



BEVERLY HILLS
UNIFIED SCHOOL DISTRICT
EDUCATION REIMAGINED



Employee Benefits Guide 2025

January 2025- December 2025

IMPORTANT INFORMATION



Welcome to Beverly Hills Unified School District's 2025 Employee Benefits!

This guide provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please refer to the District website. From the homepage, click on Departments and go to Business Services to locate 2025 Open Enrollment information.

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The Affordable Care Act and You

The Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Rhode Island, Vermont, or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2025 tax year – these states have an individual mandate requirement.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by Beverly Hills Unified School District or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

However, if you choose to purchase coverage through the marketplace, because Beverly Hills Unified School District's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.



For More Information on the Affordable Care Act

To learn more about the Affordable Care Act, visit www.healthcare.gov.

Annual Notices

Various state and federal laws require that employers provide disclosure and annual notices to their plan participants. Beverly Hills Unified School District has posted all federally required annual notices on our intranet for you to download and read at your convenience. Beverly Hills Unified School District will distribute all federally required annual notices upon hire and during each annual open enrollment period.

Annual notices include the following:

- Medicare Part D Notice of Creditable Coverage
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Medicaid & Children's Health Insurance Program
- HIPAA Notice of Privacy Practices
- Special Enrollment Rights

Click [here](#) or scan the QR code to the right to download our



ENROLLMENT INFORMATION



Who May Enroll

If you are a regular full-time employee working more than 19.5 hours a week on your primary assignment, you and your eligible dependents may participate in Beverly Hills Unified School District's benefits program. Your eligible dependents include:

- Legally married spouse
- Registered domestic partner
- Natural, adopted, step or domestic partner's children up to age 26, regardless of student or marital status, for medical coverage and up to age 25 for dental and vision coverage
- Certified disabled children of any age, if enrolled prior to age 26

NOTE: If enrolling eligible dependents, marriage license and birth certificate are required to certify relationships

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- As a new hire, you may participate in the company's benefits program on the first day of the month following your hire date pending receipt of your enrollment forms*. ** Enrollment forms must be submitted to the Payroll/Benefits department within 60 days of employment.*
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)

Paying For Your Coverage

You and Beverly Hills Unified School District may share in the cost of the medical, dental, and vision benefits you elect. The cost sharing, if any, will depend on your medical, dental and vision plan selections. Any voluntary benefits you elect will be paid by you at discounted group rates. Your medical, dental, and vision contributions are deducted before taxes which saves you tax dollars. Paying for benefits before tax means that your share of the costs are deducted before taxes, resulting in more take home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event.

Changes To Enrollment

Our benefit plans are effective January 1st through December 31st of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following January 1st effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please contact the Payroll/Benefits Department immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

IMPORTANT REMINDER - Name, Address, SSN, and Enrollment Changes

- Contact the Benefits Department if you move or change your name or contact information for any reason. Changes are not automatic. Additional documentation may be required before the change is approved.
- If you make Open Enrollment changes online through your myCalPERS account, you must also contact the Benefits Department and inform them of the changes. You are also required to log in Ease and make the change.

ONLINE BENEFITS ENROLLMENT



With Ease, you and your family can access your benefits information whenever you want, from home or anywhere you have Internet access. Use Ease to make your benefit elections, update your personal information, and to locate important benefits documents.

