

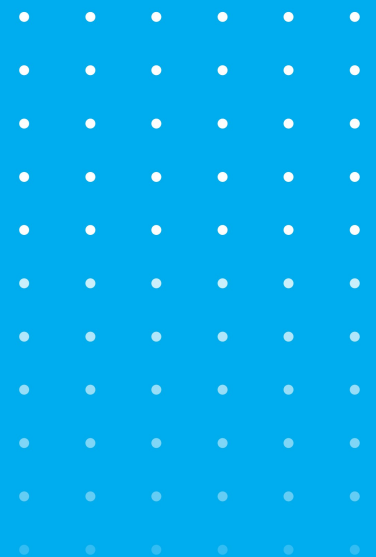


EMPLOYEE BENEFITS GUIDE

October 2024

September 2025

Management &
Confidential
Employees



Welcome to Glendale USD!

This guide provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact the Benefits Department at (818) 241-3111 ext. 1368.

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IMPORTANT INFORMATION

ACA

The Affordable Care Act (ACA) requires applicable large employers to make affordable coverage available to their employees or risk paying a penalty. It is important that you understand your options for health insurance coverage. You may consider these options below:

- Enroll in a medical plan offered by Glendale USD or another group plan
- Purchase coverage through a health insurance marketplace
- Enroll in coverage through a government-sponsored program (if eligible)

Because Glendale USD’s medical plans are considered affordable and meet minimum value under the Affordable Care Act, you will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

Annual Notices

Glendale USD’s plans are partially arranged by Glendale USD and governed by its plan rules and documents. Various state and federal laws require that employers provide disclosure and annual notices to their plan participants.

The following is a list of the annual notices:

- Medicare Part D Notice of Creditable Coverage
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns’ and Mothers’ Health Protection Act
- Special Enrollment Rights
- Medicaid & Children’s Health Insurance Program
- HIPAA Notice of Privacy Practices
- Summary of Benefits and Coverage (SBC)

Annual Notices are posted on the District’s website at www.gusd.net, under -> Departments -> Benefits -> Annual Notices.



For More Information
Go to www.healthcare.gov.

Paying For Your Coverage

The District, through the collective bargaining process, has established a maximum District contribution to the health insurance plan for the 2024-2025 school year of \$39,790.15 for all employees. **Regular employees working 50% but less than 80% can enroll their dependents at their own expense.**

Your Medical, Dental, and Vision contributions, if any, are deducted before taxes are withheld, which saves you tax dollars. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event. **If you would like to opt out of the before-tax option, please contact the Benefits Department.**

ENROLLMENT INFORMATION

Who May Enroll

If you are a regular full-time management and confidential employee working 80% or more, you and your eligible dependents may participate in Glendale USD's benefits program. **Regular employees working 50% but less than 80% can enroll their dependents at their own expense.** Your eligible dependents include:

- Legally married spouse
- Registered domestic partner
- Children under the age of 26, regardless of student or marital status



When You Can Enroll

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

- As a new hire, you may participate in the company's benefits program on the first day of the month following your date of hire. If you are hired on the first working day of the month, your insurance coverage starts the first day of the month of hire.
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)

Benefits Plan Year:

October 1–
September 30

Changes To Enrollment

Our benefit plans are effective October 1st through September 30th. There is an annual open enrollment period each year, during which you can make new benefit elections for the following October 1st effective date. Once you make your benefit elections, you cannot change them throughout the year unless you experience a qualifying event as defined by the IRS.

Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a federal or state premium assistance program under Medicare, Medicaid, or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. If you do not update your coverage within 30 days of the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

DELETING SPOUSES

If you are divorced, your ex-spouse must be removed from your coverage **within 30 days** of legal proceedings (only legal spouse can be covered). Failure to remove your ex-spouse from your coverage can result in you being financially responsible for premiums by the District and claims paid by the insurance company(ies). If you are ordered by the court to provide health coverage for your ex-spouse, coverage must be purchased outside of the District as they no longer qualify as your dependent. When deleting an ex-spouse, please complete a change form and contact **Stephen Sosa at (818) 241-3111 ext. 1368** or stephensosa@gusd.net for additional information.

