

# Your Benefits At A Glance

Plan Year January 1, 2009  
through December 31, 2009

## Certificated Employees



### IMPORTANT

#### Plan Year 2009

This packet contains information about your benefit plan choices for the year 2009. Additional information will be available during our Open Enrollment period. Open Enrollment is scheduled for October 29 through November 4, 2008. During this time you can assess your benefit needs and freely make new elections for the upcoming plan year, effective January 1, 2009.

There are no benefit changes for the Plan Year 2009.

The current benefits and new rates are included in this packet to aid in your choice of plans. The District's insurance Plan Year runs January 1 through December 31. The rates included in this packet are effective January 1, 2009 and are good for the entire calendar year.

The new annual **Flexible Spending Account** for 2009 is \$8,218.40. This account is used to purchase your benefit selections.

San  
Dieguito  
Union High School District

Committed to  
Equity and Excellence

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# Certificated Employees

## Benefits At A Glance

SDUHSD offers several plan choices for you and eligible dependents.

### Medical:

- Kaiser Permanente HMO
- Anthem Blue Cross Plan A HMO
- Anthem Blue Cross Plan C HMO
- Anthem Blue Cross Indemnity/PPO

### Dental:

- Anthem Blue Cross Prudent Buyer Dental
- SafeGuard Prepaid DMO Dental

### Life, AD&D and Supplemental Life

- Anthem Blue Cross Life & Health

### Income Protection Plan

- The Standard

### Section 125 Plan:

Offers three ways to reduce taxes:

- Pay your premiums pre-tax
- Health care reimbursement account
- Dependent care reimbursement account

### Effective Date

Your benefit elections will be effective on January 1, 2009 during this Open Enrollment Period. This date may vary with any voluntary plans you choose to join.

## Enrollment Requirements

- You must enroll in one of the medical and dental plan options, BC Life & Health Group Term Life, AD&D and Dependent Life as well as The Standard's Income Protection Plan.
- Voluntary enrollment in other plan options will also require separate enrollment applications for the plans chosen.
- You cannot enroll dependents in a plan in which you have not enrolled yourself.
- The selections you make will remain in effect until December 31, 2008 once you return your forms. Generally, you may not change your benefit choices until Open Enrollment unless you have a change in life status (i.e, marriage, divorce, birth, adoption, spouse's employment status or death). If you do not add a family member now, when first eligible, or within 30 days from a life status change, the family member cannot enroll. However, you have the opportunity to make changes and additions each year during the annual Open Enrollment process.

## Paying for Benefits

SDUHSD gives you a **Flexible Spending Account (FSA)** to help pay for the plans you choose. For 2009 this annual FSA is \$8,218.40. SDUHSD also pays for your Income Protection and Group Term Life as well as Dental coverage in addition to the Flexible Spending Account.

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## Four Medical Plans Available

An overview of each of your medical plan choices follows. To compare the coverages provided by each plan and their costs see enclosed summaries. Three of the medical plans offered are Health Maintenance Organizations (HMO's). The coverage under these plans are similar, generally requiring no or small copayments, no deductibles, no claim forms and 100% coverage for most eligible expenses. Medical care is limited to the physicians within the network and facility you elect.

### HMO Kaiser Permanente

Kaiser is the nation's oldest non-profit health care organization. Kaiser's delivery system provides comprehensive health care services by integrating the elements of health care in a coherent system. You can select a personal physician from any available Kaiser primary care doctors (you can also change physicians for any reason). Your primary care physician can arrange for you to meet with a specialist. You can even self-refer for routine and preventive care, well baby visits or OB/Gyn care. If you'd like a second opinion, you can ask to see another Kaiser physician.

In many areas, Kaiser offers same-day appointments, as well as evening and weekend office hours to make it easier for you to receive needed care. And, if you need emergency care, you're covered – anywhere in the world.

### Anthem Blue Cross HMO Plan A

This is the richest HMO benefit plan offered by Anthem Blue Cross. You make a small copayment for prescription drugs, and some other services. Under both Anthem Blue Cross' HMO's you must select a Primary Care Physician (PCP) who manages all aspects of your medical care. In addition, your PCP can refer you to a participating specialist and help you take advantage of Blue Cross' special programs. You do not need referrals for routine and preventive care, well-baby visits, or OB/Gyn care.

