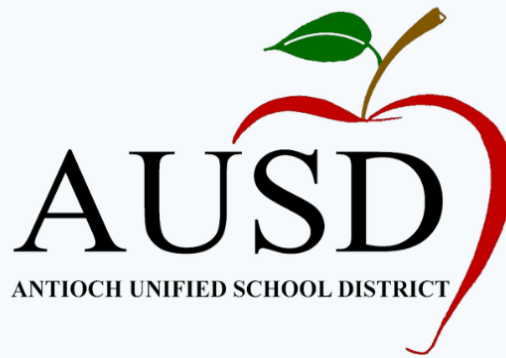
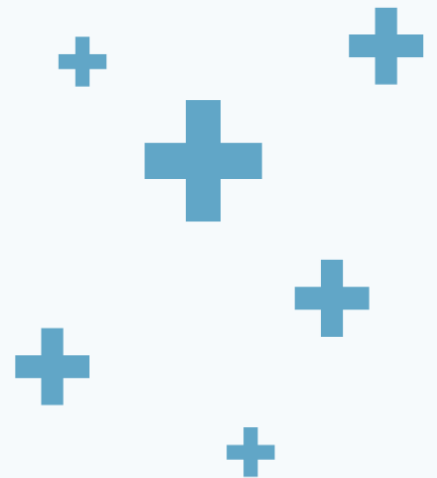




2026-2027

BENEFITS GUIDE



This benefits guide briefly describes your benefit choices and your options to enroll. All benefits, and your eligibility for benefits, are subject to the terms and conditions of the benefit plans, including group insurance contracts. This guide is not intended to be a complete description of the benefit plans, and it is not a summary plan description or plan document. In the event of any conflict or discrepancy between this guide and the plan documents, the plan documents will govern. Antioch Unified School District reserves the right to modify or terminate any of the described benefits at any time and for any reason. This guide is not a guarantee of current or future employment or benefits.

Welcome to Your Benefits Guide

This benefits package complements the financial compensation offered at Antioch Unified School District (AUSD), and provides additional support to employees as they work to accomplish the school district’s vision, mission, and goals. Benefits include medical, dental, vision, life insurance, disability, EAP, flexible spending accounts and retirement. This Benefits Guide is designed to give you information and details you need to better understand your benefit choices. It is also designed to be used in conjunction with the plan documents on our benefits website www.antiochschools.net. We encourage you to become familiar with the resources on this site and to follow up with the Benefits Office for clarification and answers to any questions you have.

All **Summaries of Benefits and Coverage (SBCs)** are posted to the District Benefits site, which you can access online anytime at <https://www.antiochschools.net> Please ask the District Benefits Office for a hard copy if desired.

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Benefit Plan Overview

Antioch Unified School District is pleased to provide you and your eligible dependents with the following benefits:

- Medical Insurance (CalPERS plans)
- Dental Insurance
- Vision Insurance
- Basic and Voluntary Term Life and Accidental Death and Dismemberment (AD&D)
- Disability Insurance
- Employee Assistance Program
- Optional Flexible Spending and Dependent Care Accounts
- Commuter Expense Reimbursement
- Retirement

This Summary provides information about the insurance plans and rates offered to eligible employees effective starting August 1, 2026, through December 31, 2027. This Booklet includes brief plan summaries (highlighting the most common services), plan eligibility, dependent coverage, and premium rates. Premiums will vary based on whether you are full-time or part-time and according to the plan and number of dependents you enroll.

Eligibility and Enrollment Information

Eligibility

All regular employees working 20 hours or more per week or are at least .50 FTE, are eligible to enroll in Antioch Unified School District's benefit plans. If you are full-time or scheduled to work 7 hours or more per day, **you are required to enroll in the dental and vision plans.** Employees working less than 7 hours can participate in the dental and vision plans but are not required to do so.

You may enroll your eligible dependents in the medical, dental, vision and life insurance programs. Your eligible dependents include:

- Legal Spouse or Registered Domestic Partner
- Eligible children up to age 26
- Certified disabled children over age 26 (in certain circumstances)
- Economically dependent children (where a parent-child relationship exists) up to age 26 who remain economically dependent (CalPERS medical plan only).

When can you Enroll?

Eligible employees may enroll at the following times:

- As a new hire or an employee who is newly eligible for benefits, you have 31 calendar days to enroll.
- During the annual Open Enrollment period. This is when you can make changes to your benefit elections. These changes include adding or dropping coverage for yourself or your eligible dependents, and/or changing health carriers and/or plans. Additionally, this is the time to **re-enroll** in the **Flexible Spending Accounts**.
- When you experience a qualified change-in-status event, such as marriage or the birth of a child, loss of other coverage or HIPPA special enrollment event. You must report these events within 31 days to make any allowable changes to your benefits.

Effective Date of Coverage

Coverage under the district-sponsored medical, dental, vision, flexible spending, and basic life/AD&D insurance plans become effective the first of the month following your start or eligibility date. Open Enrollment takes place during the months of August and September of each year. **Medical changes will be effective the following January 1st, Dental and Vision changes will become effective October 1st, and enrollment in the Flexible Spending Accounts will start on September 1st.** If applicable, payroll deductions will occur at the end of the month prior to your effective date. Example: Employees starting in August, will have premiums deducted from the August 31st paycheck with benefits effective on September 1st.

How to Enroll

You must enroll and submit required documentation as follows:

1. If you are a **new employee**, enrolling a spouse, registered domestic partner or dependent child (ren) in the benefit plans for the first time, **you must complete the following forms.** Please refer to the Employee Benefit Forms handout for instructions and examples on how to complete the required forms.
 - a. CalPERS HBD-12 form for Medical Coverage or Cash-In-Lieu
 - b. CVT enrollment form for Dental and Vision
 - c. Standard Life and AD&D Enrollment form
 - d. Standard Disability Enrollment form
 - e. Section 125/Flexible Spending Account form

If you are enrolling qualified dependents, you must also provide a copy of:

- a. Your Marriage License or Registered Domestic Partnership agreement
 - b. Birth Certificate(s) for your children
2. If you were previously enrolled and want to **add or remove** a dependent **during the Open Enrollment period**, please login to the PERS or CVT online portal and attach the following documentation:

- a. If adding coverage; your Marriage License, Registered Domestic Partnership papers and or/Birth Certificates for your children.
 - b. Your Divorce decree or Registered Domestic Partnership dissolution.
3. If you are changing a health plan during the **Open Enrollment** period but not adding or deleting dependents, login and submit changes in the CalPERS or CVT online portal by the deadline.

Note: You cannot be enrolled in a CalPERS health plan as both a member and a dependent or as a dependent on two enrollments. This is called dual coverage, and it is against the CalPERS rules.

What Happens After Enrollment

ID Cards

After you enroll, you will receive at your home address, ID cards from the medical plan you select. When you receive your ID card, confirm that all information is accurate. If not, contact the provider immediately.

To obtain an ID card for dental and vision, you will need to register on the Delta Dental and/or VSP website to print a card.

Selecting Primary Care Medical Plan Physicians

You are not required to select a Primary Care Physician (PCP) if you enroll in a PPO plan. However, most HMOs (medical and dental) encourage you and each of your covered dependents to select a PCP (or dentist) from the plan's network.

When you first enroll, you may need to designate your choice of PCP. If you don't designate your preferred PCP, the HMO will assign one for you (Kaiser will designate a PCP closest to where you live). To choose a different PCP, call your plan or go online to the carrier website after you receive your medical ID card and request that your PCP selection be changed.

What Happens if You Don't Enroll or Cancel Coverage?

If You Don't Enroll

New eligible employees who don't enroll in District-sponsored benefits within the 31-day period will not

be able to enroll until the next annual Open Enrollment period unless you experience a qualified change-in-status event or HIPAA special enrollment event. See below for the criteria on qualified change in status or HIPAA events. CalPERS does have other criteria which may allow you to enroll in a medical plane earlier.

If You Cancel Coverage

Employees on an unpaid approved Leave of Absence may cancel coverage. If you cancel coverage, you may not re-enroll until you physically return to work from the approved Leave of Absence or during the next Open Enrollment Period.

Making Changes During the Year

You can enroll in benefits as a new hire or during the annual open enrollment period. When you elect coverage, coverage stays in effect for the entire plan year. **You cannot change your coverage, start, or stop coverage, or add or drop any family members to or from your coverage, during the plan year unless you have a qualified change-in-status event or a HIPAA special enrollment event.**

Qualified Change-in-Status Events

Examples of a qualified change-in-status events include:

- Change in marital status (marriage, divorce, or legal separation)
- Change in number of dependents (birth, adoption, or placement for adoption of a child, death of spouse or child)
- Change in dependent eligibility (dependent child loses eligibility due to age)
- Change in other coverage (spouse or child gains or loses eligibility for coverage under another plan, such as through a spouse's employer)
- Change in residence resulting in loss of eligibility (such as moving out of HMO area)

If you experience a qualified change-in-status event, you have 31 days to report the event and request an enrollment change that is consistent with the type of event. For instance, if the event is marriage, you may request an enrollment change to add your new spouse to your coverage. Enrollment changes due to qualified

change-in-status events generally are effective the first of the month following the event, if you requested the enrollment change by the 31-day deadline. Coverage for a new child due to birth or adoption is generally effective on the date of the event.

The plan's official documents govern how and when you can make enrollment changes during the plan year and may allow qualified change-in-status events in addition to those listed above. The Benefits Office can provide complete details.

It is the employee's responsibility to delete a dependent that loses eligibility for coverage due to divorce/end of a domestic partnership, and/or for children due to exceeding age limitations. If you need to delete dependents, contact the Benefits Office.

HIPAA Special Enrollment Rights

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), if you decline company-sponsored medical, dental or vision coverage for yourself or your dependents because you have other health insurance coverage (for example, through your spouse's employer), you may be able to enroll yourself and your dependents in our company's health care plan during the plan year if:

- You or your dependents lose eligibility for the other coverage.
- The other employer stops contributing toward the other coverage.
- You or your dependents lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage.
- You or your dependents become eligible for a State's premium assistance program under Medicaid or CHIP

For any HIPAA special enrollment event, you must request enrollment with **31 days** after you or your dependent's other coverage ends (or after the other employer stops contributing toward the other coverage) or you acquire the new dependent. If the event is gaining or losing eligibility for coverage or premium assistance under Medicaid or CHIP, you have up to **60 days** to request a change.

