



Employee

2023 | BENEFITS



At Galt Joint Union Elementary School District (GJUESD), we recognize that our employees are essential to our success. We are pleased to offer a comprehensive, competitive benefits package as part of your total compensation. Please take the time to carefully read this guide to ensure you have the information you need to make the best benefit decisions for you and your family.

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Enrollment Information

Who May Enroll

Full Time Employees working a minimum of 8 hours per day for at least 10 months and pro-rated benefits for part time employees working a minimum of 4 hours per day for at least 10 months of the year (unless otherwise specified in your applicable Bargaining Agreement). Your eligible dependents include:

- Legally married spouse
- Domestic Partner (as defined by Board Policy)
- Children under the age of 26, regardless of student or marital status

When You May Enroll

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

- As a new hire, you may participate in GJUESD's benefits program on the first day of the month following employment.
- Each year, during open enrollment, which occurs in October.
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment)

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
- Loss of coverage from another group health plan
- 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 under Medicaid or CHIP

Please note that 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 Human Resources Department immediately and visit our enrollment site at <https://galtjuesd.ease.com>. 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.

Enrollment Site Log-in

You can access your benefits information whenever you want, from home or any place you have internet access, by visiting *ease*. You'll find documents posted such as the Summary of Benefits and Coverage (SBC), annual notices, carrier benefit summaries, evidence of coverage booklets, claim forms, and much more. The GJUESD enrollment site is located at: <https://galtjuesd.ease.com>.

Pre-Tax Payroll Deductions

Wherever possible, GJUESD will deduct your benefit premiums on a pre-tax basis. This means you will have any applicable deductions taken out of your paycheck prior to the calculation of any applicable IRS or State payroll taxes. This is allowed under Section 125 of the IRS tax code. All employees are automatically enrolled in the Section 125 Premium Only Plan each year.

While rare, there are instances where an employee may prefer after tax deductions. If this is the case, please contact Human Resources to make this arrangement.

In addition, any Domestic Partner or the children of a Domestic Partner do not qualify for this pre-tax benefit. All payroll deductions and GJUESD contributions will be treated as taxable to the employee.

Kaiser | HMO Medical Plans

With the Kaiser HMO plans, you must obtain all of your medical care through Kaiser providers and facilities in order to receive benefits (with the exception of certain emergency services) for these plans, unless referred outside the network by Kaiser Permanente. Kaiser has three HMO plans for employees to choose from, a Traditional Kaiser HMO and two Deductible HMO plans. The Low Deductible HMO plan is a Qualified High Deductible plan which allows you to set aside money in a Health Savings Account. See page 11 for more details.

Sutter Health Plus | HMO Medical Plans

With the Sutter Health Plus HMO plans, you must choose a primary care physician (PCP) or medical group within the Sutter Health Plus HMO network that corresponds with the plan you've selected. All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.

Western Health Advantage | HMO Medical Plans

With the Western Health Advantage (WHA) HMO plans, you must choose a primary care physician (PCP) or medical group within the Western Health Advantage HMO network that corresponds with the plan you've selected. All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.

Video – Medical Plan Terms

Medical plan terms, such as deductibles, copays, coinsurance and out-of-pocket maximums, can sometimes be confusing. To watch a quick video to help you better understand medical plan terms, visit <http://video.burnhambenefits.com/terms>.



	Kaiser Traditional (Kaiser High)	Kaiser Mid Deductible (Kaiser Mid)	Kaiser High Deductible (Kaiser Low)
Network	Kaiser Facility Only	Kaiser Facility Only	Kaiser Facility Only
HSA Qualified High Deductible Plan	No	No	Yes
Plan Basics			
Calendar Year Deductible	None	Individual: \$750 Family: \$1,500	Individual: \$3,000 Family: \$6,000
Calendar Year Out-of-Pocket Maximum	Individual: \$1,500 Family: \$3,000	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Medical Benefits			
Doctor or Specialist Office Visits	\$25 copay	\$25 copay	20% coinsurance*
Preventive Care/Well Baby Care	No charge	No charge	No charge
Physical Therapy	\$25 copay	\$25 copay	20% coinsurance*
Chiropractic/Acupuncture	\$10 copay / 20 visits	\$10 copay / 20 visits	Not covered
X-Ray & Lab	No charge	\$10 copay	20% coinsurance*
MRI, CT and PET Scans	No charge	20% coinsurance up to max \$150 per procedure	20% coinsurance*
Urgent Care	\$25 copay	\$25 copay	20% coinsurance*
Hospital Benefits			
Hospitalization	\$250 per admission	20% coinsurance*	20% coinsurance*
Outpatient Surgery	\$25 per procedure	20% coinsurance*	20% coinsurance*
Emergency Room	\$100 copay, waived if admitted	20% coinsurance*	20% coinsurance*
Prescription Drug Benefits			
Retail (30 Day Supply)			
Generic	\$10 copay	\$10 copay	\$10 copay*
Brand	\$30 copay	\$30 copay	\$30 copay*
Specialty	20% to a maximum of \$250	20% to a maximum of \$250	20% to a maximum of \$150*
Mail Order (100 Day Supply)			
Generic	\$20 copay	\$20 copay	\$20 copay*
Brand Formulary	\$60 copay	\$60 copay	\$60 copay*

