Sacramento City
UNIFIED SCHOOL DISTRICT

# Retiree Benefits Guide 2025

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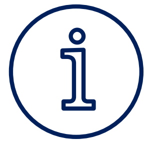
If you (and/or your dependents) have Medicare or you will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.

Please see page 15 for more details.

The information in this brochure is a general outline of the benefits offered under Sacramento City Unified School District's benefits program. Specific details and plan limitations are provided in the Summary Plan Descriptions (SPD), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The SPD and Plan Documents contain all the specific provisions of the plans. In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail.

# General



Sacramento City Unified School District understands the importance of offering a comprehensive retiree benefit program that meets the needs of our retirees. We are pleased to continue to provide a suite of quality benefit plans to all benefit eligible retirees for the 2025 plan year.

### 2025 Core Health Plan Offerings

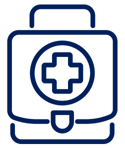
- Medical Plan
- Dental Plan
- Vision Plan
- Group Life

# Eligibility

Eligibility for retiree benefits is determined by bargaining unit agreement, number of hours scheduled to work and a waiting period before benefits are effective.

| | |
|---|---|
| **Eligibility Requirement** | Varies by Bargaining Unit |

# Medical Plan Comparisons



## Classified Employees

| Plan Benefits | Kaiser Permanente Senior Advantage |
|---|---|
| **Plan Year Deductible** | |
| • Individual/Family | $0/$0 |
| **Annual Out-of-Pocket Maximum*** | |
| • Individual/Family | $1,500/$3,000 |
| **Lifetime Maximum** | Unlimited |
| **Inpatient Services** | |
| • Hospital Room & Board, Ancillary Hospital Charges | $0 copay |
| **Outpatient Services** | |
| • Surgery | $10 copay |
| **Physician Services** | |
| • Office Visit *(Primary Care)* | $10 copay |
| • Office Visit *(Specialist)* | $10 copay |
| **Emergency Care** | |
| • Urgent Care | $10 copay |
| • Emergency Room Services *(waived if admitted)* | $50 copay |
| • Ambulance – Air/Ground per trip | $0 copay |
| **Preventive Care/Wellness Services** | |
| • Physical Exams and Periodic Check-Ups | $0 copay |
| • Well Woman Exams | $0 copay |
| • Immunizations | $0 copay |
| **Other Provider Services** | |
| • Diagnostic X-rays & Lab *(Non-preventive)* | $0 copay |
| • Physical, Speech, Occupational Therapy | $10 copay |
| • Chiropractic Care | $10 copay, 30 visits/year |
| • Acupuncture *(Prior authorization required)* | $10 copay |

* The total amount of a member's financial responsibility for certain covered services received during the plan year. Copayments, coinsurance amounts or payments made toward a plan deductible apply to the maximum. For detailed information and which services apply to the out-of-pocket maximum, refer to the plan Evidence of Coverage booklet

Health Maintenance Organizations (HMO)

**CLICK HERE to watch a video on Health Maintenance Organizations (HMO)**

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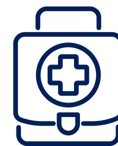
# Medical Plan Comparisons (continued)



## Classified Employees (continued)

| Plan Benefits | Kaiser Permanente Senior Advantage |
|---|---|
| **General Medical Services** | |
| • MRI, CT Scan, PET Scan, Nuclear Cardiac Scan | $0 copay |
| • Skilled Nursing Facility *(up to 100 days/benefit period)* | $0 copay |
| • Home Health Care *(up to 100 visits/year)* | $0 copay |
| • Durable Medical Equipment | $0 copay |
| **Mental or Nervous Disorders and Substance Abuse** | |
| • Inpatient Care *(pre-authorization required)* | $0 copay |
| • Outpatient Visits – Individual | $10 copay |
| • Outpatient Visits - Group | $5 copay |
| **Prescription Drugs** | |
| • Plan Year Deductible | $0 |
| • Retail/Mail Order | |
| – Generic | $10 copay for most covered outpatient items in accordance to the drug formulary |
| – Formulary Brand | $10 copay for most covered outpatient items in accordance to the drug formulary |
| – Non-Formulary Brand | Not Covered |
| – Days Supply | 100 |

* **Preferred Generic Program:** If a brand drug is requested when a generic version exists, member pays the generic copay plus the cost difference between the maximum allowed charge for generic and brand, unless physician has specified "dispense as written" (DAW) or when medically necessary; OR

If a brand drug is dispensed and a generic is available, member is responsible for brand copay plus cost difference between generic and brand.