If You Leave Employment or Are No Longer Eligible for Benefits

If you leave employment with Antioch Unified or if your work hours are reduced below eligibility, your benefit coverage will end as follows:

- a. Medical, Dental and Vision coverage stops at the end of the month following your separation or loss of eligibility. Example: if you leave in January, your coverage will end the last day of February.
- b. Life, AD&D, Disability, and EAP coverage ends on your separation date.
- c. The Flexible Spending Account ends on your last day of employment. Any expenses incurred **before** your separation date, can still be submitted for reimbursement.
- d. For AEA members: If you separate after working for the full school year, and have been employed for more than six months, your dental and vision benefits will run through August 31st. Your medical insurance will end on July 31st unless you elect and pay for COBRA. If you do, the district will reimburse the cost of August's COBRA premium.

You and any dependents you have covered under your medical, dental and vision coverage have the right to continue participation in the group health coverage as allowed under the Consolidated Omnibus Budget Reconciliation Act (commonly referred to as "COBRA"). COBRA generally allows you to continue coverage for up to 18 months by paying the monthly premiums yourself. In some cases, longer extensions and/or premium assistance may apply. Upon separation, you will be notified of how to continue coverage and the costs under COBRA. You can convert your life insurance coverage to an individual policy within 31 days of your termination date.

If You Plan to Retire

Certain employees, depending upon your hire date, status and your bargaining unit, may receive a monthly monetary amount towards paying for medical, dental, vision if you retire from the district **and** start receiving a pension from CalPERS or CalSTRS. Please refer to your bargaining unit agreement or board policy for information on eligibility.

Health Benefits

Medical Plan Options

AUSD offers various medical options through CalPERS. To determine which medical plan or provider is right for you depends on a variety of factors, such as whether you prefer a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO); your premium and out-of-pocket costs; and whether you want to have access to specific doctors and hospitals.

We realize that comparing medical plan benefits, features, and costs can be complicated. To help you make a decision, the **CalPERS Health Benefit Summary booklet** provides valuable information to help you make an informed choice about your medical plan and medical care providers. This publication compares covered services, co-payments, and benefits for each CalPERS health plan. It also provides information about plan availability by county and a chart summarizing important differences among health plan types. You can use this information to determine which health plan offers the services you need at the cost that works for you. The Health Benefit Summary provides only a general overview of certain benefits. It does not include details of all covered expenses or exclusions and limitations. Please refer to each health plan's Evidence of Coverage (EOC) booklet for the exact terms and conditions of coverage. In case of a conflict between this summary and your health plan's EOC, the EOC establishes the benefits that will be provided. The Health Benefit Summary Booklet, EOC documents and Health Plan physician search feature, can be found on the CalPERS Benefits Website at <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates> or at the AUSD Benefits Website.

To ensure you live in an area serviced by one of these medical plans, please log on to the CalPERS website: Active Members: Health Benefits and search for "Health Plan Search by ZIP Code", below is the link: <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/zip-search>. This will provide you with the medical plans available by the zip code you enter.

Medical Plans and Cost for 2026

Benefit Cost Worksheet					
CERTIFICATED- AEA /MANAGEMENT- AMA					
Effective January 1, 2026 - December 31, 2026					
REGION 1: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba.					
MEDICAL PREMIUMS					
	EMPLOYEE ONLY		EMPLOYEE +1		EMPLOYEE +2 or more
	EE	District	EE	District	EE District
Kaiser HMO					
MONTHLY PREMIUMS		\$1,168.86		\$2,337.72	\$3,039.04
Full-Time- 7+ hours	\$ -	\$1,168.86	\$ -	\$2,337.72	\$ - \$3,039.04
Blue Shield Access+ HMO					
MONTHLY PREMIUMS		\$1,301.95		\$2,603.90	\$3,385.07
Full-Time- 7+ hours	\$ 133.09	\$1,168.86	\$ 266.18	\$2,337.72	\$ 346.03 \$3,039.04
Blue Shield Trio HMO					
MONTHLY PREMIUMS		\$1,166.58		\$2,333.16	\$3,033.11
Full-Time- 7+ hours	\$ -	\$1,166.58	\$ -	\$2,333.16	\$ - \$3,033.11
Anthem Select HMO					
MONTHLY PREMIUMS		\$1,336.29		\$2,672.58	\$3,474.35
Full-Time- 7+ hours	\$ 167.43	\$1,168.86	\$ 334.86	\$2,337.72	\$ 435.31 \$3,039.04
Anthem Traditional HMO					
MONTHLY PREMIUMS		\$1,612.08		\$3,224.16	\$4,191.41
Full-Time- 7+ hours	\$ 443.22	\$1,168.86	\$ 886.44	\$2,337.72	\$ 1,152.37 \$3,039.04
United Health Care Alliance HMO					
MONTHLY PREMIUMS		\$1,290.06		\$2,580.12	\$3,354.16
Full-Time- 7+ hours	\$ 121.20	\$1,168.86	\$ 242.40	\$2,337.72	\$ 315.12 \$3,039.04
United Health Care Harmony HMO					
MONTHLY PREMIUMS		\$1,133.09		\$2,266.18	\$2,946.03
Full-Time- 7+ hours	\$ -	\$1,133.09	\$ -	\$2,266.18	\$ - \$2,946.03
PERS Gold (PPO)					
MONTHLY PREMIUMS		\$1,120.58		\$2,241.16	\$2,913.51
Full-Time- 7+ hours	\$ -	\$1,120.58	\$ -	\$2,241.16	\$ - \$2,913.51
PERS Platinum (PPO)					
MONTHLY PREMIUMS		\$1,670.14		\$3,340.28	\$4,342.36
Full-Time- 7+ hours	\$ 501.28	\$1,168.86	\$ 1,002.56	\$2,337.72	\$ 1,303.32 \$3,039.04
Western Health Advantage HMO*					
MONTHLY PREMIUMS		\$ 969.58		\$1,939.16	\$2,520.91
Full-Time- 7+ hours	\$ -	\$ 969.58	\$ -	\$1,939.16	\$ - \$2,520.91
*Not available in the Bay Area; check the CalPERS website to find the plans in your area					
CASH-IN-LIEU OF MEDICAL					
Full Time- 7+ hours					\$310 / \$3,720 Annually

Benefit Cost Worksheet					
CLASSIFIED- CSEA					
Effective January 1, 2026 - December 31, 2026					
REGION 1: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba.					
MEDICAL PREMIUMS					
	EMPLOYEE ONLY		EMPLOYEE +1		EMPLOYEE +2 or more
	EE	District	EE	District	EE District
Kaiser HMO					
MONTHLY PREMIUMS		\$1,168.86		\$2,337.72	\$3,039.04
Full Time- 7+ hours	\$ -	\$1,168.86	\$ -	\$2,337.72	\$ - \$3,039.04
Part Time- 6+ hours	\$ 175.33	\$ 993.53	\$ 350.66	\$1,987.06	\$ 455.86 \$2,583.18
Part Time- 4+ hours	\$ 409.10	\$ 759.76	\$ 818.20	\$1,519.52	\$1,063.66 \$1,975.38
Blue Shield Access+ HMO					
MONTHLY PREMIUMS		\$1,301.95		\$2,603.90	\$3,385.07
Full Time- 7+ hours	\$ 133.09	\$1,168.86	\$ 266.18	\$2,337.72	\$ 346.03 \$3,039.04
Part Time- 6+ hours	\$ 308.42	\$ 993.53	\$ 616.84	\$1,987.06	\$ 801.89 \$2,583.18
Part Time- 4+ hours	\$ 542.19	\$ 759.76	\$1,084.38	\$1,519.52	\$1,409.69 \$1,975.38
Blue Shield Trio HMO					
MONTHLY PREMIUMS		\$1,166.58		\$2,333.16	\$3,033.11
Full Time- 7+ hours	\$ -	\$1,166.58	\$ -	\$2,333.16	\$ - \$3,033.11
Part Time- 6+ hours	\$ 174.99	\$ 991.59	\$ 349.97	\$1,983.19	\$ 454.97 \$2,578.14
Part Time- 4+ hours	\$ 408.30	\$ 758.28	\$ 816.61	\$1,516.55	\$1,061.59 \$1,971.52
Anthem Select HMO					
MONTHLY PREMIUMS		\$1,336.29		\$2,672.58	\$3,474.35
Full Time- 7+ hours	\$ 167.43	\$1,168.86	\$ 334.86	\$2,337.72	\$ 435.31 \$3,039.04
Part Time- 6+ hours	\$ 342.78	\$ 993.53	\$ 685.52	\$1,987.06	\$ 891.17 \$2,583.18
Part Time- 4+ hours	\$ 576.53	\$ 759.76	\$1,153.06	\$1,519.52	\$1,498.97 \$1,975.38
Anthem Traditional HMO					
MONTHLY PREMIUMS		\$1,612.08		\$3,224.16	\$4,191.41
Full Time- 7+ hours	\$ 443.22	\$1,168.86	\$ 886.44	\$2,337.72	\$ 1,152.37 \$3,039.04
Part Time- 6+ hours	\$ 618.55	\$ 993.53	\$1,237.10	\$1,987.06	\$1,608.23 \$2,583.18
Part Time- 4+ hours	\$ 852.32	\$ 759.76	\$1,704.64	\$1,519.52	\$2,216.03 \$1,975.38
United Health Care Alliance HMO					
MONTHLY PREMIUMS		\$1,290.06		\$2,580.12	\$3,354.16
Full Time- 7+ hours	\$ 121.20	\$1,168.86	\$ 242.40	\$2,337.72	\$ 315.12 \$3,039.04
Part Time- 6+ hours	\$ 296.53	\$ 993.53	\$ 593.06	\$1,987.06	\$ 770.98 \$2,583.18
Part Time- 4+ hours	\$ 530.30	\$ 759.76	\$1,060.60	\$1,519.52	\$1,378.78 \$1,975.38
UnitedHealthcare Harmony HMO					
MONTHLY PREMIUMS		\$1,133.09		\$2,266.18	\$2,946.03
Full Time- 7+ hours	\$ -	\$1,133.09	\$ -	\$2,266.18	\$ - \$2,946.03
Part Time- 6+ hours	\$ 169.96	\$ 993.13	\$ 339.93	\$1,926.25	\$ 441.90 \$2,504.13
Part Time- 4+ hours	\$ 396.58	\$ 736.51	\$ 793.16	\$1,473.02	\$1,031.11 \$1,914.92
PERS Gold (PPO)					
MONTHLY PREMIUMS		\$1,120.58		\$2,241.16	\$2,913.51
Full Time- 7+ hours	\$ -	\$1,120.58	\$ -	\$2,241.16	\$ - \$2,913.51
Part Time- 6+ hours	\$ 168.09	\$ 952.49	\$ 336.17	\$1,904.99	\$ 437.03 \$2,478.48
Part Time- 4+ hours	\$ 392.20	\$ 728.38	\$ 784.41	\$1,456.75	\$1,019.73 \$1,893.78
PERS Platinum (PPO)					
MONTHLY PREMIUMS		\$1,670.14		\$3,340.28	\$4,342.36
Full Time- 7+ hours	\$ 501.28	\$1,168.86	\$ 1,002.56	\$2,337.72	\$ 1,303.32 \$3,039.04
Part Time- 6+ hours	\$ 676.61	\$ 993.53	\$1,353.22	\$1,987.06	\$1,759.18 \$2,583.18
Part Time- 4+ hours	\$ 910.38	\$ 759.76	\$1,820.76	\$1,519.52	\$2,366.98 \$1,975.38
Western Health Advantage HMO*					
MONTHLY PREMIUMS		\$ 969.58		\$1,939.16	\$2,520.91
Full Time- 7+ hours	\$ -	\$ 969.58	\$ -	\$1,939.16	\$ - \$2,520.91
Part Time- 6+ hours	\$ 145.44	\$ 824.14	\$ 290.87	\$1,648.29	\$ 378.14 \$2,142.77
Part Time- 4+ hours	\$ 339.35	\$ 630.23	\$ 678.71	\$1,260.45	\$ 882.32 \$1,638.59
*Not available in the Bay Area; check the CalPERS website to find the plans in your area					
CASH-IN-LIEU OF MEDICAL					
Full Time- 7+ hours					\$260 / \$3,120 Annually
Part Time- 6+ hours					\$195/ \$2,340 Annually
Part Time- 4+ hours					\$130/ \$1,560 Annually