*after plan deductible

	Sutter Summit ML64 HMO (Sutter High)	Sutter Peak ML69 HMO (Sutter Low)
Network	Full Sutter Network	Full Sutter Network
HSA Qualified High Deductible Plan	No	No
Plan Basics		
Calendar Year Deductible	None	Individual: \$1,000 Family: \$2,000
Calendar Year Out-of-Pocket Maximum	Individual: \$1,500 Family: \$3,000	Individual: \$3,000 Family: \$6,000
Lifetime Maximum Benefit	Unlimited	Unlimited
Medical Benefits		
Doctor or Specialist Office Visits	\$20 copay	\$20 copay
Telehealth Visits and Walk-In Care	\$10 copay	\$10 copay
Preventive Care/Well Baby Care	No charge	No charge
Physical Therapy	\$20 copay	\$20 copay
Chiropractic/Acupuncture	\$10 copay / 30 visits	\$10 copay / 30 visits
X-Ray & Lab	No charge X-Ray / \$20 Lab	\$20 Lab / \$10 X-Ray
MRI, CT and PET Scans	No charge	\$50 copay per procedure
Urgent Care	\$20 copay	\$20 copay
Hospital Benefits		
Hospitalization	\$250 per admission	20% coinsurance*
Outpatient Surgery Facility Outpatient Surgery Professional Fee	\$100 per procedure \$20 copay	20% coinsurance* 20% coinsurance*
Emergency Room	\$100 copay, waived if admitted	20% coinsurance*
Prescription Drug Benefits		
Retail (30 Day Supply)		
Tier 1 (most generics)	\$10 copay	\$10 copay
Tier 2	\$30 copay	\$30 copay
Tier 3 (non-preferred)	\$60 copay	\$60 copay
Tier 4 (specialty)	20% to a maximum of \$250	20% to a maximum of \$100
Mail Order (100 Day Supply)		
Tier 1 (most generics)	\$20 copay	\$20 copay
Tier 2	\$60 copay	\$60 copay
Tier 3 (non-preferred)	\$120 copay	\$120 copay

*after deductible

	Advantage 0/20/25A HMO (WHA High)	Western 1000/20/20% HMO (WHA Low)
Network	Western Health Advantage	Western Health Advantage
HSA Qualified High Deductible Plan	No	No
Plan Basics		
Calendar Year Deductible	None	Individual: \$1,000 Family: \$2,000
Calendar Year Out-of-Pocket Maximum	Individual: \$1,500 Family: \$2,500	Individual: \$3,000 Family: \$6,000
Lifetime Maximum Benefit	Unlimited	Unlimited
Medical Benefits		
Doctor or Specialist Office Visits	\$20 copay	\$20 copay
Preventive Care/Well Baby Care	No charge	No charge
Physical Therapy	\$20 copay	\$20 copay
Chiropractic/Acupuncture	\$15 copay / 20 visits	\$15 copay / 20 visits
X-Ray & Lab	No charge	No charge
MRI, CT and PET Scans	No charge	No charge
Urgent Care	\$35 copay	\$50 copay
Hospital Benefits		
Hospitalization	\$250 per admission	20% coinsurance*
Outpatient Surgery	\$100 per procedure	\$250 per procedure*
Emergency Room	\$100 copay, waived if admitted	20% coinsurance*
Prescription Drug Benefits		
Retail (30 Day Supply)		
Tier 1 (most generics)	\$10 copay	\$10 copay
Tier 2	\$30 copay	\$30 copay
Tier 3 (non-preferred)	\$50 copay	\$50 copay
Tier 4 (specialty)	20% to a maximum of \$250	20% to a maximum of \$100
Mail Order (90 Day Supply)		
Tier 1 (most generics)	\$25 copay	\$25 copay
Tier 2	\$75 copay	\$75 copay
Tier 3 (non-preferred)	\$125 copay	\$125 copay

**after deductible*

To locate a Western Health Advantage provider, visit www.westernhealth.com or click [here](#).