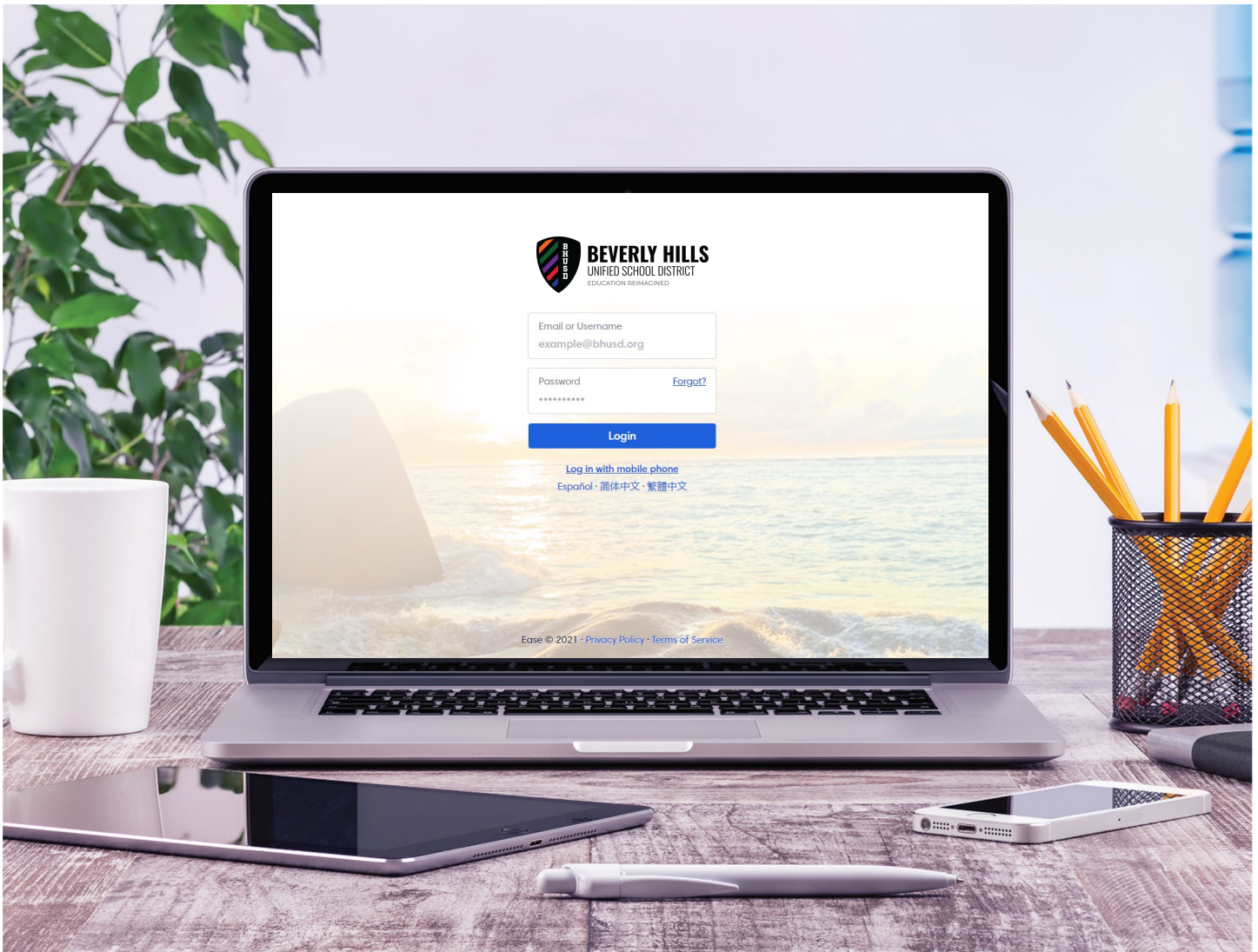


To Enroll or Make Changes to Your Benefits

Log in to <https://bhusd.ease.com> using your District email address, you'll be asked to enter your username and your password:

- User Name: For first time users, your User Name is your email address.
- Password: For first time users, you will automatically be prompted to create your password.
- If you forgot your password, click on [Forgot?](#) Link and request login assistance.

Once you are logged into the website, follow the prompts on each page to complete your benefits enrollment. You will be asked to verify that your personal information is correct and enter in any of your dependent information. It is very important that you login to Ease and verify your personal information, elect or decline coverage for you and your dependents.



BENEFITS ENROLLMENT — EASE



Enrollment Guide At A Glance (<http://bhusd.ease.com>)

1

Log in to Ease by clicking on the link you receive in your email from BHUSD Benefits Dept. For optimal performance, it is recommended that you use one of the following browsers:



Chrome

or



Firefox

2

Click the *Start Enrollment* button to begin your enrollment

Start Enrollment

3

Follow the prompts on each page to complete your benefit enrollment.
Click the *Continue* button to proceed to the next section.

Continue

4

Please select your benefit by choosing to *Enroll* or *Waive* for each plan.

Please select ✓ ✕

Enrolled ✓ ✕

Waived ✓ ✕

Continue

5

You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device.

Sign Form

6

Before you review your forms



type your name.



Sign your signature



and follow prompts to finish.

7

If you have any questions, contact the Benefits Department at benefits@bhusd.org

BENEFITS ENROLLMENT — EASE

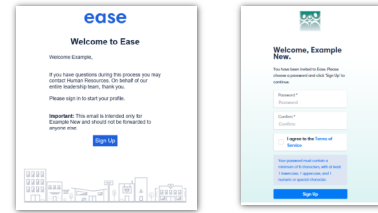


Step 1

Welcome Email Create a Password and Sign In

Online Benefits Enrollment

Welcome Email +
Create a Password and Sign In

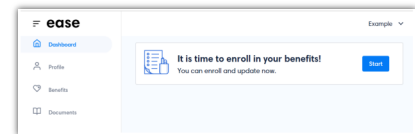


Step 2

Getting Started

Online Benefits Enrollment

Getting started

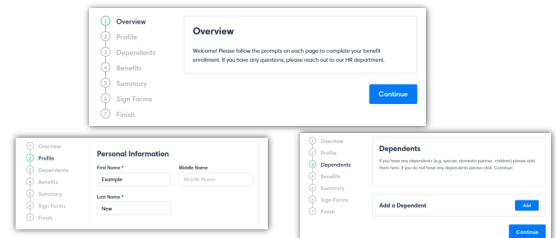


Step 3

Overview and Profile Information

Online Benefits Enrollment

Overview and Profile Information

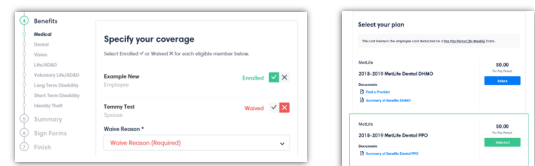


Step 4

Select Benefit Options

Online Benefits Enrollment

Select Benefit Options

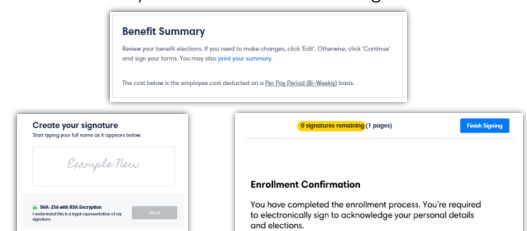


Step 5

Review your Benefit Elections and Sign Forms

Online Benefits Enrollment

Review your Benefit Elections and Sign Forms



FLEXIBLE SPENDING ACCOUNTS



American Fidelity | Flexible Spending Accounts

You can set aside money in Flexible Spending Accounts (FSA) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. Please remember that if you are using your debit card, you must save your receipts, just in case American Fidelity needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

Health Care Flexible Spending Account (HCFSA)

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays prescriptions, and more. Employees may defer up to \$3,200 pre-tax per year. FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations. With the Health Care FSA, up to \$640 of any unspent funds remaining in your account at the end of the plan year will carry-over to the next plan year, and unspent funds above \$640 will be forfeited.

Dependent Care Account (DCA)

A Dependent Care Account (DCA) allows you to set aside pre-tax dollars to reimburse yourself for eligible dependent care expenses. Because your money goes into the account before income tax is withheld, you pay less in tax and have more disposable income. You may allocate up to \$5,000 per tax year for reimbursement of eligible dependent care services (or \$2,500 if you are married and file a separate tax return).

Ready to Enroll?

The Flexible Spending Accounts (FSAs) for Health Care and Dependent Care expenses are managed by American Fidelity. All employees who wish to enroll, continue, or make changes to these accounts must meet with an American Fidelity Representative. They will have their open enrollment in the month of November.