Medical Plans and Cost for 2027

Benefit Cost Worksheet CLASSIFIED- CSEA Effective January 1, 2027 - December 31, 2027						
REGION 1: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba.						
MEDICAL PREMIUMS						
Kaiser HMO	EMPLOYEE ONLY		EMPLOYEE +1		EMPLOYEE +2 or more	
	EE	District	EE	District	EE	District
MONTHLY PREMIUMS	\$ 1,187.63		\$ 2,375.26		\$ 3,087.84	
Full Time- 7+ hours	\$ -	\$ 1,187.63	\$ -	\$ 2,375.26	\$ -	\$ 3,087.84
Part Time- 6+ hours	\$ 178.14	\$ 1,009.49	\$ 358.29	\$ 2,018.97	\$ 463.18	\$ 2,624.66
Part Time- 4+ hours	\$ 415.67	\$ 771.96	\$ 831.34	\$ 1,543.92	\$ 1,080.74	\$ 2,007.10
Blue Shield Access+ HMO	EE District		EE District		EE District	
MONTHLY PREMIUMS	\$ 1,479.12		\$ 2,958.24		\$ 3,845.71	
Full Time- 7+ hours	\$ 291.49	\$ 1,187.63	\$ 582.98	\$ 2,375.26	\$ 757.87	\$ 3,087.84
Part Time- 6+ hours	\$ 469.63	\$ 1,009.49	\$ 939.27	\$ 2,018.97	\$ 1,221.05	\$ 2,624.66
Part Time- 4+ hours	\$ 707.16	\$ 771.96	\$ 1,414.32	\$ 1,543.92	\$ 1,838.61	\$ 2,007.10
Blue Shield Trio HMO	EE District		EE District		EE District	
MONTHLY PREMIUMS	\$ 1,202.57		\$ 2,405.14		\$ 3,126.68	
Full Time- 7+ hours	\$ 14.94	\$ 1,187.63	\$ 29.88	\$ 2,375.26	\$ 38.84	\$ 3,087.84
Part Time- 6+ hours	\$ 193.08	\$ 1,009.49	\$ 386.17	\$ 2,018.97	\$ 502.02	\$ 2,624.66
Part Time- 4+ hours	\$ 430.61	\$ 771.96	\$ 861.22	\$ 1,543.92	\$ 1,119.58	\$ 2,007.10
Anthem Select HMO	EE District		EE District		EE District	
MONTHLY PREMIUMS	\$ 1,486.44		\$ 2,972.88		\$ 3,864.74	
Full Time- 7+ hours	\$ 298.81	\$ 1,187.63	\$ 597.62	\$ 2,375.26	\$ 776.90	\$ 3,087.84
Part Time- 6+ hours	\$ 476.95	\$ 1,009.49	\$ 953.91	\$ 2,018.97	\$ 1,240.08	\$ 2,624.66
Part Time- 4+ hours	\$ 714.48	\$ 771.96	\$ 1,428.96	\$ 1,543.92	\$ 1,857.64	\$ 2,007.10
Anthem Traditional HMO	EE District		EE District		EE District	
MONTHLY PREMIUMS	\$ 1,732.52		\$ 3,465.04		\$ 4,504.55	
Full Time- 7+ hours	\$ 544.89	\$ 1,187.63	\$ 1,089.78	\$ 2,375.26	\$ 1,416.71	\$ 3,087.84
Part Time- 6+ hours	\$ 723.03	\$ 1,009.49	\$ 1,446.07	\$ 2,018.97	\$ 1,879.89	\$ 2,624.66
Part Time- 4+ hours	\$ 960.56	\$ 771.96	\$ 1,921.12	\$ 1,543.92	\$ 2,497.45	\$ 2,007.10
Sutter Health	EE District		EE District		EE District	
MONTHLY PREMIUMS	\$ 1,130.67		\$ 2,261.34		\$ 2,939.74	
Full Time- 7+ hours	\$ -	\$ 1,130.67	\$ -	\$ 2,261.34	\$ -	\$ 2,939.74
Part Time- 6+ hours	\$ 169.60	\$ 961.07	\$ 339.20	\$ 1,922.14	\$ 440.96	\$ 2,498.78
Part Time- 4+ hours	\$ 395.73	\$ 734.94	\$ 791.47	\$ 1,469.87	\$ 1,028.91	\$ 1,910.83
PERS Gold (PPO)	EE District		EE District		EE District	
MONTHLY PREMIUMS	\$ 1,215.17		\$ 2,430.34		\$ 3,159.44	
Full Time- 7+ hours	\$ 27.54	\$ 1,187.63	\$ 55.08	\$ 2,375.26	\$ 71.60	\$ 3,087.84
Part Time- 6+ hours	\$ 205.08	\$ 1,009.49	\$ 411.37	\$ 2,018.97	\$ 534.78	\$ 2,624.66
Part Time- 4+ hours	\$ 443.21	\$ 771.96	\$ 886.42	\$ 1,543.92	\$ 1,152.34	\$ 2,007.10
PERS Platinum (PPO)	EE District		EE District		EE District	
MONTHLY PREMIUMS	\$ 1,778.62		\$ 3,557.24		\$ 4,624.41	
Full Time- 7+ hours	\$ 590.99	\$ 1,187.63	\$ 1,181.98	\$ 2,375.26	\$ 1,536.57	\$ 3,087.84
Part Time- 6+ hours	\$ 789.13	\$ 1,009.49	\$ 1,538.27	\$ 2,018.97	\$ 1,999.75	\$ 2,624.66
Part Time- 4+ hours	\$ 1,006.66	\$ 771.96	\$ 2,013.32	\$ 1,543.92	\$ 2,617.31	\$ 2,007.10
Western Health Advantage HMO*	EE District		EE District		EE District	
MONTHLY PREMIUMS	\$ 1,030.80		\$ 2,061.60		\$ 2,680.08	
Full Time- 7+ hours	\$ -	\$ 1,030.80	\$ -	\$ 2,061.60	\$ -	\$ 2,680.08
Part Time- 6+ hours	\$ 154.62	\$ 876.18	\$ 309.24	\$ 1,752.36	\$ 402.01	\$ 2,278.07
Part Time- 4+ hours	\$ 360.78	\$ 670.02	\$ 721.56	\$ 1,340.04	\$ 938.03	\$ 1,742.05
*Not available in the Bay Area; check the CalPERS website to find the plans in your area						
CASH-IN-LIEU OF MEDICAL						
Full Time- 7+ hours \$260 / \$3,120 Annually						
Part Time- 6+ hours \$195 / \$2,340 Annually						
Part Time- 4+ hours \$130 / \$1,560 Annually						
DENTAL AND VISION PREMIUMS Effective October 1, 2025 - December 31, 2026						
Delta Dental PPO	EE District		EE+1 District		EE+Fam District	
Full Time- 7+ hours	\$ -	\$ 69.12	\$ -	\$ 131.22	\$ -	\$ 208.75
Part Time- 6+ hours	\$ 10.37	\$ 58.75	\$ 19.68	\$ 111.54	\$ 31.31	\$ 177.44
Part Time- 4+ hours	\$ 24.19	\$ 44.93	\$ 45.93	\$ 85.29	\$ 73.06	\$ 135.69
VSP	EE District		EE+1 District		EE+Fam District	
Full Time- 7+ hours	\$ -	\$ 9.58	\$ -	\$ 17.80	\$ -	\$ 27.41
Part Time- 6+ hours	\$ 1.44	\$ 8.14	\$ 2.67	\$ 15.13	\$ 4.11	\$ 23.30
Part Time- 4+ hours	\$ 3.35	\$ 6.23	\$ 6.23	\$ 11.57	\$ 9.59	\$ 17.82
11-MONTH EMPLOYEES WILL ALSO HAVE 1/6th DEDUCTIONS FROM JANUARY- JUNE (PREMIUM \$/ 6)						

