

IRVINE UNIFIED SCHOOL DISTRICT

EMPLOYEE BENEFIT HANDBOOK



Risk Management, Insurance, and Safety

January 1, 2024 through December 31, 2024

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Irvine Unified School District – Employee Benefits

The Risk Management, Insurance, and Safety Department is part of the Business Services Division responsible for administering employee health benefits and the flexible spending plans. This handbook outlines eligibility for health benefits, processes for making changes and any applicable costs. If you need additional information, please contact the Risk Management, Insurance, and Safety Department.

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INTRODUCTION

BENEFIT COVERAGE OPTIONS:

The benefit coverage plans provided to eligible Irvine Unified School District employees offer options to meet the specific needs of each employee and their family.

Irvine Unified School District offers United Healthcare PPO or HMO as the medical insurance carrier. In addition, eligible employees may select Delta Dental PPO Insurance, VSP Signature Vision Plan or EyeMed Vision Plan. Additional coverage includes Lincoln Financial Basic Life, Accidental Death & Dismemberment Insurance, Long Term Disability Insurance and the optional Voluntary Supplemental Life Program. Employees may enroll their eligible dependent(s)/domestic partner in the United Healthcare PPO or HMO plan, Delta Dental PPO, and/or Vision Insurance.

DISTRICT CONTRIBUTION:

Irvine Unified School District provides an *annual* contribution of **\$12,400** for each employee that is eligible to receive health benefits. Employees electing medical coverage only for themselves are required to contribute **\$50.00** per month/tenthly (\$500 annually) toward their insurance.

EMPLOYEE CONTRIBUTION:

Medical, Dental and Vision benefits are extended to dependents of eligible employees and include a payroll deduction made on a **10-month payroll cycle**. Employee contributions will be made on a *pre-tax* basis unless otherwise noted and authorized by the employee (*A tax advisor should be consulted to determine if the post-tax option is appropriate for the employee’s specific situation*).

Active Employee and Dependent Monthly Rates (10 Payroll Cycles) - Effective 1/1/24

Coverage Level	UHC PPO	UHC HMO	Delta Dental PPO	VSP or EyeMed
Employee Only	\$50.00	\$50.00	\$0	\$0
Employee + Spouse	\$350.00	\$350.00	\$25.00	\$9.00
Employee + Child	\$300.00	\$300.00	\$25.00	\$9.00
Employee + Children	\$330.00	\$330.00	\$55.00	\$21.00
Family	\$400.00	\$400.00	\$55.00	\$21.00

Note: Employees who enroll dependent(s) in vision coverage are not eligible to switch to another vision provider or drop vision coverage unless they have been enrolled consecutively for 2 years.

BENEFIT ELIGIBILITY

FOR EMPLOYEE:

You are eligible for all health benefits when you meet certain work hour requirements.

Certificated Employees: Eligible when hired and contracted to work a 50% contract or more. Benefits begin *on the date of hire*.

Classified Administrators/ Classified Confidential Employees: Eligible when hired to work 30 hours or more per week. Benefits begin *on the date of hire*.

Classified Employees – CSEA members, Administrative Assistants to Principals, Occupational Therapists and Physical Therapists: Eligible when hired to work 30 hours or more per week. Benefits begin on the 61st day of employment, after a 60-day waiting period from the date of hire.

Classified Supervisors: Eligible when hired to work more than 20 hours or more per week. Benefits begin on the 61st day of employment, after a 60-day waiting period from the date of hire.

Exception: The 60-day waiting period does **not** apply to those permanent part-time classified employees promoted to benefit eligible classified positions. Benefits will begin *on the full time hire date*.

In order to be covered, employees must enroll in the benefit plans within 30 days of their initial eligibility date. Failure to enroll within the 30-day time limit may result in coverage being denied until the next open enrollment date.

FOR DEPENDENTS:

An eligible Dependent for Medical Coverage is defined as follows:

- An employee's lawful spouse/domestic partner;
- An employee's biological child up to the age of 26;
- An employee's step-child from marriage to the biological parent of child up to age 26;
- An employee's legally adopted child up to age 26;
- An employee's child from a court appointed guardianship up to age 26;
- A child for whom a Qualified Medical Support Order has been issued up to age 26.

