



Fresno Unified School District

Fresno Unified School District
Benefit Department
2309 Tulare Street
Fresno, CA 93721-2287
Phone: (559) 457-3520
www.JHMBHealthConnect.com

Announcements for This Year's Open Enrollment *October 1 – November 29, 2019*

TO: Active Employees Eligible for Benefits under the Fresno Unified School District's Employee Health Care Plan

RE: Annual Open Enrollment

DATE: September 20, 2019

This year's annual Open Enrollment for 2020 benefits occurs from October 1 to November 29, 2019. **If you wish to make any changes to your existing coverage, you must complete the enclosed Enrollment Form and return it to the District Benefits Office no later than Friday, November 29, 2019.** All changes will be effective **January 1, 2020**. Please review the following brief highlights in this letter to understand changes that may affect you in 2020. In addition, the enclosed Benefit Information Guide is your supplemental Open Enrollment resource to help you understand and select the best benefit options for you and your family.

If you do not wish to make any changes to your existing coverage for the upcoming year, no action is required on your part during this Open Enrollment period. However, if you wish to make changes to your existing coverage, or add/remove eligible dependents, you must complete the Benefits Open Enrollment form enclosed in this packet.

Plan Option A and Option B (PPO) Participants

Halcyon Behavioral Health To Replace Avante Health Effective January 1, 2020

Beginning in January 2020, Halcyon Behavioral Health will administer the mental health and substance abuse services for Plan A and Plan B participants of the District's medical plans. There will be no change in benefits coverage once this change is made. The JHMB will provide more detailed information about the new vendor, including contact information and any continuity of care provisions prior to the change. Stay tuned for further details in the latter months of 2019.

Plan Option A and Option B (PPO) Participants

The EnvisionRx Customer Service Survey

We Need Your Feedback: Survey Open from October 1 – November 1, 2019

One of the JHMB's core missions is to manage and maintain the highest quality health benefits possible on behalf of active and retired employees. From time to time, we reach out to you (as plan participants) to help us understand and manage the service you receive from our benefits vendors. Last year, we conducted a customer service survey for our prescription drug program and received valuable feedback from more than 800 of our plan participants.

Your feedback was essential in helping us identify and improve gaps in service. Now it's time to assess our progress over this past year.

If you have used your EnvisionRx prescription drug benefits within the last year, we ask that you take a moment to answer 10 simple questions to help us assess and improve your customer experience. The survey asks brief questions regarding the following aspects of the prescription drug program:

- Overall Customer Service
- Retail Pharmacy
- Mail Order Pharmacy
- Specialty Pharmacy
- Website and Member Portal

This is your chance to provide feedback on the services you've received from EnvisionRx and its partners over the last year. You may also add written comments to provide more details regarding your experience(s).

Take the Survey & Enter to Win a \$50 Gift Card

You may complete the survey either using the paper survey enclosed in this packet or online at: www.JHMBHealthConnect.com/rxsurvey. If you wish to enter into a raffle for a \$50 Visa Gift Card, please provide your employee/retiree ID number when you complete the survey. It will help us identify you if you win the raffle.

We look forward to your feedback and thank you for helping us manage the highest quality benefits for you and your family.

Attend the Fall 2019 Benefits Workshop

Mark Your Calendars – November 13, 2019

The JHMB, in collaboration with Halcyon Behavioral Health (our new mental health and substance abuse vendor), Claremont EAP, and the WellPATH program, will conduct a 2-hour benefits workshop. The topics will include information about our new vendor, Halcyon Behavioral Health, new Customer Service contacts for EnvisionRx, and the District's WellPATH program offerings. There will also be time allotted to address any open questions.

Wednesday, November 13, 2019

4:30 – 6:30 PM

Bullard High School | Theatre

5445 N. Palm Avenue

Fresno, CA 93704

Plan Option A and Option B (PPO) Participants

Know Before You Go: Location Still Impacts How Much You Pay for Imaging Services

In 2018, the JHMB provided our Plan A and Plan B participants with a detailed cost analysis of the imaging costs at local facilities for *x-rays* and *CT scans*. At that time, we noted that the costs for those services at “free-standing” radiology centers or physician offices were generally 3-6 times less expensive than those at hospitals and medical centers. Now, we’ve updated the data for 2019 and have included the updated handout in this open enrollment packet. Review the enclosed handout for actual member costs at local facilities in the recent plan year, as well as tips to advocate for your wallet before your next imaging procedure.

No Rate Contribution Increases for 2020

The Joint Health Management Board (JHMB) is pleased to announce that, thanks to the improved program usage by our employees and retirees, and the efforts of the Fresno Unified School District and the JHMB, there are no rate contribution increases for any of the benefits for the 8th straight year.