### Anthem Blue Cross HMO Plan C

This HMO plan has slightly higher copays for certain services but in almost all aspects it is very similar to the HMO Plan A as mentioned above. You must choose a PCP from the local medical groups contracted with Anthem Blue Cross. California Care provider booklets are available for your use in selecting a PCP.

### Anthem Blue Cross Prudent Buyer PPO Plan

This Blue Cross plan option is a Preferred Provider Organization (PPO) plan named Blue Cross Prudent Buyer. As a PPO the Prudent Buyer plan contains managed care features and is based on a network of health care professionals – doctors, hospitals, physical therapists, etc. who have agreed to provide services at a negotiated reduced rate. You have two choices every time you need care. Use network providers (Prudent Buyer Network) and receive the highest benefit level and pay less. Or, use out-of-network providers and pay more. In addition, you must call Blue Cross for authorizations prior to all hospital admissions or surgical treatment.

The Prudent Buyer Plan has a calendar year deductible of \$150 that you must first meet, and then you pay 10% of the cost of most services if you use a Prudent Buyer Provider (30% if non-network provider). If you are hospitalized or undergo medically necessary surgery, you pay 10% (In-Network) of your charges and the plan pays 90%.

This plan has a limit to the amount you must pay each year – the annual out-of-pocket maximum. Once you reach this amount, the plan pays 100% for the remainder of the calendar year.

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## Two Dental Plans Available

For dental care, you may choose either the Blue Cross Prudent Buyer PPO dental plan or SafeGuard's Dental Maintenance Organization (DMO). An overview of each dental plan option follows.

### Anthem Blue Cross Prudent Buyer Dental Plan

The calendar year annual maximum benefit is \$1,000 per person per calendar year. There is no annual calendar year deductible. Preventive, basic and restorative dental services are paid in full (you pay 0%). For major services (dentures, crowns, bridges) you pay 50% of the expenses and the plan pays 50%. This plan includes a network of dentists but you can choose any licensed dental provider in order to receive plan benefits. Please read the enclosed summary of dental plan benefits in order to understand the advantages of using a Blue Cross Prudent Buyer plan dentist.

*You may have a pre-treatment review done before you receive benefits. A pre-treatment review is recommended if the proposed charges are expected to be \$350 or more.*

### SafeGuard DMO Dental Plan

There is no annual maximum benefit limit with SafeGuard. Most services are fully paid by the plan. You will have to make a copayment for some services. You must choose a SafeGuard dentist to receive all your treatment.

## Life Insurance Coverage

The District provides and pays for Term life insurance equal to \$50,000 plus \$50,000 of Accidental Death (AD&D) insurance. In addition, your spouse and children (6 months or older) will be insured for \$5,000 of Term Life. Voluntary Supplemental Life is also available in either \$50,000 or \$100,000 increments for your purchase.

## Section 125 Plan

The Section 125 plan offers a unique way to help you pay for certain expenses (insurance premium contribution, health care and dependent care costs) with pre-tax dollars rather than after-tax dollars.

If you make a contribution for your medical/dental insurance, the pre-tax premium option allows you to have your contribution deducted from your paycheck before your taxes are calculated, making payment of your premium contribution easy while saving you money.

Two flexible spending accounts are also available within the plan – a health care reimbursement account and a dependent care account. You may enroll in either or both accounts. Participation is optional.

Money set aside in the health care reimbursement account may be used to pay health care expenses not reimbursed by any other benefit plan. Money set aside in the dependent care account may be used to pay dependent childcare and/or elder care expenses necessary to enable you to work.

The money comes out of your paycheck before federal, state, and other payroll taxes are withheld, so the taxes you pay are based on a lower income. The deductions are credited to the designated reimbursement account each pay period. The money deposited to your health care account can be used only for eligible health care expenses and the amount set aside for dependent care can be used only for that purpose.

**Important.** The IRS "use it or lose it" rule requires that any funds set aside but not used for eligible expenses by the end of each Plan Year must be forfeited. Any money remaining in either account cannot be carried forward to the next plan year.