Delta | PPO Dental Plan for Full Time Employees

With the Delta Dental Preferred Provider Organization (PPO) dental plan, you may visit a PPO dentist to 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.

Incentive Plan—Members enrolled on the plan for more than one year, who visit the dentist at least once during the year, have the opportunity to decrease the amount they pay out of pocket. If you have achieved a higher coinsurance percentage in one year and fail to visit the dentist in the subsequent year, your coinsurance percentage will remain unchanged.

	Delta PPO Dental	
	In-Network You Pay	Out-of-Network* You Pay
Plan Basics		
Annual Deductible	None	None
Annual Benefit Maximum per member	\$3,500	\$2,700
Preventive and Diagnostic Services		
Exams, (3) cleanings and x-rays	30% - 0%	30% - 0%
Basic Services		
Fillings, posterior composites, sealants	30% - 0%	30% - 0%
Endodontics (root canals)		
Periodontics (gum treatment)		
Major Services		
Crowns, inlays, onlays and cast restorations	30% - 0%	30% - 0%
Prosthodontics		
Bridges, dentures and implants	50%	50%
Orthodontia		
Adult and Child(ren)	50%	50%
Lifetime Maximum	\$2,000	\$2,000
Dental Accident Benefits		
Per person calendar year maximum	100% with \$1,000 maximum	

* Includes Delta Dental Premier dentists and out of network dentists



To Find a Network Provider

Visit www.deltadentalins.com or call 866-499-3001

Delta | PPO Dental Plan for Part Time Employees

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.

Incentive Plan—Members enrolled on the plan for more than one year, who visit the dentist at least once during the year, have the opportunity to decrease the amount they pay out of pocket. If you have achieved a higher coinsurance percentage in one year and fail to visit the dentist in the subsequent year, your coinsurance percentage will remain unchanged.

	Delta PPO Dental	
	In-Network You Pay	Out-of-Network* You Pay
Plan Basics		
Annual Deductible	None	None
Annual Benefit Maximum per member		
Part-Time Employees (over 5 hours)	\$2,500	\$2,000
Part-Time Employees (3.75—5 hours)	\$2,000	\$1,350
Preventive and Diagnostic Services		
Exams, (3) cleanings and x-rays	30% - 0%	30% - 0%
Basic Services		
Fillings, posterior composites, sealants		
Endodontics (root canals)	30% - 0%	30% - 0%
Periodontics (gum treatment)		
Major Services		
Crowns, inlays, onlays and cast restorations	30% - 0%	30% - 0%
Prosthodontics		
Bridges, dentures and implants	50%	50%
Orthodontia		
Adult and Child(ren)	50%	50%
Lifetime Maximum		
Part-Time Employees (over 5 hours)	\$1,500	\$1,500
Part-Time Employees (3.75—5 hours)	\$1,000	\$1,000
Dental Accident Benefits		
Per person calendar year maximum	100%	
Part-Time Employees (over 5 hours)	\$750 maximum	
Part-Time Employees (3.75—5 hours)	\$500 maximum	

* Includes Delta Dental Premier Dentists and out of network dentists

Superior Vision by MetLife | PPO Vision Plan

The Superior Vision by MetLife Plan provides professional vision care and high quality lenses and frames through the Superior Vision network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with Superior Vision.

	Superior Vision by MetLife PPO	
	In-Network	Out-of-Network
Copay		
Vision Exam	\$5 copay	\$5 copay
Eyeglass Lenses/Frames	\$0 copay	\$0 copay
Benefits and Allowances		
Vision Exam		
Ophthalmologist (MD)	Covered in Full	\$40 allowance
Optometrist (OD)	Covered in Full	\$30 allowance
Materials—Eyeglass Lenses*		
Single Vision	Covered in Full	\$35 allowance
Progressive	Covered up to the retail trifocal amount	\$60 allowance
Bifocal	Covered in Full	\$50 allowance
Trifocal	Covered in Full	\$60 allowance
Lenticular	Covered in Full	\$95 allowance
Materials—Frames*	\$140 allowance	\$50 allowance
Materials—Contact Lenses*		
Non-Elective	Covered in Full	\$210 allowance
Elective	\$100 allowance	\$100 allowance
Frequency		
Eye Exam	Once every 12 months	
Frames	Once every 24 months	
Lenses	Once every 12 months	
Contact Lenses	Once every 12 months	

* Eyeglass Lenses and Frames are paid in lieu of the Contact Lenses benefits OR the Contact Lenses benefit is paid in lieu of Eyeglass Lenses and Frames.



