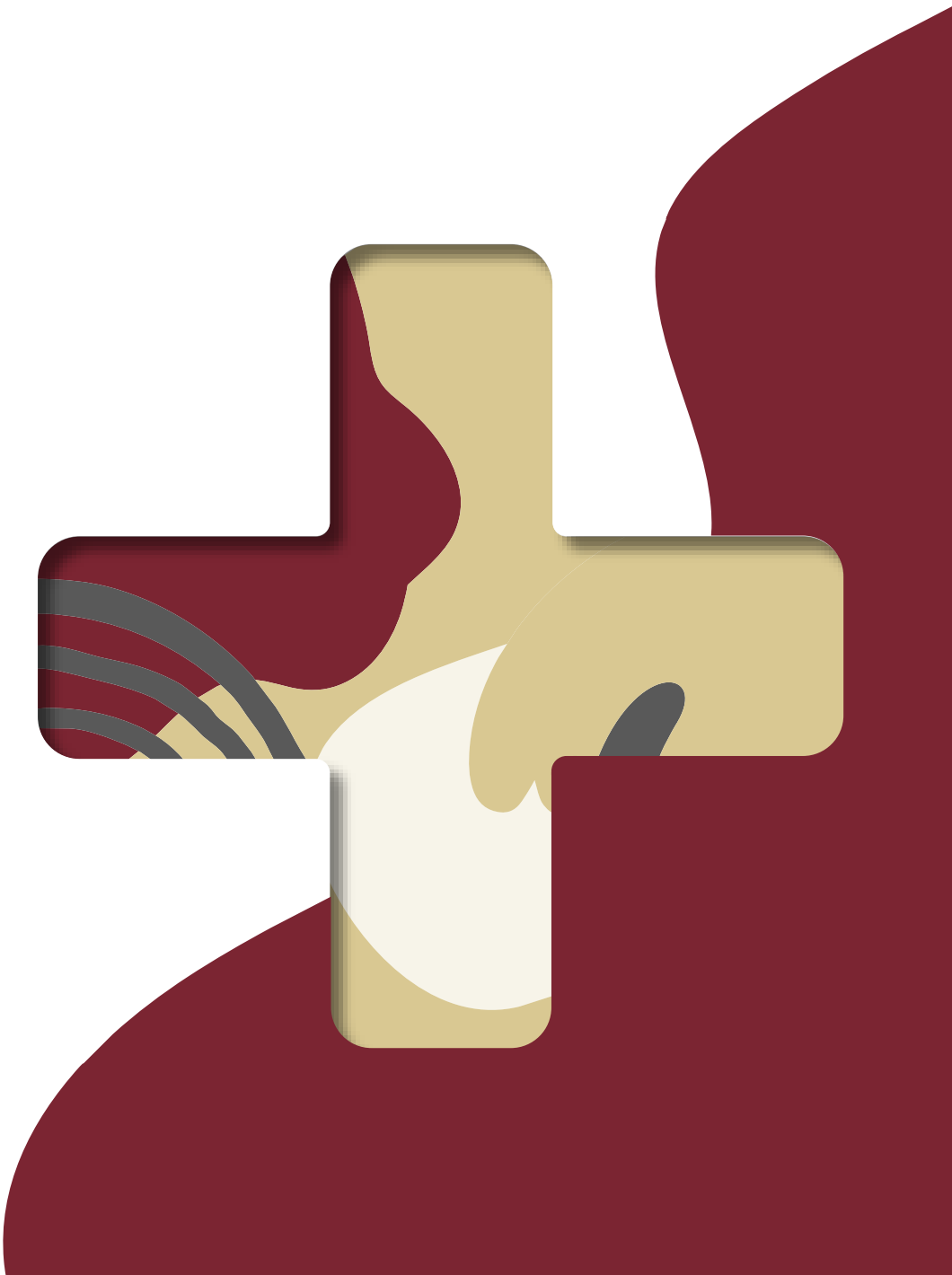
FREMONT UNION HIGH SCHOOL DISTRICT

# 2026

# Summary of Benefits



# TABLE OF CONTENTS

# WELCOME TO YOUR BENEFITS!

The investment in employee benefits is a very important way in which FUHSD is able to care for you and your family. We are pleased to provide a comprehensive benefits package centered around four important areas of wellness:

HEALTH CARE | PRE-TAX BENEFITS | FINANCIAL SECURITY | WORK-LIFE BALANCE

This document provides a high-level overview of the benefits available so that you can review your options for enrollment. Individual carrier documents provide more detail regarding coverage and benefits. These documents supersede any information provided here.

## FUHSD + VITA

The Vita Concierge is here to help! FUHSD has partnered with Vita to assist you with your benefits needs. We can support you with a multitude of issues including those outlined below:

- Benefit plan enrollment
- Plan design inquiries
- ID cards and eligibility issues
- Health and pre-tax claims assistance
- Accessing pre-tax funds
- Enrollment guidance

**Vita Concierge may be reached Monday – Friday 8:00 a.m. – 5:00 p.m. PT via phone, (650) 966-1492 or email, fuhsd@vitamail.com.**

Making sure your request is resolved to your satisfaction is our top priority. Please be aware that Vita complies with all Federal HIPAA privacy and security regulations to ensure your information is safe.

# SIGNING UP AND MAKING CHANGES

## ELIGIBILITY

Regular employees working 20 or more hours per week are eligible for Medical, Dental, Vision, EAP, Life/AD&D, and Supplemental Life/AD&D coverage on their first contractual work day. Regular status employees working 15 or more hours per week are eligible for disability benefits on their first contractual work day. For life, disability, and FSA coverages, employees must be actively working on the date coverage begins.

## ELIGIBLE DEPENDENTS

You may enroll spouses/domestic partners and children up to age 26 in your medical, dental, and vision plans. For Supplemental Life/AD&D, eligible dependents include your spouse and your unmarried dependent child(ren) up to the age of 21, or to age 23 if a full-time student. Non-registered Domestic Partners are not eligible under the plans.

## DOMESTIC PARTNERS

You will pay taxes on the employer paid premium and employee contribution for enrolled domestic partners and/or their children. State level tax exemptions may apply. Please see your tax advisor for more details.

## ENROLLMENT

Enrollment occurs in Employee Navigator (www.employeenavigator.com) must be completed within 30 days of your eligibility date. You must finalize your enrollment in Employee Navigator before it is processed with the applicable carriers.

## ADDITIONAL INFORMATION AND RESOURCES

Benefit summaries, detailed plan information, plan certificates, and forms are available through Employee Navigator (www.employeenavigator.com).

## SPECIAL ENROLLMENT PERIOD/ADDING NEW DEPENDENTS

You may only enroll or make election changes mid-year if you experience a qualified life event such as marriage, birth or adoption of a new child, divorce, or an involuntary loss of coverage from another group plan. **You must notify HR and submit the request for changes within 30 days of the life event in Employee Navigator.**

## OPEN ENROLLMENT

Open Enrollment is your annual opportunity to enroll in or make changes to your benefits without a qualified life event. If you or your dependents do not enroll when you first become eligible, you will only be able to enter the plan during Open Enrollment. Open Enrollment is conducted in November each year, for changes to be effective January 1st.

## COVERAGE TERMINATION

Medical, dental, and vision benefits terminate on the last day of the month following employment termination. All other benefits end on your last day of employment.