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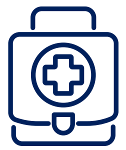

## Certificated Employees

| Plan Benefits | Kaiser Permanente Senior Advantage | HealthNet Seniority Plus |
|---|---|---|
| | Member Responsibility | |
| **Plan Year Deductible** | | |
| • Individual/Family | $0/$0 | $0/$0 |
| **Annual Out-of-Pocket Maximum** | | |
| • Individual/Family | $1,500/$3,000 | $3,400/Not Applicable |
| **Inpatient Services** | | |
| • Hospital Room & Board, Ancillary Hospital Charges | $0 copay | $0 copay for Medicare-covered hospital stay (Prior authorization may be required) |
| **Outpatient Services** | | |
| • Surgery | $10/procedure | $0 copay for Medicare-covered ambulatory surgical center or outpatient facilities |
| **Physician Services** | | |
| • Office Visit *(Primary Care)* | $10 copay | $15 copay |
| • Office Visit *(Specialist)* | $10 copay | $15 copay |
| **Emergency Care** | | |
| • Urgent Care | $10 copay | $20 copay for each Medicare-covered urgent care visit |
| • Emergency Room Services *(waived if admitted)* | $50 copay | $65 copay for each Medicare-covered emergency room visit |
| • Ambulance – Air/Ground | $0 copay | $0 copay for each Medicare-covered emergency ambulance service (non-emergency transportation not covered) |
| **Preventive Care/ Wellness Services** | | |
| • Physical Exams and Periodic Check-Ups | $0 copay | $0 copay |
| • Well Woman Exams | $0 copay | $0 copay |
| • Immunizations | $0 copay | $0 copay |
| **Other Provider Services** | | |
| • Physical, Speech, Occupational Therapy | $10 copay | $0 copay for each Medicare-covered therapy visits (prior authorization may be required) |
| • Chiropractic Care | $10 copay up to 30 visits/year | $5 copay for each Medicare or non-Medicare visit when using network provider up to 20 visits/year |
| • Acupuncture | $10 copay (prior authorization required) | Not Covered |

* The total amount of a member's financial responsibility for certain covered services received during the plan year. Copayments, coinsurance amounts or payments made toward a plan deductible apply to the maximum. For detailed information and which services apply to the out-of-pocket maximum, refer to the plan Evidence of Coverage booklet

If a brand drug is dispensed and a generic is available, member is responsible for brand copay plus cost difference between generic and brand.

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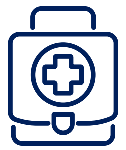
# Medical Plan Comparisons (continued)



## Certificated Employees

| Plan Benefits | Kaiser Permanente Senior Advantage | HealthNet Seniority Plus |
|---|---|---|
| | Member Responsibility | |
| **General Medical Services** | | |
| • X-Ray and Lab *(Non-preventive)* | $0 copay | $0 copay for Medicare-covered diagnostic tests and X-rays |
| • MRI, CT Scan, PET Scan, Nuclear Cardiac Scan | $0 copay | $0 copay for Medicare-covered diagnostic radiology services |
| • Skilled Nursing Facility*(limited to 100 days/benefit period)* | $0 copay | $0 copay for Medicare-covered services (prior authorization may be required) |
| • Home Health Care *(up to 100 visits/plan year)* | $0 copay | $0 copay for Medicare-covered services (prior authorization may be required) |
| • Durable Medical Equipment | $0 copay | $0 copay for Medicare-covered durable medical equipment (prior authorization may be required) |
| **Mental or Nervous Disorders and Substance Abuse** | | |
| • Inpatient Care | $0 copay (pre-authorization required) | $0 copay for Medicare-covered services (pre-authorization required) |
| • Outpatient Visits – Individual | $10 copay | $5 copay |
| • Outpatient Visits – Group | $5 copay | $5 copay |
| **Prescription Drugs** | | |
| • Plan Year Deductible | $0 | $0 |
| • Retail/Mail Order 1 | **100-DAY SUPPLY** | **30/90-DAY SUPPLY** |
| – Generic** | $10 copay for most covered outpatient items in accordance to the drug formulary | $10/$30 copay |
| – Formulary Brand | $10 copay for most covered outpatient items in accordance to the drug formulary | $20/$60 copay |
| – Non-Formulary Brand | Not covered | $35/$105 copay |
| • Mail Order | **100-DAY SUPPLY** | **30/90-DAY SUPPLY** |
| – Generic** | $10 copay for most covered outpatient items in accordance to the drug formulary | $10/$20 copay |
| – Formulary Brand | $10 copay for most covered outpatient items in accordance to the drug formulary | $20/$40 copay |
| – Non-Formulary Brand | Not covered | $35/$70 copay |