Benefit Cost Worksheet CERTIFICATED- AEA /MANAGEMENT- AMA Effective January 1, 2027 - December 31, 2027						
REGION 1: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba.						
MEDICAL PREMIUMS						
Kaiser HMO	EMPLOYEE ONLY		EMPLOYEE +1		EMPLOYEE +2 or more	
	EE	District	EE	District	EE	District
MONTHLY PREMIUMS	\$ 1,187.63		\$ 2,375.26		\$ 3,087.84	
Full-Time- 7+ hours	\$ -	\$ 1,187.63	\$ -	\$ 2,375.26	\$ -	\$ 3,087.84
Blue Shield Access+ HMO	EE District		EE District		EE District	
MONTHLY PREMIUMS	\$ 1,479.12		\$ 2,958.24		\$ 3,845.71	
Full-Time- 7+ hours	\$ 291.49	\$ 1,187.63	\$ 582.98	\$ 2,375.26	\$ 757.87	\$ 3,087.84
Blue Shield Trio HMO	EE District		EE District		EE District	
MONTHLY PREMIUMS	\$ 1,202.57		\$ 2,405.14		\$ 3,126.68	
Full-Time- 7+ hours	\$ 14.94	\$ 1,187.63	\$ 29.88	\$ 2,375.26	\$ 38.84	\$ 3,087.84
Anthem Select HMO	EE District		EE District		EE District	
MONTHLY PREMIUMS	\$ 1,486.44		\$ 2,972.88		\$ 3,864.74	
Full-Time- 7+ hours	\$ 298.81	\$ 1,187.63	\$ 597.62	\$ 2,375.26	\$ 776.90	\$ 3,087.84
Anthem Traditional HMO	EE District		EE District		EE District	
MONTHLY PREMIUMS	\$ 1,732.52		\$ 3,465.04		\$ 4,504.55	
Full-Time- 7+ hours	\$ 544.89	\$ 1,187.63	\$ 1,089.78	\$ 2,375.26	\$ 1,416.71	\$ 3,087.84
Sutter Health	EE District		EE District		EE District	
MONTHLY PREMIUMS	\$ 1,130.67		\$ 2,261.34		\$ 2,939.74	
Full-Time- 7+ hours	\$ -	\$ 1,130.67	\$ -	\$ 2,261.34	\$ -	\$ 2,939.74
PERS Gold (PPO)	EE District		EE District		EE District	
MONTHLY PREMIUMS	\$ 1,215.17		\$ 2,430.34		\$ 3,159.44	
Full-Time- 7+ hours	\$ 27.54	\$ 1,187.63	\$ 55.08	\$ 2,375.26	\$ 71.60	\$ 3,087.84
PERS Platinum (PPO)	EE District		EE District		EE District	
MONTHLY PREMIUMS	\$ 1,778.62		\$ 3,557.24		\$ 4,624.41	
Full-Time- 7+ hours	\$ 590.99	\$ 1,187.63	\$ 1,181.98	\$ 2,375.26	\$ 1,536.57	\$ 3,087.84
Western Health Advantage HMO*	EE District		EE District		EE District	
MONTHLY PREMIUMS	\$ 1,030.80		\$ 2,061.60		\$ 2,680.08	
Full-Time- 7+ hours	\$ -	\$ 1,030.80	\$ -	\$ 2,061.60	\$ -	\$ 2,680.08
*Not available in the Bay Area; check the CalPERS website to find the plans in your area						
CASH-IN-LIEU OF MEDICAL						
Full Time- 7+ hours \$310 / \$3,720 Annually						
DENTAL AND VISION PREMIUMS EFFECTIVE JANUARY 1, 2026 - DECEMBER 31, 2026						
Delta Dental PPO	EE District		EE+1 District		EE+Fam District	
Full Time-7+ hours	0	69.12	0	125.19	0	179.96
VSP	EE District		EE+1 District		EE+Fam District	
Full Time- 7+ hours	0	9.58	0	17.80	0	27.41
Those working less than a full FTE- District pays that percentage towards premiums						
11-month employees will have double deductions in June to cover the summer month						

District Contribution/Cap

AUSD contributes towards the cost of your medical, dental and vision based on your medical plan election:

Single Medical Coverage: The district shall pay up to \$14,251.56 per year/ \$1,187.63 per month for all Certificated, Classified, & Management employees towards the cost of medical. This amount also includes the Districts minimum annualized monthly contribution required by CALPERS.

Two-Party Medical Coverage: The district shall pay up to \$28,503.12 per year/ \$2,375.26 per month for all Certificated, Classified, & Management employees towards the cost of medical. This amount also includes the Districts minimum annualized monthly contribution required by CALPERS.

Family Medical Coverage: The district shall pay up to \$37,054.08 per year/ \$3,087.84 per month for all Certificated, Classified, & Management employees towards the cost of medical. This amount also includes the Districts minimum annualized monthly contribution required by CALPERS.

Part-time employees receive a prorated cap based on the number of hours you work, your FTE and bargaining unit.

AEA and Certificated Management- Your cap is based on your FTE. If you are full time, you will receive 100% of the Cap. If you work 80%, AUSD will contribute 80% of the premium cost up to the district cap (whichever is less) towards the cost of your plans. **Example:** If you select single medical Kaiser coverage, the total premium cost is \$1,187.63. The district will pay 80% of the total premium or CAP whichever is less, so for this example we use the CAP since it is less. The single party CAP is $\$1,187.63 \times 80\% = \$950.10$ and your monthly share would be \$237.53.

CSEA, Classified Management and Confidential employees- If you are scheduled to work 35 hours or more per week the District will pay 100% of the Cap. If you work between 30 and 35 hours per week, the District will pay 85% of the premium cost or the Cap, whichever is less. If you work between 20 and 30 hours per week the District will pay 65% of the premium cost or the Cap, whichever is less. **Example:** If you select single medical Kaiser, the total premium cost is \$ 1,187.63. The district will pay 85% of the total premium or the CAP, whichever is less. The single party CAP is $\$1,187.63 \times 85\% = \$1,009.49$ and your monthly share would be \$178.14.

Cash In Lieu of Medical

Employees, who have **alternative medical coverage through a group plan**, may opt to waive their medical benefit. The current cash value of this option is \$3,120 per year for full-time Classified employees and \$3,720 per year for Certificated/Management employees and is pro-rated for part-time employees. **Employees must provide proof of medical insurance in the form of a letter from the employer providing alternative coverage or a copy of their medical ID card.** The amount received from Cash-In-Lieu is taxable income and does NOT count towards retirement credit under STRS/PERS.

Important facts if you waive coverage:

- Employees who have previously elected to waive medical coverage and would like to enroll in a medical plan may do so only during the Open Enrollment period unless there has been a qualified change-in-status event.
- Enrollment in Cash-In-Lieu may **only** occur at the time of hire or during the Open Enrollment period. There is no mid-year enrollment for Cash-In-Lieu unless you have a qualified change in status.
- **You must recertify each Open Enrollment Period for Cash-In-Lieu.** The form will be available during the applicable period and will need to be accessed and submitted through Frontline Central.

Imputed Income for Registered Domestic Partners

The Federal Government and IRS do not recognize domestic partnerships and requires that premiums paid for benefits of a registered domestic partner, or children of domestic partner be paid with post-tax dollars. Due to the District contribution for medical, dental and vision insurance, the value of these plans will result in imputed income to the employee. This means you will be taxed on the value of the coverage.

Dental Plan

The Delta Dental PPO plan gives you the freedom to choose your own dentist and receive coverage from in-network and out-of-network providers. The Preferred Provider Organization (PPO) plan is made up of general dentists and specialists who have agreed to provide dental care at discounted fees. If you go to a dentist who participates in the PPO, you qualify for in-network coverage and benefit from discounted rates. The Delta Dental Premier network provides more cost savings features and is the next best option when you can't find a PPO dentist. You will have greater out of pocket expenses using the Premier network than a PPO provider. Out of Network dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit a non-Delta dentist. You are responsible for the difference between what Delta Dental pays and the dentist's fee.

Below is a summary of the key features and costs for both in-network and out-of-network services.

Certificated, Classified, Management Confidential Employees and Trustees		
Delta Dental		
General Plan Provisions	PPO Network	Premier Network and Out of Network
Calendar Year Deductible Individual/Family	None	
Calendar Year Plan Maximum	None	None
Diagnostic & Preventive Services Oral Exams: 2 Annual Cleanings: 2	70-100% ¹	
Basic Services Fillings, Posterior Composite Restorations, Sealants		
Major Care Crowns, Inlays, Inlays & Cast Restorations		
Prosthodontics Bridges, dentures	60%	70-100% ¹
Oral & Maxillofacial Surgery/Implant Services	\$2,000 calendar year maximum	\$2,000 calendar year maximum (Benefits based on contract allowance)
Classified Employees Only		
Child Orthodontic Care	50%	
Child Orthodontic Care Maximum Lifetime Benefit	\$2,000 per dependent child	
Dental Plan Costs		
Monthly Cost	Certificated, Mgmt, Confid.Trustee	Classified
Employee	\$ 69.12	\$69.12
Employee+One	\$ 125.19	\$131.22
Employee+Family	\$ 179.96	\$208.75

¹ Benefit percentage increases by 10% each year (to a maximum of 100%) provided the member visits the dentist at least once during the year. If the member does not use the plan during the year, the benefit level remains the same as the prior year.