To Find a Network Provider

Visit www.superiorvision.com or call 800-507-3800

What is an HSA?

A Health Savings Account, also known as an HSA, is a tax savings account that can be funded with tax-exempt dollars by you, your employer, a family member or anyone else on your behalf. This account comes with a high-deductible health plan that protects you from large health care expenses. Dollars from the account can help pay for eligible medical expenses not covered by the insurance plan, including the deductible, coinsurance, and even dental and vision expenses. You can only have this account if you are enrolled in a qualified high deductible plan such as the Kaiser High Deductible described on Page 5.

Who's Eligible

You're eligible to open an HSA if:

- You enroll in the Kaiser High Deductible plan option on Page 5.
- Your only coverage is a high-deductible health plan. If you are covered under your spouse's plan and that plan is not a high-deductible plan, you are not eligible to contribute to an HSA.
- You are not covered by a traditional Health Care Flexible Spending Account (FSA) through your spouse. If you are enrolled in the GJUESD FSA, you are enrolled in the Limited Purpose FSA that allows for reimbursement of expenses for Dental and Vision only.
- You have not signed up for Medicare coverage, including Part A.

Contributions

The maximum contribution into an HSA account in 2023 is \$3,850 for an individual and \$7,750 for a family. If you are an employee Aged 55 or over, you can contribute an additional \$1,000 per year. If you are covering a Domestic Partner or children of your Domestic Partner, expenses they incur are not eligible for reimbursement under this account unless they are also a qualified IRS tax dependent.

HSA Accounts are Portable

Money you don't spend rolls over from year to year, so if you change jobs, switch to another medical plan or even retire, your HSA and the money in it is yours to keep. You can choose to save it to pay for eligible health care expenses tax-free in retirement.



Video – HDHP + HSA

We've provided a quick video to help you understand how high-deductible health plans work in conjunction with health savings accounts. To watch the video, visit

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

You can set aside money in several Flexible Spending Accounts (FSAs) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. You may use a debit card provided by American Fidelity (excluding Dependent Care) or pay in full and file a claim for reimbursement.

Please remember that if you are using your debit card, you must save your receipts, just in case American Fidelity, or the IRS, 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.

Medical Flexible Spending Account (FSA)

This plan runs from January 1st through December 31st and is used to pay for expenses not covered under your Medical, Dental, and Vision plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. You may defer up to \$3,050 pre-tax per year and may rollover any unused balance up to \$610 to the next plan year. Balances in excess of \$610 remaining at the end of the year will be forfeited. If you are also enrolled in a Health Savings Account (HSA), you are limited to utilizing your FSA for dental and vision expenses.

Dependent Care Assistance Plan (DCAP)

This plan is used to pay for eligible expenses you incur for child care for children up to age 13, or for the care of a disabled dependent, while you work. You may defer up to \$5,000 pre-tax per household per year (or \$2,500 if you are married but file taxes separately). Your dependent care assistance election is made available to you once you have accrued the money in your account.

Video – FSA

We've provided a quick video to help you understand how flexible spending accounts plans work. To watch the video, visit <http://video.burnhambenefits.com/terms>.



Basic Life Insurance

Life insurance offered through UNUM protects your family or other beneficiaries in the event of your death while you are still actively employed with the district. The amount of life insurance you receive and the cost of the insurance is dependent upon your bargaining unit and whether you chose to be enrolled in our medical plans.

Bargaining Unit	Medical Waived	Medical Enrolled
Supervisory/Certificated Management/ Confidential	\$20,000	\$50,000
Certificated/Classified/Board Members	Not applicable	\$30,000
Part-Time Benefit Eligible	Not applicable	\$30,000

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 Insurance

If you are an employee working 20 hours or more a week, you may elect to purchase additional Term Life Insurance through UNUM. You pay for this coverage with after-tax dollars through convenient payroll deductions. Accidental Death & Dismemberment provides additional coverage upon death, dismemberment or paralysis of the insured due to accidental causes.