An eligible Dependent for Dental Coverage is defined as follows:

- An employee's lawful spouse/domestic partner;
- An employee's biological child up to the age of 24 when child is enrolled as a full time student, (12 or more units) beginning at age 19;
- An employee's step-child from marriage to the biological parent of child up to age 24 –when step-child is enrolled as a full time student, (12 or more units) beginning at age 19;
- An employee's legally adopted child up to age 24; when child is enrolled as a full time student, (12 or more units) beginning at age 19;
- An employee's child from a court appointed guardianship up to age 24; when child is enrolled as a full time student, (12 or more units) beginning at age 19;
- A child for whom a Qualified Medical Support Order has been issued up to age 24; when child is enrolled as a full time student, (12 or more units) beginning at age 19.

An eligible Dependent for Vision Coverage is defined as follows:

- An employee's lawful spouse/domestic partner;
- An employee's biological child up to the age of 26;
- An employee's step-child from marriage to the biological parent of child up to age 26;
- An employee's legally adopted child up to age 26;
- An employee's child from a court appointed guardianship up to age 26;
- A child for whom a Qualified Medical Support Order has been issued up to age 26.

In order for coverage to become effective, any new dependent spouse, domestic partner or child, *must be* enrolled in the benefit plans within 30 days of their becoming an eligible dependent.

If dependent coverage is not elected at the time of the employee's enrollment in the plan, or a new dependent is not reported within 30 days after they become an eligible dependent, coverage may be delayed until the next open enrollment period.

At no time may a dependent be enrolled in benefit plans that the employee is not enrolled in.

PROOF OF DEPENDENT ELIGIBILITY

- **To add a Spouse/Domestic Partner** - A copy of the Marriage Certificate or Declaration/Affidavit of Domestic Partnership *is required*.
- **To add Dependent(s)** – A copy of the birth certificate or court documentation establishing adoption or legal guardianship *is required*. (Verification of birth may initially be provided by submitting a non-certified proof of birth known as the hospital birth record. Social security numbers may be submitted at a later time).

PLEASE NOTE:

Individuals who do not meet the plan definition of a covered dependent are not eligible to enroll in medical, dental and vision plans regardless of whether they are related to you (e.g. ex-spouse, legally separated spouse, parents, brothers, sisters).

COVERAGE FOR DISABLED DEPENDENTS

Dependent children enrolled in the medical plan who would normally lose their eligibility due to age, but who are physically or mentally disabled, may have their eligibility extended by written application within 30 days of the date the dependent child reaches age 26. To qualify for this extension, the physically or mentally disabled dependent child must be incapable of self-sustaining employment and be chiefly dependent upon the employee for support and maintenance. A Declaration of Disability for Over Age Dependent Child must be submitted within 30 days after the date the dependent child lost eligibility.

DOMESTIC PARTNERSHIP:

Domestic Partnership is defined by California Law and recognized by the Irvine Unified School District. This law affects rights guaranteed to Domestic Partners with respect to their health plans. An employee's *registered* Domestic Partner receives benefits equal to that of an employee's spouse.

A Domestic Partnership is established when persons meeting the criteria specified by California Family Code Section 297 file a Declaration of Domestic Partnership.

The criterion is as follows:

1. Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
2. The two persons are not related by blood in a way that would prevent them from being married to each other in this state.
3. Both persons are at least 18 years of age, except as provided in California Family Code § 297.1.
4. Both persons are capable of consenting to the domestic partnership

CHILDREN OF DOMESTIC PARTNERS

For Medical Coverage, an eligible Dependent Child is defined as your Domestic Partner's:

- Biological child up to age 26.
- Step-child up to age 26.
- Legally adopted child up to age 26.
- Child from a court appointed guardianship up to age 26.

For Dental Coverage, an eligible Dependent Child is defined as your Domestic Partner's:

- Biological child up to the age of 24 when child is enrolled as a full time student, (12 or more units);
- Step-child up to the age of 24 when child is enrolled as a full time student, (12 or more units);
- Legally adopted child up to the age of 24 when child is enrolled as a full time student, (12 or more units);
- Child from a court appointed guardianship up to the age of 24 when child is enrolled as a full time student, (12 or more units); or
- A child for whom a Qualified Medical Support Order has been issued up to the age of 24, when child is enrolled as a full time student, (12 or more units).