To locate a Delta Dental dentist near you, check the dentist directory on the Delta Dental website (deltadentalins.com), which also provides a map to the dental office

Classified Rates

DENTAL AND VISION PREMIUMS						
Effective October 1, 2025 - December 31, 2026						
Delta Dental PPO	EE	District	EE+1	District	EE+ Fam	District
Full time -7+ hours	\$ -	\$ 69.12	\$ -	\$ 131.22	\$ -	\$ 208.75
Part time -6 hours	\$ 10.37	\$ 58.75	\$ 19.68	\$ 111.54	\$ 31.31	\$ 177.44
Part time- 4+ hours	\$ 24.19	\$ 44.93	\$ 45.93	\$ 85.29	\$ 73.06	\$ 135.69
VSP	EE	District	EE+1	District	EE+ Fam	District
Full time- 7+ hours	\$ -	\$ 9.58	\$ -	\$ 17.80	\$ -	\$ 27.41
Part time -6 hours	\$ 1.44	\$ 8.14	\$ 2.67	\$ 15.13	\$ 4.11	\$ 23.30
Part time- 4+ hours	\$ 3.35	\$ 6.23	\$ 6.23	\$ 11.57	\$ 9.59	\$ 17.82
11-MONTH EMPLOYEES WILL ALSO HAVE 1/6th DEDUCTIONS FROM JANUARY- JUNE (PREMIUM \$/ 6)						

Certificated & Management Rates

DENTAL AND VISION PREMIUMS						
EFFECTIVE JANUARY 1, 2026 - DECEMBER 31,2026						
Delta Dental PPO	EE	District	EE+1	District	EE+Fam	District
Full Time-7+ hours	0	69.12	0	125.19	0	179.96
VSP	EE	District	EE+1	District	EE+Fam	District
Full Time- 7+ hours	0	9.58	0	17.80	0	27.41
Those working less than a full FTE- District pays that percentage towards premiums						
11-month employees will have double deductions In June to cover the summer month						

Vision Plan

The District offers vision benefits through Vision Service Plan (VSP). You'll find:

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

You can find a participating provider at www.vsp.com or by calling their Customer Service Department at **800-877-7195**.

Below is a summary of covered services and costs:

VSP Vision Plan – All Eligible AUSD Employees		
Copays		
Eye Exam / Materials	\$15 copay	
Benefit Frequency		
Eye Exam	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 12 months	
General Plan Provisions	In-Network	Out-of-Network
Eye Exam	No charge after copay	Up to \$50 benefit allowance
Frames	\$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance	Up to \$70 benefit allowance
Single Lens	No charge after copay	Up to \$50 benefit allowance
Lined Bi-Focal Lenses	No charge after copay	Up to \$75 benefit allowance
Lined Tri-Focal Lenses	No charge after copay	Up to \$100 benefit allowance
Progressive Lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses	Up to \$50 Up to \$80 - \$90 Up to \$120 - \$160	Up to \$75 benefit allowance
Contact Lenses (Instead of Glasses)	In-Network	Out-of-Network
Contacts and Contact Lens Exam	Up to \$120 benefit allowance	Up to \$105 benefit allowance
Monthly Cost (All Employees)	District Paid if Full-Time*	
Employee	\$9.58	
Employee+One	\$17.80	
Employee+Family	\$27.41	

Flexible Benefit Plan – Section 125



A Flexible Benefit Plan, also known as a Section 125 Plan, is part of a cafeteria plan that allows employees to purchase certain benefits with pre-tax dollars. This plan is put into place to assist in paying for AUSD Group Insurance Premiums as well as allowing you to put aside an elected amount for Flexible Spending Accounts (FSAs). If you elect to participate in any of the accounts, you will save Federal, State, Social Security and Medicare taxes on every dollar contributed to the plan. For many employees, that means a savings of 20-40% on every dollar put into this plan. Enrollment in these plans will reduce your reportable income; therefore, your Social Security Benefits may be affected by your election. However, most will find that the tax savings far outweigh the potential negative impact.

In most cases, you need to spend the funds in your account within the plan year. However, you do have a 90-day period after the end of the plan year to submit your Health Care or Dependent Daycare expenses. Any claims submitted after this period will be denied and any funds you had available will be forfeited. It is important that you plan appropriately and ensure you submit claims for timely reimbursement.

The maximum amounts for plan year starting **September 1, 2026, through August 31, 2027** are:

- Health Care Flexible Spending Account: **\$3,400**
- Dependent Care Flexible Spending Account: **\$7,500 ***

* The maximum tax exclusion permitted for a full 12-month Plan Year is \$7,500 per individual taxpayer or married couple filing a joint tax return. The maximum amount permitted could be reduced under the following circumstances: (1) If you are married and file a separate tax return, the maximum you may elect is \$3,750; (2) If your spouse earns less than \$7,500, you may not elect more than your spouse earns during the Plan Year; (3) If your spouse is a full-time student or disabled, the maximum is \$200 for one dependent or \$400 for two or more dependents for every month of study or disability.

Plan Features

AUSD Group Insurance Premiums

This section of the plan allows your portion of the premiums cost for Medical, Dental and Vision insurance to be deducted from your paycheck with pre-tax dollars. If you wish to opt out of this pre-tax benefit as a new hire or during the open enrollment period, contact the Benefits Office to obtain the necessary form.

Dependent Care Spending Account

You may use the Dependent Care Spending Account to pay for the day care of your dependent children under the age of 13, and dependents of any age who are incapable of self-care, live with you at least eight hours per day, and are claimed as dependents on your income tax return. To be eligible, care must be provided while you (and your spouse, if you are married) work, look for work, or attend school full-time. Eligible expenses include care in your home by an eligible provider or at a licensed facility. You cannot be reimbursed for residential or “sleep-away” care, nursing home care, or for babysitting when you are not at work.

Health Care Spending Account

You can use the Health Care Spending Account to pay for out-of-pocket health plan expenses including copays, coinsurance, and deductibles. Eligible expenses are “medically necessary” expenses not covered by your medical, dental or vision plans, including:

- Deductibles, copays, and coinsurance
- Medical doctors, dentists, eye doctors, chiropractors, osteopaths, podiatrists, psychiatrists*, psychologists*, physical therapists, acupuncturists, and psychoanalysts*
- Dental and orthodontia expenses
- Prescription glasses, contact lenses and lens cleaning solution, Laser vision correction.
- Medical aids such as hearing aids (and batteries), dentures, braces, orthopedic shoes, etc.
- Prescription drugs and drug copayments
- Over-the-counter drugs and medications used for the treatment of a medical condition, injury, or illness *please refer to the FSA Employee Handbook for additional information.

Eligible expenses do not include cosmetic procedures, treatments not supervised by a qualified health care professional, premiums for employer-provided health care plans, or other expenses that are not medically necessary.

Reimbursement

FSA participants can receive a Debit Card that will allow you to pay for eligible expenses at the point of sale or service and automatically deducts the expense from your Flex account. While using the Debit Card allows you to directly pay for services and not be out-of-pocket for your expenses, **it is important to remember the Debit Card Program is NOT a paperless process.** Plan participants are required to retain all receipts per IRS guidelines. Because of the tax benefits that FSA plans provide, the Internal Revenue Service (IRS) requires verification that all FSA debit card transactions are for eligible expenses. There are a few exceptions to this rule.

- For example, your transaction may be verified automatically and may not require documentation if it matches a co-pay amount under your employer’s health plan or is made at an IRS approved retailer or pharmacy. If your transaction does not meet these exceptions, you will be notified by SASI to submit documentation to substantiate this purchase or service.
- All receipts must indicate the name of the service provider/merchant, original date of service, the type of service/purchase made, and the amount charged. Simple debit card receipts are not acceptable per IRS guidelines.

There will be notification by email or text (opt-in) after the card transaction settles if a receipt is required. The purchases which need to be substantiated can be viewed by logging on to www.sasiplans.com which is the portal to access the personal flex account online. All purchases made can be viewed and all the submissions of receipts can be completed as required. You can also download the SASI App in both the Google Play Store as well as the Apple App Store which will allow easy access to your accounts at any time.

- Reminder notifications will continue to be sent out each month if SASI does not receive adequate documentation to substantiate the charge. If SASI has not received the receipt by the 3rd month after the card swipe, the debit card will be suspended. When the charge is 120 days old, SASI will mark the purchase as a non-qualified expense.
- Once the transaction is resolved, either by providing appropriate documentation or repaying the plan, the card will be reactivated.

Year End Balances

You will have 90 days from the end of the plan year to submit a request for reimbursement of expenses incurred during the plan year. The plan year is September 1st through August 31st. For those participating in the Health FSA account, the plan allows a \$680 carryover provision of unused funds from the previous plan year into the following plan year. Carryover balances do not affect the New Year election amount. So, a participant could carry over \$680 and still elect \$3,400 for the new plan year, making a total election of \$4,080. This carry over provision does not apply to the Dependent Care FSA. Balances on your Health FSA exceeding \$680 or any remaining funds on your Dependent Care FSA will be forfeited after the 90-day period.

Enrollment/Registration

To participate in the 2026/2027 plan year FSA, please enroll on-line through the SASI website at www.sasiplans.com. Follow the instructions that are available on the AUSD/Benefits/Flexible Benefit Account website.

Questions

For questions, please contact our FSA Plan Administrator, SASI, at (800) 752-3539 or email them at sasi@sasiplans.com.

Commuter Expense Reimbursement Program



Commuter Expense Reimbursement Program gives employees the ability to pay for qualified transportation expenses with pre-tax dollars. This means you can set aside a portion of your salary, before taxes are calculated, and use that money to pay for work related parking and public transportation. The amount set aside is completely exempt from federal income taxes and Social Security (FICA), as well as California income taxes.

Transportation expenses are defined as expenses incurred for a pass, token, fare card, voucher, or similar item for transportation (a) on mass transit facilities including BART, Muni, ferry, cable car, etc., or (b) in a Commuter Highway Vehicle (Vanpool) if such transportation is in connection with travel between your residence and place of employment. A Commuter Highway Vehicle is any highway vehicle with a seating capacity of at least six adults (not including the driver), and for which at least 80% of the mileage is for the purposes of transporting employees in connection with travel between their residences and their places of employment.

Parking expenses are defined as expenses incurred to park your car on or near the business premises of your employer, or expenses incurred to park your car at a location from which you commute to work by (a) mass transit, (b) Commuter Highway Vehicle, or (c) carpool.

The maximum monthly contributions you can make to this plan are:

For Parking Expenses	\$340/month
For Transportation Expenses (Public transportation/vanpool)	\$340/month

You can start or stop your contributions at any time by completing the required form which is available on the AUSD Benefits website or contact the Benefits Office for assistance.

Requests for reimbursement should be sent to SASI. Request for Reimbursement Forms can be found on the SASI website: www.sasiplans.com. Commuting Expenses cannot be reimbursed until the expense has been incurred and you can only be reimbursed your current account balance.