## COBRA CONTINUATION

You and your covered dependents have a right to continue medical, dental, vision, and Health FSA coverage for a specified period of time after you terminate employment or for other qualified life events. You will be notified of your rights and responsibilities to continue coverage under Federal COBRA law.

# EMPLOYEE COST SHARING

## MEDICAL PLANS

- FUHSD pays 100% of the premium for full-time employees and the majority of the premium for eligible dependents.
- Contributions are taken on salary reduction basis each month for 10 months (according to the school's calendar year).

## DENTAL/VISION PLANS

- The dental and vision enrollments are tied together.
- Full- time employees: FUHSD pays 100% of the premium for employees and eligible dependents.
- Part-time employees: employees pay a pro-rated share of the total benefits cost. Please see Employee Navigator for more details.

## LIFE, AD&D AND DISABILITY PLANS

- Full-time employees: You will automatically be enrolled in group life and disability plans. FUHSD pays 100% of the premium.
- Part-time employees: You will automatically be enrolled in life coverage if you enroll in medical, dental, and vision. You will pay a pro-rated amount for the life insurance coverage. FUHSD pays 100% of the disability premium.
- Voluntary Life and AD&D plans are 100% employee paid.

## HEALTH SAVINGS ACCOUNT (HSA) FUNDING

- If you enroll in the HDHP, you will automatically be enrolled in an HSA.
- See HSA section for more details.

## TENTHLY PREMIUM CONTRIBUTIONS

| | EMPLOYEE ONLY | COST FOR SPOUSE/RDP (who does not have access to other group coverage) | COST FOR SPOUSE/RDP (who does have access to other group coverage) | COST FOR CHILD(REN) |
|---|---|---|---|---|
| **Medical*** | $0.00 | $150.00 | $280.00 | $25.00 |

*A pro-rated premium is required for less than full-time employees. The premium is based on the composite cost of benefits for all Fremont Union High School District (FUHSD) members. The Spouse/RDP contribution applies in addition to the pro-rated premium.

| | |
|---|---|
| **Voluntary Life** | Age banded rates |
| **Pre-Tax Benefits** | Self-directed up to IRS maximum |

## ID CARDS

You will receive an ID card for medical coverage only. Your ID card will arrive within 7-10 business days of your enrollment being processed by the insurance carrier. You can also download an electronic version of your ID card by registering directly on the carrier's website.

If you are enrolling in Kaiser and have been a Kaiser member in the past, you will use the same Medical Record Number (MRN) that you used previously.  No new ID card will be issued.

Delta Dental and VSP Vision do not issue ID cards. Eligibility is verified for you and your eligible dependents using your name, date of birth, and last four digits of your social security number. Generic ID cards may be downloaded directly from the carrier's website once you have registered.

# HOW TO FIND AN IN-NETWORK PROVIDER

We recommend that you contact your physicians directly to confirm participation in your network prior to seeking services. Locating the provider's name on the carrier's website does not guarantee they are part of the network, as provider participation is subject to change at any time.

## ANTHEM MEDICAL PLAN

www.anthem.com/ca

1. Click on ***Find Care*** near the top right side of the page.
2. If you haven't registered for an account, click on the ***Select a plan for basic search***.
3. Under ***Select the type of plan or network***, select ***Medical Plan or Network***.
4. Under ***Select the state where the plan or network is offered***, select ***California***.
5. Under ***Select how you get health insurance***, *select* ***Medical (Employer-Sponsored).***
6. Under ***Select a plan or network***, pick ***Blue Cross PPO (Prudent Buyer) – Large Group*** and select Continue.
7. Complete the rest of your search criteria.

## DELTA DENTAL PLAN

www.deltadentalins.com

1. Scroll down to ***Find a Dentist***.
2. Enter your zip code and select ***Delta Dental Premier*** network from the drop-down menu.
3. Click on the ***Find a Dentist*** button.
4. Click ***Refine Search*** at top of the page for optional filters.

## KAISER MEDICAL PLAN

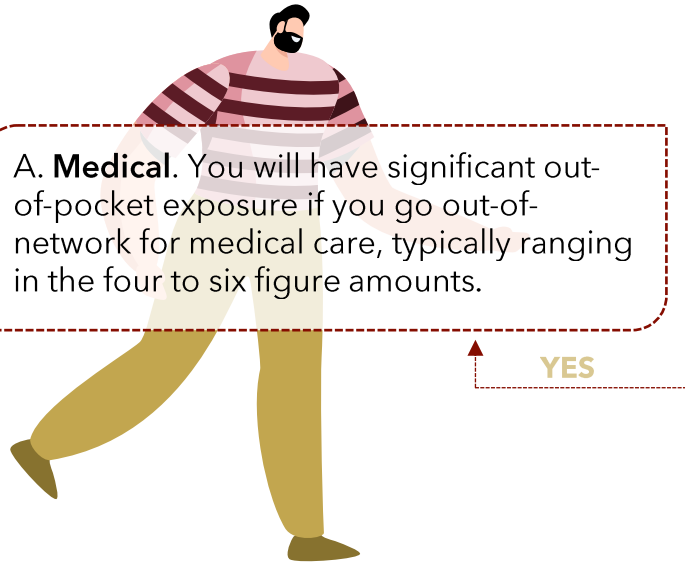
www.kp.org

5. Click on ***Doctors and Locations*** at the top of the page.
6. Select ***California – Northern*** under the Region drop-down menu.
7. Choose whether to search by Doctors or Locations.
8. Enter your zip code, remaining search criteria, and click ***Search.***

## VSP VISION PLAN

www.vsp.com

1. Click the ***Find A Doctor*** tab near the top left side of the page.
2. Enter your Zip and/or Address and select ***Advanced Search +*** on the right side.
3. Under ***Doctor Network***, select ***Signature*** from the drop-down menu and select the ***Apply Filters*** button.
4. You can refine your preferences further, if desired, using *Advanced Search* + on the left side of the screen.



A. **Medical**. You will have significant out-of-pocket exposure if you go out-of-network for medical care, typically ranging in the four to six figure amounts.

YES

**Q: IS IT CRITICAL TO STAY IN-NETWORK?**

NO

A. **Dental** and **Vision**. Your dental and vision coverage may be applied to out- of-network expenses, however staying in-network reduces your out-of-pocket costs.

# HEALTH CARE



# UNDERSTANDING YOUR MEDICAL PLAN

FUHSD offers employees a choice of four medical plans. Before making your medical plan election, it is important to understand the differences between each of the plans, including how to access care and what your out of pocket costs will be under each plan.

## KEY DEFINITIONS

- **Network Provider:** Physician/provider who has contracted with the insurance carrier and has agreed to a negotiated rate for services.
- **Annual Deductible:** Amount a member pays each calendar year for covered services before the plan's coinsurance (cost sharing) begins. The deductible resets every January 1st.
- **Copayment:** Member's flat dollar payment or "copay" at point of service.
- **Coinsurance:** Cost sharing element of the plan expressed as a percentage. Coinsurance payments are based on negotiated rates.
- **Out of Pocket Maximum (OOP):** Maximum amount a member will pay for covered services in a calendar year. Once met, the plan pays 100% for all covered services when in-network.
- **Preferred Drug List (PDL):** A list (formulary or preferred drug list) that outlines how a particular medication is covered under the different prescription tiers. PDLs change throughout the year, and members are notified by mail when and if a change will affect them.

