withheld in equal increments and then deposited to your Healthcare FBP. You can elect to contribute up to **$2,600 annually*** into this account.

Dependent Care FBP

The Dependent Care FBP can be established to pay for certain expenses to care for dependents who live with you while you are at work. While this most commonly means child care, for children under the age of 13, it can also be used for children of any age who are physically or mentally incapable of self-care, as well as adult day care for elderly dependents who live with you, such as parents or grandparents. **The Dependent Care FBP does NOT pay for medical care for your dependents.** The amount that you decide to contribute to this account is deducted from your paycheck before taxes in equal increments and deposited into your Dependent Care FBP. You may elect to contribute up to **$5,200 per household*** annually.

IMPORTANT CONSIDERATIONS

- FBP funds can be used for you, your spouse, and your tax dependents only.
- Qualified medical expenses must be incurred between October 1, 2017 and September 30, 2018 or during the 90 days grace period. You must submit for reimbursement no later than December 30, 2018.
- Unused amounts will **be lost at the end of the plan year**, so it is very important that you plan carefully before making your election.
- Once you enroll, you can only change your elected payroll contributions if there is a change in family status, such as: Marriage, Divorce, Death, Birth, Adoption, or Change in Employment Status.
- Money cannot be transferred between the Health Care and Dependent Care FBP.
- You cannot open a Health Savings Account until the available fund in your FBP Healthcare account has been used and the balance is $0.
- If your employment with the district terminates, you can only be reimbursed for claims incurred up to your last day of employment.

*Due to Federal guidelines, the annual contribution amount may increase in October.

For more information, please contact American Fidelity at 800.365.9180.

403 (B) and 457 (B) Plans

Santa Barbara Unified School District sponsors voluntary retirement plans that include a 403 (b) Plan and 457 (b) Deferred Compensation plan. Plan administration for these plans are provided by TSA Consulting Group (TSACG). Participation is completely voluntary.

403 (b) and 457 (b) PLAN

A 403 (b) and 457 (b) plan is a way for you to save for retirement and other long-term financial needs. Payroll deductions are contributed on a tax-deferred basis which reduce your current income tax and allows the money in the plan to grow untaxed until you withdraw it after retirement.

The Internal Revenue Service regulates the contribution limits you can contribute annually to tax-advantaged retirement plans and imposes penalties if you violate the limits. The 2017 basic contribution amount for each plan is $18,000. TSACG monitors 403 (b) contributions and notifies the district in an event of an excess contribution.

Online Enrollment Process

To start, stop or change a 403 (b) or 457 (b) salary reduction, you will need to login into the TSACG website. You will additionally find a list of all authorized Investment Provider on this website.

1. Go to www.tsacg.com
2. Click on the “Individual” tab, scroll down to “Employers”
3. Select “California”, then “Santa Barbara Unified School District”
4. If you have questions, please call Comply Customer Service at 888.796.3786

Additional Services

- 403 (b) and 457 (b) Plan Loans – you may be eligible to borrow against your plan.
- Rollovers – you may move funds from one qualified plan to another qualified plan.
- Hardship Withdrawals – you may be able to withdrawal in the event of an immediate or heavy financial need.
- Unforeseen Financial Emergency Withdrawal – You may be able to withdrawal in an event of a severe financial hardship.

For additional information, please call 888.796.3786 or go to www.tsacg.com.

Employee Assistance Program

The Save A Valuable Employee (SAVE) Employee Assistance Program (EAP) offers free, professional, confidential assistance with personal and workplace problems. The program is available to employees and their immediate family members. You have 24 hour toll-free phone access to EAP professionals seven days a week. This program is voluntary, completely confidential, and the initial consultation is available at no cost to you.
EAP has trained counselors who can assist with:

- Child & elder care assistance
- Financial issues
- Stress, anxiety, and
- Balancing work and home
- Organizing life's affairs
- Drug and alcohol dependency
- Legal services
- Loss and grief counseling

SAVE
Employee Assistance Program

For more information, call SAVE at 800.299.2311.