American Fidelity can be contacted at 1 (800) 365-9180 or www.americanfidelity.com.



Video – Learn How Flexible Spending Accounts Can Help Save You Money

For a better understanding of how Flexible Spending Accounts work, watch this quick video at:

<http://video.burnhambenefits.com/fsa>

Example: How You Can Save Money With an FSA

	Without the Health Care FSA	With the Health Care FSA
Gross Annual Pay	\$45,000	\$45,000
Pre-Tax Health Care FSA	Not Elected	\$1,200
Taxable Gross Income	\$45,000	\$43,800
Payroll Taxes (at 30%)	\$13,500	\$13,140
Health Care Cost	\$1,200	\$0
Net Pay	\$30,300	\$30,660
Annual Net Pay Increase	\$0	\$360

Important Note: Your FSA elections will expire each year on December 31st. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.

MEDICAL INSURANCE



Medical Plan Options

Beverly Hills Unified School District provides eligible employees with eleven medical plans to choose from, including two Anthem Blue Cross HMO Plans, two Blue Shield of California HMO Plans, two Health Net HMO Plans, one Kaiser HMO Plan, two United Healthcare HMO Plans, and two Blue Shield of California PPO plans. See the following pages for highlights of each plan. Employees are eligible to enroll on the first of the month following their hire date upon receipt of their enrollment forms. Employees have 60 days from their date of hire in which to enroll.

About the HMO Plans

With these plans you must select a Primary Care Physician (PCP) who coordinates and manages your health care services. Your PCP provides routine care and refers you to specialists when necessary. You may choose a different PCP for each family member. Non-PCP referred services are not eligible for coverage under this plan, except in emergency situations.

About the Blue Shield of California PPO Plans

The Blue Shield of California Providers Organization (PPO) plans utilize a PPO network through Blue Shield of California through CalPERS. A PPO plan offers both in-network and out-of-network benefits. Employees and their dependents can choose, at time of care, whether to use in-network or out-of-network providers. [Included Health](#) will be your point of contact for PPO plan information.

Blue Shield of California PPO Plans and Included Health

CalPERS is partnering with [Blue Shield of California](#) and [Included Health](#) starting January 1, 2025. Blue Shield will be the new administrator for the PPO plans and [Included Health](#) will help you find the personalized care you need.

[Included Health](#) is available by phone, online, or mobile app to help you navigate your healthcare and CalPERS health benefits.



The Benefits of Using In-Network Providers for PPO Plans

There are significant advantages to using in-network providers for your medical care, such as negotiated rates (up to 30%-40% discounts), no balance billing, self-referrals to in-network specialists and no claim forms required.

If you choose to elect one of these plans, we encourage all employees to locate an in-network provider for you and for your family members. Establishing a relationship with your provider through routine annual check-ups assists your doctor in managing your overall care and well-being. We also encourage you to locate the nearest urgent care facilities to your home. Knowing where to access the most convenient and cost effective care before a situation arises can save you both time and money.

OptumRX — Select90

OptumRx and Walgreens make it easy for you to get your maintenance medications and may save you money. The OptumRx Select90 program allows you to get 90-day supplies of your medications at nearly 8,200 Walgreens pharmacies or through OptumRx home delivery. For OptumRx home delivery you can register online at optumrx.com/calpers or call (855) 505-8110. If you choose a Walgreens pharmacy you can call the number listed on the back of your ID card or visit their website www.walgreens.com.



Finding In-Network Medical Providers

CalPERS Plans: Use the links to find providers.

- [Find Anthem Blue Cross Select Providers](#)
- [Find Anthem Blue Cross Trad Providers](#)
- [Find Blue Shield Trio Providers](#)
- [Find Blue Shield Access+ HMO Providers](#)

- [Find Health Net Salud y Mas Providers](#)
- [Find Kaiser Permanente Providers](#)
- [Find UHC Alliance Providers](#)
- [Find UHC Harmony Providers](#)
- [Find PERS Gold PPO Providers](#)
- [Find PERS Platinum PPO Providers](#)



Video — Learn About Medical Plan Terms

Medical plan terms, such as deductibles, copays, coinsurance and out-of-pocket maximums, can sometimes be confusing. For a quick video that shows how these work, visit: <http://video.burnhambenefits.com/terms>

MEDICAL HMO BENEFITS



	Anthem Select HMO (Anthem Select HMO Network) OR Anthem Traditional HMO (Anthem CA Care HMO Network)	Blue Shield HMO Trio³ (Blue Shield TRIO Network ³) OR Blue Shield Access+ HMO (Blue Shield Access+ Network)
	In-Network Only	In-Network Only
Medical Benefits		
Calendar Year Deductible	None	None
Out-of-Pocket Max — Individual / Family	<i>(excluding pharmacy)</i> \$1,500 / \$3,000	<i>(excluding pharmacy)</i> \$1,500 / \$3,000
Coinsurance (Plan Pays)	100%	100%
Lifetime Maximum	Unlimited	Unlimited
Office Visit Copay — Primary Care Physician — Specialist Office Visit — Access+ Specialist	\$15 Copay \$15 Copay n/a	\$15 Copay \$15 Copay \$30 (Access+)
Hospitalization — Inpatient — Outpatient	No Charge No Charge	No Charge No Charge
Lab and X-Ray	No Charge	No Charge
Emergency Services <i>(waived if admitted)</i>	\$50 Copay	\$50 Copay
Urgent Care	\$15 Copay	\$15 Copay
Preventive Care	No Charge	No Charge
Chiropractic/Acupuncture	\$15 Copay Max 20 Visits/Year	\$15 Copay Max 20 Visits/Year
Pharmacy Benefits		
Out-of-Pocket Max - Individual / Family - Pharmacy Home Delivery	\$7,700 / \$15,400 \$1,000 / per person	\$7,700 / \$15,400 \$1,000 / per person
Retail Pharmacy - Tier 1 <i>Typically Generic</i> - Tier 2 <i>Typically Preferred Brand</i> - Tier 3 <i>Typically Non-preferred</i> - Tier 4 <i>Typically Specialty (Brand & Generic)</i> - Supply Limit	\$5 Copay \$20 Copay \$50 Copay See tier structure above 30 Days	\$5 Copay \$20 Copay \$50 Copay \$30 Copay 30 Days
Retail/Pharmacy Home Delivery - Tier 1 <i>Typically Generic</i> - Tier 2 <i>Typically Preferred Brand</i> - Tier 3 <i>Typically Non-preferred</i> - Tier 4 <i>Typically Specialty (Brand & Generic)</i> - Supply Limit <i>(most are 90-day)</i>	\$10 Copay \$40 Copay \$100 Copay See tier structure above 90 Days	\$10 Copay \$40 Copay \$100 Copay \$60 Copay 90 Days

