



SMMUSD

Santa Monica – Malibu Unified School
District

EMPLOYEE BENEFITS GUIDE



SANTA MONICA - MALIBU UNIFIED SCHOOL DISTRICT

Welcome to the Santa Monica – Malibu Unified School District

Visit our website at www.smmusd.org under the “Quick Links” tab to find the “Employee Benefits” link. Here you will find **enrollment forms** along with more detailed health information including the following:

1. Enrollment forms for MEDICAL, DENTAL, AND VISION
2. Full-time and Part-time Rates
3. Health Carriers EOC's (Evidence of Coverages)
4. Dental (Print ID cards)
5. Vision (Print ID cards)
6. CalPERS and CalSTRS Retirement
7. 403b and 457 Supplemental Retirement Plans
8. Links to S.E.I.U and CTA websites

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IMPORTANT INFORMATION

The Affordable Care Act and You

The Affordable Care Act (ACA) requires nearly every American to be enrolled in medical coverage or pay a penalty. This is referred to as the individual mandate. You have several options to satisfy this requirement:

- Enroll in a medical plan offered by SMMUSD.
- Purchase coverage through the healthcare marketplace offered by Covered California.
- Enroll in coverage through a government-sponsored program.
- Have no coverage and incur a tax penalty.

Because the District's medical plans are considered affordable and meet minimum value under Health Care Reform, you will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis. To learn more about the Affordable Care Act, visit www.healthcare.gov.





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ENROLLMENT INFORMATION

How to Enroll

Please visit www.smmusd.org/hrs/Benefits where you will find our medical, dental, and vision enrollment forms. Please complete the forms online and submit them to awalker@smmusd.org along with all necessary supporting documents for adding dependents.

Please visit the following link to find the CalPERS Summary Guide: www.calpers.ca.gov/docs/forms-publications/2019-health-benefit-summary.pdf Here you will find important information in regards to the plans we offer. Please review the summary guide completely.

- **When adding your spouse, please submit a copy of your marriage certificate and your spouse's Social Security card.**
- **When adding children, please submit a copy of their birth certificate(s) and copies of Social Security cards.**
- **You have 60 days from your date of hire to enroll in health benefits. Per CalPERS, submissions sent after 60 days will require a 90-day waiting period to begin coverage.**
- **Premiums for health benefits are deducted from paychecks on the following schedule:**

Certified Staff deductions take place on the 5th of each month.

Classified Staff deductions take place on the 10th of each month.

Benefits are not deducted in the months of August and September.

You must complete all forms thoroughly and submit the necessary supporting documents.

Incomplete submissions will not be accepted



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Who May Enroll

Monthly Full-time employees

Monthly Part-time Classified employees working a 50% - 87.5% assignment

Monthly Part-time Certificated employees working a 40% - 80% assignment

You and your eligible dependents may participate in SMMUSD's benefits program. Your eligible dependents include:

- **Legally married spouse**
- **Registered domestic partner**
- **Children under the age of 26, regardless of student or marital status**
- **Children over the age of 26, with disabilities. (Physician Certification required.)**

Paying for Your Coverage

You and the district share in the cost of the medical, dental, and vision benefits you elect. Any voluntary benefits you elect will be paid by you. Your Medical, Dental, and Vision contributions are deducted before taxes are withheld, which saves you tax dollars. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, 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 effective the following January 1st. 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
- 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

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 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.





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MEDICAL BENEFITS

Take advantage of the online resources available through our insurance carriers. You can locate network providers, manage your claims, obtain health and wellness information, and much more.

Anthem Blue Cross

(855) 839-4524

www.anthem.com/ca/calpershmo

Blue Shield of California

(800) 334-5847

www.blueshieldca.com/calpers

Health Net of California

(888) 926-4921

www.healthnet.com/calpers

Kaiser Permanente

(800) 464-4000

www.kp.org/calpers

PERS Select, PERS Choice, and PERS Care

(877) 737-7776

www.anthem.com/ca/calpers

United Healthcare

(877) 359-3714

www.uhc.com/calpers

Please visit the following link to find the CalPERS Summary Guide:

<https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>





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What is a HMO Plan?

A Health Maintenance Organization (HMO) plan provides health care from specific doctors and hospitals under contract with the plan. You pay co-payments for some services, but you have no deductible, no claim forms, and a geographically-restricted service area.

What is a PPO Plan?

A Preferred Provider Organization (PPO) is similar to a traditional "fee-for-service" plan, but you must use doctors in the PPO provider network or pay higher co-insurance (percentage of charges). You must usually meet an annual deductible before some benefits apply. You are responsible for a certain co-insurance amount and the plan pays the balance up to the allowable amount.

What is a deductible?

The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you pay only a copayment or coinsurance for covered services.

What is Out-of-Pocket Maximum?

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.