ADDING NEW DEPENDENTS

Blue Shield's policy on adding new dependents during the plan year is as follows:

- **NEW SPOUSES** must be enrolled **within 30 days** of marriage. The employee must submit an insurance change form and a copy of the marriage certificate provided at the ceremony.
- **NEWBORNS** are covered automatically under the employee's coverage through the **30th day** following the birth. However, before the 31st day following the birth, the employee must submit an insurance change form and a **copy of the newborn's birth certificate provided by the hospital**.

IF ENROLLING A DOMESTIC PARTNER: Please note that unless your domestic partner qualifies as your tax dependent for health care purposes under the Internal Revenue Code, Federal Tax Law requires that the premium cost for your domestic partner and his/her children will be deducted from your paycheck on an after-tax basis. The value of GUSD's portion of the premium will result in "Imputed Income" to you. This amount will be included as an additional wage paid to you on your pay stub for the cost of the domestic partner's premium on which you will pay Federal Taxes.

MEDICAL INSURANCE

Option 1

Blue Shield | HMO

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

Option 2

Blue Shield | PPO

The Blue Shield Preferred Provider Organization (PPO) plan allows you to direct your own care. If you receive care from a physician who is a member of the plan's network, a greater percentage of the entire cost will be paid by the insurance plan. However, you are not limited to the physicians within the network and you may self-refer to specialists. If you obtain services using a non-network provider, please note that you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims.

Plan Differences	Blue Shield HMO	Blue Shield PPO
Employee Premiums	\$	\$\$\$
Cost Sharing	Copays	Contribution, Copay, Deductible, Coinsurance
Network Size	★★★★	★★★★
Access to Providers	Managed by Your PCP	Managed by You
- Primary Care Physician	Required	Not Required
- Referral for Specialist	Required	Not Required



Blue Shield Custom Video For You!

Looking for a smarter, easier way to learn about your Blue Shield of California health plan options? View your custom video at <https://choose.blueshieldca.com/gusd> or scan the QR code to view.



Blue Shield Microsite—Resources, Online and Phone Access from Membership

Manage your care online by registering at www.blueshieldca.com/gusd. You can locate network providers, manage your claims, obtain health and wellness information and much more.

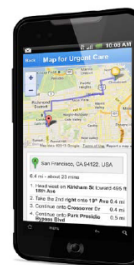
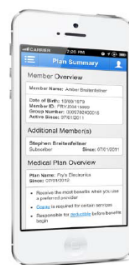
For assistance, please contact the Shield Concierge Service Team at (855) 599-2657.



Blue Shield Mobile Apps

Along with Blue Shield's mobile website, members have quick and easy access to important information anytime, anywhere with Blue Shield's Mobile apps.

Visit the iTunes App Store for iPhone or Google Play Store for Android and search for Blue Shield of California Mobile or scan the QR code to download an app today!