For Vision Coverage, an eligible Dependent Child is defined as your Domestic Partner's:

- Biological child up to age 26.
- Step-child up to age 26.
- Legally adopted child up to age 26.
- Child from a court appointed guardianship up to age 26.

TIMELINES & EMPLOYEE CONTRIBUTIONS

An employee must enroll his/her Domestic Partner and their Domestic Partner's eligible children within 30 days after the date the Affidavit of Domestic Partnership has been filed.

Pursuant to IRS regulations, Irvine Unified School District is obligated to report the employee premium contribution for Domestic Partners and Domestic Partner's children as taxable income on the employee's W-2. In addition, IUSD will withhold any applicable taxes from the employee's paycheck.

QUALIFYING EVENT – CHANGE IN FAMILY STATUS

Changes may be made to your insurance election *outside of Open Enrollment*, when a **Life Event – Change in Family Status** has occurred.

(Please note that changes must be submitted online at www.benefitbridge.com/irvineusd within 30 days of the life event. Upload all required documents into BenefitBridge).

DEFINITION OF A QUALIFYING EVENT – CHANGE IN FAMILY STATUS

Qualifying Events are strictly defined by the Internal Revenue Service as:

- ◆ Your marriage, domestic partnership, divorce, or legal separation,
- ◆ Birth, adoption or legal guardianship of a child,
- ◆ Death of a spouse, domestic partner or dependent child or,
- ◆ A change in the employment status that results in loss of medical coverage of the employee, spouse, domestic partner or dependent child. For example, the termination or commencement of employment or change in eligibility for benefits such as going from full time to part time status.

BENEFITBRIDGE-EMPLOYEE ONLINE ENROLLMENT SYSTEM

Employees submit enrollment and changes online at www.benefitbridge.com/irvineusd.

MEDICAL BENEFITS

The Irvine Unified School District offers two medical plans – the United Healthcare Select Plus PPO and the United Healthcare Signature Value HMO. Both plans provide comprehensive coverage, including physician care and prescription drug plans. The differences between the plans include the network of physicians and hospitals and the out of pocket amounts paid for medical services.

United Healthcare Select Plus PPO – Calendar year deductibles and co-insurance and /or copayments apply. Employees and covered dependents may access physicians and hospitals of their choice. However, it is the responsibility of the employee to verify whether physicians and hospitals of their choice are in-network or out-of-network. Higher copays and coinsurance apply for out-of-network services.

United Healthcare Signature Value HMO – Services are offered with no calendar year deductible and minimal copayments. HMOs manage healthcare to ensure physicians and/or hospitals selected are in-network providers and/or facilities. With the HMO plan, you and your covered dependents will select your own Primary Care Physician from the United Healthcare HMO Directory who will coordinate your medical care.

Hearing Aid Coverage

HMO and PPO plans will pay up to \$2,000 maximum annual benefit for hearing aids (PPO – 50% and HMO – 20%). *Does not apply to Calendar Year Medical Deductible or Calendar Year Out-of-Pocket Maximum.*

For complete Medical and Prescription Plan Summaries, please visit:

<https://intranet.iusd.org/employee-health-benefits>

UNITED HEALTHCARE PPO PRESCRIPTION DRUG BENEFIT:

Express Scripts offers prescription drug coverage for only the PPO plan. Employees enrolled in the United Healthcare Select Plus PPO plan will automatically be enrolled in prescription drug coverage through Express Scripts.

Express Scripts offers the convenience of home delivery for medicines taken on a regular basis. Register at [Express-Scripts.com](https://www.express-scripts.com) to sign up for home delivery, refill and renew prescriptions, track prescriptions, view claims and manage account setting and payment methods. Members have the option of obtaining up to a 90-day supply per prescription for covered maintenance drugs with free standard shipping.

Manage your medicines anywhere and anytime. Go to [express-scripts.com](https://www.express-scripts.com), select **Register Now** or download the **Express Scripts Mobile App** for free from your mobile device's app store and select **Register Now**.

Refer to the Express Scripts plan summary for specific pharmacy coverage details.