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DENTAL BENEFITS

Delta Dental PPO or Delta Cares HMO

Coverage is available for employees and their eligible family members under either Delta Dental PPO or Delta Cares HMO. Dental plans are divided into three (3) rate tiers: single, two-party and family.

To access your dental benefits please login at:

www.deltadentalins.com

VISION BENEFITS

Vision Service Providers or United Health Care Vision

SMMUSD offers vision service through United Health Care Vision and VSP (Vision Service Providers.) Classified Full-time employees receive single vision coverage at no cost. Certificated employees are required to pay for single vision coverage. Employee contribution is required for two-party or family coverage.

To access your vision benefits please login at:

www.vsp.com

www.myuhcvision.com





ID CARDS

MEDICAL

Your medical ID cards are mailed to your place of address and they will arrive within 10 business days. If you need additional or replacement cards please contact CalPERS at 1-888-225-7377. For temporary medical cards please visit the carrier link which can be found in this guide.

DENTAL

Please visit www.deltadentalins.com to print your dental ID cards.

Use your SSN as your initial enrollee ID when registering for the first time.

VISION

Please visit www.myuhcvision.com or www.vsp.com to print your vision ID card.

Use your SSN as your initial enrollee ID when registering for the first time.

WAIVING MEDICAL AND DENTAL

Employees who are covered by another group insurance plan (for example, through a spouse's plan) may waive medical coverage and receive a salary supplemental payment in the amount of \$1,200 per year. In addition, employees may waive dental coverage and receive a supplemental payment of \$300 per year. Supplemental payments in lieu of either medical and/or dental coverage shall be made, whenever feasible, in ten (10) equal installments.

Part-time employees who waive medical and/or dental coverage(s) will receive a pro-rata share of the supplemental payments that a full-time unit member would receive. The pro-ration shall be based upon the ratio the number of hours worked bears to forty (40) and the number of months worked.





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VOLUNTARY DEDUCTIONS

LIFE AND DISABILITY

Full-time and Part-time employees have the option of selecting Short-Term Disability, Long-Term Disability, Accident, and Life policies through the following companies.

American Fidelity

www.americanfidelity.com

1-800-365-9180 ext. 357

909-941-1175 Regional Office

AFLAC

www.aflac.com

1-800-992-3522

714-826-2961 Regional Office

Allstate

www.allstate.com

1-877-810-2920

Pacific Educators

www.peinsurance.com

1-800-722-3365

Washington National Ins. Co.

www.washingtonnational.com

323-405-5959

Directly contact the vendor of choice to set up your coverages.





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FLEX SPENDING ACCOUNTS

SMMUSD offers Flex Spending Accounts and Dependent Daycare Flex Spending Accounts through American Fidelity. You must enroll or make changes during their open enrollment period, each year during the month of October.

American Fidelity

www.americanfidelity.com

1-800-365-9180 ext. 357

909-941-1175 Regional Office

TAX SHELTERED ANNUITIES (403B AND 457 PLANS)

SMMUSD offers a variety of 403b and 457 plan vendors through Tax Deferred Solutions (TDS). Please contact TDS for more information regarding their options. You are able to start, stop, or make changes throughout the school year. You also have the choice of pre or post tax deductions.

Tax Deferred Solutions (TDS)

www.tdsplans.org

1-866-446-1072

Directly contact the vendor of choice to set up your coverages.





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EMPLOYEE ASSISTANCE PROGRAM

E.A.S.E.

The Employee Assistance Service for Education through Los Angeles County Office of Education provides you and your household members with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities and obligations. Services are available 24 hours a day, 7 days a week via a toll-free nationwide number. You and your household members can receive up to 3 counseling sessions per person, per problem. 1-800-882-1341.





RETIREMENT INFORMATION

Classified employees may retire from CalPERS if they are at least 50 years of age and fully vested.

Certified employees may retire from CalSTRS if they are at least 55 years of age and fully vested.

In order to receive the SMMUSD retiree benefits described below, the retiree must have at least 10 years of consecutive service with SMMUSD immediately preceding retirement.

Medical Insurance

SMMUSD provides single-party medical insurance at the HMO rate (Kaiser or Blue Shield) for retirees to age 65. You may select any medical insurance plan and you may include your dependents, however, you are responsible for the cost of dependent coverage and for premium costs that exceed the HMO rate. You must complete a new medical insurance enrollment at retirement form to clarify your coverage. The premium for your medical insurance is deducted from your CalSTRS/CalPERS retirement benefit each month. SMMUSD will reimburse you directly each month for the cost of medical insurance at the single-party HMO rate. Where the HMO rate differs geographically, SMMUSD will reimburse the amount of premium for Los Angeles County only. As a Part-time employee, SMMUSD will pay a pro-rated portion of your medical benefit.

- ❖ *Employees who retire within the age requirements listed above, but do not have 10 years of consecutive service with SMMUSD will receive \$136.00 each month towards the cost of their medical plan.*

When you reach age 65, you will enroll in Medicare Part A and B.