** **Preferred Generic Program:** If a brand drug is requested when a generic version exists, member pays the generic copay plus the cost difference between the maximum allowed charge for generic and brand, unless physician has specified "dispense as written" (DAW) or when medically necessary; OR

If a brand drug is dispensed and a generic is available, member is responsible for brand copay plus cost difference between generic and brand.

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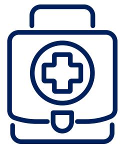
## Futuris Care℠ – An Exchange for Classified Medicare Retirees Only



Futuris Care is program for the Medicare retirees from all bargaining units except for SCTA. Each retiree has unique requirements when it comes to finding the right health plan for their medical, financial, and geographical needs. A Futuris Care benefits advisor will work with you one on one over the phone to understand these needs and find the best plan available to you in your area.

Medicare has a specific open enrollment window referred to as the Annual Enrollment Period (AEP). The AEP extends from October 15th to December 7th every year. This is the only time you will be allowed to change your Medicare Advantage or Prescription Drug Plans. If you are currently enrolled in a plan and choose to remain on that plan, then, you will have to remain on that plan for the remainder of the year. Take advantage of this opportunity to review your medical and prescription drug needs. Your Futuris Care Benefits Advisor is ready to review your options.

Individuals who are either retired and are turning 65 this year or are retiring and already 65 years old will have the opportunity to work with a Futuris Care Benefits Advisor prior to this taking place. It is important to find and enroll in a plan prior to losing coverage through Sacramento City Unified School District because Medicare will only allow for your plan to be effective for a future date. Your information will be forwarded on from the District to Futuris Care approximately 3 months in advance of your birthday or retirement date. Then a Benefits Advisor will call you to discuss your coverage needs.

Some retirees will receive a Health Reimbursement Arrangement (HRA) to help pay for your Medicare plan premiums. This is determined by the contract you were employed and retired under at Sacramento City USD. Your Benefits Advisor should have this information ready when they call you to discuss your plan options.

If you have not worked with a Benefits Advisor in the past, Futuris Care may be contacted at 888-616-7130 or through the website at medicare.healthcompare.com/futuriscare.

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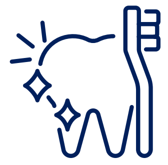
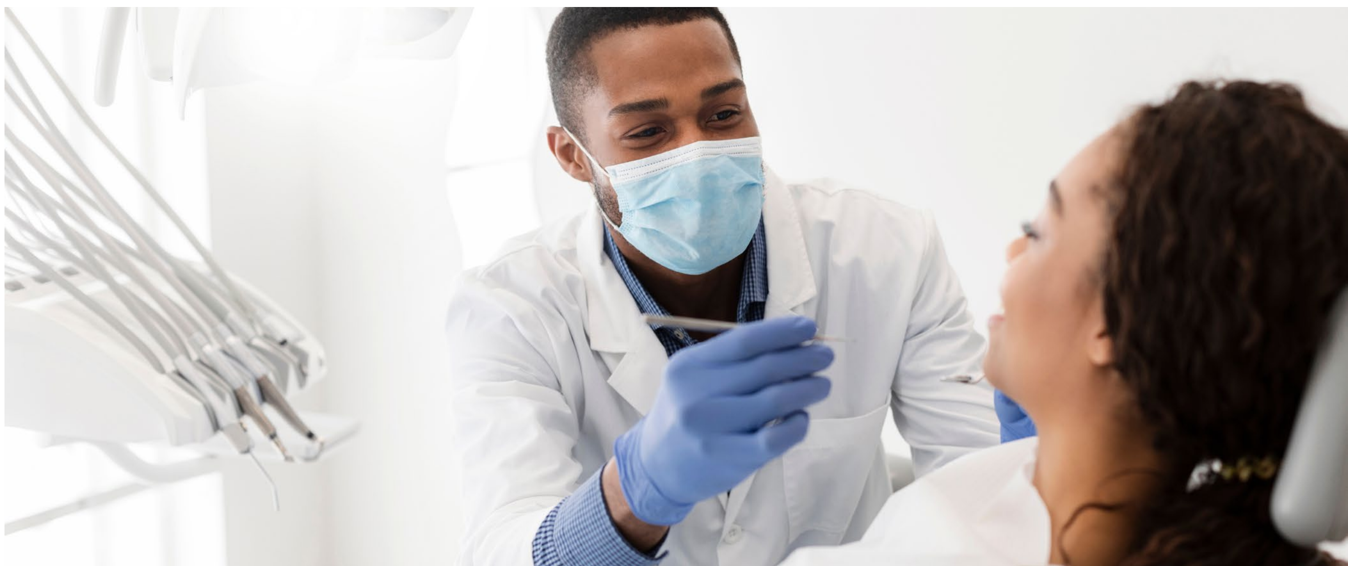
# Dental