HMO PRESCRIPTION DRUG BENEFIT:

Employees enrolled in the United Healthcare Signature Value HMO plan will automatically be enrolled in United Healthcare's pharmacy drug coverage through Optum Rx (not Express Scripts).

Refer to the United Healthcare plan summary for specific pharmacy coverage details.

CHIROPRACTIC BENEFITS

The **United Healthcare Select Plus PPO Plan** offers chiropractic coverage and allows up to a benefit maximum of 30 visits per member per Calendar Year.

Employee/Member Copayment	
Preferred/In-Network Provider	Non-Preferred/Out of Network Provider
\$40 per visit – not subject to calendar year deductible	\$1,000 / 50%

The **United Healthcare Signature Value HMO Plan** Chiropractic care coverage allows up to a benefit maximum of 30 visits per member per Calendar Year. Employees and their covered dependents may self-refer to a network of more than 3,000 licensed chiropractors. This benefit is provided through an arrangement with ACN Group of California, Inc. d/b/a OptumHealth Physical Health of California (OptumHealth).

Employee/Member Copayment	
Preferred/In-Network Provider	Non-Preferred/Out of Network Provider
\$15 per visit	No Coverage

COVERAGE IDENTIFICATION

United Healthcare will mail the following plan information:

- Select Plus PPO ID card will list the subscriber and each dependent under the plan.
- Signature Value HMO ID cards are issued to each member under the plan (subscriber and dependents).

Delta Dental

- Services are accessed by informing the dentist of the type of dental coverage the employee has. No ID card is required to receive services. www.DeltaDentalins.com.

Express Scripts (for PPO Only) will mail ID cards.

- Display a copy of your ID card anytime if you have the Express Scripts mobile app. Additional information on www.express-scripts.com.

EyeMed Vision

- Services are accessed by informing the doctor of the type of vision coverage the employee has. No ID card is required to receive services. www.EyeMedvisioncare.com.

VSP Vision

- Services are accessed by informing the doctor of the type of vision coverage the employee has. No ID card is required to receive services. <https://vsp.com>.

HR Simplified - (FSA Provider)

- Information is accessed by calling 888-318-7472 or visiting the HR Simplified website at www.HRSimplified.com

DENTAL BENEFITS

Irvine Unified School District provides PPO dental benefits through Delta Dental of California, the nation’s largest, most experienced dental benefits system in California. Delta provides employees and their covered dependents with a wide choice of participating general dentists and specialists. Please note you will receive the highest plan benefit if treated by a *Preferred/In-Network* Provider. Please visit www.deltadentalins.com for provider selection.

Employee/Member Deductible	
Preferred/In-Network Provider	Non-Preferred/Out of Network Provider
<i>\$50 per person, \$150 per family, per calendar year.</i>	<i>\$50 per person, \$150 per family, per calendar year.</i>
Annual Maximum	
<i>\$1,750 per person in –network per calendar year</i>	<i>\$1,750 per person out-of–network per calendar year</i>

Fees are based on PPO fees for **in-network dentists** and the maximum plan allowance (MPA) for out-of-network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist’s actual fees.

For a complete Dental Plan Summary, please visit: <https://intranet.iusd.org/employee-health-benefits>

VISION BENEFITS

Irvine Unified School District provides vision benefit coverage for Employees and their eligible Dependents.

EyeMed Vision Plan is designed to provide members with access to qualified eye care professionals and coverage for a comprehensive vision examination and material (eyeglasses or contact lenses). Employees who select EyeMed vision coverage have access to over 16,000 participating providers including Ophthalmologists, Optometrists and Opticians/Optical Chain locations. Members will get the most benefit and have lower out of pocket costs when seen by a EyeMed doctor. To find a EyeMed doctor, visit www.EyeMedvisioncare.com.

VSP Signature Vision Service Plan PPO offers a vision plan with a wide variety of over 22,000 network doctors located throughout the nation.

Members may visit Costco for exam and material needs, which includes a \$70 frame allowance.

The plan is designed to provide members with quality eye care and overall wellness with a WellVision Exam from a VSP doctor. Members will get the most benefit and have lower out of pocket costs when seen by a VSP doctor. To find a VSP doctor, visit www.vsp.com.