MEDICAL INSURANCE

Option 1

Option 2

Plan Name	Blue Shield HMO	Blue Shield PPO	
Network Name	Access + Network	Full PPO Network	Non-Network
Network Size	★ ★ ★ ★	★ ★ ★ ★	
Blue Shield - Health Benefits			
Lifetime Maximum	Unlimited	Unlimited	
Deductible (Annual) - Individual / Family	\$0 / \$0	\$350 / \$700	\$350 / \$700
Out-of-Pocket Maximum - Individual / Family	\$1,000 / \$2,000	\$1,500 / \$3,000	\$4,500 / \$9,000
Co-Insurance (Plan Pays)	100%	90%	70%
Office Visit Copay - Preventive Care - Primary Care Physician - Access+ Specialist Office Visit - Urgent Care - Teledoc Virtual Visit	No Charge \$20 Copay \$30 Copay \$20 Copay No Charge	No Charge Deductible, 10% Deductible, 10% Deductible, 10% No Charge	Deductible, 30% Deductible, 30% Deductible, 30% Deductible, 30% N/A
Hospitalization - Inpatient - Outpatient	No Charge No Charge	Deductible, 10% Deductible, 10%	Deductible, 30% Deductible, 30%
Lab and X-Ray - Diagnostic - Complex	No Charge No Charge	Deductible, 10% Deductible, 10%	Deductible, 30% Deductible, 30%
Emergency Services	\$100 Copay	\$100 Copay, 10%	
Chiropractic	\$15 Copay 30 Visits/Year	Deductible, 10%	Deductible, 30%
MedImpact - Pharmacy Benefits			
Pharmacy Deductible - Individual / Family	\$0 / \$0	\$0 / \$0	\$0 / \$0
Pharmacy Out-of-Pocket Maximum - Individual / Family	\$1,000 / \$2,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Retail Pharmacy - Generic Formulary (Tier 1) - Brand Name Formulary (Tier 2) - Non-Formulary (Tier 3) - Supply Limit	\$5 Copay \$20 Copay \$35 Copay 30 Days	\$10 Copay \$25 Copay \$40 Copay 30 Days	Copay plus 25% cost of drug
Mail Order Pharmacy - Generic Formulary (Tier 1) - Brand Name Formulary (Tier 2) - Non-Formulary (Tier 3) - Supply Limit	\$10 Copay \$40 Copay \$70 Copay 90 Days	\$20 Copay \$50 Copay \$80 Copay 90 Days	N/A N/A N/A N/A
Specialty Pharmacy - Tier 1/ Tier 2/ Tier 3	\$30 for 30 day supply	\$30 for 30 day supply	N/A

VALUE ADDED PROGRAMS

Teladoc

This benefit gives you 24/7 access to board certified doctors via phone or video at no cost per visit. If you have a non-emergency health issue, are traveling away from home or just need a short term prescription refill, Teladoc is an easy, convenient way to take care of those health needs. Teladoc can help with medical conditions such as cold and flu symptoms, allergies, bronchitis, urinary tract infection, respiratory infection, sinus problems, ear infections and more.

Accessing Teladoc



Call (800) TELADOC, or go to <https://member.teladoc.com/bsc> or download the Teladoc mobile app at the App Store or Google Play.

NurseHelp 24/7

This free benefit gives you 24/7 access to registered nurses 24/7 via online chat or over the phone. It's a great option when you or your family have questions about minor illnesses or injuries, chronic conditions, medical tests, medications and preventive care.

Accessing NurseHelp 24/7



Call (877) 304-0504 or chat online with a nurse by logging into www.blueshieldca.com and selecting the NurseHelp 24/7 button in the Get Help section of your dashboard.

LifeReferrals 24/7

When you experience difficulties with your job or personal life, LifeReferrals 24/7 provides confidential support in a wide range of areas, from relationships to child and elder care to financial and legal issues. You have three face to face counseling sessions with licensed therapists per six-month period at no charge.

Accessing LifeReferrals 24/7



To access LifeReferrals 24/7, call (800) 985-2405.

Additional Resources

GoodRx

GoodRx allows you to find the lowest prices and discounts at local pharmacy retailers such as CVS, Rite Aid, Walmart, Walgreens, and Target. This service is available to you for free with no sign-up or credit card required. Here's how:

1. Collect and compare prices for every FDA-approved prescription drug at more than 70,000 US pharmacies
2. Find free coupons to use at the pharmacy
3. Show the lowest price at each pharmacy near you

GoodRx will send you a drug savings card that can be used for discounts of up to 80% on most prescription drugs at virtually every US pharmacy. Through the GoodRx mobile app, you can get prescription drug prices on-the-go, with coupons built into the app. Just show your smartphone to the pharmacist to save.

