

**SAN DIEGO UNIFIED SCHOOL DISTRICT**

**Date:** October 1, 2014

**To:** All Benefits Eligible Employees in Paid Status in Monthly Salaried Positions

**Subject:** **2015 OPEN ENROLLMENT FOR MEDICAL/DENTAL/FSA/ ADDITIONAL SUPPLEMENTAL LIFE INSURANCE PLANS**

**Department and/or Persons Concerned:** All Benefits Eligible Employees in Paid Status in Monthly Salaried Positions

**Due Date:** **November 14, 2014**

**Reference:** None

**Action Requested:** **All plan changes must be done online via PeopleSoft Employee Self-Service.**

**Brief Explanation:**

The Annual Open Enrollment period will be held October 13 through November 14, 2014. Employees are encouraged to review their current health benefits coverage each year at this time in order to evaluate their needs and the needs of their families. During this period, eligible employees may enroll in and make changes to medical/dental/vision/FSA and supplemental life insurance coverage, change plans, and/or add eligible dependents. **All Open Enrollment changes will become effective January 1, 2015.**

All Open Enrollment information (Medical, Dental, Vision and Flexible Spending Accounts and life/supplemental life insurance) will be posted on the Employee Benefits Department web page. **All enrollment changes must be done via PeopleSoft Employee Self-Service. Employees may login at the following link <https://dwa.sandi.net/psp/hcm/?cmd=login>.** Please have your employee ID number and password ready in order to login. Please contact the IT help desk at 619-209-4357 or go to the following link for assistance with password issues <https://pss.sandi.net/>. Step by step instructions for making online changes are available on the Employee Benefits Department web page for your convenience. You may access the department page at <http://www.sandi.net/benefits>.

The only exception to online enrollment occurs when adding dependents to your health coverage. This must be done by completing an enrollment change form and providing the required proof of dependent eligibility documents. Forms will be available electronically on the web page for your convenience. Please print this form, complete it and either bring it to Employee Benefits or mail it in with the required documents. **Please remember all forms are due to the Employee Benefits Department no later than November 14, 2014 at 5:00 p.m.**

Please review the information located on the web-site very carefully, including the “Summary of Medical Benefits Plans” and “Summary of Dental Benefits Plans,” to determine which of the medical/dental plans offered best meets your needs and the needs of your family. Please also review the Flexible Spending Accounts brochure to see if this benefit helps you with your qualified expenses.

Provider booklets will be delivered to your site to be shared among staff. All provider website links will be available on the Employee Benefits web page at the Open Enrollment link. You will be able to select your doctors and dentists for plans requiring provider designation when making your changes online with PeopleSoft Employee Self Service without any assistance of a provider booklet.

There will also be opportunities to have your questions addressed directly by our medical, dental, FSA and life/supplemental life insurance providers at various open enrollment meetings and at the Annual Open Enrollment Benefits Fair on October 13 at the Education Center on the front lawn. Carriers will be there and flu shots will be provided free of charge. Open enrollment meetings are scheduled as shown below:

<b>DATE</b>	<b>SITE</b>	<b>TIME</b>
October 13, 2014 <b>Annual Benefits Fair</b>	Eugene Brucker Education Center Front Lawn (Over-flow parking available at the New Vision Church, main parking lot on the corner of Park Blvd and Meade Ave.)	2:00 p.m. – 5:00 p.m.
October 15, 2014	Lincoln High School In the New Gym	2:00 p.m. – 5:00 p.m.
October 20, 2014	Madison High School Room 103	2:00 p.m. – 5:00 p.m.
October 21, 2014	Transportation Department Classroom 1 and 2	9:00 a.m. – 1:00 p.m.
November 3, 2014	Eugene Brucker Education Center Front Lawn	2:00 p.m. – 5:00 p.m.