Employees: You may purchase additional life and AD&D insurance in increments of \$10,000, from a minimum of \$10,000 to maximum amount of \$500,000 or 5X your annual salary, whichever is less. Coverage amounts up to \$150,000 do not require proof of good health when first eligible for coverage. If you have purchased any amount previously, you may increase that amount up to the Guarantee Issue during any future Open Enrollment period.

Spouse/Domestic Partners: You may purchase life and AD&D insurance for your spouse/domestic partner in increments of \$5,000, from a minimum amount of \$5,000 up to \$250,000. Coverage amounts up to \$25,000 do not require proof of good health when first eligible for coverage. All other amounts require proof of good health and are subject to approval by UNUM. Coverage cannot exceed 100% of the amount of life insurance purchased by the employee.

Child(ren)—You may purchase \$10,000 of life insurance for your child(ren) from six months to age 26. For newborns the coverage will be \$1,000 from birth until age six months. The cost for the coverage is a flat rate, no matter how many children you are covering.

Rates are based on employee's age for both employee and spouse as of January 1st of each year. The cost for the coverage can be found in *ease*.

GJUESD provides all regular employees coverage through Optum Employee Assistance Program (EAP). This coverage is paid entirely by GJUESD and starts the first day of the month following your date of hire. If you or a family member needs assistance with balancing life, or requires help with personal or family issues, you can contact the EAP for confidential assistance. Covered benefits include:

- **Three face-to-face sessions (or virtual) per issue to help with:**
 - Marriage, family and relationship issues
 - Problems in the workplace
 - Stress, anxiety and sadness
 - Grief, loss or responses to traumatic events
 - Concerns about your use of alcohol or drugs
- **Work and Life Services**
 - Childcare assistance
 - Understand your options
 - Consider your child's developmental needs
 - Learn to evaluate the quality of settings and providers
 - Eldercare assistance
 - Evaluate living arrangements, health care, legal rights and finances
 - Identify public and private resources such as skilled nursing, assisted living, home health care agencies and adult day care providers
- **Financial & Tax Planning Services**—Members are eligible for an up to 60-minute initial telephone consult per issue with unlimited follow-up telephone consultations.
 - Debt and budgeting assistance
 - Credit counseling
 - Planning for retirement
- **Identity Theft Recovery Services** allows you to speak with a certified consumer credit counselor who can learn more about your situation and help you create a plan. If there is a potential of ID theft, we'll connect you to an identity recovery specialist.
- **Health and Wellness**
 - Assess your health and get tips for better living
 - Track progress toward your wellness goals
 - Find articles and videos about health topics
 - Personalized support and wellness coaching services
- **Legal & Mediation Services**—free 60-minute office or telephone attorney consultation per separate legal matter
 - Civil and consumer issues
 - Personal and family legal services
 - Real estate
 - Organizing personal affairs
 - Online legal resources including estate planning tools, legal forms, and a legal library

To access your EAP benefits, call **866-248-4096** or visit <https://www.liveandworkwell.com/en/public> (do not enter the www in your browser) and register with the company access code, **SIA**.

American Fidelity

GJUESD offers employees the ability to choose from a variety of voluntary plans offered through American Fidelity. A representative from American Fidelity will be available at the District Office once per month to review the available plans with employees. For a preview, listed below are the plans that are available.

Disability Income

In the simplest terms, this plan is insurance that pays a cash benefit and is designed to help protect you if you can't work due to a covered injury or sickness. It pays a monthly benefit amount based on a percentage of your gross income, so you may continue to afford everyday living expenses.

Cancer Insurance

If cancer touches someone in your family, this plan may help ease the impact on your finances. Benefit payments are made directly to you, allowing you to pay for expenses like copayments, hospital stays, and house and care payments.

Term Life Insurance

American Fidelity's Term Life Insurance provides protection for a specified time period.

Whole Life Insurance

American Fidelity's Whole Life Insurance provides protection for your entire life. It's an individual policy, which means you own it and can take it with you when you leave employment or when you retire.

Accident Only Insurance

This plan provides 24-hour coverage for accidents that occur both on and off the job and can help offset your medical expenses. There are over 30 plan benefits available, and coverage may also extend to your family.

Critical Illness

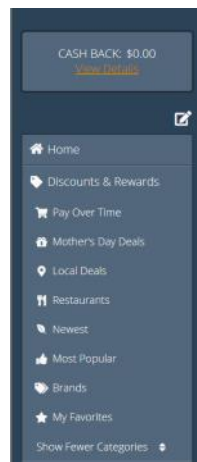
Group Critical Illness can assist with the expenses that may not be covered by traditional medical insurance. The plan is designed to pay a lump sum benefit amount to help cover expenses if you are diagnosed with a covered critical illness.