Life Insurance



Basic Life and AD&D Insurance

AUSD provides you with a Basic Term Life and AD&D Life insurance plan that provides a level of financial security for your loved ones. This coverage is free to all benefits eligible employees and is offered through the Standard Insurance Company. In addition, you have the option of purchasing Supplemental Life Insurance for yourself, your spouse/registered domestic partner, and/or your children.

Life and AD&D Insurance				
Benefits				
Employee Type:	Classified and Unrepresented Mgmt.		Certificated	
Employee Basic Life and AD&D:	Amount of Life Insurance payable at the Participants Age At Death		Participant Age at Death	
For Classified and Unrepresented Management employees, the amount payable to your beneficiary varies based on your age at death. For Certificated employees, your beneficiary will receive a flat amount	Under 25	\$54,720	\$15,000	
	25 through 29	\$48,000		
	30 through 34	\$41,280		
	35 through 39	\$35,280		
	40 through 44	\$28,080		
	45 through 49	\$21,120		
	50 through 54	\$13,680		
	55 through 59	\$11,040		
	60 through 64	\$9,360		
	65 through 69	\$5,760		
	70 or over	\$3,360		
Cost	Premium fully paid by AUSD		Premium fully paid by AUSD	
Additional Employee Life Insurance:	Amount of Coverage		Rates per \$1,000 of insurance	
All employees have the option to choose additional life insurance between \$10,000 and \$300,000 in increments of \$10,000. Example: \$10,000, \$20,000, \$30,000, etc. Upon hire or eligibility, you have a guaranteed issue of \$200,000. Any amount in excess will require you to provide the Standard with proof of good health. Please contact the Benefits Office for additional information.	Minimum Benefit: \$10,000 Maximum Benefit: \$300,000		Under 25	\$.062
			25 through 29	\$.069
			30 through 34	\$.086
			35 through 39	\$0.106
			40 through 44	\$0.149
			45 through 49	\$0.239
			50 through 54	\$0.366
			55 through 59	\$0.635
			60 through 64	\$0.996
			65 through 69	\$1.654
			70 through 74	\$2.575
			75 and over	\$3.891

Life and AD&D Insurance			
Spouse/Registered Domestic Partner Life Insurance	Amount of Coverage	Rates per \$1,000 of insurance	
Participants have the option to choose an additional Life amount between \$5,000 and \$150,000 in increments of \$5,000. Coverage cannot exceed 50% of the employee’s additional life insurance election and any amounts greater than \$50,000 will require evidence of good health.	Minimum Benefit: \$5,000 Maximum Benefit: \$150,000	Under 25	\$.062
		25 through 29	\$.069
		30 through 34	\$.086
		35 through 39	\$0.106
		40 through 44	\$0.149
		45 through 49	\$0.239
		50 through 54	\$0.366
		55 through 59	\$0.635
		60 through 64	\$0.996
		65 through 69	\$1.654
		70 through 74	\$2.575
		75 and over	\$3.891
Dependent Life Insurance for your child(ren)	Minimum Benefit: \$2,000 Maximum Benefit: \$10,000 Employees have the option to choose an Additional Life amount between \$2,000 and \$10,000 in increments of \$2,000. Example: \$2,000, \$4,000, \$6,000, etc.		
Cost:	Rate per \$1,000:	\$0.05	
Voluntary Accidental Death and Dismemberment Insurance	Minimum Benefit: \$10,000 Maximum Benefit: \$500,000 Employees have the option to choose an Additional Accidental Death & Dismemberment amount between \$10,000 and \$500,000 in increments of \$10,000 (example: \$10,000, \$20,000, \$30,000)		
Cost:	Rate per \$1,000:	Employee Only: \$0.015 Employee Plus Dependent \$ 0.023	
Accelerated Benefit	Allows you to receive up to 80% of the amount of Life Insurance in force when you provide satisfactory proof to The Standard that, while insured, you have been diagnosed as terminally ill with a life expectancy of less than 12 months. The amount paid under the accelerated benefit reduces the amount of Life Insurance paid upon your death		
Qualified Disability Benefit	Allows you to receive up to 60% of the amount of Life Insurance in force when you provide satisfactory proof to The Standard that, while insured, you are unable to perform two or more activities of daily living (bathing, continence, dressing, eating, toileting, transferring) without hands-on or standby assistance. The amount paid under the qualified disability benefit reduces the amount of Life Insurance paid upon your death.		

Naming Your Beneficiary

You may name anyone you wish as the beneficiary who will receive your Life and AD&D benefits in case of your death. Once you have selected your beneficiary (ies), your designation will remain unchanged until you submit a new beneficiary designation form. You may change your beneficiary (ies) as often as you wish. Make sure to keep your beneficiary (ies) up to date.

Policy Number: 503211

Disability Insurance



Disability insurance coverage helps protect you by replacing your income in the event you are unable to work due to an illness or injury. Disability through the Standard is provided to all regular benefit eligible employees:

- Basic Disability Insurance benefit is for One Year, paid for the by district.
- You have the option to purchase an Enhanced Disability Plan that pays for two years.

Here's how it works:

When you become eligible, you'll be automatically enrolled in LTD coverage.

Standard Disability		
Benefits		
Elimination Period	The shorter of seven consecutive Regular Days of Required Attendance (RDRAs) and/or Extra Duty Days of Required Attendance, or 30 calendar days	
Benefit Percentage	75%	
Basic Plan (paid by AUSD)	75% of your Regular Daily Contract Salary, less deductible income*for One Benefit Year	
Enhanced Plan (paid by you)	75% of your Regular Daily Contract Salary, less deductible income*for Two Benefit Year	
Minimum Monthly Benefit	\$12.50 while receiving sick pay	\$30.00 per day after sick leave is exhausted
Maximum Duration	Basic Plan (paid AUSD)	Enhanced Plan
	One Year	Two Years
Monthly Cost	Basic Plan	All Employees
All	Premium fully paid by AUSD	.142% of your monthly Insured Earnings

* Examples of deductible income include personal leave pay, severance pay, substitute differential pay, catastrophic/extraordinary leave bank, salary continuation, workers' compensation, work earnings, Social Security, state disability, and CalPERS/CalSTRS benefits

Please note: This chart is just a brief overview of benefits and coverage for the disability plan. You should also look at the detailed disclosure/summary documents for the plan, available on the district's web site,

Policy Number: 503211

Group Numbers:

01 – Employees over five years of continuous employment with AUSD

02 – Employees under five years of continuous employment with AUSD

Employee Assistance Program (EAP)



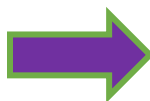
Life is filled with change, opportunities, and challenges. Each of us at one time or another faces hardship, tragedy, disappointment, or loss. Sometimes we could just use a little help to find solutions to those challenges. The Employee Assistance Program (EAP) offered through TELUS Health provides 24 hours a day, 7 days a week confidential access to professional counseling, guidance, support and other resources for you and any household dependents in need of assistance.



Convenient access to online resources.

Download the LifeWorks app or visit
login.lifeworks.com
Username: antioch
Password: eap

1-800-272-2727



Let us help.

Access your Employee Assistance Program (EAP) 24/7 by phone, web or mobile app.

Username: antioch Password: eap

Download the app now at your device app store.



Solutions for your work, health and life.



Achieve wellbeing

- Stress • Mental health concerns
- Grief and loss • Crisis situations



Manage relationships and family

- Communication • Separation/divorce
- Parenting



Deal with workplace challenges

- Stress • Performance • Work-life balance



Tackle addictions

- Alcohol • Drugs • Smoking cessation
- Gambling



Find child and elder care resources

- Child care • Schooling
- Nursing/retirement homes



Get legal advice

- Family law • Separation/divorce
- Custody



Receive financial guidance

- Debt management • Bankruptcy
- Retirement

Sometimes a telephone call is all it takes. However, if you or an immediate family member needs additional short-term counseling, you can schedule an appointment with an EAP counselor. The EAP can also provide referrals to other providers or community sources if you need additional assistance. These services are entirely confidential and are free to employees and their household family members.

Call them anytime at **(800) 272-2727** or visit their website at **<https://www.login.lifeworks.com>**

Retirement Plan Information



For CalSTRS Members

CalSTRS provides retirement benefits for eligible full-time, part-time and substitute California public school educators. All full-time and part-time employees working as a .50 fte and above are automatically enrolled and all other Certificated employees can elect Permissive Membership. CalSTRS requires membership for Certificated employees who work more than 100 days per fiscal year. Your retirement benefit is based on a formula set by law using your age, service credit and final compensation.

As a result of the 2012 legislation, CalSTRS now has two benefit structures: Members first hired on or before December 31, 2012, are under "CalSTRS 2% at 60", and those first hired on or after January 1, 2013, are under "CalSTRS 2% at 62".

This is a very important benefit. Please take advantage of the workshops provided by CalSTRS so you can plan appropriately for your retirement. Additionally, the CalSTRS website is filled with information regarding retirement eligibility, planning, forms and publications. Go to www.calstrs.com or you can contact them at (800) 228-5453.

This is just a brief overview of benefits and coverage for CalSTRS. In the event of any conflict or discrepancy between this guide and the STRS plan documents, the plan documents will govern. You should refer to CalSTRS member publications, available online at www.calstrs.ca.gov.

For CalPERS Members

Classified employees who work at least 1,000 hours per fiscal year or work in a regular ongoing position for at least 4 hours per day become members of the California Public Employees Retirement System (CalPERS). Your retirement benefit is based on a formula set by law that includes your years of service credit, age at retirement, and final compensation.

As a result of the 2012 legislation, CalPERS now has two benefit structures: Members first hired on or before December 31, 2012, are under "CalPERS 2% at 55", and those first hired on or after January 1, 2013, are under "CalPERS 2% at 62".

This is a very important benefit. Please take advantage by reading the brochure included in your new hire package, "What You Need to Know About Your CalPERS School Benefits" or by attending workshops so you can plan appropriately for your retirement. The CalPERS website is filled with information regarding retirement eligibility, planning, forms, webinars and publications. Go to www.calpers.ca.gov or you can contact CalPERS at (888) 225-7377.