## CONTROLLING YOUR COSTS

Save yourself time and money by knowing where to direct your care!

| SYMPTOM | WHERE TO GO | MORE INFORMATION |
|---|---|---|
| **"I have a minor problem that won't require a test."** | Virtual Visit ($) | Anthem: LiveHealth® Online www.livehealthonline.com<br>Kaiser: www.kp.org/mydoctor/videovisits |
| **"I have a minor problem that may require a test/exam, but my doctor isn't available."** | Convenience Care Clinic ($$) | Find in-network facilities and providers using the How to Find a Network Provider instructions on page 5 or download the Anthem or Kaiser mobile app! |
| **"I want routine care or have a minor, complex, or chronic problem."** | Office Visit ($$) | |
| **"It's not life threatening, but I need care quickly."** | Urgent Care ($$$) | |
| **"It's life threatening or very serious."** | Emergency Room ($$$$) | |
| **"Help! I don't know where to go."** | Call the Nurse Help Line | See the back of your medical ID card for phone number |

# UNDERSTANDING YOUR MEDICAL PLAN (CONTINUED)

## KEY PLAN DESIGN DIFFERENCES

| | PPO | HMO |
|---|---|---|
| **How is Kaiser different?** | Kaiser requires that you go to a Kaiser facility in your service area. Care outside of Kaiser is only covered in a life-threatening emergency. | |
| **Which health providers must I choose?** | Whenever possible you should choose doctors, hospitals, and other providers that contract with the PPO network. | You must choose doctors, hospitals, and other providers that contract with the HMO network. |
| **Do I need to have a primary care provider (PCP)?** | No. You can receive care from any doctor you choose but you will pay more for out-of-network providers. | Yes. Your HMO will not provide coverage if you do not have a designated PCP or medical group. |
| **How do I see a specialist?** | You do not need a referral to see a specialist. However, some specialists will only see patients who are referred to them by a primary care doctor. Also, some PPOs require that you get a prior approval for certain expensive services, such as MRIs. | You need a referral from your PCP to see a specialist (such as a cardiologist or surgeon) except in emergency situations. Your PCP also must refer you to a specialist who is in the HMO network. |
| **Do I have to file an insurance claim?** | Not usually for in-network care. However, if you go out-of-network for services you may have to pay the provider in full and then file a claim with the health plan to get reimbursed. | No, unless in an emergency where an outside facility is used. |
| **Can I seek care out of my service area?** | Yes. Most PPOs have a nationwide network, meaning that you can find in-network providers in most states. | No. All care must be rendered within your Primary Medical Group, or pre-authorized by them. |
| **Why do we have a High Deductible Health Plan (HDHP)?** | An HDHP has a high deductible that you must meet before the insurance will start paying for your office visits, lab tests and prescriptions. The increased deductible helps control costs and therefore usually means a lower premium contribution out of your paycheck. Also, your employer may offset your expenditure by offering a Health Savings Account. | |

# OPTION 1: ANTHEM HDHP

| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|---|---|---|
| **Network** | Prudent Buyer PPO – Large Group | |
| **Reimbursement Basis** | Anthem PPO contracted rate | Anthem's allowed amount. All charges in excess of the allowed amount are the member's responsibility. |
| **Deductible** | $1,700 /single; $3,400/individual in a family; $3,400/family | $4,500/single; $9,000/family |
| **Out-of-Pocket Maximum** | $3,500/single; $7,000/family | $10,500/single; $21,000/family |
| **Office Visit** | 10% | 30% |
| **Virtual Visit** | 10% | 30% |
| **Prescriptions** (up to a 30-day supply) | $5 / $15 / $40 / $60 | 30% up to $250 |
| **Mail Order Prescriptions** (up to a 90-day supply) | $12.50 / $37.50 / $120 / $180 | Not covered |
| **Specialty Prescriptions** | 30% up to $250 | 30% up to $250 |
| **Preventive Care** | No charge, deductible waived | 30% |
| **Basic Lab and X-ray** | 10% | 30% |
| **Complex Lab and X-ray** | 10% | 30% |
| **Urgent Care** | 10% | 30% |
| **Outpatient** | 10% | 30% |
| **Inpatient** | 10% | 30% |
| **Emergency Services** | 10% | |
| **Physical Therapy** | 10% | 30% |
| **Chiropractic Services** (30 visits max/year) | 10% | 30% |
| **Acupuncture** (20 visits max/year) | 10% | 30% |
| **Durable Medical Equipment** | 10% | 30% |
| **Infertility** | See Plan Certificate for details | |
| **Plan Details** | See Additional Plan Notes section | |

All benefits listed refer to the member's responsibility or cost share after the deductible is met, unless otherwise indicated. The benefit information above outlines the key components of this medical policy. Please refer to your carrier's Certificate of Coverage for additional details on plan benefits and limitations.

# OPTION 1: ANTHEM HDHP ADDITIONAL PLAN NOTES

## ALL NON-PREVENTIVE EXPENSES APPLY TO THE DEDUCTIBLE

All benefits listed refer to the member's responsibility or cost share after the deductible is met, unless otherwise indicated. Health Savings Account (HSA) qualified plans require that all non-preventive expenses receive no reimbursement from insurance prior to the deductible being met. With that said, you will still get the benefit of negotiated discounts when using in-network providers.

## GOING OUT-OF-NETWORK: "ALLOWED AMOUNT" DEFINED

The "allowed amount" is the amount that Anthem will allow for a participating provider even when the services are rendered out-of-network. Out-of-network charges can be significantly greater than the allowed amount and you will be responsible for the difference between what the out-of-network provider charges and what Anthem reimbursed. These balanced billed charges **do not** accumulate towards your out-of-network deductible or out-of-pocket maximum.

## UTILIZATION REVIEW

All hospital confinements and surgeries must be preauthorized by Anthem. You or your physician must call Anthem prior to a hospital admission for non-emergency treatment. If you do not obtain this mandatory authorization, your benefits will be reduced or a penalty payment will apply. Please refer to your ID card for the utilization review phone number and required time frame for reporting.

## CLAIMS

In-network providers will submit claims directly to Anthem. If you see an out-of-network provider, you may be required to submit the claim directly to Anthem for reimbursement.

# OPTION 2: ANTHEM LEGACY PPO

| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|---|---|---|
| **Network** | Prudent Buyer – Large Group | |
| **Reimbursement Basis** | Anthem PPO contracted rate | Anthem's allowed amount. All charges in excess of the allowed amount are the member's responsibility. |
| **Preventive Care** | $0 copay (covered at 100%) | 40% |
| **Office Visit** – Basic Care | $20 copay | 40%, deductible waived |
| **Virtual Visit** – Basic Care | $20 copay | 40%, deductible waived |
| **Lab and X-ray** – Basic Care | $0 copay (covered at 100%) | 40%, deductible waived |
| **Complex Lab and X-ray** – Basic Care | $0 copay (covered at 100%) | 40%, deductible waived |
| **Urgent Care** – Basic Care | $20 copay | 40%, deductible waived |
| **Emergency Services** – Basic Care | $100 copay (waived if admitted) | 40%, deductible waived |
| **Outpatient** – Basic Care | $0 copay (covered at 100%) | 40%, deductible waived |
| **Physical Therapy** – Basic Care (24 visits max/year) | $0 copay (covered at 100%) | 40% |
| **Chiropractic Services** – Basic Care (24 visits max/year) | $20 copay | 40%, deductible waived |
| **Acupuncture**– Basic Care (12 visits max/year) | $20 copay | 40%, deductible waived |
| **Prescriptions** (up to a 30-day supply) | $10 / $30 / $50 | In-network copays + 50% |
| **Mail Order Prescriptions** (up to a 90-day supply) | $20 / $60 / $100 | Not covered |
| **Specialty Prescriptions** | 20% up to $150 | 50%, deductible waived |
| **Deductible** | $250 per member; 3 member max<br>Major Medical only. Does not include Basic Care or prescription drugs | |
| **Out-of-Pocket Maximum** Major Medical only. Does not include Basic Care or prescription drugs | $1,000 per member | $2,000 per member |
| **Inpatient** | Basic: $0 (covered at 100%)<br>Major: 20% | 40% |
| **Durable Medical Equipment** – Major Medical | 20% | 40% |
| **Infertility** | See Plan Certificate for details | |
| **Plan Details** | See Additional Plan Notes section | |