Accessing GoodRx



Go to www.goodrx.com

QuitNet

As part of the QuitNet community you can connect with smokers and ex-smokers in a safe, supportive place during every part of the quit and stay quit journey, 24/7. Keep your quit by taking the daily pledge. Share how you're doing in the app. Reach out to the QuitNet community for help when you've got a craving. Ask an expert your toughest questions.

Accessing QuitNet



Go to <https://quitnet.meyouhealth.com> or download the QuitNet mobile app to begin.

MEDICAL INSURANCE TIPS

Tips for Using Your Medical Benefits

1 Ask questions when in doubt.

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.

2 Use urgent care centers versus hospital emergency rooms whenever possible.

Frequently, patients seek the services of the hospital emergency department for ailments or injuries that could be treated more economically, and just as effectively, at an urgent care center. It is not always easy to determine when you should choose urgent care over the hospital emergency department. The following lists offer some guidance, but are not necessarily all-inclusive.

Examples of URGENT CARE situations	Examples of EMERGENCY situations
Any illness or injury that would prompt you to see your primary care physician including but not limited to: • Accidents and falls • Sprains • Back problems • Breathing difficulties • Abdominal pain • Minor bleeding/cuts • High fever • Vomiting, diarrhea or dehydration • Severe sore throat or cough • Mild to moderate asthma	Any accident or illness that may lead to loss of life or limb, serious medical complication or permanent disability including but not limited to: • Chest pain* • Seizure or Shock • No pulse • Sudden dizziness, loss of coordination or balance • Severe abdominal pain • Severe or uncontrollable bleeding • Broken bones or compound fractures • Spinal cord or back injury • Severe burns • Major head injuries • Ingestion of poisons or obstructive objects • Animal, snake or human bites

*If you believe you may be experiencing a heart attack, call 911 immediately! Do not drive yourself to the emergency room!

3 Use generic and over the counter drugs when available.

The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

4 Use the mail-order prescription drug benefit for maintenance medications.

The mail order pharmacy is a fast, easy and convenient way to save time and money on your maintenance medications. You can order additional supplies of medication at a discount. See carrier provisions for details.

5 Utilize your free preventive care benefits to stay healthy.

In order to receive the full value of your plan, schedule your preventive care exams! Our medical plans cover these exams 100% when you use in-network providers. Preventive exams can help identify any potential health problems early on. Not all preventive care is recommended for everyone, so talk with your doctor to decide which services are right for you and your family.

DENTAL INSURANCE

Option 1 Cigna | DHMO

With the Dental Health Maintenance Organization (DHMO) plan through Cigna, you are required to select a general dentist who is a member of the plan's network to provide your dental care. You will contact your general dentist for all of your dental needs, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO plan booklet. Please keep a copy of your booklet to refer to when utilizing your dental care. This will show the applicable copays that apply to all of the dental services that are covered under this plan.

Option 2 Delta Dental | PPO

With the Delta Dental Preferred Provider Organization (PPO) dental plan, you may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a Delta Dental dentist, your out-of-pocket expenses will be less. You may also obtain services using a non-network dentist; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

Plan Name	Cigna Dental DHMO	Delta Dental PPO	
Network Name	Dental Care	Delta Dental	Non-Network
Dental Benefits			
Calendar Year Maximum	Unlimited	\$1,500 per member	
Deductible (Annual) - Individual / Family	\$0 / \$0	N/A	N/A
Diagnostic & Preventive: - Exams, X-Rays, Cleanings	No charge for most services	100% Coverage ¹	100% Coverage ^{1*}
Basic Services: - Fillings, Oral Surgery, Endodontics, Periodontics	See copay schedule	100% Coverage ¹	100% Coverage ^{1*}
Major Services: - Crowns, inlays, onlays and cast restorations	See copay schedule	100% Coverage ¹	100% Coverage ^{1*}
Prosthodontics: - Bridges, dentures and implants	See copay schedule	30%	50%*
Orthodontia - Child / Adult	\$1,584 / \$2,328	Not Covered	
Dental Accident Benefits	N/A	100% Coverage (separate \$1,000 max. per person each calendar year)	

¹ Cost of eligible dental services are applied toward the [Calendar Year Maximum](#) benefit of \$1,500 per member.