**RETIRES ONLY MEETING**

October 29, 2014	Ballard Center Auditorium	1:00 p.m. – 5:00 p.m.
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**NEW for Plan Year 2015:**

**The Hartford Life, Supplemental and AD&D Insurance**

- The Hartford, the district's carrier for life, supplemental life and AD&D, will be opening up a new web based platform for employees. This new web tool will house all enrollment, coverage details, beneficiary information and provide for new visibility into what The Hartford offers in coverage and additional services. In addition, The Hartford will be offering a one-time only open enrollment for employees to purchase additional supplemental life insurance, up to certain maximums, without evidence of insurability. Watch for more information being delivered by U.S. mail to home addresses on file with the district and by district email.

**Flexible Spending Account (FSA) Plan Changes**

- On September 9, 2014, the Board of Education approved a contract for a new third party, claims administrator for the FSA plan. American Fidelity Assurance will begin managing claims administration for the FSA plan beginning January 1, 2015. The district will also offer for the first time a debit card option for qualified expenses to interested participants. Information will be posted to the Benefits web page at the 2015 Open Enrollment link.

**Express Scripts Adds Mail at Retail Program through Rite Aid Pharmacy**

- Currently, Express Scripts' Retail Refill Allowance Program allows for 3 refills at a retail pharmacy before members move to mail order for maintenance medications or are required to pay higher copays at the retail pharmacy. Starting in 2015, members will be able to fill their 90-day prescriptions for maintenance prescriptions at Rite Aid retail pharmacies and pay the mail order copay.

**Western Dental Changes Effective October 1, 2014**

- Effective October 1, 2014, some additional services at set copays are available for Western Dental plan participants. These additional services and the copays associated with them can be reviewed on the Benefits web page.

**Medical Plan Changes for Plan Year 2015:**

The UnitedHealthcare HMO Networks 1-3 and the Kaiser plan will remain in force for Plan Year 2015. The following changes will go into effect for prescription drug copays for Plan Year 2015:

### **Prescription Drugs Required to Accumulate Toward Out-of-Pocket Maximum**

- Effective January 1, 2015, all active medical and prescription drug (Medicare plans are excluded) have an out-of-pocket maximum not to exceed \$6,600 for single coverage and \$13,200 for family coverage. The out-of-pocket maximum includes deductible, coinsurance and copay amounts. These out-of-pocket maximums are as follows:
  - Kaiser plans will include prescription drug copays toward its out-of-pocket limit.
  - Express Scripts will add an out-of-pocket limit on prescription drug copays to UnitedHealthcare plans.

### **UnitedHealthcare PPO Plan:**

- Beginning January 1, 2015, employees on the UnitedHealthcare PPO plan will be provided acupuncture through OptumHealth (Optum). Services must be provided by an OptumHealth network provider, must be medically necessary and may require prior authorization from OptumHealth. A \$30 copay for in network services is required.

### **Flexible Spending Accounts (FSA)**

Eligible employees who wish to participate in the Flexible Spending Account (FSA) Plans for calendar year 2015 will have the opportunity to enroll online via PeopleSoft Employee Self-Service during the open enrollment period, October 13 through November 14, 2014. The Employee Benefits Department will continue to accept paper FSA enrollment forms through November 21, 2014. No FSA enrollment forms will be accepted after November 21, 2014. These FSA Plans are made possible by Section 125 of the Internal Revenue Code which enables employees to set aside pre-tax money from their paychecks to pay for:

- Out-of-pocket health care expenses                      Annual limit: \$2500
- Dependent child/elder day care expenses              Annual limit: \$5000

**Enrollment in a Flexible Spending Account is not automatic. Employees who participated during the 2014 calendar year must re-enroll if participation is desired for the 2015 calendar year.** Please be advised all online enrollment must be completed no later than Friday, November 14, 2014. If an election is made after that date but by November 21, 2014, the enrollment form attached to the circular must be used.

### **PLEASE NOTE THE FOLLOWING VERY IMPORTANT INFORMATION:**

Once this enrollment period is closed, you will not have the opportunity to make additional changes until the next open enrollment period scheduled for October/November 2015. The only exception to this rule is if you experience a qualifying event, as defined in the “Additional Information” section of the Employee Benefits web-page at the link shown above.