All benefits listed refer to the member's responsibility or cost share after the deductible is met, unless otherwise indicated. The benefit information above outlines the key components of this medical policy. Please refer to your carrier's Certificate of Coverage for additional details on plan benefits and limitations.

# OPTION 2: ANTHEM LEGACY PPO ADDITIONAL PLAN NOTES

## GOING OUT-OF-NETWORK: "ALLOWED AMOUNT" DEFINED

The "allowed amount" is the amount that Anthem will allow for a participating provider even when the services are rendered out-of-network. Out-of-network charges can be significantly greater than the allowed amount and you will be responsible for the difference between what the out-of-network provider charges and what Anthem reimbursed. These balanced billed charges **do not** accumulate towards your out-of-network deductible or out-of-pocket maximum.

## UTILIZATION REVIEW

All hospital confinements and surgeries must be preauthorized by Anthem. You or your physician must call Anthem prior to a hospital admission for non-emergency treatment. If you do not obtain this mandatory authorization, your benefits will be reduced or a penalty payment will apply. Please refer to your ID card for the utilization review phone number and required time frame for reporting.

## CLAIMS

In-network providers will submit claims directly to Anthem. If you see an out-of-network provider, you may be required to submit the claim directly to Anthem for reimbursement.

# OPTION 3: ANTHEM NON-LEGACY PPO

| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|---|---|---|
| **Network** | Prudent Buyer – Large Group | |
| **Reimbursement Basis** | Anthem PPO contracted rate | Anthem's allowed amount. All charges in excess of the allowed amount are the member's responsibility. |
| **Deductible** | $250/individual; $750/family | |
| **Out-of-Pocket Maximum** | $2,500/individual; $5,000/family | $7,500/individual; $15,000/family |
| **Office Visit** | $15 copay, deductible waived | 30% |
| **Virtual Visit** | $15 copay, deductible waived | 30% |
| **Prescriptions** (up to a 30-day supply) | $10 / $30 / $50 | 50% up to $250 |
| **Mail Order Prescriptions** (up to a 90-day supply) | $30 / $75 / $125 | Not covered |
| **Specialty Prescriptions** | 20% up to $150 | 50% up to $250 |
| **Preventive Care** | $0 copay (covered at 100%) | 30% |
| **Lab and X-ray** | 10% | 30% |
| **Complex Lab and X-ray** | 10% | 30% |
| **Urgent Care** | $15 copay, deductible waived | 30% |
| **Outpatient** | 10% | 30% |
| **Inpatient** | 10% | 30% |
| **Emergency Services** | $100 copay + 10% (waived if admitted) | |
| **Physical Therapy** | 10% | 30% |
| **Chiropractic Services** – (30 visits max/year) | $15 copay, deductible waived | 30% |
| **Acupuncture** (20 visits max/year) | $15 copay, deductible waived | 30% |
| **Durable Medical Equipment** | 10% | 30% |
| **Infertility** | See Plan Certificate for details | |
| **Plan Details** | See Additional Plan Notes section | |

All benefits listed refer to the member's responsibility or cost share after the deductible is met, unless otherwise indicated. The benefit information above outlines the key components of this medical policy. Please refer to your carrier's Certificate of Coverage for additional details on plan benefits and limitations.

# OPTION 3: ANTHEM NON-LEGACY PPO ADDITIONAL PLAN NOTES

## GOING OUT-OF-NETWORK: "ALLOWED AMOUNT" DEFINED

The "allowed amount" is the amount that Anthem will allow for a participating provider even when the services are rendered out-of-network. Out-of-network charges can be significantly greater than the allowed amount and you will be responsible for the difference between what the out-of-network provider charges and what Anthem reimbursed. These balanced billed charges **do not** accumulate towards your out-of-network deductible or out-of-pocket maximum.

## UTILIZATION REVIEW

All hospital confinements and surgeries must be preauthorized by Anthem. You or your physician must call Anthem prior to a hospital admission for non-emergency treatment. If you do not obtain this mandatory authorization, your benefits will be reduced or a penalty payment will apply. Please refer to your ID card for the utilization review phone number and required time frame for reporting.

## CLAIMS

In-network providers will submit claims directly to Anthem. If you see an out-of-network provider, you may be required to submit the claim directly to Anthem for reimbursement.

# OPTION 4: KAISER HDHP

| BENEFIT | IN-NETWORK |
|---|---|
| **Network** | Kaiser Northern California |
| **Reimbursement Basis** | All care must be rendered or authorized by a Kaiser Permanente facility |
| **Deductible** | $1,700/single; $3,400 individual in a family; $3,400/family |
| **Out-of-Pocket Maximum** | $3,400/individual; $6,600/family |
| **Office Visit** | 10% |
| **Virtual Visit** | $0 after deductible |
| **Prescriptions** (up to a 30-day supply) | $10 / $30 |
| **Mail Order Prescriptions** (up to a 100-day supply) | $20 / $60 |
| **Specialty Prescriptions** | 20% up to $250 |
| **Preventive Care** | No charge, deductible waived |
| **Basic Lab and X-ray** | 10% |
| **Complex Lab and X-ray** | 10% |
| **Urgent Care** | 10% |
| **Outpatient** | 10% |
| **Inpatient** | 10% |
| **Emergency Services** | 10% |
| **Physical Therapy** | 10% |
| **Chiropractic Services** (30 visit max/year) | $15 copay |
| **Acupuncture** | 10% (physician referred only) |
| **Durable Medical Equipment** | 10% |
| **Infertility** | See Plan Certificate for details |
| **Plan Details** | See Additional Plan Notes section |

The benefit information above outlines the key components of this medical policy. Please refer to your carrier's Certificate of Coverage for additional details on plan benefits and limitations.

# OPTION 4: KAISER HDHP ADDITIONAL PLAN NOTES

## REFERRALS

All medical care must be coordinated by your Kaiser clinic. You cannot make a self-referral. Always call Kaiser prior to any treatment.

## NON-KAISER TREATMENT

If you go to any facility other than Kaiser and it is not based on a referral from a Kaiser physician or an acute life threating emergency, then you will be responsible for all medical expenses you incur.

## EMERGENCY TREATMENT

Kaiser defines an emergency as those services required for the alleviation of severe pain or immediate diagnosis and treatment of unforeseen medical condition which, if not treated, would jeopardize or impair your health.