¹ Office visit copays waived for maternity care.

² Mail service is mandatory after the second fill of a prescription drug at a retail pharmacy, or you will be charged the appropriate mail service copay for a one-month supply at a retail pharmacy.

³ Blue Shield Trio HMO plan available in these counties for 2024: Butte, El Dorado, Kern, Kings, Los Angeles, Monterey, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Luis Obispo, Santa Barbara, Santa Cruz, Stanislaus, Tulare, Ventura and Yolo.

MEDICAL HMO BENEFITS



	Health Net Salud HMO (Health Net Salud y Más Network)	Kaiser Permanente HMO (Kaiser Network)	UnitedHealthcare HMO (SV Alliance Network) OR UnitedHealthcare HMO (SV Harmony Network)
	In-Network Only	Kaiser Facilities Only	In-Network Only
Medical Benefits			
Calendar Year Deductible	None	None	None
Out-of-Pocket Max — Individual / Family	<i>(excluding pharmacy)</i> \$1,500 / \$3,000	<i>(excluding pharmacy)</i> \$1,500 / \$3,000	<i>(excluding pharmacy)</i> \$1,500 / \$3,000
Coinsurance (Plan Pays)	100%	100%	100%
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Office Visit Copay — Primary Care Physician — Specialist Office Visit — Access+ Specialist	\$15 Copay \$15 Copay n/a	\$15 Copay \$15 Copay	\$15 Copay \$15 Copay
Hospitalization — Inpatient — Outpatient	No Charge No Charge	No Charge \$15 Copay	No Charge No Charge
Lab and X-Ray	No Charge	No Charge	No Charge
Emergency Services <i>(waived if admitted)</i>	\$50 Copay	\$50 Copay	\$50 Copay
Urgent Care	\$15 Copay	\$15 Copay	\$15 Copay
Preventive Care	No Charge	No Charge	No Charge
Chiropractic/Acupuncture	\$15 Copay 20 Visits/Year	\$15 Copay 20 Visits/Year	\$15 Copay 20 Visits/Year
Pharmacy Benefits			
Out-of-Pocket Max - Individual / Family - Pharmacy Home Delivery	\$7,700 / \$15,400 \$1,000 / per person	\$7,700 / \$15,400 n/a	\$7,700 / \$15,400 \$1,000 / per person
Retail Pharmacy - Tier 1 <i>Typically Generic</i> - Tier 2 <i>Typically Preferred Brand</i> - Tier 3 <i>Typically Non-preferred</i> - Tier 4 <i>Typically Specialty (Brand & Generic)</i> - Supply Limit	\$5 Copay \$20 Copay \$50 Copay n/a 30 Days	\$5 Copay \$20 Copay \$20 Copay n/a 30 Days	\$5 Copay \$20 Copay \$50 Copay n/a 30 Days
Retail/Pharmacy Home Delivery - Tier 1 <i>Typically Generic</i> - Tier 2 <i>Typically Preferred Brand</i> - Tier 3 <i>Typically Non-preferred</i> - Tier 4 <i>Typically Specialty (Brand & Generic)</i> - Supply Limit <i>(most are 90-day)</i>	\$10 Copay \$40 Copay \$100 Copay n/a 90 Days	\$10 Copay \$40 Copay \$40 Copay n/a 100 Days	\$10 Copay \$40 Copay \$100 Copay n/a 90 Days

¹ Office visit copays waived for maternity care.

² Mail service is mandatory after the second fill of a prescription drug at a retail pharmacy, or you will be charged the appropriate mail service copay for a one-month supply at a retail pharmacy.

MEDICAL PPO BENEFITS

Carrier
Change

SUBJECT TO CHANGE.
PENDING RELEASE OF
FINAL PLAN DOCUMENTS.

Blue Shield PERS Gold PPO (Blue Shield Tandem PPO Network)

In-Network

Non-Network

Medical Benefits

Lifetime Maximum Benefit	Unlimited	
Deductible (Annual)		
— Individual	\$1,000 ⁽¹⁾	\$2,500 ⁽¹⁾
— Family	\$2,000 ⁽¹⁾	\$5,000 ⁽¹⁾
Coinsurance (Plan Pays)	80%	60%
Office Visit Copay		
— Primary Care Physician	\$35 / \$10 Copay ⁽³⁾	Ded, 40%
— Specialist Office Visit	\$35 Copay	Ded, 40%
Out-of-Pocket Max		
— Coinsurance: Individual / Family	(excluding pharmacy) \$3,000 / \$6,000	Unlimited
— Medical: Individual / Family	\$7,450 / \$14,900	Unlimited
Hospitalization		
— Inpatient	Ded, 20% ⁽²⁾	Ded, 40% ⁽⁴⁾
— Outpatient	Ded, 20% ⁽²⁾	Ded, 40% ⁽⁴⁾
Lab and X-Ray	Ded, 20%	Ded, 40% ⁽⁴⁾
Emergency Room Emergency Services	\$50 Copay (waived if admitted) Ded, 20%	
Urgent Care	\$35 Copay	Ded, 40% ⁽⁴⁾
Preventive Care	No Charge	Ded, 40% ⁽⁴⁾
Chiropractic/Acupuncture	\$15 Copay	Ded, 40% ⁽⁴⁾
	Combined Max 20 Visits/Year	