If you need additional information or have any uncertainty about your employee/dependent enrollment status, please contact Employee Benefits located in Room 1150-A at the Eugene Brucker Education Center. The Employee Benefits Department regular office hours are 8:00 a.m. to 5:00 p.m. Hours will be extended during the open enrollment period as follows:

- Monday, October 13, 2014 (Annual Health Fair) 8:00 a.m. to 6:00 p.m.
- Monday, Wednesday and Thursday, November 10, 12 and 13, 2014 8:00 a.m. to 6:00 p.m.
- Tuesday, November 11, 2014 district offices are closed in observance of Veteran's Day.
- Friday, November 14, 2014 the office will close at 5:00 p.m.

Please visit the Employee Benefits Department web site for more information regarding Open Enrollment.

For telephone inquiries, the central number is 619-725-8130. We can also be reached by email at [employeebenefits@sandi.net](mailto:employeebenefits@sandi.net). Please be advised that open enrollment results in a high volume of calls and visits to the department. This may result in delayed response times based on the volume at any given time. Be assured, our staff is committed to providing the highest level of customer service possible during this extremely busy period.

Sue Weir  
Director, Payroll/Benefits

APPROVED:



Jenny Salkeld  
Chief Financial Officer

SW:kg

Attachment

Distribution: List G

**PLEASE RETURN TO:**

**EMPLOYEE BENEFITS DEPARTMENT  
Eugene Brucker Education Center  
Room 1150-A**

**NO LATER THAN NOVEMBER 21, 2014**



FINANCE DIVISION
Employee Benefits Department
P - 619.725.8130
F - 619.725.8132

2015 FLEXIBLE SPENDING ELECTION FORM

Important Note: If you would like a copy for your records, please bring a copy of the completed form and we will date stamp it. Benefits Operations will not be able to provide you with a copy.

Last Name: First Name: Employee ID#:

Address: Phone: ( )

City: State: Zip:

HEALTH CARE FSA (medical, dental, etc...) -- \$2,500 Annual maximum per employee

I wish to redirect \$ for the upcoming plan year (\$ per pay period, except July and August)
(total for the year) (ten month amount)
to my Health Care FSA.

DEPENDENT CARE FSA (CHILD CARE) -- \$5,000 Annual maximum per family (or \$2,500 if mar-
ried filing separately)

I wish to redirect \$ for the upcoming plan year (\$ per pay period, except July and August)
to my Dependent Care FSA. I have considered the IRS tax credit available to me. I understand that if I am married and
filing a separate tax return, my maximum is \$2,500.

FLEX DEBIT CARD (for Health FSA only) -- I am interested in signing up for the Flex Debit Card.

By checking this box, I understand that American Fidelity will contact me to explain the Flex Debit Card and enroll me, if
requested. (Also available for spouse and dependents over the age of 18). You may request information on the Debit Card
by emailing DebitCard-Request@americanfidelity.com.

Authorization — Read Carefully

I request and authorize the District to reduce the amount of salary payments due me by the above amount(s) and to divert the amount(s)
of such reduction(s) to my FSA account(s).

I agree that the District shall in no way be liable to me or my successors for any monetary damages which might arise from the federal or
state tax consequences of my participation in this plan and consistent therewith. I further agree to save and hold harmless the District
from any such monetary damages.

I understand that the choices I have indicated above must remain in effect for the entire plan year unless I have an eligible family status
change. Eligible family status changes are: change in employee's legal marital status; change in the number of tax dependents; termina-
tion or commencement of employment by employee, spouse or dependent; change in work schedule (summer recess and intercession pe-
riods are not considered family status changes); dependent satisfies (or ceases to satisfy) dependent eligibility requirements; change in
residence or worksite of employee, spouse, or dependent.

I understand that any unused balances in either the Health Care or Dependent
Care account at the end of the plan year shall be forfeited.

Signature of Employee

Date

FOR DISTRICT USE ONLY: Coverage Effective Date: 01/01/2015 No. of Pay Periods: 10