In the case of a life threatening emergency, obtain care immediately. After care is obtained, you must contact Kaiser within 24 to 48 hours after the onset of the emergency. A family member, co-worker, etc. may make this call on your behalf. In the case of a non-life threatening emergency, regardless of where you are, call Kaiser prior to receiving care. If you do not consult a physician at Kaiser first, you will be responsible for all charges for non-life threatening, but acute emergency services.

## SELECTING A CLINIC

You may visit any of the Kaiser Permanente clinics or hospitals in the Northern California service area. You are encouraged, but not required, to select a PCP for yourself and each dependent. Only care provided by Kaiser physicians and hospitals are covered under the plan.

# OPTION 5: KAISER HMO

| BENEFIT | IN-NETWORK |
|---|---|
| **Network** | Kaiser Northern California |
| **Reimbursement Basis** | All care must be rendered or authorized by a Kaiser Permanente facility |
| **Deductible** | None |
| **Out-of-Pocket Maximum** | $1,500/individual; $3,000/family |
| **Office Visit** | $20 copay |
| **Virtual Visit** | $0 copay (covered at 100%) |
| **Prescriptions** (up to a 30-day supply) | $10 / $30 |
| **Mail Order Prescriptions** (up to a 100-day supply) | $20 / $60 |
| **Specialty Prescriptions** | 20% up to $150 |
| **Preventive Care** | $0 copay (covered at 100%) |
| **Basic Lab and X-ray** | $0 copay (covered at 100%) |
| **Complex Lab and X-ray** | $0 copay (covered at 100%) |
| **Urgent Care** | $20 copay |
| **Outpatient** | $20 copay per procedure |
| **Inpatient** | $250 copay per admit |
| **Emergency Services** | $100 copay per visit |
| **Physical Therapy** | $20 copay |
| **Chiropractic Services** (20 visits max/year) | $15 copay |
| **Acupuncture** | $20 copay (physician referred only) |
| **Durable Medical Equipment** | 20% |
| **Infertility** | See Plan Certificate for details |
| **Plan Details** | See Additional Plan Notes section |

The benefit information above outlines the key components of this medical policy. Please refer to your carrier's Certificate of Coverage for additional details on plan benefits and limitations.

# OPTION 5: KAISER HMO ADDITIONAL PLAN NOTES

## REFERRALS

All medical care must be coordinated by your Kaiser clinic. You cannot make a self-referral. Always call Kaiser prior to any treatment.

## NON-KAISER TREATMENT

If you go to any facility other than Kaiser and it is not based on a referral from a Kaiser physician or an acute life threating emergency, then you will be responsible for all medical expenses you incur.

## EMERGENCY TREATMENT

Kaiser defines an emergency as those services required for the alleviation of severe pain or immediate diagnosis and treatment of unforeseen medical condition which, if not treated, would jeopardize or impair your health.

In the case of a life threatening emergency, obtain care immediately. After care is obtained, you must contact Kaiser within 24 to 48 hours after the onset of the emergency. A family member, co-worker, etc. may make this call on your behalf. In the case of a non-life threatening emergency, regardless of where you are, call Kaiser prior to receiving care. If you do not consult a physician at Kaiser first, you will be responsible for all charges for non-life threatening, but acute emergency services.

## SELECTING A CLINIC

You may visit any of the Kaiser Permanente clinics or hospitals in the Northern California service area. You are encouraged, but not required, to select a PCP for yourself and each dependent. Only care provided by Kaiser physicians and hospitals are covered under the plan.

# DENTAL BENEFITS: DELTA DENTAL

## OVERVIEW

The Delta dental plan includes a network of preferred dentists. If you receive treatment from a preferred dentist, you will receive enhanced benefits. However, you do have the option of receiving treatment from the dentist of your choice, even if the dentist is not within the preferred network. Benefits for treatment from non-preferred dentists will be paid at a lower reimbursement level and may be subject to benefit limitations.

| BENEFIT | | |
|---|---|---|
| **Deductible** | None | |
| **Maximum Annual Benefit** | $2,000 per covered member | |
| **Preventive Care**<br>• Includes routine exams, teeth cleanings, x-rays, etc.<br>• Cleanings covered twice per calendar year | Benefits Payable:<br>1st year of eligibility<br>2nd year of eligibility<br>3rd year of eligibility<br>4th year of eligibility | Rate:<br>70%<br>80%*<br>90%*<br>100%* |
| **Basic Care**<br>• Includes fillings, endodontics, periodontics, extractions, oral surgery, etc. | | |
| **Major Care**<br>• Includes crowns, inlays, onlays, etc. | | |
| ***Special Note:** Each enrollee must visit the dentist at least once per year for the benefits to increase. Benefits will revert to 70% if you lose eligibility and then become eligible again. | | |
| **Prosthodontics**<br>• Includes construction or repair of fixed bridges, partial dentures, and complete dentures | 70% benefit | |
| **Orthodontia Care**<br>• Orthodontia includes devices or surgery to straighten or realign teeth which otherwise would not function properly. Coverage is available for eligible **dependent children only**. Orthodontic treatment that was started prior to the insured's effective date under the plan will be paid on a pro-rated basis, only for the services incurred after the effective date of the plan. | 50% benefit to a separate $1,000 lifetime maximum | |
| **Accidental Benefits**<br>• Any services covered under the other categories when they are provided due to conditions caused by external, violent and accidental means. | 100% benefit to a separate $1,000 annual maximum | |

# VISION BENEFITS: VSP

## OVERVIEW

The VSP vision plan includes a network of optometrists and ophthalmologists. If you receive treatment from an in-network optometrist/ophthalmologist, you will receive enhanced benefits. While you do have the option of receiving treatment from out-of-network optometrists or ophthalmologists, you will only receive a limited reimbursement.



| BENEFIT | IN-NETWORK | OUT-OF-NETWORK REIMBURSEMENT |
|---|---|---|
| **Network** | VSP Signature | |
| **Vision Exam** | One exam covered every 12 months | |
| | $5 copay | Up to $45 |
| **Prescription Glasses: Lenses** | One new set of prescription lenses covered every 12 months | |
| | Copay combined with exam for lenses and frames for single vision, lined bifocal, and lined trifocal lenses | Single vision: up to $45<br>Lined bifocal: up to $65<br>Lined trifocal: up to $85 |
| **Prescription Glasses: Frames** | One new set of frames covered every 12 months | |
| | Copay bundled with lenses. $120 allowance ($140 featured frame brands) + discounts on amount in excess of allowance | Up to $47 |
| **Contact Lenses** | You may choose to purchase contact lenses in lieu of glasses every 12 months, up to $120 allowance (same schedule as eyeglass lenses). | |
| | 15% off for exam (fitting and evaluation) | Up to $105 |
| **Laser Vision Correction** | Laser vision correction surgery can be performed for substantial discounts when using a VSP certified provider. See VSP's website for more details. | |
| **Buy-Up Options** | VSP may offer additional allowances or discounts for lens options such as:<br>• Blended lenses<br>• Oversize lenses<br>• Progressive lenses<br>• Photochromatic or tinted lenses other than Pink 1 or 2<br>• Coated or laminated lenses | |
| **Exclusions** | The following services and supplies are not covered:<br>• Orthoptics or vision training<br>• Nonprescription lenses<br>• Medical or surgical treatment of the eyes<br>• Two pairs of glasses in lieu of bifocals<br>• Lost or broken glasses will not be replaced except at the normal intervals | |

FREMONT UNION HIGH SCHOOL DISTRICT

# PRE-TAX BENEFITS

# HEALTH SAVINGS ACCOUNT (HSA) FACT SHEET

## OVERVIEW

Participation in the combination of a High Deductible Health Plan (HDHP) and a Health Savings Account (HSA) allows you to save premium dollars and create a personally owned, tax advantaged savings account for your future medical expenses.