*If you are enrolled in the pre-tax premium option only, your enrollment automatically continues each plan year. You do not need to re-enroll. To participate in the reimbursement accounts, you must re-enroll each year.*

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## Income Protection Plan

To many teachers, becoming ill or injured seems a far-fetched possibility. The fact is that teachers do become ill or injured and they do lose valuable income if you have not planned accordingly. A sickness or accident can mean an interruption in earnings, frequently for months or even years, which can put individuals financially at risk. Your ability to earn an income is your most valuable asset.

SDUHSD provides an Income Protection Plan that is coordinated with benefits available through the sick leave program. Please note enclosed exhibit that summarizes this important benefit plan.

## Other Benefits

SDUHSD also offers other valuable voluntary insurance plans to help meet you and your family's needs. These voluntary insurance plans are available at the worksite through the convenience of payroll deduction. These various plans include life, accident, critical illness, and disability insurance policies. Representatives from American Fidelity will be available to answer any questions you have regarding these voluntary insurance plans.

## Paying for Benefits

You are given a Flexible Spending Account (FSA) to help pay for the choices you select. The cost of your benefits is based on the coverage you select. If the benefits you choose cost less than your FSA, you may receive the extra dollars as taxable income on your paycheck or place them in a spending account to be used for dependent care or health care expenses not covered by your health/dental care plans. If the benefits you choose cost more than your FSA, any additional cost will be deducted from your before-tax income on your paycheck.



## After You Enroll

### If you choose Kaiser Permanente HMO

You will receive a Kaiser identification card in 30 to 45 days. If you need to use the plan before the card arrives, use your copy of the Kaiser enrollment from when you call for an appointment. Explain that you have just joined the plan. Call **800-464-4000** if you have any problems.

### If you choose Anthem Blue Cross CaliforniaCare HMO, Prudent Buyer Medical PPO or Prudent Buyer Dental PPO

You will receive an identification card in 30 to 45 days. If you need to use the plan before the card arrives, use your copy of the enrollment form when you call for an appointment. Explain that you have just joined the plan. Call the toll free numbers listed on page 5 if you have any problems.

### If you choose SafeGuard Dental Plan

You will receive a SafeGuard identification card at your home address within 30 days. If you need to see a SafeGuard dentist before you receive your ID card, please have your dentist call **(800) 880-1800** to verify your eligibility.

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## Important Phone Numbers (Certificated Employees)

The following is a list of the vendors SDUHSD is using for our Health & Welfare programs. Please use the toll-free phone numbers to obtain claim forms, for benefits questions, for claims information, to change primary care physicians on the HMOs, to obtain additional ID cards, or for any other assistance you may need regarding your benefits.

### When You Have a Claim Problem...

- 1<sup>st</sup> Contact your physician/dentist to verify if the insurance company has been billed.  
2<sup>nd</sup> If the insurance company has been billed but payment hasn't been received, please contact the insurance company's 800# to determine status. (Note carriers and toll-free numbers below)  
3<sup>rd</sup> Only if claim is not satisfactorily resolved, contact Ron Duffy at Barney & Barney at (800) 321-4696 with the following information:

- Social Security Number
- Amount of Claim
- Name of Doctor, Dentist, Hospital, etc.
- Date of Service
- Nature of claim problem

### American Fidelity Assurance Company

Section 125 Plan (800) 365-9180  
www.afadvantage.com

### Anthem Blue Cross

Member Services  
CaliforniaCare HMO (800) 227-3771  
Prudent Buyer Medical PPO (800) 288-2539  
Prudent Buyer Dental PPO (800) 627-0004  
Pharmacy/Prescription Drugs  
call WellPoint Pharmacy (800) 700-2541  
Mail Order Prescriptions (866) 274-6825  
Anthem Blue Cross Life (Term Life) (888) 231-5032  
www.bluecrossca.com