Pharmacy Benefits

Out-of-Pocket Max		
— Individual / Family	\$2,000 / \$4,000	Unlimited
— Home Delivery Pharmacy	\$1,000 / person	
Retail Pharmacy		
- Tier 1 Typically Generic	\$5 Copay	100% up front; may submit paper claim to request partial reimbursement
- Tier 2 Typically Preferred Brand	\$20 Copay	
- Tier 3 Typically Non-preferred	\$50 Copay	
- Tier 4 Typically Specialty (Brand & Generic)	See tier structure above	
- Supply Limit	30 Days	
Retail/Pharmacy Home Delivery		
- Tier 1 Typically Generic	\$10 Copay	Not covered
- Tier 2 Typically Preferred Brand	\$40 Copay	
- Tier 3 Typically Non-preferred	\$100 Copay	
- Tier 4 Typically Specialty (Brand & Generic)	See tier structure above	
- Supply Limit (most are 90-day)	90 Days	

¹ Incentives available to reduce individual deductibles (max \$500) or family deductible (max \$1,000) include: getting a biometric screening (\$100 credit); receiving a flu shot (\$100 credit); getting a non-smoking certification (\$100 credit); getting a virtual second opinion (\$100 credit); and getting a condition care certification (\$100 credit).

² Coinsurance waived for deliveries if enrolled in Future Moms Program.

³ Reduced to \$10 if enrolled with personal doctor.

⁴ Subject to deductible. Out-of-Network benefits are paid based on an allowed amount.

MEDICAL PPO BENEFITS

Carrier
Change

SUBJECT TO CHANGE.
PENDING RELEASE OF
FINAL PLAN DOCUMENTS.

Blue Shield PERS Platinum PPO (Blue Shield PPO Network)

In-Network

Non-Network

Medical Benefits

Lifetime Maximum Benefit	Unlimited	
Deductible (Annual)		
— Individual	\$500	\$2,000
— Family	\$1,000	\$4,000
Coinsurance (Plan Pays)	90%	60%
Office Visit Copay		
— Primary Care Physician	\$20 Copay	Ded, 40%
— Specialist Office Visit	\$35 Copay	Ded, 40%
Out-of-Pocket Max		
— Coinsurance: Individual / Family	(excluding pharmacy) \$2,000 / \$4,000	None
— Medical: Individual / Family	\$7,450 / \$14,900	
Hospitalization		
— Deductible	\$250 per admission	\$250 per admission
— Inpatient	Ded, 10%	Ded, 40%
— Outpatient	Ded, 10%	Ded, 40%
Lab and X-Ray	Ded, 10%	Ded, 40%
Emergency Room Emergency Services	\$50 Copay (waived if admitted) Ded, 10%	
Urgent Care	\$35 Copay	Ded, 40%
Preventive Care	No Charge	Ded, 40%
Chiropractic/Acupuncture	\$15 Copay	Ded, 40%
	Combined Max 20 Visits/Year	

Pharmacy Benefits

Out-of-Pocket Max		
— Individual / Family	\$2,000 / \$4,000	n/a
— Home Delivery Pharmacy	\$1,000 / person	
Retail Pharmacy		
- Tier 1 Typically Generic	\$5 Copay	Not covered
- Tier 2 Typically Preferred Brand	\$20 Copay	
- Tier 3 Typically Non-preferred	\$50 Copay	
- Tier 4 Typically Specialty (Brand & Generic)	See tier structure above	
- Supply Limit	30 Days	
Retail/Pharmacy Home Delivery		
- Tier 1 Typically Generic	\$10 Copay	Not covered
- Tier 2 Typically Preferred Brand	\$40 Copay	
- Tier 3 Typically Non-preferred	\$100 Copay	
- Tier 4 Typically Specialty (Brand & Generic)	See tier structure above	
- Supply Limit (most are 90-day)	90 Days	

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document by contacting the carrier noted on page 17 under Resources and Contacts. Please see page 18 for Employee Contributions.

PERS GOLD & PLATINUM PPO PLANS - INCLUDED HEALTH



Blue Shield will be the new administrator for the PPO plans and Included Health will help you find the personalized care you need, using Blue Shield's network of doctors and hospitals and Included Health's network of virtual providers. Included Health is available by phone, online, or mobile app to help you navigate your healthcare and CalPERS health benefits. Whether you need a new primary care doctor, have questions about a medical bill, or want an easy way to keep track of your insurance information, use Included Health as your first stop for comprehensive, personalized healthcare.



Virtual Care

Primary, urgent and mental healthcare. See a board-certified doctor in person or virtually with best-in-class care available 24/7.



24/7 Care Team

On-call care team answers your healthcare questions and can connect you to providers.



Billing & Claims Advocacy

For billing or claims issues, Included Health works directly with your insurance to resolve problems for you.



Provider Search Tool

Search by condition, procedure, or specialty to find in-network doctors, specialists, or clinics.



Mental Health Care

Search for local and in-network mental health providers. Or, have a care coordinator match you with a provider who best meets your needs. Get a second opinion or help exploring treatment options and types of therapy.



Condition Support: Maternity & Family Planning, Heart Health, Cancer, & Diabetes

Support with finding quality providers, accessing condition specific programs through your health plan, second opinions and cost planning.

Accessing Included Health

Call 855-633-4436 or visit

<https://includedhealth.com/microsite/calpers/>

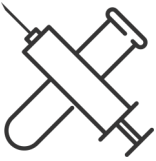
PERS GOLD PPO SAVING OPPORTUNITIES

SUBJECT TO CHANGE.
PENDING RELEASE OF
FINAL PLAN DOCUMENTS.