For complete Vision Plan Summaries, please visit: <https://intranet.iusd.org/employee-health-benefits>



LINCOLN FINANCIAL GROUP

The Irvine Unified School District has partnered with Lincoln Financial Group and offers to all full time active classified employees working 30 or more hours per week and all 50% plus contract certificated employees with term life and accidental death and dismemberment insurance in the amount of \$50,000. As this is part of the core insurance benefit package, eligible employees are not required to contribute toward the cost of this Basic Insurance.

Employees must make their beneficiary selection(s) in BenefitBridge for Basic Life and AD&D coverage.

Group Life Insurance (Basic Life and AD&D)

Summary of Benefits

Life Benefit	Employee
Amount	\$50,000
Guarantee Issuance	\$50,000
AD&D Benefit	Employee
Amount	\$50,000
Guarantee Issuance	\$50,000
Benefit Reduction	Employee
Benefits <i>will</i> reduce	35% at age 65
	Benefits <i>will</i> terminate upon retirement





LINCOLN FINANCIAL GROUP

An additional part of the Employee Benefit package includes Long Term Disability coverage. Eligible employees are not required to contribute toward the cost of this Basic Insurance.

Long Term Disability: Benefit Highlight

Employee – All Active Benefit Eligible Certificated Employees with *less than 5 years of service*

Maximum Monthly Benefit Amount: 66.67% of salary *up to* \$5,000 per month
Maximum Benefit Duration: Social Security Normal Retirement or later of Age 65
Own Occupation Period: 24 Months
Elimination Period: **110 days** is the number of days you must be disabled prior to collecting benefits.

Employee – All Active Benefit Eligible Certificated Employees with *more than 5 years of service*

Maximum Monthly Benefit Amount: 66.67% of salary *up to* \$5,000 per month
Maximum Benefit Duration: 12 Months
Elimination Period: **110 days** is the number of days you must be disabled prior to collecting benefits.

Employee – All Active Benefit Eligible Classified Employees

Maximum Monthly Benefit Amount: 66.67% of salary *up to* \$5,000 per month
Maximum Benefit Duration: Social Security Normal Retirement or later of Age 65
Elimination Period: **112 days** is the number of days you must be disabled prior to collecting benefits.

Additional information and explanation of terms relating to the Long Term Disability coverage including but not limited to, *Pre-Existing Condition, Waiver of Premium, Survivor Income Benefit, Employee ConnectSM, Progressive Income Benefit and Benefit Limitations* can be found on the District's Intranet page at <https://intranet.iusd.org/employee-health-benefits> or by visiting www.LincolnFinancial.com.



LINCOLN FINANCIAL GROUP

The Irvine Unified School District also offers **Voluntary** Life Insurance to its benefit eligible employees and their immediate families for purchase. In addition, **Long Term Disability** Insurance may be purchased for the benefit eligible employee.

Employees who chose to enroll in Voluntary Life coverage must complete their enrollment and beneficiary selections in BenefitBridge within 30 days of eligibility or during Open Enrollment.

Voluntary Life Insurance: Summary of Benefits

Employee

- ✓ Choice of \$10,000 increments, not to exceed 5 times your annual salary, Employees age 70 and older - maximum benefit is \$50,000.
- ✓ Benefit Amounts: \$10,000 - \$500,000
- ✓ Guaranteed Issuance: 3 times annual salary up to \$300,000 *under* age 70. **None at age 75 +.**
- ✓ Benefit Reduction: **35%** at age 65, **additional 25%** at age 70, **additional 15%** at age 75.
- ✓ Benefit Termination: Retirement **or** age 80; whichever occurs *first*.

Spouse/Domestic Partner

- ✓ Choice of \$5,000 increments, benefit amount not to exceed 50% of employee elected amount.
- ✓ Benefit Amounts: \$5,000 - \$250,000
- ✓ Guaranteed Issuance: 50% of the employee's elected amount up to \$30,000 when spouse/domestic partner is *under* age 60. **None** when spouse/domestic partner is *over* age 60.
- ✓ Benefit Reduction: **35%** when spouse is age 65.
- ✓ Benefit Termination: When spouse is age 70.