### Kaiser Permanente

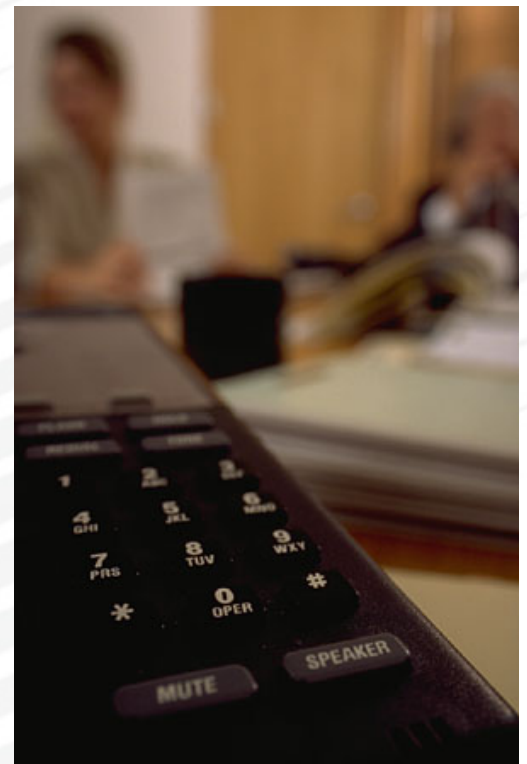
Member Services (800) 464-4000  
Appointment Center for Primary  
Care, Pediatrics and OB/Gyn &  
Select a Personal Physician (800) 290-5000  
Chiropractic Services call  
American Specialty Health  
Plan (ASHP) (800) 678-9133  
www.kaiserpermanente.org

### SafeGuard Dental Plan

Member Services (800) 880-1800  
www.safeguard.net

### The Standard Income Protection

Member Services (800) 522-0406  
www.cta.org/mycta



**Barney & Barney, LLC**  
**(District Insurance Broker)**  
Ron Duffy (858) 587-7439  
www.barneyandbarney.com

For additional questions about your benefits, please contact  
Human Resources Department at Ext. 5626

## BENEFITS-AT-A-GLANCE HMO Comparison

- Benefits listed below are an outline only. Refer to specific HMO materials for a complete list of benefits and exclusions.
- Dollar (\$) amounts below are patient/member copayment for services unless otherwise stated.
- Plans require you to choose Primary Care Provider (PCP)
- Rates are tenthly; meaning rates only paid 10 times a year (versus 12 or monthly) for a full year's coverage.

BENEFITS	ANTHEM BLUE CROSS-CALIFORNIACARE		KAISER
	HMO PLAN A High Option	HMO PLAN C Low Option	HMO PLAN
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Maximum Out-of-Pocket</b>	\$500 / Individual \$1,500 / Family	\$500 / Individual \$1,500 / Family	\$1,500 / Individual \$3,000 / Family
<b>Calendar Year Deductible</b>	None	None	None
<b>Hospital Expense Benefit</b>	No Charge	No charge	No charge
<b>Physician Office Visit</b>	No Charge	\$5 Copay	\$5 Copay
<b>Emergency Room Copay (Waived if Admitted)</b>	\$25 Copay	\$25 Copay	\$35 Copay
<b>Chiropractic Care</b>	Not Covered	Not Covered	\$10 Copay/30 visits/year
<b>Durable Medical Equipment (Includes Hearing Aids)</b>	No Charge Limited to \$2,000/year	No Charge Limited to \$2,000/year	No Charge (Excludes Hearing Aid)
<b>Mental &amp; Nervous:</b> Inpatient	No Charge Limited to 30 days/year	Not Covered	No Charge Limited to 45 days/year
	\$20 Copay/visit Limited to 50 visits/year	\$20 Copay/visit Limited to 20 visits/year	\$5 Copay/visit Limited to 20 visits/year
<b>Substance Abuse</b> Inpatient	No Charge (Medical Detox. Only)	No Charge (Medical Detox. Only)	No Charge (Medical Detox. Only)
	\$20 Copay/visit Limited to 50 visits/year	\$20 Copay/visit Limited to 20 visits/year	\$5 Copay/visit Limited to 20 visits/year
<b>Prescription Drugs</b> Generic	\$2 Copay	\$5 Copay	\$5 Copay – 100 day supply
	\$5 Copay \$2 Copay – 60 day supply	\$10 Copay \$5 Copay – 60 day supply	\$5 Copay – 100 day supply