Your HSA balance rolls over year to year. If you terminate employment with FUHSD, this account is yours to take with you. If, at a later date, you are no longer qualified to make contributions into the HSA, you can still use HSA funds for the reimbursement of medical expenses.

## ELIGIBILITY RESTRICTIONS

In order to be eligible to make contributions into an HSA, you must meet all of the following criteria:

- Covered by a qualified High Deductible Health Plan (HDHP)
- Not covered by any other health coverage, including a regular Flexible Spending Account (FSA)
- Cannot be claimed as a dependent on another person's tax return
- Not entitled to benefits under Medicare, including Medicare Part A

## LIMITED PURPOSE HEALTH FLEXIBLE SPENDING ACCOUNT (HEALTH FSA)

If you participate in the HDHP and HSA and elect a Health FSA, your Health FSA is a Limited Purpose account. This means that eligible expenses for the health care FSA include dental and vision expenses, but cannot be used for medical expenses until you've met a portion of the plan deductible. Once you've met $1,700 of the deductible (individual coverage) or $3,400 of the family deductible, your FSA account can then be used for medical expenses such as additional deductibles or coinsurance.

## MAXIMUM CONTRIBUTIONS

Contribution maximum limits are determined each year by the IRS and are inclusive of both employer and employee funding. The 2026 HSA contribution limits are as follows:

- **Single**: $4,400
- **Family**: $8,750

If you are age 55 or turn age 55 during the calendar year, you may make an additional $1,000 "catch-up" contribution.

If you enroll in an HSA qualified HDHP plan after January 1 and contribute to the HSA, you may only contribute up to the IRS maximum if you will be covered by the plan for at least 13 consecutive months. If you will not be enrolled in an HSA qualified HDHP plan for at least 13 consecutive months, your maximum election is prorated. Your maximum election would be 1/12 of the annual election multiplied the number of months you are covered by the HDHP.

You, as the employee, own the HSA. You take the account with you after you terminate employment.

## ADDITIONAL INFORMATION

For detailed information, rules, and restrictions on Health Savings Accounts, see IRS Publication 969 (https://www.irs.gov/pub/irs-pdf/p969.pdf).

# HEALTH SAVINGS ACCOUNT (HSA) ADMINISTRATION

## ADMINISTRATOR
Vita Flex

## ELIGIBILITY
If you and your eligible dependents choose to participate in the High Deductible Health Plan (HDHP) *and* are not covered by other disqualifying coverage, you are eligible to establish an HSA through FUHSD.

## EFFECTIVE DATE
Your VitaFlex HSA becomes active as of the effective date of your enrollment into the HDHP plan offered by FUHSD. You are eligible to incur qualified health-related expenses any time on or after this date.

## EMPLOYER FUNDING
If you are eligible to open and contribute to an HSA, FUHSD will make a contribution to your VitaFlex HSA on your behalf.

Each employee's HSA is personally owned by the employee. Deposits made by FUHSD into the account are tax-free under federal law. Once deposited into your HSA, these funds may be used at any time to fund eligible medical expenses on a tax preferred basis. Deposit amounts will be made monthly (tenthly).

| HSA COVERAGE TIER | ANNUAL CONTRIBUTION FROM FUHSD |
|---|---|
| **Employee Only** | $1,700 |
| **Employee + Dependent(s)** | $3,400 |

## EMPLOYEE CONTRIBUTIONS
You have the option to fund your VitaFlex HSA through pre-tax payroll contributions. The pre-tax deductions will begin on the next available payroll date. Your HSA contribution may be changed at any time.

## OVER AGE 65?
If you are over age 65 or turning age 65, please read this article prior to making HSA contributions or receiving any HSA funding from your employer.

## ACCESSING FUNDS
There are three ways to access funds from your VitaFlex HSA to pay for eligible expenses. Expenses must be incurred on or after the effective date of the account.

- **Debit Card**: Use at time of service or to pay bills
- **Online**: Submit a claim for reimbursement online at www.vitaflex.net
- **Mobile App**: Upload claims for reimbursement through the VitaFlex mobile app

# FLEXIBLE SPENDING ACCOUNTS (FSA): VITA FLEX

## OVERVIEW

A Flexible Spending Account (FSA) enables tax-free reimbursement of health-related or dependent care expenses. You decide how much you want to set aside for the year and a portion of that amount is deducted from your paycheck before taxes. When you or your dependents incur an eligible expense, you may be reimbursed for that expense with the money that you have put aside.

## EFFECTIVE DATE

Your election becomes effective on either the date that you become benefits eligible or the date that you complete your enrollment, whichever is later.

## ANNUAL ELECTION

The election that you make is irrevocable for the Plan Year (January 1 – December 31). This means that, in general, you cannot adjust or stop your contributions once the Plan Year has begun. It is important to note that elections do not carry forward year-to-year. You must actively make a new election during each Open Enrollment period, or your account will be made inactive.

## PAYCHECK DEDUCTIONS

Your election is made as an annual election for the Plan year. Your annual election is then divided by the total number of paychecks during the Plan Year or by the number of remaining paychecks in the Plan Year if you are hired mid-year.

## MID-YEAR CHANGES

You may only change your election mid-year in certain limited circumstances, and even then, changes are subject to restrictions. In order to change your election mid-year, you must experience a qualified status change (birth, marriage, etc.) or other approved exception. All change requests must be made within 30 days of the status change date.

## TERMINATION

Medical expenses are only eligible to the extent that they are incurred prior to or on your date of termination. The exception to this rule is that if you elect COBRA coverage for your Health FSA and continue to make contributions to your FSA (on a post-tax basis), claims may be incurred as long as the COBRA coverage is active. Dependent care expenses may be reimbursed after your termination date without electing COBRA, as long as the expense occurred in the current Plan Year.

## USE IT OR LOSE IT

Under IRS guidelines, FSAs are subject to a "use it or lose it" provision. If your eligible expenses are not sufficient to exhaust your full FSA election, any unused funds are forfeited. In order to protect yourself against this, carefully consider your medical and dependent care expenses prior to making your election.

Your employer's plan includes a rollover feature. This feature allows up to $50 - $680 of unused funds (those left over after the claims submission deadline) to roll over into the new Plan Year as of March 31 of the following year. If your Health FSA balance is greater than $680 as of the deadline, any amount in excess of that figure is forfeited under the "use it or lose it" rule. Note that there is no rollover provision for the Dependent Care FSA.

## LIMITED PURPOSE HEALTH FSA

If you participate in the HDHP and HSA and elect a Health FSA, your Health FSA will be deemed a Limited Purpose account. See Health Savings Account (HSA) Fact Sheet for more information.