Legal Shield

The SBUSD offers an Identity Theft and Family Legal plan benefit.

Legal plan covers:

- Free phone consultation with a law firm
- Trial defense services
- Contract and document review by an attorney
- Document preparation such as will, living will, residential loan assistance
- 24/7 Emergency assistance
- Motor vehicle services
- Uncontested adoption, name change, separation, divorce assistance

Identity theft plan covers:

- Triple-Bureau credit monitoring and alerts
- Personal credit score with analysis
- Help with restoring your credit if you are a victim
- Unlimited consultations

LegalShield™

To enroll or for more information, go to www.legalshield.com/info/sbunified.

Employee Self Service (ESS)

HOW DO I LOG ONTO EMPLOYEE SELF SERVICE?

Enrolling for Benefits Using Employee Self Service (ESS)?

Employee Self Service (ESS) is a web-based application that allows employees to privately access personal and payroll information. In addition to enrolling for benefits, you can access the following information: View Certifications, Pay/Tax Information, Personal Information, Leave Balances, etc. This application serves as a 24/7 resource for all employees to access from any device at their convenience.

How to Access Employee Self Service (ESS)

User name is your employee identification number, which is located in the top left hand corner of your paycheck. For a more secure system, employees should memorize this number to avoid using your social security number.

Open internet browser and in the URL address field, type: https://selfservice.sbunified.org/mss// , then hit enter.

Follow the instructions below:

- First time users, enter the last four digits of your Social Security Number as the default password. Returning users, enter your six digit employee identification number and password. If you have forgotten your password, call 963-4338 ext. 4357.

- Click Log In. First time users will be prompted to change their password. Your new password must contain a minimum of eight characters, alphanumeric with upper and lower case letters, and at least one special character such as @,#,$,%,*. Passwords cannot start with a special character.

- Returning users will log into Munis Self Service and proceed to the next section.

- Once you have entered your password, the Munis main page will appear.

HOW DO I ENROLL ON ESS?

To begin the enrollment process:

- *Click* on the **Employee Self-Service** link
- *Click* on the **Benefits** tab (this tab shows you your current elections for 2016-17)
- *Click* on the **Open Enrollment** tab.

Once in the Open Enrollment Section:

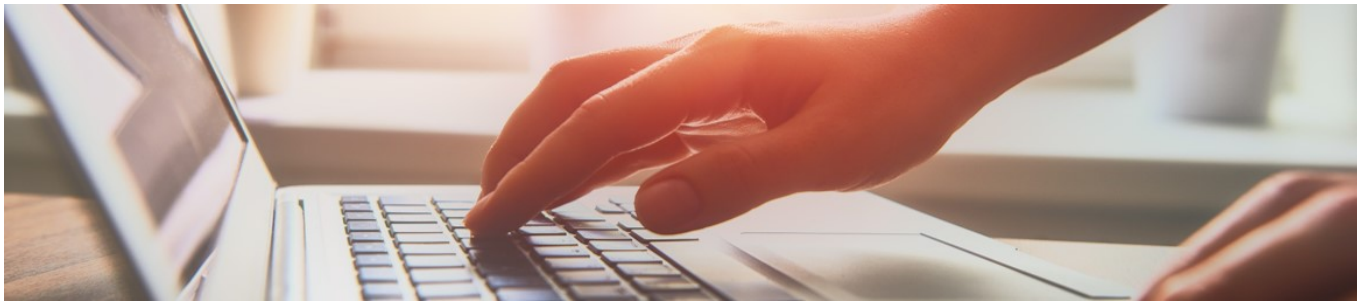
You will see several columns: Benefit, Current Election, and New Election.

1. Review your current elections listed in the Current Benefit column.

2. When you make your elections for 2017-18, your choices and costs per pay period will show up in the New Election column.