Dependent Child

- ✓ \$250 Child ages 14 days to 6 months (prior enrollment required).
- ✓ Choice of \$2,500, \$5,000, \$7,500 or \$10,000 increments for children age 6 months – 19 years, (to age 24 when child is a *full time* student). *Newborn children to age 14 days are *not eligible* for a benefit.
- ✓ Benefit Amounts: \$2,500 - \$10,000
- ✓ Guaranteed Issuance: \$10,000

FLEXIBLE SPENDING ACCOUNTS

A Flexible Spending Account (FSA) is a benefit that Irvine Unified School District provides along with HR Simplified that allows employees to pay for certain IRS approved healthcare and dependent daycare expenses with *pre-tax* money. This program is also referred to as the Section 125 Plan.

A Flexible Spending Account (FSA) is advantageous if personal expenses can be identified as an eligible tax deferral under the IRS Section 125 Code. Employees enrolled in this program will not pay any Federal, Social Security, and in most cases state or local taxes on the funds allocated into this plan. The amount of individual savings will be dependent on federal, state and local tax brackets of the employee.

Only employees eligible to receive District benefits can participate in a FSA plan. If consideration is made to enroll in this program, it is recommended that a tax accountant and/or financial planner be consulted prior to doing so.

Employees participating in the FSA program will be charged a \$4.00/monthly (tenthly) administration fee. This fee is automatically deducted from the employee's paycheck.

HOW THE PLANS WORK:

Both the Medical Reimbursement Account and Dependent Care Account work like a personal expense account. A portion of the employee's salary based on maximum annual deferral limits is set aside before taxes. The money is used to pay certain childcare, medical, dental or vision expenses not covered by insurance, including out-of-pocket prescription drugs and many prescribed over-the-counter medicines. Health Benefit premiums/contributions are *not* eligible for reimbursement with the Medical Reimbursement Account.

Payroll Deductions are made in equal amounts totaling the annual deferral amount on a **tenthly payroll cycle on a pre-tax basis**. (Please note there are limits on the amounts that can be deferred).

12 MONTH ANNUAL DEFERRAL LIMITS:

JANUARY 1, 2024 – DECEMBER 31, 2024

Medical Reimbursement Account (Out of Pocket)	
Maximum (<i>subject to IRS change</i>)	\$3,200 (Proposed Increase by IRS)
Dependent Care Account (Daycare)	
Maximum	\$5,000
Maximum (<i>if tax filing separately</i>)	\$2,500

With careful planning, a FSA can significantly reduce personal taxes thereby *increasing* take-home pay.

THE REIMBURSEMENT PROCESS:

Medical Reimbursement accounts are prefunded and the enrolled employee is eligible to receive reimbursement up to the elected annual contribution from the start of the plan year. (The funds that are reimbursed will be recovered as deductions continue to be taken from each paycheck throughout the plan year.)

Dependent Care accounts **are not** pre-funded so enrolled employees will only receive reimbursement up to the year-to-date contributions made from their payroll deductions.

An enrolled employee may pay with their prepaid HR Simplified debit card at the time the expense is incurred or pay the provider out-of-pocket and submit a manual claim reimbursement form.

FSA REIMBURSEMENT RULES:

To obtain reimbursement through the FSA plan(s), a manual claim reimbursement form must be completed with *all* itemized receipts from the service provider attached. Cancelled checks, bankcard/credit card receipts and credit card statement are **not** acceptable forms of documentation.

The receipt must come from a third party and include the following information:

Medical Reimbursement Account

- For whom service was incurred
- Date of the service
- Description of service or item purchased
- Name of provider or merchant
- Amount of service (after insurance, if applicable)
- Prescription drug name or number

Dependent Care Account

- Date(s) of the service
- Amount of service
- Name of child care provider

The employee is responsible for paying charges incurred by the provider, *unless* the prepaid HR Simplified debit card is used.

IMPORTANT:

Always save receipts, regardless of the method of payment.

Employees are required to pay back the plan account if the expenses do not meet IRS guidelines.

FSA CLAIM FILING DEADLINES

Expenses must be incurred during the plan year. Claims for medical and/or dependent care reimbursements *must* be submitted no later than 180 days *after* the plan year ends.

12 MONTH PLAN YEAR

JANUARY 1, 2024 – DECEMBER 31, 2024

LAST DATE TO FILE: JUNE 28, 2025

IMPORTANT: Plan participants may *rollover* unused funds into the subsequent plan year (\$50 minimum up to \$640 maximum). Rollover funds from the 2023 plan year will become available on July 1st of the 2024 plan year.