# FLEXIBLE SPENDING ACCOUNTS (CONTINUED)

| | HEALTH FSA | DEPENDENT CARE FSA |
|---|---|---|
| **Plan Year** | January 1st through December 31st | |
| **Maximum Election** | $3,400/year (per employee) | $7,500/year (per household) |
| **Claims Incurred Deadline** | January 1st through December 31st<br>*New hires: claims must be incurred on or after the eligibility date.*<br>*Terminations: claims must be incurred on or prior to the termination date.* | |
| **Claims Submission Deadline** | March 31st after Plan Year ends | |
| **Rollover** | Up to $680 into the next plan year, minimum $50 | No rollover |
| **Eligible Dependents** | • Yourself<br>• Your spouse<br>• Your children under age 26 (or who have not attained age 27 as of the end of the tax year) | • Children through age 12<br>• A spouse or dependent child over 12 that is physically or mentally disabled |
| **Filing Claims** | Full annual election available immediately<br>• Debit Card (save your receipts!)<br>• Online: www.vitaflex.net<br>• Mobile App<br>• Email: claims@vitamail.com (claim form required)<br>• Fax: (650) 964-3539 (claim form required) | Funds available as contributed<br>• Online: www.vitaflex.net<br>• Mobile App<br>• Email: claims@vitamail.com (claim form required)<br>• Fax: (650) 964-3539 (claim form required) |
| **Common Eligible Expenses** | • Medical and prescription copays and coinsurance<br>• Over-the-counter items (may need prescription)<br>• Dental expenses including orthodontia<br>• Vision copays, prescription glasses and contacts<br>• Chiropractor, acupuncture and physical therapy | • Licensed day care provider<br>• Pre-school<br>• In-home day care<br>• Nanny care<br>• After-school care custodial/recreational<br>• Summer day camps custodial/recreational<br>• Mental health with medical diagnosis |
| **Common Ineligible Expenses** | • Vitamins/herbal supplements<br>• Toiletries<br>• Massage therapy for general health (without diagnosis)<br>• Cosmetic dentistry | • Tutoring/language programs<br>• Lessons for piano, gymnastics, etc.<br>• Sports classes or leagues<br>• Overnight camps |

# COMMUTER BENEFITS: VITA FLEX

## OVERVIEW

Set aside pre-tax payroll deductions to pay for eligible commuting expenses. You will receive a debit card that will be loaded with funds each pay period for your elected transit and/or parking amounts. Elections may be modified at any time throughout the year and will be effective the month following the date of the election change.

## PLAN PROVISIONS

| | TRANSIT | PARKING |
|---|---|---|
| **Monthly Pre-Tax Maximum** | $340 | $340 |
| | You may elect above the pre-tax maximum as an after tax expense | |
| **Eligible Expenses** | • Train and subway<br>• Bus<br>• Ferry<br>• Eligible Vanpool | • Parking near office<br>• Parking near mass transit for commute to work |
| **Accessing Funds** | Debit card only | Debit card or submit expenses for reimbursement online at www.vitaflex.net within 60 days of the expense date |

**Attention Caltrain and BART riders:** Due to Federal regulations, your debit card will not work at Caltrain and BART terminals. You will need to use your debit card to fund your Clipper card via www.clippercard.com.

**Please note:** If you've elected a Flexible Spending Account (FSA) and/or a Health Savings Account (HSA), the same debit card will be used for your pre-tax Commute elections. Funds will be pulled from the applicable account based on where the debit card is used and what is being purchased. If you haven't elected an FSA and/or HSA, you will receive a new debit card in the mail following your first election.

## MAKING AN ELECTION

Your initial election and changes will be made in Employee Navigator. Your election will be a monthly recurring order unless you actively choose to log back into system to change your election to $0. You must elect by the end of the month for the future benefit month (i.e. elect by June 30 for a July benefit month).

## TERMINATION

Upon termination, your debit card will be deactivated, and you will no longer have access to any unused transit funds. If you are submitting parking expenses for reimbursement, you have up to 60 days from your date of termination to submit expenses incurred prior to your date of termination.

FREMONT UNION HIGH SCHOOL DISTRICT

# FINANCIAL SECURITY

## GROUP LIFE AND AD&D BENEFITS: METLIFE

### BENEFIT
Each employee is covered for term Life and AD&D insurance equal to $50,000. No medical examination or health history disclosure is required for timely applicants.

Each eligible dependent will automatically be covered for $2,000.

### AGE REDUCTIONS
At age 65, benefits will reduce to 65% of the original amount then to 50% of the original amount at age 70.

### BENEFICIARIES
A personal beneficiary of your choosing must be named for the proceeds of your life insurance, however, it is not recommended to list a minor as your beneficiary. You may change your beneficiaries at any time.

### TERMINATION
All benefits end at retirement or upon termination of employment.

### COVERAGE CONTINUATION
You may port or convert your Group Life insurance to a personal policy after your employment terminates. MetLife must receive the application for conversion within 30 days of your date of termination. Proof of Good Health is not required.



## VOLUNTARY LIFE AND AD&D BENEFITS: METLIFE

### BENEFIT
Each employee can choose to purchase the following:

*Employee*: You may elect coverage in $10,000 increments up to $100,000, not to exceed 5 times your basic annual earnings or $500,000.

*Spouse*: You may elect coverage in $5,000 increments up to $100,000, not to exceed 50% of the employee's election.

*Child(ren):* You may elect a flat $1,000, $2,000, $4,000, $5,000, or $10,000 for your child(ren). Additional children are covered at no additional charge.

You may not elect coverage for your dependent(s) without electing coverage for yourself.

### MONTHLY RATES
Please refer to the rate chart provided by HR for the monthly cost of coverage.

### APPLICATION PROCESS
Any amounts that you apply for up to $100,000 are guaranteed issue (no health questions or exams required) at your initial eligibility period. Amounts over $25,000 for your spouse, or any amount applied for after your initial eligibility period will be subject to medical underwriting. Coverage will only be effective if approved by MetLife.

### BENEFICIARIES
A personal beneficiary of your choosing must be named for the proceeds of your life insurance, however, it is not recommended to list a minor as your beneficiary. You may change your beneficiaries at any time.

# DISABILITY BENEFITS: THE STANDARD

## INTRODUCTION

These plans provide partial income replacement should you be unable to work due to an illness or injury. The plans integrate with other social sources (State Disability Insurance, Workers Compensation, Social Security, etc.) to provide a combined benefit as described in the sections that follow.

## TAXATION

FUHSD pays 100% of the premium for these plans, and any disability benefit paid out is treated as taxable income to the employee.

# SHORT TERM DISABILITY

## ELIMINATION PERIOD

The plan provides partial income replacement benefits for a disability resulting from an injury or illness sustained on or off the job, for the lesser of seven consecutive regular days of required attendance or 30 calendar days.

## BENEFIT

While receiving fully paid sick leave, you receive an additional $12.50 for each regular day of required attendance during disability. From the date salary continuation pay begins, this plan coordinates with other sources of disability income (state-mandated benefits, workers' comp, Social Security, or other social benefits, etc.) to provide a combined benefit of 75% of the regular daily contract salary for each regular day of required attendance with a minimum benefit of $30.00 per regular day of required attendance.

## DURATION OF BENEFITS

Benefits are payable for a maximum of one (1) benefit year while you continue to be disabled. A benefit year is defined as a period equal to the number of regular days of required attendance specified in your contract for the school year in which the period of disability began. The benefit year begins on the day following the expiration of fully paid sick leave. Restoration of fully paid sick leave after its initial expiration will extend the benefit year by the number of additional days of fully paid sick leave paid.