Opportunity to Lower Deductible for PERS Gold PPO Plan

With the CalPERS Gold PPO plan, members have the ability to "earn back" up to \$500 per adult covered on the plan through Deductible Credits. Think of it as a discount on your deductible. You may lower your deductible by up to \$500 by completing the following:



\$100

Flu Shot

To receive a \$100 credit to your deductible, simply get your annual flu shot at your doctor's office or an in-network pharmacy. You may also be eligible to receive this \$100 credit if you obtain your flu shot at a County sponsored flu clinic. Certain verification/documentation will be required.



\$100

Smoking

If you are a non-smoker, this is an easy \$100 in your pocket. Members will be given access to a Health Risk Assessment through Anthem's mobile app. During the Health Risk Assessment, you will be asked if you currently smoke. By checking "no", you automatically knock \$100 off your deductible. If you are a smoker and have a desire to quit, you can earn a \$100 credit toward your deductible by enrolling (and completing) in a smoking cessation program through Anthem.



\$100

Biometric Screening

Another \$100 deductible credit can be earned by obtaining your biometric results. This can be done at your primary care physician's office during your annual routine physical or at one of 2,200 Quest Diagnostic facilities across the U.S. If you live too far away from a Quest facility, you may qualify for an "at home" test kit.



\$100

Virtual Second Opinion

Members have the opportunity to obtain a second opinion through Anthem's virtual second opinion program or a Select plan doctor for non-urgent or non-emergency surgeries. Call 1-888-361-3944 (Monday through Friday, 5:30 PM to 8:00 PM, PST) if you are having nonurgent and nonemergency scheduled surgery in 2024. They will see if you need a second opinion.



\$100

Condition Care Certification

Take part in the Condition Care Program if you have Asthma, Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Heart Failure or Coronary Artery or Vascular Disease. If you are diagnosed with any of these conditions throughout the year, Anthem will reach out to you to participate in their Condition Care program. You can earn a \$100 credit towards your deductible if you earn a condition care certification.

Opportunity to Lower Office Visit Copay

With the CalPERS Gold PPO plan, when you visit an in-network doctor, your copay is \$35. However, when you select an in-network Personal Doctor, your doctor's office visit copay is just \$10 when visiting that physician, a \$25 savings per doctor's visit.

PPO—Maximum Calendar Year Medical & Pharmacy Financial Responsibility

There is a Maximum Calendar Year Financial Responsibility of \$9,450 per Member and \$18,900 per family. This maximum financial responsibility is broken down into a maximum medical responsibility (\$7,450 per Member and \$14,900 per family) and maximum Pharmacy responsibility (\$2,000 per Member and \$4,000 per family).

ACCESSING CARE



It's important to know where to go when an illness or injury occurs. Below is a quick overview to help you better understand when to use the different options available to you as a member of our medical insurance through CalPERS: Anthem Blue Cross, Blue Shield of CA, Health Net, Kaiser Permanente, Sharp Health Plan, or United Healthcare.



24-Hour Nurseline

Free

- Available 24/7
- Registered nurses can help you decide where to go for care when you or a family member have a health concern



Telemedicine

Cost varies

- Available 24/7/365
- U.S. board-certified doctors are available to resolve many of your non-emergency medical issues through phone or video consults through Teladoc, LiveHealth Online, American Well, or Doctor on Demand



Doctor Visit

\$

- Office hours vary
- Generally, the best place to go for non-emergency care as a relationship is established and your doctor is able to treat you based on knowledge and medical history



Urgent Care

\$\$

- Generally open on evenings, weekends and holidays
- Often used when your doctor's office is closed and there is no true emergency
- Urgent care does not replace your primary care physician



Emergency Room

\$\$\$

- Open 24/7
- Use for true emergencies such as any accident or injury that may lead to loss of life or limb, serious medical complication, or permanent disability

Medical Plan Contacts and Provider Finders

Medical – CalPERS HMO Plans

- Anthem Blue Cross Select HMO & Traditional HMO
- Blue Shield of CA Trio HMO and Access+ HMO
- Health Net Salud y Mas HMO
- Kaiser Permanente HMO
- Sharp Health Plan HMO (*San Diego only*)
- United Healthcare SV Harmony and SV Alliance HMO

855-839-4524	www.anthem.com/ca/calpers
800-334-5847	www.blueshieldca.com/calpers
888-926-4921	www.healthnet.com/calpers
800-464-4000	www.kp.org/calpers
855-955-5004	www.sharphealthplan.com/calpers
877-359-3714	www.uhc.com/calpers

Medical – Blue Shield CalPERS PPO Plans

- PERS Gold PPO
- PERS Platinum PPO

877-737-7776	https://includedhealth.com/microsite/calpers/
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Pharmacy – CVS Caremark/OptumRx/Kaiser Permanente

- Blue Shield Pharmacy (*Blue Shield HMO plans only*)
- Kaiser Permanente (*Kaiser HMO plan only*)
- OptumRx (*all other HMO and PPO plans*)

866-346-7200	Blue Shield Pharmacy Benefits
800-464-4000	www.kp.org/calpers
855-505-8110	www.optumrx.com/calpers

Other Resources

CalPERS Carrier Resources – click [here](#)

www.calpers.ca.gov/page/home
www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/

DENTAL INSURANCE



Delta Care | Dental HMO Plan *(Classified Employees Only)*

With the Dental Health Maintenance Organization (DHMO) plan through Delta Dental, you are required to select a general dentist to provide your dental care. You will contact your general dentist for all of your dental needs, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO plan booklet. Please keep a copy of your booklet to refer to when utilizing your dental care. This will show the applicable copays that apply to all of the dental services that are covered under this plan.