This is just a brief overview of benefits and coverage for CalPERS. In the event of any conflict or discrepancy between this guide and the plan documents, the PERS plan documents will govern. You should refer to CalPERS member publications, available online at www.calpers.ca.gov.

403(b) / 457(b) and Roth Savings Accounts

403(b) / 457(b)

The 403(b) and 457(b) plans are tax deferred retirement plans available to all employees of AUSD. Contributions you make and investment earnings in these plans grow tax deferred until withdrawal (assumed at retirement), at which it is taxed as ordinary income. While you may be eligible to receive a pension through CalSTRS or CalPERS, at retirement, these savings plans can supplement your pension and contribute to your overall retirement goals.

Roth Accounts

Unlike a traditional, pretax 403(b) and 457(b) accounts, a Roth account allows you to contribute after-tax dollars and then withdraw tax-free dollars from your account when you retire.

Maximum Contributions

For 2026, the IRS has set the contribution limit at \$24,500 per calendar year for 403(b) and 403(b) Roth accounts. If you are over age 50 at the end of the calendar year, you are permitted to make additional, “catch-up”, elective deferral contributions, of \$ 8,000 for a total maximum of \$32,500 per year. The 457(b) plan has the same maximums, \$24,500 per calendar year and \$32,500 if 50 years or older. This provides you with the ability to contribute up to \$49,000 or \$65,000 annually if you decide to participate in both a 403b and 457(b) plan. The IRS reviews and adjusts annual limits periodically, <https://www.irs.gov/retirement-plans/plan-participant-employee/retirement-topics-403b-contribution-limits>

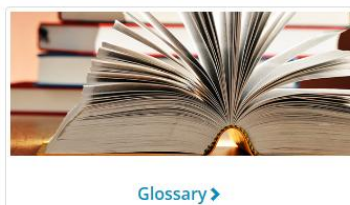
How do I start? Register with Trusted Capital Group (TCG) online using CalSTRS 403b Compare.

CalSTRS 403b Compare website provides you with additional information that you should explore prior to signing up for a plan. You can obtain information on product types and fees and then compare different vendor products against each other to select the best product for you. To access the below tools, please visit their website at:

<https://www.403bcompare.com/HelpAndResources>

Once you have selected an investment provider, make sure you create an account with TCG and allocate a monthly withdrawal amount. You will receive confirmation once you have successfully completed this process with TCG. **Once you have completed your TCG account, you must also go to your providers’ separate web page and create an account with that company to allow for the payroll funds to be deposited with your selected provider.**

Help & Resources



How do I start contributing:

<https://calstrs403bcomply.com/>



1. Type in Antioch and then click on the name AntiochUSD and hit search.

Let's begin your journey to financial independence!

Begin by entering the name of your employer:

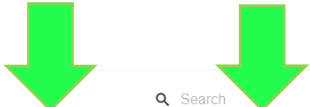
Antioch USD

2. Select which type of plan you are interested in investing in.

Available Plans for Antioch USD

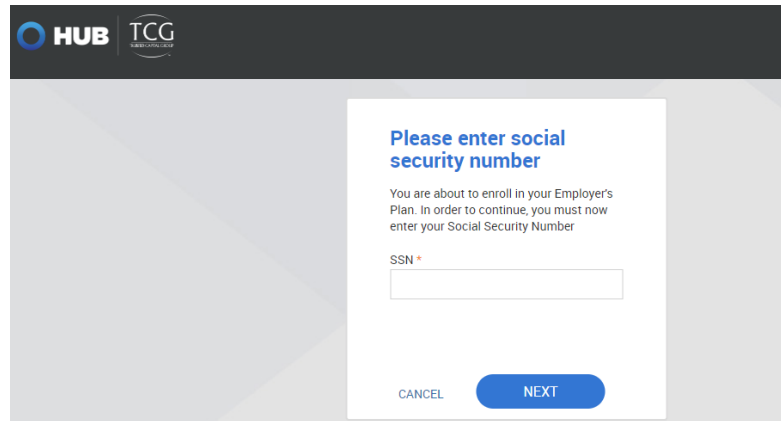
403(b) Admin Savings Plan ⓘ	ENROLL
457(b) Admin Savings Plan ⓘ	ENROLL

3. You will now see a list of approved vendors under either your selected 403b or 457 plan. Select a provider and select the enroll now option.



Vendor Name	Phone	Website	Step one: Establish your Account	Step two: Set your contributions
403b ASP (ASpire Financial Services)**	1-866-634-5873	Visit Website	Visit Website	ENROLL NOW
American Century Investments**	800-345-3533	Visit Website	Visit Website	ENROLL NOW
American Fidelity	800-662-1113	Visit Website	Visit Website	ENROLL NOW
American Funds Distributors (only available through ASpire)**	1-866-634-5873	Visit Website	Visit Website	ENROLL NOW
American United Life Ins. Co.	317-285-1877	www.oneamerica.com	No longer accepting new enrollments	ENROLL NOW

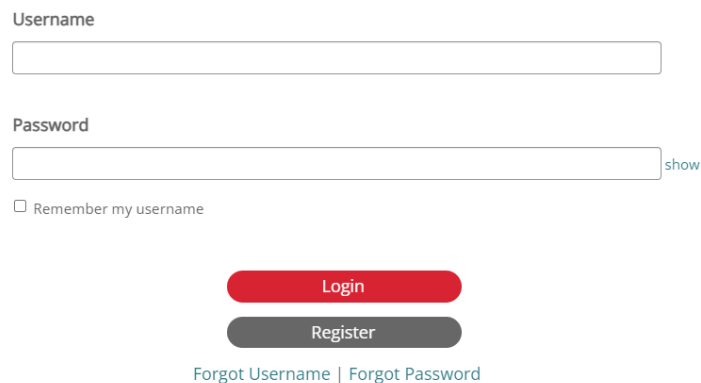
4. You will then be re-directed to the TCG page to start the enrollment process. Please enter all of your personal information to start the account. You will be prompted to enter in an allocation amount for your selected vendor during the process. Complete all the steps with TCG until you reach the confirmation page.



5. From either the small link on confirmation page, the calstrs403bcomply.com website, or by going directly to the vendor website, **you must** register your new account with your selected provider. For example, if you select American Fidelity, you will go to this vendors site and register your account. **Failure to complete this process will result in delayed distribution and/or return of your funds.**

Example:

Policyholders & Participants



TCG is Antioch's Plan Administrator. They work with AUSD on compliance requirements and assisting you with enrollment and obtaining loans, distributions and any questions you may have. There is a \$2.00 per month administrative fee that will be deducted from your payroll check for each type of account you have (403(b), 457(b), or Roth). **If you have further questions and would like to talk with our Plan Administrator TCG, please contact them at (800) 943-9179.**

Contacts

If you have questions, you can contact the plan carriers below or call the District Benefits Office at (925) 779-7500.

PLAN	TELEPHONE #	WEBSITE
Antioch Unified School District Benefits Office	925-779-7500 x 54600	https://www.antiochschools.net/benefits
403b/457 Retirement Plans Administered by: TCG	800-943-9179	https://www.403bcompare.com/employers/130
CalSTRS Retirement System	800-228-5453	www.calstrs.com/
CalPERS Classified Employees' Retirement System and All Employees Medical Plans Administrator	888-225-7377	www.calpers.ca.gov/
<u>Anthem Blue Cross Administrators:</u> Anthem HMO Select Anthem HMO Traditional	855-839-4524	www.anthem.com/ca/calpers
<u>Blue Shield of California</u> Administers the following plans: Blue Shield Access HMO Blue Shield Trio PERS Gold PPO PERS Platinum PPO	800-334-5847	www.blueshieldca.com/calpers
Kaiser	Kaiser: 800.464.4000 24 Hour Nurse Line: 800.611.1811, Option #2	www.kp.org/calpers
Western Health Advantage HMO	888-942-7377	www.westernhealth.com/calpers
<u>United Health Care</u> Administers the following plans: *Ending as of 12/31/2026 United Healthcare Alliance United Healthcare Harmony	877-359-3714	www.uhc.com/calpers

Optum RX Pharmacy Benefit Manager	855-505-8110	www.optumrx.com/calpers
California Valued Trust (CVT) District's Dental and Vision Plans Administrator	800-288-9870	cvtrust.org
Delta Dental Policy Numbers: 7901-3423 – Certificated, Management and Trustees 7901-3421 - Classified	800-765-6003	www.deltadentalins.com
Vison Service Plan (VSP) Policy Numbers: 01 – Certificated 02 – Classified 03 – Management 04 - Trustees	800-877-7195	www.vsp.com
The Standard Basic and Supplemental Life and AD&D Insurance	800-522-0406	www.standard.com
The Standard Disability Insurance	800-522-0406 Fax: 888-414-0393	www.standard.com
Employee Assistance Program – Telus	800-272-2727	www.workhealthlife.com
Flexible Spending Accounts - SASI	800-752-3539	www.sasiplans.com

Annual Notices

Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call the Benefits Office at (925) 779-7500.

Mothers' and Newborns' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Patient Protection Notice

CalPERS health plans generally allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the health plan network and who is available to accept you or your family members. Until you make this designation, the health plan or health insurance issuer will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the health plan at <http://www.calpers.ca.gov/index.jsp?bc=/member/health/edu/plans-online.xml>.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the health plan at: <http://www.calpers.ca.gov/index.jsp?bc=/member/health/edu/plans-online.xml>.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid

Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mychohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid

Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPPI program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP

Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 5/31/2029)

HIPPA Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of the self-funded health plan(s) (the "Plan") sponsored by Antioch Unified School District and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH Act) and subsequent amending regulations ("HIPAA Privacy Rule"). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. We are required to provide this HIPAA Privacy Notice to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually 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 past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact the individual listed at the end of this notice.