## AD&D BENEFIT

$5,000

## LIMITATIONS AND EXCLUSIONS

Benefits will not be payable for any disability:

1. Which begins while you are not working on a regularly scheduled basis due to lay-off, leave of absence, or other reason;
2. Due to illness first manifested or injury sustained 30-calendar days prior to your effective date of insurance, unless you complete 10 consecutive regular days of required attendance of full-time active work;
3. Due to intentionally self-inflicted injuries
4. Due to participation in the commission of a felony
5. Due to war or any act of war, whether declared or undeclared.

Mental Disorders and Substance Abuse claims are limited to one (1) benefit year, plus one (1) calendar year.

# LONG TERM DISABILITY

## ELIMINATION PERIOD

The plan provides partial income replacement benefits for a disability resulting from an injury or illness sustained on or off the job, following the expiration of the period for which short-term disability benefits are provided.

## BENEFIT

This plan integrates with other income sources to provide a combined monthly maximum benefit of 50% of regular monthly contract salary with a minimum benefit of $500 per calendar month. Social sources that are integrated include short-term disability insurance, workers compensation, social security, and other state-mandated disability benefits or social insurance sources.

## DURATION OF BENEFITS

Your disability duration depends on the date in which your disability begins.

| Age When Disability Begins | Maximum Benefit Period |
|---|---|
| Under 60 | To age 65 |
| 60-64 | 5 benefit years |
| 65-69 | Greater of: to age 70 or one benefit year |
| 70+ | One benefit year |

## DEFINITION OF DISABILITY

One (1) benefit year, plus one (1) calendar year for your usual occupation; any occupation thereafter.

## SURVIVORSHIP BENEFIT

A lump sum equal to three (3) times your disability benefit, without reduction from other social sources, is payable to the earlier of 1) the end of your benefit payment period, or 2) 22 regular days of required attendance.

## LIMITATIONS AND EXCLUSIONS

Benefits will not be payable for any disability:

1. Which begins while you are not working on a regularly scheduled basis due to lay-off, leave of absence, or other reason;
2. Due to illness first manifested or injury sustained 30-calendar days prior to your effective date of insurance, unless you complete 10 consecutive regular days of required attendance of full-time active work;
3. Due to intentionally self-inflicted injuries
4. Due to participation in the commission of a felony
5. Due to war or any act of war, whether declared or undeclared.

Mental Disorders and Substance Abuse claims are limited to one (1) benefit year, plus one (1) calendar year.

## TERMINATION

If your active work ends as the result of a labor dispute, arrangements may be made to continue coverage for a period not to exceed six (6) months. Please refer to the certificate of coverage for details. If your active work ends as a result of layoff, your Employer, by filing advance written notice with The Standard and paying the required premiums, may continue your coverage during a period of temporary layoff, but not for longer than 90 days. At the end of the 90 day period, your coverage will cease automatically unless you return to active work.

# WORK-LIFE BALANCE

# EMPLOYEE ASSISTANCE PROGRAM (EAP): OPTUM

## OVERVIEW

Everyone faces difficult periods in his or her life. Personal problems are part of what it means to be human, and effectively dealing with them makes us better prepared to overcome future ones. When a personal problem is making life difficult for you, it can also affect your job performance. The purpose of the Employee Assistance Program (EAP) is to help you deal with life's rough spots. When you seek help with a personal problem, your home life improves, work goes better and everyone benefits.

Your EAP is a free, professional, ***confidential*** consultation service provided by Optum. All counselors and consultants are experienced, licensed professionals who have specialized training in employee assistance consultation. *Everything discussed in consultation is kept completely confidential.* The Employee Assistance Program can be contacted at **(800) 234-4565**.

## TYPES OF PROBLEMS

- Marriage and family problems
- Work-related problems
- Stress, anxiety, depression and other emotional problems
- Difficulty with relationships
- Loss and death
- Alcohol or drug problems affecting you or your family
- Difficulty adjusting to a new culture or environment
- Any other personal concern which may benefit from a professional consultation

## BENEFITS

You may call **(800) 234-4565** to seek assistance 24 hours a day. Counselors can assist with any type of personal situation. You are entitled to up to five (5) sessions per issue with the options of face-to-face counseling, telephonic, or web-video. If you choose to pursue additional outpatient consultation, additional benefits may be payable by your medical plan.

## COST

Counseling benefits provided by Optum are free of charge for both employees and eligible dependents.

# STUDENT LOAN BENEFIT: SUMMER

## OVERVIEW

FUHSD cares about your financial and mental well-being and acknowledges the burden of student loan debt for employes and their loved ones. There are numerous federal programs that aid in forgiveness and repayment, but the administrative requirements can make the application process difficult to navigate.  The purpose of the Summer (Student Loan) benefit is to help you understand the resources available to you and find aid that suits your financial needs to effectively plan repayment and eliminate student loan debt.

Summer is a free, end-to-end student loan platform helping employees efficiently lower payments and achieve forgiveness. The platform equips employees with the tools to achieve financial freedom through government repayment programs such as Public Service Loan Forgiveness (PSLF) and Income-Driven Repayment (IDR), educational resources, and on-demand student loan experts. Utilizing Summer may help reduce or forgive your monthly student loan payment.

## BENEFITS

- Sync and track your student loans
- Compare repayment plans
- Digitally apply for federal and private programs with 95% acceptance rate
- Access loan rehabilitation
- Future college expense planning
- Gain financial literacy through robust resource library
- 1-on-1 expert advice via email, live chat, or scheduled consultation

## ACCESS

This benefit is available to you and up to 3 family members!

Visit app.meetsummer.org/vita and use the access code FUHSDSaves to register.

# QUESTIONS AND HELP

Following is a listing of the current contact information for each insurance company/vendor. Many of the websites listed below contain useful information on general health topics as well as information on how the plans operate.

| CARRIER/VENDOR | CONTACT INFORMATION |
|---|---|
| **Anthem Medical Plan**<br>*Group #13016G – Legacy PPO*<br>*Group # 1798KQ – Non-Legacy PPO*<br>*Group # 1798KJ – HDHP (Employee Only)*<br>*Group # 1798KL – HDHP (Family)* | (800) 888-8288<br>www.anthem.com/ca |
| **Kaiser Medical Plan**<br>*Group #991* | (800) 464-4000<br>www.kp.org |
| **Delta Dental Plan**<br>*Group #7094* | (866) 499-3001<br>www.deltadentalins.com |
| **VSP Vision Plan**<br>*Use Employee SSN for ID* | (800) 877-7195<br>www.vsp.com |
| **Optum EAP**<br>*Access Code: fuhsd* | (800) 234-5465<br>www.liveandworkwell.com |
| **The Vita Companies**<br>***For questions regarding your healthcare benefits, FSA, HSA or Commuter benefits*** | (650) 966-1492<br>help@vitamail.com |

NOTE: The initial plan description is intended for general information purposes only; it is NOT to be considered a Summary Plan Description nor is it a contract. It provides only a very brief summary of benefits and does not replace or supersede the actual plan provisions as defined in the master plan documents. It is not all-inclusive and it is not a contract. Every attempt has been made to ensure the accuracy of this summary, but in the event of a discrepancy between this summary and the plan contract, benefits will be governed solely by the respective plan contracts.