* Dentists who are out-of-network have not agreed to pricing, and may bill you for the difference between what Delta Dental pays them and what the dentist usually charges.



Finding a Dental Provider

- Cigna DHMO: Go to www.cigna.com or call (800) 367-1037
- Delta Dental PPO: Go to www.deltadentalins.com or call (866) 499-3001

Dental Billing Tip!

We recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

VISION INSURANCE

VSP | PPO

The VSP vision plan provides professional vision care and high-quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you use a non-network provider, you will be responsible for paying all charges at the time of your appointment and will be required to file an itemized claim with VSP.

Plan Name	VSP PPO	
	VSP Signature	Non-Network
Network Name		
Vision Benefits		
Copay		
- Examination	\$0 Copay	Up to \$50 reimbursement
Examination (Every 12 Months)	100%	Up to \$50 reimbursement
Lenses (Every 12 Months)		
- Single Vision	100%	Up to \$50 reimbursement
- Bifocal	100%	Up to \$75 reimbursement
- Trifocal	100%	Up to \$100 reimbursement
Frames (Every 24 Months)		
- Wide Selection of Frames	\$120 allowance	Up to \$70 reimbursement
- Featured Frame Brands ¹	\$140 allowance	Up to \$70 reimbursement
Contact Lenses (Every 12 Months)	In Lieu of Frames and Lenses	
- Cosmetic / Elective	\$105 Allowance	Up to \$105 reimbursement
Diabetic Eyecare Plus Program SM (as needed)		
- Retinal Screening	\$0 Copay	
- Additional Exams & Services	\$20 per exam	

Note

VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes 50,000 access points nationwide. VSP also contracts with Costco Optical, Visionworks, and other affiliate retail providers. Please note, benefits may vary at affiliate locations.

Extra Savings

Maximize your coverage with bonus offers and additional savings that are exclusive to your plan. Please click [here](#) for savings on glasses, sunglasses, routine retinal screening, laser vision correction and much more!

¹ Brands and promotions for frames are subject to change.



Finding a Vision Provider

Go to www.vsp.com or call (800) 877-7195. Refer to the VSP Signature network when prompted.

Tips for Using Your Vision Benefits

- 1 Understand your benefits.**
 Our Vision insurance plan covers preventive care services such as eye exams and vision tests, eyeglass lenses, eyeglass frames and contact lenses. It also provides discounts on elective procedures like LASIK and other vision correction surgery. For some services, you'll be provided an allowance. For instance, a wide selection of frames are covered in-network with a \$120 allowance, and if the frames you want cost more than that, you'll have to pay the additional cost yourself.
- 2 Get your eyes checked each year.**
 Because eye exams can detect hidden medical problems, even those with perfect vision shouldn't skip them. As you age, you'll need more frequent vision exams.
- 3 Make sure your optometrist accepts your insurance and is in-network.**
 It's important to understand the difference between vision care providers who are "in-network" and those who only "accept" your coverage but are not in-network. Out-of-network providers may be willing to submit claims to your vision insurer on your behalf but you may end up with higher out-of-pocket costs.

FLEXIBLE SPENDING ACCOUNTS

FSA Plan Year: October 1 – September 30

Flexible Spending Accounts (FSAs) are special tax-advantaged accounts used to pay for eligible out-of-pocket health care and dependent care expenses. If elected, your account(s) will be funded with tax-free dollars using convenient payroll deductions. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. If you are using your debit card, you must save your receipts, just in case American Fidelity needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

American Fidelity | Health Care FSA

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. You may defer up to \$3,200 pre-tax per year.

Eligible health care expenses include:



Coinsurance,
Copays and
Deductibles



Medical and
Prescriptions



Dental
and Orthodontia



Eye Exams,
Eyeglasses and
Lasik Eye Surgery

American Fidelity | Dependent Care FSA

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to \$5,000 pre-tax per tax household per year.