	Delta Care Dental DMO Plan
	DeltaCare

Dental Benefits

Calendar Year Maximum	Unlimited
Deductible (Annual)	
- Individual	\$0
- Family	\$0
Preventive (Plan Pays)	
- Exams, X-Rays, Cleanings	100% for Most Services
Basic Services (Plan Pays)	
- Fillings, Oral Surgery, Endodontics, Periodontics	See Copay Schedule
Major Services (Plan Pays)	
- Crowns, Prosthetics	See Copay Schedule
Orthodontia	
- Covered Members	Children & Adults
- Copay	\$1,600 Child / \$1,800 Adult



Finding In-Network Dental Providers

Go to <http://www1.deltadentalins.com> or call (800) 422-4234 for a DeltaCare USA HMO provider. Dental HMO participants should refer to the DeltaCare USA Network.

Note: With the Dental HMO plan, you must visit your selected network dentist for treatment. If you visit another dentist, even if that dentist participates in the network, your visit won't be covered. Under the PPO plan, you have the flexibility to visit any licensed dentist in the network, however, contracted network providers have a rate agreement with the insurance company for services rendered. If you use a non-network provider, your out-of-pocket expenses will be higher and you may be subject to balance billing.

DENTAL INSURANCE



Delta Care | Dental PPO Plan

With the Delta Dental Preferred Provider Organization (PPO) dental plan, you may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a PPO dentist, your out-of-pocket expenses will be less. You may also obtain services using a non-network dentist; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

	Delta Dental PPO	
	Delta Dental Dentists ¹	Non-Delta Dental PPO Dentists ¹
Dental Benefits		
Calendar Year Maximum	\$1,500 per person each calendar year	
Deductible (Annual) — Individual / Family	\$0	\$0
Preventive (Plan Pays) - Exams, X-Rays, (2) Cleanings	100%	100%
Basic Services (Plan Pays) - Fillings, Oral Surgery, Endodontics, Periodontics	100%	100%
Major Services (Plan Pays) - Crowns, Inlays, Onlays, Cast Restorations	100%	100%
Prosthodontics (Plan Pays) - Bridges, Dentures & Implants	70%	50%
Dental Accident Benefits (Plan Pays)	100% (separate \$1,000 maximum per person each calendar year)	
Orthodontia	Not Covered	

⁽¹⁾ Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists, and the program allowance for non Delta Dental dentists.



Finding In-Network Dental Providers

Go to <http://www.deltadentalins.com> or call (800) 499-3001 for a Delta Dental PPO provider. Dental PPO participants should refer to the Delta Dental network when prompted.

Tips for Using Your Dental Benefits

- 1 Understand your plan.** Understanding your dental plan's benefits, including how copays, deductibles, and calendar year maximum benefits work, is key to getting the most value from your plan and avoiding surprises.
- 2 Ask for a predetermination of benefits.** We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.
- 3 Check in without an ID card.** You don't need a Delta Dental ID card when you visit with your Dentist. Just provide your name, birth date and enrollee ID and/or Social Security Number. If your family members are covered under your plan they will need your information. Prefer to take a paper or electronic ID card with you? Simply sign in to Online Services, where you can view or print your card with the click of a button.



Vision Service Plan (VSP) | PPO Vision Plan

The MES vision plan provides professional vision care and high quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, charges will be paid, but not to exceed amounts on the non-participating provider's schedule of allowances.

	Vision Service Plan (VSP) PPO
	VSP Signature
Vision Benefits	
Copay	
- Examination	\$10 Copay
- Materials	\$10 Copay
Examination (Every 12 Months)	100%
Lenses (Every 12 Months)	
- Single Vision	100%
- Bifocal	100%
- Trifocal	100%
Frames (Every 12 Months)	\$140 Allowance
- Featured Frame Brands	\$160 Allowance
- Additional Savings	20% savings on the amount over your allowance
Contact Lenses (Every 12 Months)	In Lieu of Frames and Lenses
- Cosmetic / Elective	\$105 Allowance
- Medically Necessary	100%
Laser Vision Correction	Discounts Apply



Using your VSP benefit is easy!

- **Create an account at www.vsp.com. Once your plan is effective, review your benefit information**
- **Need to find a provider?** Search at www.vsp.com or call **(800) 877-7195**. Refer to the VSP Signature network when prompted
- **At your appointment, tell them you have VSP.** There's no ID card necessary. Just provide your name, birth date and enrollee ID and/or Social Security Number. If your family members are covered under your plan they will need your information. Prefer to take a paper or electronic ID card with you? Simply sign in to Online Services, where you can view or print your card with the click of a button.

SUPPLEMENTAL BENEFITS



You may purchase individual policies from different voluntary benefit carriers. Your premiums are paid through payroll deductions. These policies all offer direct-to-the-policyholder cash payouts to help cover what other insurance doesn't. These are individual policies that are portable, which means that you can keep them should you change jobs or retire, with no increase in premiums.

Voluntary Life and AD&D | Unum

In addition to the District provided Basic Life and AD&D benefits, you may elect to purchase additional Term Life and AD&D insurance at discounted group rates provided by Unum. You pay for this coverage with after-tax dollars through convenient payroll deductions.

Disability Income Insurance | Pacific Educators, The Standard, AFLAC, American Fidelity

Disability Income Insurance helps protect your income. When you are unable to work due to a covered Injury or Sickness, your disability benefit will be paid up to the benefit period for which premium has been paid. Your disability benefit can help pay for necessities.

Cancer Protection | Pacific Educators, The Standard, AFLAC, American Fidelity

A cancer diagnosis can be expensive. Benefit payments from a Cancer Insurance Plan can be used however you'd like, including house payments, utilities, and meals/lodging expenses.

Supplemental Life Insurance | Pacific Educators, The Standard, AFLAC, American Fidelity

Ensuring your family is financially covered in the event of a loss is important. There are various plans available to you, including both Term and Whole Life. Term Life Insurance provides short-term coverage at a competitive price, while Whole Life insurance provides lifelong protection.

Life Insurance

Basic Life and AD&D | Unum

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the company. Beverly Hills Unified School District pays for coverage, offered through Unum, in the amount of:

- All benefits eligible employees — flat \$25,000 benefit

If your death is due to a covered accident or injury, your beneficiary will receive an additional amount through Accidental Death and Dismemberment (AD&D) coverage.