Benefit Hub

GJUESD provides a way for employees to save with a wide range of discounts and perks through BenefitHub, as shown below. In addition, you can receive discounts on Auto, Home, Student Loan Refinancing and many other everyday needs. To get started, visit galtjuesdperks.benefithub.com and register with your GJUESD email address.

Cash Back

You can earn cash back on everything you buy from thousands of brands. Simply make your purchases using BenefitHub and redeem your cash back. It's easy and a great way to save money.



ID Commander

Once every four seconds, someone becomes a victim of identity theft.

Every ID Commander subscription includes the core services that are vital to safeguarding your private information. We provide authoritative coverage with a range of proactive monitoring solutions and send alerts to members when any activity is detected. Early detection of suspicious activity is the best defense against identity thieves.



Pet Insurance

BenefitHub members save with preferred pricing on My Pet Protection® plans from Nationwide®. Enjoy best-in-show coverage for vet bills, with 90% reimbursement for accidents, illnesses and more.

For example, you can purchase a plan for your dog for \$45.50 per month that covers up to 90% of your vet bills up to \$7,500 per year after a \$250 deductible.



Discounts

Receive a host of discounts on everyday purchases such as:

- Travel
- Auto
- Electronics
- Apparel
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Tickets
- Sports and Outdoors
- And more!

You can also receive discounts on student loan refinancing. Watch for new discounts throughout the year and take advantage of the savings!

Benefit Allowance

The benefit allowance provided by GJUESD is determined by your bargaining unit agreement. When logging into *ease*, your available benefit allowance will be shown. Depending on which plans you elect or waive, your benefit allowance will reflect the appropriate reduction. Any excess amounts remaining over that allowance will be deducted from your regular paycheck.

EMPLOYEE GROUP	BENEFIT ALLOWANCE
Board Member	\$635
Non-represented	\$900
Confidential	\$900
Certificated	\$900
Certificated Management	\$900
Classified Management	\$900
Classified	\$900

CLASSIFIED EMPLOYEE GROUP	BENEFIT ALLOWANCE
8 Hours	\$900
7.5 Hours	\$843.75
7 Hours	\$787.50
6.5 Hours	\$731.25
6 Hours	\$675.00
5.5 Hours	\$618.75
5 Hours	\$562.50
4.5 Hours	\$506.25
4 Hours	\$450

Any amounts for your medical, dental, vision coverage will be assumed to be on a pre-tax basis and deducted from your paycheck before regular income taxes are applied.

Benefit Plan	Phone	Website
Medical Plans		
Kaiser HMO	800-464-4000	www.kp.org
Sutter Health Plus	855-315-5800	www.sutterhealthplus.org
Western Health Advantage	888-563-2250	www.westernhealth.com/mywha/
Dental Plan		
Delta Dental PPO	866-499-3001	www.deltadentalins.com
Vision Plan		
Superior Vision by MetLife	800-507-3800	www.superiorvision.com
Employee Assistance Program		
Optum(use company code: SIA	866-248-4096	https://www.liveandworkwell.com/en/public
Life Insurance		
UNUM	800-421-0344	www.unum.com/employees
Flexible Spending Accounts and Voluntary Benefits		
American Fidelity	800-365-8306	www.americanfidelity.com

Various state and federal laws require that employers provide disclosure and annual notices to their plan participants. GJUESD has posted all federally required annual notices to *ease* for you to download and read at your convenience. Following is a brief description of the Annual Disclosure Notices:

- **Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Creditable coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty. This notice also provides a written procedure for individuals to request and receive Certificates of Creditable Coverage.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by GJUESD's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.
- **Women's Health and Cancer Rights Act (WHCRA):** The Women's Health and Cancer Rights Act (WHCRA) contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy. The U.S. Departments of Labor and Health and Human Services are in charge of this act of law which applies to group health plans if the plans or coverage provide medical and surgical benefits for a mastectomy.
- **Newborn and Mother's Health Protection Act:** The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.
- **Special Enrollment Rights:** Plan participants are entitled to certain special enrollment rights outside of the district open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or addition of a new dependent.
- **Medicaid & Children's Health Insurance Program:** Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.

Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2023 tax year. You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by Galt Joint Union Elementary School District (GJUESD) 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 GJUESD'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 your coverage options, please view www.healthcare.gov.



Learn more at www.burnhambenefits.com

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 the Human Resources Department.

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