Our Responsibilities

Antioch Unified School District is required by law to:

- Maintain the privacy of your protected health information.
- Provide you with certain rights with respect to your protected health information.
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your Protected health information; and
- Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed, or required by law. If we make any material change to this

Notice, we will provide you with a copy of our revised HIPAA Privacy Notice electronically or by first class mail to the last known address on file.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability.
- to report births and deaths.
- to report child abuse or neglect.
- to report reactions to medications or problems with products.
- to notify people of recalls of products they may be using.
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law-enforcement official:

- in response to a court order, subpoena, warrant, summons, or similar process.
- to identify or locate a suspect, fugitive, material witness, or missing person.
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement.
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

Coroners, Medical Examiners, and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your protected health information to the correctional institution or law-enforcement official if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your protected health information to researchers when:

- the individual identifiers have been removed; or
- when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
- treating such person as your personal representative could endanger you; and
- in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to the individual listed at the end of this Notice. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the individual listed at the end of this Notice.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the individual listed at the end of this Notice. You must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan.

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit it in writing to the individual listed at the end of this Notice. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must send your request in writing to the individual listed at the end of this notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the individual listed at the end of this notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact to the individual listed below. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

HIPAA Contact

Antioch Unified School District
Chief Human Resources Officer
Address 510 G Street, Antioch, CA 94509
Phone: (925) 779-7500
Website: www.antiochschools.net

Medicare Part D Creditable Coverage Notice

Important Notice from Antioch Unified School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Antioch Unified School District and your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Antioch Unified School District has determined that the prescription drug coverage offered by all CalPERS medical plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of

your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Antioch Unified School District coverage may be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents may or may not be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current Antioch Unified School District coverage, be aware that you and your dependents may not be able to get this coverage back.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information regarding this program is available through the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

When Will You Pay A Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Antioch Unified School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage, contact the person listed at the end of this notice on the following page for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Antioch Unified School District changes. You also may request a copy of this notice at any time.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- **Call 1-800-MEDICARE (1-800-633-4227).** TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	September 1, 2025
Name of Entity/Sender:	Antioch Unified School District/ Benefits Office
Contact--Position/Office:	Jessica Guzman / Human Resources Coordinator
Address:	510 G Street, Antioch CA 94509
Phone Number:	(925) 779-7500

General Notice of COBRA Continuation Coverage Rights

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or

- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies.
- Your spouse's hours of employment are reduced.
- Your spouse's employment ends for any reason other than his or her gross misconduct.
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies.
- The parent-employee's hours of employment are reduced.
- The parent-employee's employment ends for any reason other than his or her gross misconduct.
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment.
- Death of the employee.
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Benefits Office/Plan Administrator within 30 days.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

Genetic Information Nondiscrimination Act (GINA)

Title I of the Genetic Information Nondiscrimination Act of 2008 (GINA) includes provisions that generally prohibit group health plans and health insurance issuers from discriminating based on genetic information. These provisions amend the Employee Retirement Income Security Act (ERISA), administered by the Department of Labor (DOL); the Public Health Service Act (PHSA Act), administered by the Department of Health and Human Services (HHS); and the Internal Revenue Code (the Code), administered by the Department of the Treasury (the Treasury) and the Internal Revenue Service (IRS). DOL has jurisdiction with respect to employment-based group health plans. HHS, in

conjunction with the States, administers these provisions with respect to health insurance issuers. The Treasury and IRS administer these provisions with respect to employers. Title I of GINA also includes individual insurance market provisions under the PHSA and privacy and confidentiality provisions under the Social Security Act, which are both within the jurisdiction of HHS. Title II of GINA, under the jurisdiction of the Equal Employment Opportunity Commission, addresses discrimination in employment based on genetic information.

The subject of these Frequently Asked Questions is the requirements of Title I of GINA under ERISA, prohibiting discrimination in group health plan coverage based on genetic information.

GINA expands the genetic information nondiscrimination protections included in Title I of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Under GINA, group health plans cannot base premiums for a plan or a group of similarly situated individuals on genetic information. GINA generally prohibits plans from requesting or requiring an individual to undergo genetic tests, and prohibits a plan from collecting genetic information (including family medical history) prior to or in connection with enrollment, or for underwriting purposes.

GINA applies generally to group health plans. Unlike the provisions under Title I of HIPAA, there is no exception for very small health plans with less than two participants who are current employees.

For additional information visit <https://www.eeoc.gov/genetic-information-discrimination>.

Mental Health Parity and Addiction Equity Act

The Mental Health Parity and Addiction Equity Act (MHPAEA) generally requires group health plans that provide mental health and substance use disorder benefits to ensure that financial requirements and treatment limitations applicable to those benefits are no more restrictive than those applied to medical and surgical benefits.

Federal regulations issued by the Departments of Labor, Health and Human Services, and Treasury strengthen these protections and require health plans to evaluate whether nonquantitative treatment limitations (NQTLs), such as prior authorization requirements, medical management standards, network adequacy requirements, and reimbursement methodologies, are applied in a manner consistent with MHPAEA.

Participants, beneficiaries, and authorized representatives may request information regarding the plan's compliance with MHPAEA, including information concerning medical necessity criteria and, where applicable, analyses of nonquantitative treatment limitations. Requests should be directed to the applicable health plan administrator or carrier

If you have questions regarding your mental health or substance use disorder benefits, or your rights under MHPAEA, contact your health plan carrier or the U.S. Department of Labor, Employee Benefits Security Administration at www.askebsa.dol.gov or 1-866-444-3272.

Uniformed Services Employment and Reemployment Rights Act (USERRA) Notice

The Uniformed Services Employment and Reemployment Rights Act of 1994, enacted October 13, 1994 (Title 38 U.S. Code, Chapter 43, Sections 4301-4335, Public Law 103-353), as amended, provides for the employment and reemployment rights for all uniformed service members.

Reemployment rights extend to persons who have been absent from a position of employment because of “service in the uniformed services.” “Service in the uniformed services” means the performance of duty on a voluntary or involuntary basis in a uniformed service, including:

- Active duty and active duty for training
- Initial active duty for training
- Inactive duty training
- Full-time National Guard duty
- Absence from work for an examination to determine a person’s fitness for any of the above types of duty
- Funeral honors duty performed by National Guard or Reserve members
- Duty performed by intermittent employees of the National Disaster Medical System (NDMS), which is part of the Department of Health and Human Services, when activated for a public health emergency, and approved training to prepare for such service (added by Pub. L. 107-188, June 2002). See Title 42, U.S. Code, Section 300hh-11(d).

The “uniformed services” consist of the following [20 CFR 1002.5 (o)]:

- Army, Navy, Marine Corps, Air Force and Coast Guard
- Army Reserve, Naval Reserve, Marine Corps Reserve, Air Force Reserve and Coast Guard Reserve
- Army National Guard and Air National Guard
- Commissioned Corps of the Public Health Service
- Any other category of persons designated by the President in time of war or emergency



YOUR RIGHTS UNDER USERRA

THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <https://www.dol.gov/agencies/vets/>. An interactive online USERRA Advisor can be viewed at <https://webapps.dol.gov/elaws/vets/userra>
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <https://www.dol.gov/agencies/vets/programs/userra/poster>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



U.S. Department of Labor
1-866-487-2365



U.S. Department of Justice



Office of Special Counsel



1-800-336-4590

Publication Date — May 2022



New Health Insurance Marketplace Coverage Options and Your Health Coverage Notice

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer. Receipt of this notice does not confirm you are eligible for health coverage by your employer. Please refer to Part B below and to your departmental Human Resources Officers for eligibility requirements.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace in California is known as "Covered California." Covered California offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through Covered California begins in October 2013, for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through Covered California and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of the plan from your employer that would cover you (and not any other members of your family) is more than the current federal Marketplace Notice, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.

Note: If you purchase health coverage through Covered California instead of accepting health coverage offered by your employer, you may lose the employer contribution (if any) towards the employer-offered coverage. Also, the employer contribution as well as your employee contribution towards the employer-offered coverage is often excluded from income for federal and State income tax purposes. Your payments for coverage through Covered California are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

How Can I Get More Information?

For more information about health coverage offered by your employer, please check your summary plan description or contact your department's Personnel Office. For information about health coverage offered by Covered California, please visit www.Coveredca.com or call (888) 975-1142.

PART B: Information about Health Coverage Offered by Your Employer

This section contains information about health coverage offered by your employer. If you decide to complete an application for coverage through Covered California, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Antioch Unified School District		4. Employer Identification Number (EIN) 52-1527181	
5. Employer Address 510 G Street		6. Employer Phone Number (925) 779-7500	
7. City Antioch	8. State CA	9. Zip Code 94509	
10. Who can we contact about employee health coverage at this job? Jessica Guzman			
11. Phone number (if different than above)		12. Email Address jessicaguzman@antiochschools.net	

The following employees are eligible for health benefits:

- Permanent Full-Time;
- Permanent Part-Time, if appointed half-time or more;

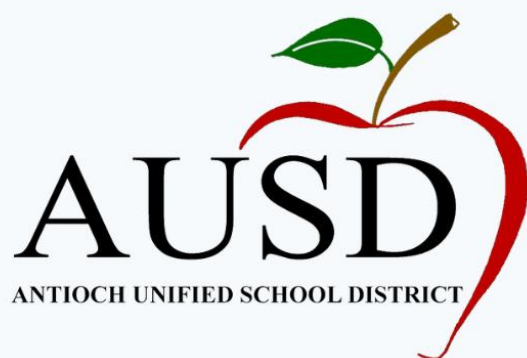
The following dependents are eligible for health benefits:

- Your spouse or registered domestic partner.
- Your children (*including adopted, step, or registered domestic partner's children*) up to age 26.
- Disabled adult children of any age if they were enrolled prior to age 26; and,
- Children up to age 26 for whom the employee has assumed a parent-child relationship and is considered the primary care parent. (*Note: You will be asked to supply appropriate forms of documentation to certify this relationship.*)

This coverage meets the minimum value standard and the cost of this coverage to you is intended to be affordable based upon employment wages. However, even though we intend your coverage to be affordable, you may still be eligible for a premium discount through Covered California. Covered California will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee), if you are newly employed mid-year or if you have other income losses, you may still qualify for a premium discount.

If you do decide to shop for coverage through Covered California, you will need employer information to determine if you are eligible for a premium tax credit to lower your monthly premiums.

Please contact Covered California directly at (888) 975-1142 with questions regarding the Health Insurance Marketplace. Please contact your departmental Human Resources Office for clarification on information contained in this memorandum.



WWW.ANTIOCHSCHOOLS.NET



BENEFITS@ANTIOCHSCHOOLS.NET



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