Voluntary Life and AD&D | Unum

In addition to the District provided Basic Life and AD&D benefits, you may elect to purchase additional Term Life and AD&D insurance at discounted group rates provided by Unum. You pay for this coverage with after-tax dollars through convenient payroll deductions.

RESOURCES AND CONTACTS



	Phone Number	Website
Medical - HMO Plans <ul style="list-style-type: none"> – Anthem Blue Cross – Blue Shield of CA – Health Net – Kaiser Permanente – United Healthcare 	(855) 839-4524 (800) 334-5847 (888) 926-4921 (800) 464-4000 (877) 359-3714	www.anthem.com/ca/calpers www.blueshieldca.com/calpers www.healthnet.com/calpers www.kp.org/calpers www.uhc.com/calpers
Medical - PPO Plans <ul style="list-style-type: none"> – PERS Gold (Blue Shield) – PERS Platinum (Blue Shield) 	(855) 633-4436 (855) 633-4436	https://includedhealth.com/microsite/calpers/ https://includedhealth.com/microsite/calpers/
Pharmacy <ul style="list-style-type: none"> – OptumRx Select90 	(855) 505-8110	www.optumrx.com/calpers
Dental <ul style="list-style-type: none"> – Delta Dental HMO <i>(Classified Employees Only)</i> – Delta Dental PPO 	(800) 422-4234 (866) 499-3001	www1.deltadentalins.com www.deltadentalins.com
Vision <ul style="list-style-type: none"> – VSP Vision PPO 	(800) 877-7195	www.vsp.com
Life & AD&D <ul style="list-style-type: none"> – Unum Basic Life/ AD&D & Vol Life/AD&D 	(800) 421-0344	www.unum.com
American Fidelity Flexible Spending Accounts <ul style="list-style-type: none"> – Health Care and Dependent Care FSAs 	(800) 365-9180	www.americanfidelity.com
Supplemental Benefits Contacts <ul style="list-style-type: none"> – AFLAC – American Fidelity – Pacific Educators – The Standard 	(626) 388-1530, ext. 101 (800) 365-9180 (800) 722-3365 (800) 522-0406	www.aflac.com www.americanfidelity.com www.PEinsurance.com www.standard.com/cta
SchoolsFirst Federal Credit Union	(800) 462-8328	www.schoolsfirstfcu.org
CalPERS	(888) 225-7377	www.mycalpers.ca.gov
CalSTRS	(800) 365-9180	www.calstrs.com

EMPLOYEE CONTRIBUTIONS



Health Benefit Contributions

This chart compares the **tenthly** and per paycheck contributions (deducted **ten times** per year), **before** District paid share of \$1,325 is applied for our Employee Benefit plans. Your cost for coverage will vary depending on the option and level of coverage you choose. Employee contributions for Medical, Dental, and Vision are deducted from your paycheck with pre-tax dollars unless specified by the Employee. This means that contributions are taken from your earnings before taxes, resulting in lower taxes and increased take home pay.

Medical — HMO	Code	Tenthly rates
Anthem Blue Cross HMO Select — Employee Only — Employee + 1 — Employee + Family	ASH	\$1,100.26 \$2,200.51 \$2,860.67
Anthem Blue Cross HMO Traditional — Employee Only — Employee + 1 — Employee + Family	ANT	\$1,278.55 \$2,557.10 \$3,324.24
Blue Shield Access + HMO — Employee Only — Employee + 1 — Employee + Family	BSA	\$994.18 \$1,988.35 \$2,584.86
Blue Shield Trio HMO — Employee Only — Employee + 1 — Employee + Family	BST	\$885.73 \$1,771.46 \$2,302.91
Health Net Salud y Mas — Employee Only — Employee + 1 — Employee + Family	HNH	\$857.28 \$1,714.56 \$2,228.93
Kaiser Permanente HMO — Employee Only — Employee + 1 — Employee + Family	KAI	\$1,111.82 \$2,223.65 \$2,890.74
United Healthcare HMO - Alliance — Employee Only — Employee + 1 — Employee + Family	UHA	\$1,039.68 \$2,079.36 \$2,703.17
United Healthcare HMO - Harmony — Employee Only — Employee + 1 — Employee + Family	UHH	\$907.54 \$1,815.07 \$2,359.60

EMPLOYEE CONTRIBUTIONS



Health Benefit Contributions

This chart compares the **tenthly** and per paycheck contributions (deducted **ten times** per year), **before** District paid share of \$1,325 is applied for our Employee Benefit plans. Your cost for coverage will vary depending on the option and level of coverage you choose. Employee contributions for Medical, Dental, and Vision are deducted from your paycheck with pre-tax dollars unless specified by the Employee. This means that contributions are taken from your earnings before taxes, resulting in lower taxes and increased take home pay.

Medical — PPO	Code	Tenthly rates
PERS Gold PPO (Blue Shield) — Employee Only — Employee + 1 Dependent — Employee + 2 or more	GLD	\$1,041.78 \$2,083.56 \$2,708.63
PERS Platinum PPO (Blue Shield) 90/10 Plan — Employee Only — Employee + 1 Dependent — Employee + 2 or more	PLA	\$1,516.48 \$3,032.95 \$3,942.84
Dental	Code	Tenthly rates
Delta Care Dental HMO (Classified Employees <i>ONLY</i>) — Employee Only — Employee + 1 — Employee + Family	PMI	\$49.39 \$49.39 \$49.39
Delta Dental PPO — Employee Only — Employee + 1 — Employee + Family	DEL	\$61.82 \$126.88 \$182.90
Vision	Code	Tenthly rates
Vision Service Plan (VSP) — Employee Only — Employee + 1 — Employee + Family	VSP	\$8.83 \$16.60 \$24.52



2211 Michelson Drive, Suite 1200 | Irvine, California 92612

Telephone: (949) 833-2983 | Fax: (949) 833-9549



This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact Payroll/Benefits Department at benefits@bhusd.org.

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