OTHER IMPORTANT GUIDELINES:

- IRS regulations do not allow money to be transferred from Health Care FSAs to Dependent Care FSAs or vice versa.
- Reimbursement for these types of expenditures cannot come from any other source.

For additional information please contact HR Simplified at 888-318-7472.

COBRA - CONTINUATION OF COVERAGE

Employees and their families will be afforded the opportunity for a temporary extension of health benefit coverage when they are no longer eligible to receive benefits. The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires group plans to offer the option to continue the same health benefits coverage that the employee and/or dependents received while eligible and at their own expense. For current rates, please visit the Risk Management/Insurance Department website at:

<https://intranet.iusd.org/employee-health-benefits>

If the extension of coverage is not elected under COBRA, the employee's coverage will terminate on the appropriate end date. Generally, coverage will terminate at the end of the month following loss of eligibility.

Employees may elect to continue coverage for themselves and/or their covered dependents at their own expense for up to eighteen (18) months if coverage ends due to either:

- A reduction in the number of hours worked
- Termination of employment

The spouse of a benefited employee has the right to continue coverage for up to thirty-six (36) months if coverage would or will end due to either:

- Divorce or legal separation
- Death of spouse

In the case of a dependent child of an eligible employee, he or she has the right to continue coverage up to thirty-six (36) months if coverage ends due to:

- Dependent ceases to be eligible to receive benefits under the plan,
- Parent's divorce or legal separation,
- Death of a parent

COBRA extension of coverage cannot exceed a total amount of up to 36 months. Premium payments must be paid retroactively for the period between the termination date and the date the extended coverage is elected not to exceed 45 days from the date the coverage was lost. Subsequent monthly premiums are due on or before the first of the month. If the premium is not received within 30 days of the due date, the coverage will be terminated as of the due date.

Administration of COBRA payments will be processed through HR Simplified. Please visit their website, www.HRSimplified.com for more information.

MARKETPLACE COVERAGE - AN ALTERNATIVE TO COBRA

Beginning January 1, 2014, it became federal law for individuals to have minimum essential health coverage or be subject to penalty.

The Marketplace is intended to help individuals meet the requirement for medical coverage by providing another place to purchase the coverage. By law, coverage cannot be denied or dropped due to a pre-existing condition or if a person should become sick. Many policies now provide preventative services, such as immunizations and mammography and many other cancer screenings, with no out of pocket costs. Financial assistance may also be available.

The Marketplace can help evaluate coverage options, including eligibility for coverage and its cost. Please visit: www.healthcare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace.

RETIREE ELIGIBILITY

Retirees are eligible for District paid medical, dental, and vision benefits, until age 65, when certain requirements are satisfied. Retirement is a separation from employment. Therefore, the District will offer at the time of retirement the choice between District-paid benefits or one-time offer of COBRA benefits.

Premiums are the responsibility of the retiree and are payable monthly. Failure to pay the premium within 30 days from the date due may result in benefits being terminated.

Certificated Employees: Eligible when retired after reaching age 55, provided employee served a minimum of fifteen (15) full time or equivalent years (last five (5) years to be consecutive) in the District and ITA bargaining unit prior to retirement (refer to ITA contract).

Classified Employees: Eligible when retired after reaching age 55, provided employee served a minimum of ten (10) consecutive years with the District prior to retirement (refer to CSEA contract).

Classified Supervisors: Eligible when retired after reaching age 55, provided employee served a minimum of ten (10) consecutive years with the District prior to retirement (refer to ISA contract).

DEPENDENT ELIGIBILITY

A dependent of a retiree is eligible for medical, dental and vision benefits only during the initial (retirement) enrollment period provided the dependent was on the employee's medical, dental and vision plans at time of retirement. Dependents are not eligible to reenroll once dropped from medical, dental and vision plans.

An eligible Dependent for **Medical Coverage** is defined as follows:

- A retiree's lawful spouse/domestic partner;
- A retiree's biological child up to the age of 26;
- A retiree's step-child from marriage to the biological parent of child up to age 26;
- A retiree's legally adopted child up to age 26;
- A retiree's child from a court appointed guardianship up to age 26;
- A child for whom a Qualified Medical Support Order has been issued up to age 26.