| Plan Benefits | All Retirees | Certificated Retirees |
|---|---|---|
| | Delta Dental | Premier Access – DHMO |
| | Member Responsibility | |
| **Annual Deductible** *(waived for Diagnostic and Preventive Services)* | | |
| • Individual | $0 | $0 |
| • Family | $0 | $0 |
| **Annual Maximum Benefit** | $1,500 Premier Provider<br>$1,700 PPO Provider | Unlimited |
| **Diagnostic and Preventive Services** | | |
| • Oral Exams, Routine Cleanings, X-rays, Fluoride Treatment | 30 - 0% | $0 copay |
| **Basic Services** | | |
| • Fillings *(amalgam)* | 30 - 0% | $0 copay |
| • Fillings *(porcelain/ceramic)* | 30 - 0% | $0 copay |
| • Endodontics *(root canals)* | 30 - 0% | Various copays |
| • Oral Surgery | 30 - 0% | Various copays |
| • Periodontics *(gum treatment)* | 30 - 0% | Various copays |
| **Major Services** | | |
| • Crowns, Inlays, Onlays, Cast Restorations | 30 - 0% | Various copays |
| • Prosthodontics *(Dentures, Bridges)* | 50% | Various copays |
| **Orthodontics** | | |
| • Child *(to age 19)* | 50% | Not covered |
| • Adult | 50% | Not covered |
| • Lifetime Maximum *(Child/Adult)* | $500/$500 | Not covered |



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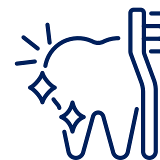
# Dental (continued)



## Why Choose Premier Access?

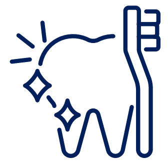
- A-Rated by AM Best
- Over 4000 Provider Access Points
- Over 20 years in the Managed Care Business

The Patient Charge Schedule is a summary of the covered services. Please check the Evidence of Coverage for full details. These services are covered only when covered dental services are performed by your Network Dentist, unless otherwise authorized by Premier Access Dental as described in your plan documents. The benefits shown are performed as deemed appropriate by the attending Primary Care Dentist (PCD) subject to the limitations and exclusions of the program. Enrollees should discuss all treatment options with their PCD prior to services being rendered.

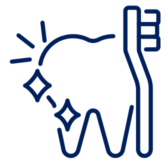
Our Member Services Department is available Monday thru Friday 8 a.m. to 6 p.m. to answer questions and provide any help you may need at 866-650-3660

### The following dental Benefits are excluded:

1. **Treatment which:**
   a. is not included in the list of Covered Services;
   b. is not Dentally Necessary; ***or***
   c. is Experimental or Investigational Service.
2. Appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting.
3. Services, supplies and appliances related to the change of vertical dimension, restoration or maintenance of occlusion, splinting and stabilizing teeth for periodontic reasons, bite registration, bite analysis, attrition, erosion or abrasion, and treatment for temporomandibular joint dysfunction (TMJ), unless a TMJ benefit rider was included in the policy.
4. Replacement of a lost or stolen appliance including but not limited to, full or partial dentures, space maintainers and crowns and bridges.
5. Educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions, unless specifically listed as a covered procedure on Schedule A.
6. Missed dental appointments. A fee of $25 may be charged by your Primary Care Dentist for failure to cancel an appointment without 24 hours prior notification.
7. Personal supplies or equipment, including but not limited to waterpiks, toothbrushes, or floss holders.
8. Treatment for a jaw fracture.
9. **Services or supplies provided by a dentist, dental hygienist, denturist or doctor who is:**
   a. a close relative or a person who ordinarily resides with You or an Eligible Dependent;
   b. an employee of the employer;
   c. the employer.