RATES: TENTHLY	High Option HMO A 1/1/09 to 1/1/10	Low Option HMO C 1/1/09 to 1/1/10	HMO 1/1/09 to 1/1/10
Employee Only	\$565.39	\$510.44	\$444.03
Employee & 1 Dependent	\$1,193.32	\$1,072.19	\$888.07
Employee & Family	\$1,702.14	\$1,537.37	\$1,256.62



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## BENEFITS-AT-A-GLANCE

### Medical PPO Summary

- Benefits listed below are an outline only. Refer to specific Prudent Buyer PPO materials for complete list of benefits and exclusions.
- Percentage (%) or dollar (\$) amount represents amount paid by patient/member.
- Rates are tenthly; meaning rates only paid 10 times a year (versus 12 or monthly) for a full year's coverage.

	<b>ANTHEM BLUE CROSS PPO PRUDENT BUYER</b>	
<b>BENEFITS:</b>	<b>Network</b>	<b>Out-of-Network</b>
<b>Lifetime Maximum</b>	\$2,000,000	
<b>Maximum Out-of-Pocket</b>	\$1,000 / Individual	\$2,000 / Individual
<b>Calendar Year Deductible</b>	\$150 / Individual \$450 / Family Maximum	
<b>Hospital Expense Benefit</b>	10%	30% + Additional \$500 Deductible for Out-of-Network Hospital
<b>Physician Office Visits</b>	10%	30%
<b>Emergency Room</b>	10%	30%
	After \$100 Deductible (waived if admitted)	
<b>Chiropractic Care</b>	10%	30%
	Limited to 24 visits / year	
<b>Durable Medical Equipment (Includes Hearing Aids)</b>	20%	20%
	Limited to \$2,000 / year	
<b>Mental &amp; Nervous: Inpatient</b>	10%	30%
	Limited to \$175 / day	
<b>Outpatient</b>	10%	30%
	Limited to \$25 per visit, 50 visits / year	
<b>Substance Abuse Inpatient</b>	10%	30%
	Limited to \$175 / day	
<b>Outpatient</b>	10%	30%
	Limited to \$25 per visit, 50 visits / year	
<b>Prescription Drugs</b>	\$50 Calendar Year Deductible, then	
<b>Generic</b>	10%	Within California:
<b>Brand</b>	30%	50% of prescription drug
<b>Mail Order</b>	\$8 Copay	Covered expenses

<b>RATES: TENTHLY</b>	<b>PPO 1/1/09 to 1/1/10</b>
Employee Only	\$811.84
Employee & 1 Dependent	\$1,702.82
Employee & Family	\$2,438.45



## BENEFITS-AT-A-GLANCE

### Dental Plan Comparison

- Benefits listed below are an outline only. Refer to specific Dental Plan materials for a complete list of benefits and exclusions.
- Percentage (%) or dollar (\$) amount is patient/member copayment for services unless otherwise stated.
- Rates are tenthly; meaning rates only paid 10 times a year (versus 12 or monthly) for a full year's coverage.

BENEFITS	ANTHEM BLUE CROSS DENTAL PPO PLAN		SAFEGUARD DENTAL DMO
	Prudent Buyer Plan Dentist <sup>(1)</sup>	Non-Prudent Buyer Plan Dentist <sup>(2)</sup>	In-Network Only
<b>Deductible</b>	None		None
<b>Annual Maximum</b>	\$1,000		Unlimited
<b>Level 1 – Preventive</b> Cleaning Exams X-rays	0% <sup>(1)</sup> 0% <sup>(1)</sup> 0% <sup>(1)</sup>	0% <sup>(2)</sup> 0% <sup>(2)</sup> 0% <sup>(2)</sup>	No Charge No Charge No Charge
<b>Level 2 – Basic</b> Extractions Fillings Oral Surgery Endodontics Periodontics	0% <sup>(1)</sup> 0% <sup>(1)</sup> 0% <sup>(1)</sup> 0% <sup>(1)</sup> 0% <sup>(1)</sup>	0% <sup>(2)</sup> 0% <sup>(2)</sup> 0% <sup>(2)</sup> 0% <sup>(2)</sup> 0% <sup>(2)</sup>	No Charge No Charge \$20 - \$60 Copay \$35 - \$40 Copay \$20 - \$60 Copay
<b>Level 3 – Major</b> Dentures Crowns Bridges	50% <sup>(1)</sup> 50% <sup>(1)</sup> 50% <sup>(1)</sup>	50% <sup>(2)</sup> 50% <sup>(2)</sup> 50% <sup>(2)</sup>	\$75 - \$85 Copay \$65 Copay \$65 Copay
<b>Orthodontia</b>	Not Covered	Not Covered	\$1,350 Copay for Complete Treatment