3. You will need to reconfirm your medical benefit election and *click* on the **Add Coverage** for each of your dependents. Please have you dependents Social Security Number with you.

Remember: If adding or deleting dependents, a Change Form must be submitted. Forms are available online at www.sbunified.org/benefits or in the Human Resources office.



Frequently Asked Questions

1. I am currently enrolled in a PPO medical plan and wish to switch to a different PPO plan, what do I do?
   You check the appropriate box on ESS online Open Enrollment for the PPO medical plan that you desire and no Change Form is needed.

2. I am currently on a PPO medical plan and wish to switch to the Kaiser Permanente HMO medical plan, what do I do?
   If enrolling in the Kaiser HMO medical plan, you must check the appropriate box on ESS online Open Enrollment and complete a Kaiser medical enrollment form, available online at the District website, www.sbunified.org/benefits.

3. I wish to remain on the same plans, what do I do?
   You check the appropriate boxes on ESS online Open Enrollment for continued plan.

4. If I am adding/deleting a dependent, what do I do?
   You need to complete a Change Form, add dependent information online, and provide appropriate documentation (i.e. birth certificate, marriage certificate, domestic partnership forms). All forms are available online at District website, www.sbunified.org/benefits.

5. What do I do if I want to change my Kaiser Primary Care Physician?
   You must call Kaiser Permanente Customer Service at (800) 464-4000 and change providers. You must call before the 15th of the month in order for this change to be effective the 1st of the following month.

6. How do I find a Medical Provider on an Anthem plan?
   Log onto www.anthem.com/ca/sisc and click on Find a Doctor, enter the information requested with criteria you want. A list of doctors will be produced so you can view or print.

7. What if I have a problem with a doctor's bill?
   The first thing that you should do is contact your Primary Care Physician or call your carrier's Customer Service telephone number listed on your insurance card.

8. I need to change my mailing address?
   Call the Santa Barbara Unified School District Human Resources Office to change your address or change on Employee Self Service (ESS). An insurance Change Form must be completed and returned to Human Resources.

9. What do I do if I need a new medical ID card?
   Call Anthem Blue Cross Customer Service at 800.322.5709 or Kaiser Permanente Customer Service at 800.464.4000.

10. **What if I need a new dental ID card?**
    Delta Dental does not provide a dental insurance ID card. You may download a card from their website: www.deltadentalins.com. The Customer Service number is 866.499.3001.

11. **What do I do if I need a vision insurance ID card? Or need to find a Vision Provider?**
    Vision Service Plan (VSP) does not provide insurance cards. You need to inform the vision provider that you have VSP through SISC and they will look you up by your social security number. To find a provider, call Vision Service Provider (VSP) at (800) 877-7195 or use their website: www.vsp.com.

12. **I will be turning 65 and become eligible for Medicare, what will I need to do?**
    Upon reaching age 65, you will continue to be on the Anthem Blue Cross or Kaiser Permanente medical plans unless you want to cancel your coverage through SBUSD or you retire.

13. **What happens if I do not do anything during Open Enrollment?**
    If you do nothing during Open Enrollment, you will be defaulted to the same plans that you have for the 2016-2017 plan year. It is recommended though, that you always complete the online enrollment.

All forms and information are available at the SBUSD website,

www.sbunified.org/benefits.