An eligible Dependent for **Dental Coverage** is defined as follows:

- A retiree's lawful spouse/domestic partner;
- A retiree's biological child up to age 24, when child is enrolled as a full time student, (12 or more units) beginning at age 19;
- A retiree's step-child from marriage to the biological parent of child up to age 24, when step-child is enrolled as a full time student, (12 or more units) beginning at age 19;
- A retiree's legally adopted child up to age 24, when child is enrolled as a full time student, (12 or more units) beginning at age 19;

- A retiree's child from a court appointed guardianship up to age 24, when child is enrolled as a full time student, (12 or more units) beginning at age 19;
- A child for whom a Qualified Medical Support Order has been issued up to age 24.

An eligible Dependent for **Vision Coverage** is defined as follows:

- A retiree's lawful spouse/domestic partner;
- A retiree's biological child up to the age of 26;
- A retiree's step-child from marriage to the biological parent of child up to age 26;
- A retiree's legally adopted child up to age 26;
- A retiree's child from a court appointed guardianship up to age 26;
- A child for whom a Qualified Medical Support Order has been issued up to age 26.

RETIREE CONTRIBUTIONS

Effective January 1, 2021, the Benefits Management Board established retiree premium contributions for individuals and their dependents. Each plan year, the District will publish updated premium contribution rates. These published rates and other medical plan related information will be disseminated to retirees via letter and/or by other electronic means. It is the responsibility of each retiree to ensure that their current mailing address, contact phone number, and personal e-mail address is on file with the District. Providing this information to the District will ensure timely notifications about your medical, dental, and/or vision plans.

Failure to pay medical, dental, and/or vision premium contributions after 30 days may result in the termination of applicable benefits.

USEFUL REFERENCE AND CONTACT INFORMATION

MEDICAL PLANS:

United Healthcare Select Plus PPO

Member Services

1-888-607-5214

United Healthcare/Irvine USD Website

www.whyuhc.com/iusd

Express Scripts Pharmacy (Rx)

1-877-748-0703

Express Scripts Website

www.express-scripts.com

United Healthcare Signature Value - HMO

Member Services

1-800-624-8822

United Healthcare/Irvine USD Website

www.whyuhc.com/iusd

DENTAL PLAN:

Delta Dental

Customer Service

1-866-499-3001

Website

www.DeltaDentalins.com

VISION PLANS

EyeMed Vision Plan

Customer Service

1-866-939-3633

Website

www.EyeMedvisioncare.com

Vision Service Plan (VSP)

Customer Service

1-800-877-7195

Website

www.vsp.com

FLEXIBLE SPENDING PLANS:

HR Simplified

Customer Service

1-888-318-7472

Website

www.HRSimplified.com

COBRA CONTINUATION COVERAGE:

HR Simplified

Customer Service

1-888-318-7472

Website

www.HRSimplified.com

USEFUL REFERENCE AND CONTACT INFORMATION

BASIC LIFE & VOLUNTARY INSURANCE PLANS:

Lincoln Financial Group

Customer Service 1-800-423-2765
Facsimile 1-877-573-6177

LONG TERM DISABILITY INSURANCE PLAN:

Lincoln Financial Group

Customer Service 1-800-423-2765
Facsimile 1-877-573-6177

DOMESTIC PARTNERSHIP

California State Domestic Partner Registry

General Information (Regional Office – Los Angeles) 1-213-897-3062
General Information (Sacramento) 1-916-653-3984
Website <https://www.sos.ca.gov/registries/domestic-partners-registry>

RETIREMENT SYSTEMS

California State Teachers Retirement System

Member Services 1-800-228-5453
Facsimile 1-916-414-5040
Website www.calstrs.com

California Public Employees' Retirement System

Customer Contact Center 1-888-225-7377
Facsimile 1-800-959-6545
Website www.calpers.ca.gov/

GOVERNMENT AGENCIES

Social Security Administration

Information 1-800-772-1213
Website www.ssa.gov/

Medicare

Information 1-800-633-4227 (800.Medicare)
Website www.medicare.gov/



IRVINE UNIFIED
SCHOOL DISTRICT