SMMUSD will contribute a monthly portion of your medical premium costs as mandated by California SB 1464, as long as you are enrolled in a CalPERS Health Plan. This contribution will appear as a reduction of the cost of the medical insurance deducted from your monthly CalSTRS/CalPERS retirement benefit.

Dental Insurance

SMMUSD will maintain enrollment until age 65 in either the Delta PPO or Delta Cares HMO dental plans at the single-party rate. You must complete a new



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dental insurance enrollment form to clarify your coverage. The retiree is responsible for the cost of dependent coverage. Payment for dependent coverage must be made directly to SMMUSD in a timely manner. All SMMUSD provided dental benefits will end on the first of the month following your 65th birthday. Exhaustion of retirement benefits and/or becoming 65 years of age are not qualifying events for COBRA coverage. As a Part-Time employee the District will pay a pro-rated portion of your dental until age 65.

Vision Insurance

If enrolled at the time of retirement, retirees may continue their vision insurance for themselves and their dependents, but they must pay 100% of the premium. You must complete a new vision insurance enrollment form. Payments must be made directly to SMMUSD in a timely manner. Failure to pay promptly for vision coverage may result in termination of coverage.

Life, Disability and Other Insurance Plans

American Fidelity life insurance and cancer insurance plans may be continued after separation from employment by contacting the American Fidelity home office at (800) 654-8489. All other life, disability and other insurance plans purchased through the District will end at retirement and/or separation from employment.

Flexible Spending/Section 125 Plan

Expenses incurred after your retirement date are not reimbursable. Claims for reimbursement must be made within 90 days after your separation date. To ask questions about your flexible spending account, contact (800) 325-0654. For reimbursement forms, go to <http://www.afadvantage.com/>.

Retirement Plans

It is your responsibility to contact your retirement plan (STRS/PERS) when you separate from employment with SMMUSD. For questions about investments, rollovers, disbursements, etc. call the numbers below.

PERS	(888) 225-7377	www.calpers.ca.gov
STRS & STRS Cash Balance Plan	(800) 228-5453	www.calstrs.com
457 Deferred Compensation Plan	(800) 260-0659	http://calpers.csplans.com
403(b)TDS Group	(866) 446-1072	Fax# (916) 221-5040



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NOTES

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Edison Language Academy
Together in Two Languages/Juntos a traves de dos idiomas

2402 Virginia Avenue · Santa Monica, CA 90404
310-828-0335



Franklin Elementary School

2400 Montana Avenue · Santa Monica, CA 90403
310-828-2814 · 310-449-1252 Fax



Grant Elementary School

2368 Pearl Street · Santa Monica, CA 90405
310-450-7651 · 310-452-4350 Fax



John Muir Elementary School

2526 6th Street · Santa Monica, CA 90405
310-399-7721 · 310-452-4351 Fax



McKinley Elementary School

2401 Santa Monica Boulevard · Santa Monica, CA 90404
310-828-5011 · 310-449-1251 Fax

Malibu Elementary School

6955 Fernhill Drive · Malibu, CA 90265 ·
310-457-9370 · 310-457-8064 - Fax



Roosevelt Elementary School

801 Montana Avenue · Santa Monica, CA 90403
310-395-0941 · 310-587-1169 Fax



John L. Webster Elementary School

3602 Winter Canyon Road · Malibu, CA 90265
310-456-6494



Will Rogers Learning Community
A STEM Focus School

2401 14th Street · Santa Monica, CA 90405
310-452-2364 · 310-452-9035 Fax



JOHN ADAMS MIDDLE SCHOOL

2425 16th Street, Santa Monica, CA 90405 | 310.452.2326 | fax: 310.452.5352



LINCOLN MIDDLE SCHOOL

1501 California Ave, Santa Monica, CA 90403
310-393-9227 | fax: 310-393-4297



SANTA MONICA ALTERNATIVE SCHOOLHOUSE

2525 5th Street, Santa Monica, CA 90405
310-396-2640 (phone), 310-452-4353 (fax)



MALIBU MIDDLE SCHOOL

30215 Morning View Drive · Malibu · CA 90265 · 310-457-6801



OLYMPIC HIGH SCHOOL

721 Ocean Park Boulevard · Santa Monica CA 90405 · 310-392-2494 · 310-392-9741 fax



MALIBU HIGH SCHOOL

30215 Morning View Drive · Malibu · CA 90265 · 310-457-6801



SANTA MONICA HIGH SCHOOL

601 Pico Boulevard · Santa Monica CA 90405 · 310-395-3204

**This brochure highlights the main features of the SMMUSD Benefits Program. It does not include all plan rules, details, limitations, and exclusions. The terms of your benefits plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. **

SMMUSD 1651 16th St. Santa Monica, CA 90404