10. Hospital or facility charges for room, supplies or emergency room expenses, or routine chest x-rays and medical exams prior to oral surgery.
11. Services and supplies obtained while outside the United States, except for Emergency Care.
12. Services or supplies resulting from or in the course of your or your Eligible Dependent's regular occupation for pay or profit for which you or your Eligible Dependent are entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify Us of all such benefits.
13. **Any Charges which are:**
    a. Payable or reimbursable by or through a plan or program of any governmental agency, except if the charge is related to a non-military service disability and treatment is provided by a governmental agency of the United States. However, We will always reimburse any state or local medical assistance (Medicaid) agency for Covered Services and supplies.
    b. Not imposed against the person or for which the person is not liable.
    c. Reimbursable by Medicare Part A and Part B. If an Eligible Person at any time was entitled to enroll in the Medicare program (including Part B) but did not do so, his or her Benefits under this policy will be reduced by an amount that would have been reimbursed by Medicare, where permitted by law. However, for Eligible Persons insured under employers who notify Us that they employ 20 or more employees during the previous business year, this exclusion will not apply to an actively at work employee and/or his or her spouse who is age 65 or older if the employee elects coverage under this policy instead of coverage under Medicare.
14. Services and supplies provided primarily for cosmetic purposes, except as specified in Schedule A.
15. Services and supplies which may not reasonably be expected to successfully correct the Member's dental condition for a period of at least three years, as determined by Us.
16. Orthodontic services, supplies, appliances and orthodontic-related services, unless an orthodontic rider was included in the policy.
17. Extraction of asymptomatic, pathology-free third molars (wisdom teeth).
18. Therapeutic drug injection.
19. Correction of congenital conditions or replacement of congenitally missing permanent teeth not covered, regardless of the length of time the deciduous tooth is retained.



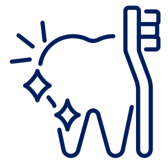
20. General anesthesia or intravenous/conscious sedation, except as specified in Schedule A.
21. Excision of cysts and neoplasms, except as specified in Schedule A.
22. Osseous or muco-gingival surgery, except as specified in Schedule A.
23. Restorative procedures, root canals and appliances which are provided because of attrition, abrasion, erosion, wear, or for cosmetic purposes, except as specified in Schedule A.
24. Services and supplies provided as one dental procedure, and considered one procedure based on standard dental procedure codes, but separated into multiple procedure codes for billing purposes. The covered charge for the services is based on the single dental procedure code that accurately represents the treatment performed.
25. Replacement of stayplates.
26. Dispensing of drugs not normally supplied in a dental office.
27. Malignancies.
28. Additional treatment costs incurred because a dental procedure is unable to be performed in the dentist's office due to the general health and physical limitations of the Member.
29. The member will be responsible for the actual metal fees for any procedure involving the use of noble, high noble, or titanium metal.
30. Implant-supported dental appliances, implant placement, maintenance, removal and all other services associated with dental implants.
31. Dental services that are received in an Emergency Care setting for conditions which are not emergencies if the subscriber reasonably should have known that an Emergency Care situation did not exist.
32. Dental expenses incurred in connection with any dental procedures started after termination of coverage or prior to the date the Member became eligible for such services.

### Limitations

**Limitations of Other Coverage:**

1. This dental coverage is not designed to duplicate any Benefits to which Members are entitled under government programs, including CHAMPUS, Medi-Cal or Workers' Compensation. By executing an enrollment application, a Member agrees to complete and submit to the Plan such consents, releases, assignments, and other documents reasonably requested by the Plan or order to obtain or assure CHAMPUS or Medi-Cal reimbursement or reimbursement under the Workers' Compensation Law.
2. Benefits provided by a pediatric dentist are limited to children under six years of age following an attempt by the assigned Primary Care Dentist to treat the child and upon Prior Authorization by Access Dental Plan, less applicable Copayments.

# Dental (continued)



## DHMO650 Benefits

Premier Access Dental and Vision provides you and your family with quality dental benefits at an affordable cost. The program is designed to encourage regular dentist visits to maintain oral health. When enrolling, you select a contracted dentist to provide services for you and your family. The size of a provider network is meaningless without the assurance of quality care. Our dental providers consist of dental facilities that have been carefully screened for quality.