Contact Information

Key Contact	Telephone	Website
Santa Barbara Unified School District Human Resources/Benefits: Noemi Vazquez	(805) 963-4338, Ext. 6242	nvazquez@sbunified.org
Anthem Blue Cross of California PPO (HDHP members call Anthem for Pharmacy questions)	(800) 322-5709	www.anthem.com/ca/sisc
Navitus Health Solutions – *Pharmacy vendor for Anthem 80-E PPO, 80-G PPO and 80-M PPO*	(866) 333-2757	www.navitus.com
Kaiser Permanente	(800) 464-4000	www.kp.org
Delta Dental - SISC	(866) 499-3001	www.deltadentalins.com
Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
American Fidelity (Flexible Spending)	(800) 365-9180	www.afadvantage.com
SAVE - Employee Assistance Program	(805) 962-5387	www.savesb.org
Sterling HSA	(888) 892-7494	www.sterlinghsa.com
TSA Consulting Group (TSACG)	(888) 796-3786	www.tsacg.com
TCG Services	(800) 943-9179	www.TCGservices.com
Plan Member Securities Corp.	(805) 845-8172	www.planmember.com
Pacific Educators, Inc.	(800) 722-3365	www.PEinsurance.com
LegalShield	(866) 288-5229	www.legalshield.com/info/sbunified

Key Terms

MEDICAL/GENERAL TERMS

Allowable Charge - The most that an in-network provider can charge you for an office visit or service.

Balance Billing - Non-network providers are allowed to charge you more than the plan's allowable charge. This is called Balance Billing.

Coinsurance - The cost share between you and the insurance company. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70%, you are responsible for paying the remaining 30% of the cost.

Copay - The fee you pay to a provider at the time of service.

Deductible - The amount you have to pay out-of-pocket for expenses before the insurance company will cover any benefit costs for the year (except for preventive care and other services where the deductible is waived).

Explanation of Benefits (EOB) - The statement you receive from the insurance carrier that explains how much the provider billed, how much the plan paid (if any) and how much you owe (if any). In general, you should not pay a bill from your provider until you have received and reviewed your EOB (except for copays).

Family Deductible - The maximum dollar amount any one family will pay out in individual deductibles in a year. IMPORTANT: If you enroll for family coverage on the PPO plan, one or more family members will need to meet the deductible.

Individual Deductible - The dollar amount a member must pay each year before the plan will pay benefits for covered services. Important: If you enroll for family coverage on the PPO plan, the individual deductible does not apply.

In-Network - Services received from providers (doctors, hospitals, etc.) who are a part of your health plan's network. In-network services generally cost you less than out-of-network services.

Out-of-Network - Services received from providers (doctors, hospitals, etc.) who are not a part of your health plan's network. Out-of-network services generally cost you more than in-network services. With some plans, such as HMOs and EPOs, out-of-network services are not covered.

Out-of-Pocket - Healthcare costs you pay using your own money, whether from your bank account, credit card, Health Reimbursement Account (HRA), Health Savings Account (HSA) or Flexible Spending Account (FSA).

Out-of-Pocket Maximum – The most you would pay out-of-pocket for covered services in a year. Once you reach your out-of-pocket maximum, the plan covers 100% of eligible expenses.

Preventive Care – A routine exam, usually yearly, that may include a physical exam, immunizations and tests for certain health conditions.

PRESCRIPTION DRUG TERMS

Brand Name Drug - A drug sold under its trademarked name. A generic version of the drug may be available.

Generic Drug – A drug that has the same active ingredients as a brand name drug, but is sold under a different name. Generics only become available after the patent expires on a brand name drug. For example, Tylenol is a brand name pain reliever commonly sold under its generic name, Acetaminophen.

Dispense as Written (DAW) - A prescription that does not allow for substitution of an equivalent generic or similar brand drug.

Maintenance Medications - Medications taken on a regular basis for an ongoing condition such as high cholesterol, high blood pressure, asthma, etc. Oral contraceptives are also considered a maintenance medication.

Non-Preferred Brand Drug - A brand name drug for which alternatives are available from either the plan's preferred brand drug or generic drug list. There is generally a higher copayment for a non-preferred brand drug.

Preferred Brand Drug - A brand name drug that the plan has selected for its preferred drug list. Preferred drugs are generally chosen based on a combination of clinical effectiveness and cost.

Specialty Pharmacy - Provides special drugs for complex conditions such as multiple sclerosis, cancer and HIV/AIDS.