Eligible dependent care expenses include:



Licensed nursery schools, qualified
childcare centers, after school
programs, summer camps (under
age 13), preschool



Adult daycare facilities



Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Your FSA elections will expire each year on September 30th. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll. The plan year runs from October 1st to September 30th each year.

Health Care FSA

The Health Care FSA includes a 2.5 month grace period. After the grace period, unused funds will be forfeited under the use it or lose it.

Dependent Care FSA

Unused funds will NOT be returned to you or carried over to the following year. You must file claims by December 31st to be eligible for reimbursement. Any unused funds will be forfeited under the use it or lose it.



Educational Video

Click [here](http://video.burnhambenefits.com/fsa/) to learn more about how our Health Care and Dependent Care Flexible Spending Accounts work.
<http://video.burnhambenefits.com/fsa/>

VOLUNTARY BENEFITS

Employee Assistance Program

MetLife/LifeWorks | Employee Assistance Program

As an employee of the District, you have access to the employee assistance program provided by LifeWorks. EAP services are provided by a third party, LifeWorks US Inc., under an agreement with MetLife. This program provides you with services to help with the everyday challenges of life that may affect your health, family life and desire to excel at work.

You and the members of your household are entitled to up to 5 consultations with a licensed clinician per issue, per individual, per calendar year. You choose between in-person sessions with a provider from LifeWorks' extensive network or convenient and easy telephonic consultations with a licensed LifeWorks clinician.

Work and life services

Telephonic consultations are available in the following areas:

- **Legal Services:** Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning and more (excluding disputes or actions between you and MetLife/LifeWorks/your employer).
- **Financial Services:** Budgeting, credit and financial guidance (investment advice, loans and bill payments not included), retirement planning and assistance with tax issues.
- **Childcare and Eldercare Assistance:** Consultation plus referrals to childcare and eldercare providers.
- **Identity Theft Recovery Services:** Information on ID theft prevention, plus an ID theft emergency response kit and help from a fraud resolution specialist if you are victimized.
- **Daily Living Services:** Referrals to consultants and businesses that can help with event planning, transportation services, pet services and more (does not cover the cost nor guarantee delivery of vendors' services).
- **Online Member Services:** LifeWorks' EAP website and app that will be available to you features a wide range of tools and information to help you take charge of your well-being and simplify your life. Log on to metlifeeap.lifeworks.com, user name: metlifeeap and password: eap.



To utilize this free and confidential service

Please call 1-888-319-7819 anytime to speak with a clinician, request a referral or schedule and appointment or log on to metlifeeap.lifeworks.com, **user name:** metlifeeap and **password:** eap.

Additional Voluntary Benefits

We also offer voluntary benefit plans through the carriers listed below. Should you elect these benefits, you will pay 100% of the cost.

- **American Fidelity:** disability, life, cancer, accident, critical illness
- **MetLife Life Insurance:** optional employee and dependent life insurance
- **SchoolsFirst Federal Credit Union:** 457 plan, payroll deductions
- **Glendale Area Schools Credit Union:** payroll deductions
- **Glendale Education Foundation:** payroll deductions
- **United Way Donation:** payroll deductions
- **TCG Administrators (TSA/403b plan administrators):** Tax Sheltered Annuity deduction



Information can be found on the District's website

Click [here](#) or go to www.gusd.net, then ▶ Departments ▶ Financial Services ▶ Payroll Information and Forms

LIFE / AD&D INSURANCE

It's never fun to discuss life insurance. But you probably know that life insurance is something that you need to protect your loved ones in the event of your death. Things like funeral expenses, debt, and the cost of living, can all add up. Fortunately, life insurance can help lessen the financial burden and provide coverage to help pay for these types of expenses.

MetLife | Basic Life/AD&D

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the District.

Accidental Death and Dismemberment (AD&D) coverage provides an additional benefit to your beneficiary if your death is due to a covered accident or injury.