### Plan Benefit Highlights

- Posterior Composites Oral Cancer Screening Additional Cleanings
- Cosmetic Procedures such as Labial Veneers & External Bleaching
- Defined Fees for Metal Upgrades Unlimited Benefits*
- General Anesthesia and IV Sedation Covered

| Description | ADA Code | DHMO 903 Copay |
|---|---|---|
| **Preventive Services** | | |
| • Periodic Oral Exam | D0120 | $0 |
| • Comprehensive Exam | D0150 | $0 |
| • Full Mouth Series (FMX) | D0210 | $0 |
| • Panoramic | D0330 | $0 |
| • Periapical X-rays | D0220 | $0 |
| • Bitewings - four films | D0274 | $0 |
| • Adult Cleanings | D1110 | $0 |
| • Child Cleanings | D1120 | $0 |
| • Adult/Child *(to age 19)* Fluoride Treatment | D1203/1204 | $0 |
| • Sealants 1st and 2nd Molars | D1351 | $0 |
| • Space Maintainers | D1515 | $0 |
| **Basic Services** | | |
| • Restorations - Amalgam Fillings | D2140 | $0 |
| • Extractions - Erupted tooth | D7140 | $0 |
| • Surgical Removal - Erupted tooth | D7210 | $0 |
| • Root Canal Therapy - Anterior | D3310 | $10.00 |
| • Root Canal Therapy - Bicuspid | D3320 | $10.00 |
| • Root Canal Therapy - Molar | D3330 | $15.00 |
| • Scaling & Root Planing, per quadrant | D4341 | $0 |
| **Major Services** | | |
| • Crowns | D2750 | $5.00 |
| • Bridges - per unit | D6210 | $5.00 |
| • Complete Denture - per arch | D5110 | $195.00 |
| • Partial Denture - per arch | D5211 | $5.00 |

* Refer to your Evidence of Coverage for details

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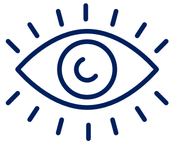
# Vision



| Plan Benefits | Vision Service Plan (VSP) | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Classified Retirees | | Certificated Retirees Member Only | | Certificated Retirees Family Plan | | Management, Confidential, Supervisors Retirees | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| **Frequency** | | | | | | | | |
| • Eye Exam | Once every 12 months | | Once every 12 months | | Once every 12 months | | Once every 12 months | |
| • Lenses/Contacts | Once every 12 months | | Once every 12 months | | Once every 24 months | | Once every 12 months | |
| • Frames | Once every 24 months | | Once every 12 months | | Once every 24 months | | Once every 24 months | |
| **Copay** | **MEMBER RESPONSIBILITY** | **PLAN PAYS** | **MEMBER RESPONSIBILITY** | **PLAN PAYS** | **MEMBER RESPONSIBILITY** | **PLAN PAYS** | **MEMBER RESPONSIBILITY** | **PLAN PAYS** |
| • Exam | $10 | Up to $40 | $0 | Up to $40 | $15 | Up to $40 | $20 | Up to $40 |
| • Fitting for Contacts | $50 | Up to $50 | $50 | Up to $50 | $105 | Up to $105 | $50 | Up to $50 |
| **Prescription Lenses** | **PLAN PAYS** | | **PLAN PAYS** | | **PLAN PAYS** | | **PLAN PAYS** | |
| • Single | 100% | Up to $40 | 100% | Up to $40 | 100% | Up to $40 | 100% | Up to $40 |
| • Lined Bifocal | 100% | Up to $60 | 100% | Up to $60 | 100% | Up to $60 | 100% | Up to $60 |
| • Lined Trifocal | 100% | Up to $80 | 100% | Up to $80 | 100% | Up to $80 | 100% | Up to $80 |
| • Lenticular | 100% | Up to $125 | 100% | Up to $125 | 100% | Up to $125 | 100% | Up to $125 |
| **Frames** | **PLAN PAYS** | | **PLAN PAYS** | | **PLAN PAYS** | | **PLAN PAYS** | |
| | Up to $105 | Up to $45 | Up to $105 | Up to $45 | Up to $105 | Up to $45 | Up to $105 | Up to $45 |
| **Contacts** *(in lieu of lenses and frames)* | **PLAN PAYS** | | **PLAN PAYS** | | **PLAN PAYS** | | **PLAN PAYS** | |
| • Medically Necessary | 100% | Up to $210 | 100% | Up to $210 | 100% | Up to $210 | 100% | Up to $210 |
| • Elective | Up to $105 | Up to $105 | Up to $105 | Up to $105 | Up to $105 | Up to $105 | Up to $105 | Up to $105 |