Step Therapy - The practice of starting to treat a medical condition with the most cost effective and safest drug therapy and progressing to other more costly or risky therapy, only if necessary.

DENTAL TERMS

Basic Services - Generally include coverage for fillings and oral surgery.

Diagnostic and Preventive Services - Generally include routine cleanings, oral exams, x-rays, sealants and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

Endodontics - Commonly known as root canal therapy.

Implants - An artificial tooth root that is surgically placed into your jaw to hold a replacement tooth or bridge. Many dental plans do not cover implants.

Major Services - Generally include restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Orthodontia - Some dental plans offer Orthodontia services for children (and sometimes adults too) to treat alignment of the teeth. Orthodontia services are typically limited to a lifetime maximum.

Periodontics - Diagnosis and treatment of gum disease.

Pre-Treatment Estimate - An estimate of how much the plan will pay for treatment. A pre-treatment estimate is not a guarantee of payment.

Important Plan Notices and Documents

CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis. You may find a copy of the following legal notices on the District's website, **www.sbunified.org/benefits**:

- Medicare Part D Notice
  Describes options to access prescription drug coverage for Medicare eligible individuals.
- Women's Health and Cancer Rights Act
  Describes benefits available to those that will or have undergone a mastectomy.
- HIPAA Notice of Special Enrollment Rights
  Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- Notice of Choice of Providers
  Describes options that you have when you have a primary care provider.
- HIPPA Notice of Special Enrollment Rights
  Describes the special enrollment events when you may enroll other than during Open Enrollment.
- CHIP Notice
  Describes premium assistance programs available to you if you live outside of California.

CURRENT PLAN DOCUMENTS

Important documents on our medical plans are available on our benefits website, **www.sbunified.org/benefits** and include:

Evidence of Coverage (EOC)

The Evidence of Coverage, EOC, is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

Summary of Benefits and Coverage (SBCs)

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. All plan SBCs are available on ***our benefits website,*** **www.sbunified.org/benefits**.

Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Human Resources at 805.963.4338 Ext: 6242.

Notes

Santa Barbara Unified
SCHOOL DISTRICT

720 Santa Barbara Street
Santa Barbara, CA 93101
Phone: 805.963.4338
Fax: 805.965.9561
TDD: 805.966.7734
SBUnified.org

Santa Barbara Unified School District

Waiver of Medical/Dental/Vision Coverage
For All Part-time and Full-time Employees

I, _____ SSN: _____

Declare as follows:

1) I am a part-time or full-time employee of the Santa Barbara Unified School District.

2) I understand that I am entitled to have the District pay its normal contribution provided I pay the balance of such required premium, if any.

3) I realize that should I waive coverage now and later decide to enroll in the District Health plan, **I WILL NOT HAVE THE OPPORTUNITY TO DO SO UNTIL THE NEXT ANNUAL OPEN ENROLLMENT PERIOD OR UNLESS I MOVE FROM PART-TIME TO FULL-TIME POSITION OR HAVE QUALIFYING EVENT. If I decline coverage during a leave of absence, I understand that I am eligible for continued health insurance through COBRA while on a leave and I acknowledge that I have been notified of these rights and am waiving my rights to such coverage.**

4) Effective _____* I do not (or no longer) wish to be covered under the Districts' Health Insurance Plans; and I hereby request and instruct the District not to make, and I hereby relinquish and waive my right to have the District make, any (further) insurance premium payments on my behalf. In addition, I advise the District that I will not make any (further) payments of my share of such insurance premiums.

5) I hereby agree to indemnify and hold harmless the District, its officers and employees, from and against any claim, liability, cost and expense of whatever nature which may arise from or as a result of the non-payment by the District of the insurance premium pursuant to the foregoing instructions.

_____ _____ _____

Signature Department Name/School Site Date

***THIS DATE MUST BE THE FIRST DAY OF A MONTH (10/1/17 during Open Enrollment)**

Santa Barbara
Unified
SCHOOL DISTRICT