RATES: TENTHLY	1/1/09 to 1/1/10	1/1/09 to 1/1/10
Employee Only	District Paid	District Paid
Employee & 1 Dependent	\$45.69	District Paid
Employee & Family	\$69.45	District Paid

- (1) Prudent Buyer Plan Dentists are paid at a negotiated rate or fee. The patients / members are not responsible for any differences between the dentist's usual charges and the negotiated amount. Patient is only responsible for any coinsurance amounts.
- (2) Non-Prudent Buyer Dentists are paid the customary and reasonable charge for professional services. Patients / members could be responsible for any differences between allowed amount and actual charges, in addition to any deductible and / or coinsurance / copay amounts.

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Group Income Protection Plan  
Insured by The Standard

## How The Plan Works

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WAITING PERIOD – THE LESSER OF 7 CONSECUTIVE  
REGULAR DAYS OF REQUIRED ATTENDANCE  
OR 30 CALENDAR DAYS



DURING FULLY-PAID SICK LEAVE PERIOD  
YOU WILL RECEIVE

\$12.50 PER WORK DAY, **IN ADDITION TO** FULLY PAID SICK LEAVE. \$25 FOR EACH DAY  
WHILE CONFINED IN THE HOSPITAL



FROM THE DATE SALARY CONTINUATION PAY BEGINS  
(FOLLOWING EXPIRATION OF FULLY-PAID SICK LEAVE)  
THROUGH ONE BENEFIT YEAR  
YOU WILL RECEIVE

UP TO 75% OF REGULAR DAILY CONTRACT SALARY OR \$30 PER DAY, WHICHEVER IS  
GREATER (REDUCED BY OTHER INCOME)



AFTER YOUR ONE BENEFIT YEAR  
YOU WILL RECEIVE

Employees with 5 or more years of credited service under STRS will receive disability benefits through STRS (subject to plan provisions) to age 65\*. Employees with less than 5 years STRS credit receive 50% of regular monthly contract salary (reduced by other income), with a minimum benefit of \$500/month to age 65 (applicable to class II insureds)

\* Please refer to STRS Booklet for an explanation of this benefit.

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# The Women's Health & Cancer Rights Act of 1998

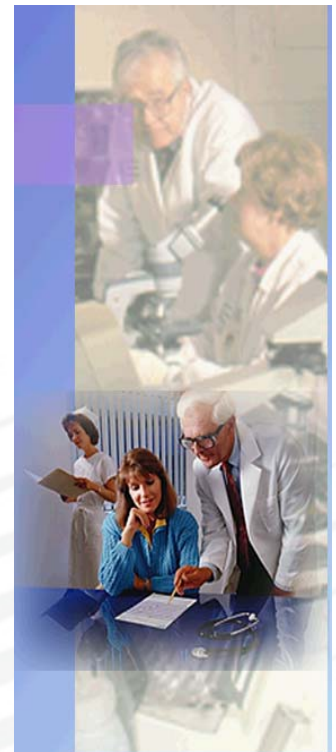
The Women's Health and Cancer Rights Act of 1998 mandates that if health plans provide medical and surgical coverage for mastectomies, the plan must also provide coverage for certain post-mastectomy reconstructive breast surgery services. The Act was signed into law on October 21, 1998.

If reconstructive services must be covered, health plans must allow:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

***Our current health plan(s) already provide(s) coverage for these services.***

Benefits are elective to the patient, and would be provided in consultation between the patient and attending physician. The Act specifically allows that coverage may be subject to the health plan's regular copayments and deductibles.



## Notice of Privacy Rights

As a participant or beneficiary of the Plan, you will receive a notice of the health plan's privacy procedure with respect to your "Protected Health Information." This is information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.



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