Glendale USD pays for Life/AD&D coverage, offered through MetLife for you as well as your dependents.

Basic Life/AD&D

District Paid Coverage for Management & Confidential Employees

Basic Life and AD&D Employee Coverage

- **Employee Benefit:** An amount equal to 1 times your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000.



Choosing a Beneficiary

A beneficiary is a person or entity who you designate to receive your death benefits. Choosing a beneficiary and keeping your beneficiary up-to-date is an essential part of owning life insurance. Please remember to review your beneficiary designation as new situations arise, such as the birth or adoption of a child, marriage, or divorce. You may call the Benefits Department for a copy of the Beneficiary Designation Form as needed.

MetLife | Voluntary Life/AD&D

In addition to the District provided Basic Life/AD&D benefits, you may elect to purchase additional Term Life/AD&D insurance at discounted group rates provided by MetLife. You pay for this coverage with after-tax dollars through convenient payroll deductions.

Voluntary Life/AD&D

Employee

You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of \$300,000. Minimum amount of employee coverage is \$20,000.

Spouse or Domestic Partner

If you buy coverage for yourself, you may also purchase coverage for your eligible spouse or domestic partner. Benefits for your spouse or domestic partner are available in increments of \$5,000 up to a maximum benefit of \$50,000 or 50% of your employee election, whichever is less.

Child(ren)

If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren). Benefits for your child(ren) 15 days old but less than 6 months of age is \$100. Benefits for your children 6 months of age and over is \$1,500.

Guarantee Issue

Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you during your initial eligibility period (upon hire). Guarantee issue is available in the following amounts:

- **Employee:** \$20,000
- **Spouse or Domestic Partner:** \$10,000
- **Child(ren) 15 days old but less than 6 months:** \$100
- **Child(ren) 6 months and over:** \$1,500

If you are no longer in your initial eligibility period, you may enroll in Voluntary Life/AD&D insurance only during the District's Open Enrollment period or upon hire. To provide proof of good health, you will be asked to complete a health questionnaire (Evidence of Insurability) and are subject to insurance carrier approval. MetLife may approve or decline coverage based on a review of your health history.

VOLUNTARY LIFE RATES AND DISABILITY INSURANCE

Voluntary Life Insurance Rates	
Age of Employee or Spouse/ Domestic Partner	Tenthly Cost per \$20,000 of Employee Coverage Tenthly Cost per \$10,000 of Spouse/Domestic Partner Coverage
Under 30	\$1.00 \$0.80
30-34	\$1.40 \$0.90
35-39	\$1.80 \$1.40
40-44	\$2.20 \$2.10
45-49	\$3.40 \$3.30
50-54	\$5.40 \$5.10
55-59	\$9.80 \$8.80
60-64	\$15.00 \$12.70
65-69	\$23.40 \$21.00
70-74	\$40.60 N/A
75-and older	\$47.00 N/A
Coverage Amount	Tenthly Cost for Coverage
- Child(ren) 15 days old but less than 6 months: \$100	\$0.30
- Child(ren) 6 months of age and over: \$1,500	\$0.30

****Spouse coverage terminates when you reach the age of 70.**



RESOURCES AND CONTACTS

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact the Benefits Department at (818) 241-3111 ext. 1368.

Glendale Unified School District Employee Benefits Services Contacts

Leslie Chavez, Supervisor.....	(818) 241-3111 ext. 1367
Stephen Sosa, Benefits Technician.....	(818) 241-3111 ext. 1368
District Website, Benefits page.....	https://www.gusd.net

Medical - Blue Shield | Group Number: W0002935

Shield Concierge Service Team.....	(855) 599-2657
Carrier Website	www.blueshieldca.com
Send HMO & PPO Claims Forms to:.....	P.O. Box 272540, Chico, CA 95927-2540