*The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.*

# Basic Life

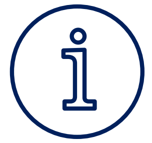
| Plan Benefits | Sun Life Assurance Company |
|---|---|
| **Eligible Class** | **RETIREES** |
| **Coverage Amount**[1] | $1,000 |
| **Maximum Benefit** | $1,000 |
| **Accelerated Benefit Option** | Included |
| **Conversion** | Included |

# Dependent Life – Retirees

- **Spouse:** $500

*The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.*

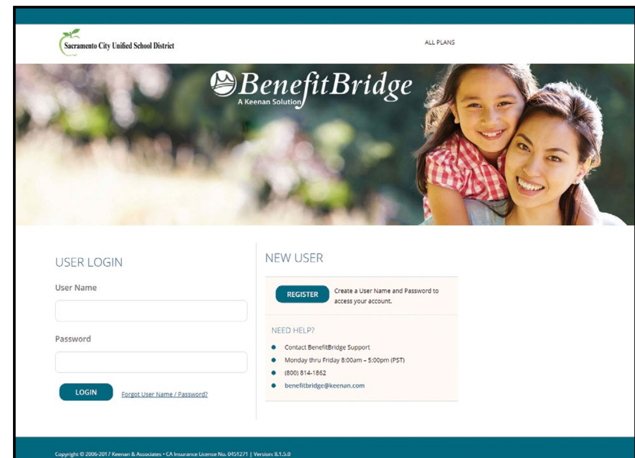
# Employee Benefits Web Site



Check your BenefitBridge Web site. BenefitBridge can be accessed 24/7 from work or home PCs and offers immediate answers to benefit questions. You can view and compare your benefit choices, link to carrier websites, download forms and analyze your benefit needs. This web-based forum contains helpful information and a multitude of decision support tools. A link to Personal Choices will be available on your online enrollment Web site.

**The following is a summary of the information and resources available on the Web site:**

- **Benefits:** This section lists benefit plans offered to Sacramento City Unified School District retirees as well as a detailed description of each plan. This section can be used to compare and contrast different plans. It also contains your Summary Plan Descriptions and Evidence of Insurability forms.
- **Resources:** Contains news on a variety of health topics, as well as news articles and important benefits documents.
- **Understanding Benefits:** Presents the employee with situational questions, such as "Who am I?" The employee is able to choose an answer, such as "young single employee", and receive information specific to that employee-type.
- **State and Federal Programs:** Provides information and links to a variety of governmental programs including COBRA, FMLA, and HIPAA. Contact Human Resources for more specific information.
- **Life Events:** Provides employees with information for specific life events such as Having a Baby or Getting Married. This section also covers a variety of topics such as Family and Relationships, Health Education, Finances and Insurance, and Purchases. The Life Events page also contains a Health and Wellness section, which provides links to health and wellness websites such as WebMD and wellness.com.
- **Calculators:** This section provides a variety of calculators including budget, credit lines, home financing, and retirement.




**To Access BenefitBridge**

Log in information
www.benefitbridge.com/saccityusd

BenefitBridge Support
800-814-1862
Monday - Friday 8:00 a.m. - 5:00 p.m.

# Important Notices

## Important Notice from Sacramento City Unified School District About Your Prescription Drug Coverage and Medicare

**Please read this notice carefully and keep it where you can easily find it. This notice has information about your current prescription drug coverage with Sacramento City Unified School District] and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

- **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- **Sacramento City Unified School District has determined that the prescription drug coverage offered by the by Kaiser Permanente, HealthNet, Sutter Health Plus and Western Health Advantage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

### WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Sacramento City Unified School District coverage will not be affected. If you keep this coverage and elect Medicare, the Sacramento City Unified School District coverage will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Sacramento City Unified School District coverage, be aware that you and your dependents will be able to get this coverage back.

### WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with Sacramento City Unified School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE…

Contact the person listed below for further information.

**NOTE**: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Sacramento City Unified School District] changes. You also may request a copy of this notice at any time.

| | |
|---|---|
| Date: | October 8, 2024 |
| Name of Entity / Sender: | Sacramento City Unified School District |
| Contact: | Benefits Department |
| Address: | 5735 47th Avenue<br>Sacramento, CA 95824 |
| Phone: | 916.643.9432 |

### FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE…

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

# Glossary

### Affordable Care Act and Patient Protection (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime limits on medical benefits, covering preventive care without cost-sharing, etc, among other requirements.

### Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

### Balance Billing

When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A preferred provider may not balance bill you.

### Brand Name Drug

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

### COBRA (Consolidated Omnibus Budget Reconciliation Act)

The Consolidated Omnibus Budget Reconciliation Act allows people who lose their jobs to continue their employer-sponsored insurance coverage for up to 18 months.

### Children's Health Insurance Program (CHIP)

The government program that provides free or low-cost health coverage for children up to age 19 in families whose income is too high to qualify for Medicaid but too low to afford private insurance. CHIP covers U.S. citizens and eligible immigrants. In some states, CHIP covers pregnant people. CHIP goes by different names in some states.

### Claim

A request for payment that you or your health care provider submits to your health insurer to be paid or reimbursed for items or services you have received. Most often, you will not be  responsible for making claim requests. Usually, billing and claims specialists employed by the health care provider (e.g. primary care office, hospital) will make the claim on your behalf.

### Coinsurance

A percentage of costs you pay "out-of-pocket" for covered expenses after you meet the deductible.

### Copayment (Copay)

A fee you have to pay "out-of-pocket" for certain services, such as a doctor's office visit or prescription drug.

### Comprehensive Coverage

A health insurance plan that covers the full range of care that you may need. This may include preventive services (like flu shots), physical exams, prescription drugs, and doctor or hospital care.

### Deductible

The amount you pay "out-of-pocket" before the health plan will start to pay its share of covered expenses.

### Formulary

A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low-cost generics at a higher percentage than more expensive brand-name or specialty drugs.

### Generic Drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

### High-Deductible Health Plan (HDHP)

High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

### Health Savings Account (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. State taxes may apply. You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, can be invested, and is owned by you—even if you leave the company.

### Health Reimbursement Arrangements (HRAs)

Unlike HSAs, only an employer may fund an HRA and the funds revert back to the employer when the employee leaves the organization. HRAs are not subject to the same contribution limits as HSAs, and they may be paired with either high-deductible plans or traditional health plans.

### In-Network

Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.

### Non-Preferred Provider

A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider.

### Out-of-Pocket Maximum
The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

### Out-Of-Network
A health plan may not cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.

### Out-Of-Pocket Limit
The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including co-payments and co-insurance.

### Plan Year
The year for which the benefits you choose during Annual Enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next Annual Enrollment.

### Preferred Provider
A provider who has a contract with your health insurer or plan to provide services to you at a discount.

Benefits Key Terms Explained

**CLICK HERE to watch a video on Benefits Key Terms Explained**

### Premium
The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the annual premium is generally paid periodically, such as monthly, and deducted from his or her paycheck.

### Preventive Care
Health care services you receive when you are not sick or injured— so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the American Medical Association.

### Qualifying Life Event
A change in your life that can make you eligible for a Special Enrollment Period to enroll in health coverage. Examples of qualifying life events include moving to a new state, certain changes in your income, and changes in your family size.

### Skilled Nursing Care
Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

### Urgent Care
Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

# Contact Information

Below is a listing of the telephone numbers you can call with questions about the plans available to you. You can also use the web site (if available) to access information from providers for the various plans.

| Plan | Plan Number | Phone Number | Web Site |
|---|---|---|---|
| Medical | | | |
| • Kaiser Permanente | 212 | 800-443-0815 | www.kp.org |
| • HealthNet | 57211S | 800-275-4737 | www.healthnet.com/medicare |
| • Futuris Care *(Medicare Exchange for Classified Retirees Only)* | Varies | 888-616-7130 | medicare.healthcompare.com/futuriscare |
| **Dental** | | | |
| • Delta Dental | 6428 | 866-499-3001 | www.deltadentalins.com |
| • Premier Access | 16636 | 888-715-0760 | www.premierlife.com |
| **Vision** | | | |
| • Vision Service Plan | 00407301 | 800-877-7195 | www.vsp.com |
| **Basic Life/Optional Life** | | | |
| • Sun Life Assurance Company | 238103 | 800-247-6875 | www.sunlife.com/us |