Pharmacy - MedImpact

Member Services	(844) 863-0356
Member Service Website	www.medimpact.com/members
Mail Order (Direct).....	(855) 873-8739
Specialty Drugs (Direct).....	(877) 391-1103
Carrier Website (Direct).....	www.medimpactdirect.com

Dental PPO - Delta Dental | Group Number: 7046

Member Services	(888) 335-8227 or (866) 499-3001
For a List of Dentists Near You.....	(800) 427-3237
Carrier Website	www.deltadentalins.com

Dental HMO - Cigna | Group Number: 3216584

Member Services	(800) 367-1037
Carrier Website	www.cigna.com

Vision - VSP | Group Number: 00384000

Member Services	(800) 877-7195
Carrier Website	www.vsp.com

Life/AD&D - MetLife | Group Number: 0093541

Member Services	(800) 438-6388
Carrier Website	www.metlife.com

Employee Assistance Program - MetLife

Member Services	(888) 319-7819
Carrier Website	www.metlifeeap.lifeworks.com
	User Name: metlifeeap
	Password: eap

Flexible Spending Accounts - American Fidelity

Member Services	(800) 365-9180 ext. 0
Carrier Website	www.americanfidelity.com

FULL-TIME EMPLOYEE PREMIUM RATES & PART-TIME CONTRIBUTIONS

The District, through the collective bargaining process, has established a maximum District contribution to the health insurance plan for the 2024-2025 school year of \$39,790.15 for all employees.

This chart reflects the tenthly premium rates for our Employee Benefit plans. Your cost for coverage will vary depending on the option and level of coverage you choose. Employee contributions for Medical, Dental, and Vision (if any) are deducted from your paycheck with pre-tax dollars. This means that contributions are taken from your earnings before taxes, resulting in lower taxes and increased take home pay. **If you would like to opt out of the before-tax option, please contact the Benefits Department.**

FULL-TIME EMPLOYEES	TENTHLY PREMIUMS RATES
Medical/Pharmacy Plans – 2024 Tenthly Premiums	
Blue Shield HMO /MedImpact Prescription Drugs	
Employee Only	\$1,017.78
Employee + 1	\$1,750.61
Employee + Family	\$2,178.09
Blue Shield PPO / MedImpact Prescription Drugs	
Employee Only	\$1,576.67
Employee + 1	\$2,711.89
Employee + Family	\$3,374.13
Dental Plans – 2024 Tenthly Premiums	
Cigna Dental DHMO	
Employee Only	\$48.31
Employee + 1	\$92.05
Employee + Family	\$141.70
Delta Dental PPO	
Employee Only	\$64.72
Employee + 1	\$132.43
Employee + Family	\$190.56
Vision Plan – 2024 Tenthly Premiums	
VSP Vision PPO	
Employee Only	\$9.89
Employee + 1	\$21.66
Employee + Family	\$28.72

PART-TIME EMPLOYEES	EMPLOYEE-PAID DEPENDENT RATES
Medical/Pharmacy Plans – 2024 Tenthly Part-Time Employee-Paid Dependent Rates (Voluntary)	
Blue Shield HMO / MedImpact Prescription Drugs	
One Dependent	\$732.83
Two or more Dependents	\$1,160.31
Blue Shield PPO / MedImpact Prescription Drugs	
One Dependent	\$1,135.22
Two or more Dependents	\$1,797.46
Dental Plans – 2024 Tenthly Part-Time Employee-Paid Dependent Rates (Voluntary)	
Cigna Dental DHMO	
One Dependent	\$36.45
Two or more Dependents	\$77.82
Delta Dental PPO	
One Dependent	\$67.71
Two or more Dependents	\$125.84
Vision Plan – 2024 Tenthly FT & PT Employee-Paid Dependent Rates (Voluntary)	
VSP Vision PPO	
One Dependent	\$11.77
Two or more Dependents	\$18.83



2211 Michelson Drive, Suite 1200 | Irvine, California 92612
Telephone: (949) 833-2983 | Fax: (949) 833-9549

Learn more at www.burnhambenefits.com

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Human Resources Department.