Stay Connected – Sign Up for Monthly Updates & Benefit Alerts

Every month, the JHMB provides our plan participants with healthful information to help them along their path to better health. This includes benefits alerts and key reminders, upcoming events, healthful news and local activities, wellness offerings, healthy recipes, and even a new Healthy Aging Corner for our age 55+ plan participants. If you are not currently receiving these healthful email updates, visit www.JHMBHealthConnect.com/staying-connected to review past announcements and to sign up for our email list.

Changes to Benefit Amounts for Life and Accidental Death & Dismemberment (AD&D) Insurance

The JHMB recently approved a change to the district-paid Life and Accidental Death & Dismemberment (AD&D) Insurance benefits for all active plan participants (insured by Standard Insurance). Previously, benefit amounts gradually decreased with age. However effective September 1, 2019, the JHMB now provides both Life and AD&D benefits equal to \$30,000, regardless of age. For more details on this recent change, read the full announcement at www.JHMBHealthConnect.com/8731.

Please note this plan change does not affect the voluntary employee-paid additional life insurance coverage. For more details about the insurance benefit options available to you through the District, review the enclosed Benefits Information Guide (pages 19-20). You may also download a copy of the official Standard Life Insurance Certificate via the District's internal SharePoint site at http://fusd.sharepoint.com/sites/dept_benefits/Pages/default.aspx.

Dependents Eligibility Reminder

Notify the District When Your Ex-Spouses and Dependents are No Longer Eligible for Benefits

As a reminder, you are required to notify the District within 60 days following the date on which any dependent no longer meets the eligibility criteria for dependent coverage (including divorce or legal separation; and the termination, dissolution or nullification of Domestic Partnership).

Failure to notify the District within the adequate time period may cause you to be responsible for the reimbursement of any claims paid for ineligible dependents.

Telehealth Services at Your Fingertips - Only a \$5 Copay

The Joint Health Management Board (JHMB), in partnership with TeamCare, provides you with access to PlushCare's network of telehealth physicians available to you and your covered family members. For both PPO Plans, Plan Options A and B, the Plan covers all but \$5 of the cost for each appointment. No deductible applies when using PlushCare! As a reminder, Plan Option A has a \$250 deductible and \$15 copayment, and Plan Option B has a \$1,000 deductible and \$25 copayment. But when you use the PlushCare telehealth service, ***you only pay a \$5 copayment!***

PlushCare's physician network consists of board certified physicians in internal medicine, family medicine, emergency medicine, or pediatrics that trained at a top-25 medical school in the United States. Their physicians provide the same level of care as in-person visits, including electronic prescriptions to your pharmacy in seconds. Fresno Unified plan participants have most commonly used PlushCare for respiratory conditions, urinary conditions and skin conditions. In fact, over one-third of the appointments were scheduled for respiratory conditions. Most plan participants using PlushCare call the service 3-5 times per year.

Go online at any time to schedule an appointment! You call or video chat with a physician and he or she will diagnose you or your family member's health issue. Your PlushCare physician will then provide recommended treatments based on your symptoms. If appropriate, the physician can write a prescription and have it sent immediately to the pharmacy of your choice.

How to Use PlushCare

1. Call (866) 460-6205, go online at www.plushcare.com, or download the PlushCare app. First time users will need to register. You will need to provide your name, date of birth, email address, and create a password. It only takes a couple of minutes. **Register today!**
2. Select "Book Appointment" and choose which physician you wish to talk with at a time that is convenient for you.
3. The doctor will call or video chat with you at your scheduled appointment time.
4. If necessary, prescriptions will be sent to your pharmacy in seconds!

If you're not one of the several hundreds of plan participants that have begun to use this service this year, we recommend it as your first option the next time you need access to a physician. For more information, visit www.JHMBHealthConnect.com/telehealth-at-your-fingertips.

WellPATH Program Update

WellPATH, the Employee Wellness Program for Fresno Unified School District, is pleased to offer a variety of wellness services throughout the year. The suite of free or low-cost services includes: preventative wellness screenings, group fitness classes, annual flu shot clinics, wellness challenges, monthly health education, and wellness coaching.

Become a WellPATH Champion

WellPATH is always looking for WellPATH Champions who are willing and able to spread the WellPATH message, and encourage their peers to take an active role in leading a healthy lifestyle. If you are interested in becoming a WellPATH Champion, visit www.JHMBHealthConnect.com/wellpath/wellpath-champions or contact WellPATH by email at WellPATH@delapro.com.

Personalized Programs to Support Your Path to Better Health

WellPATH continues to search for ways to support you along your path to better health. If you commit to improving your overall wellbeing, we will commit to making it easier for you. Complete ALL of your Behavior Modification Coaching and/or Personal Training Program sessions and you **may** be eligible to have WellPATH **REIMBURSE YOUR PROGRAM FEES**. Review the program details at www.JHMBHealthConnect.com/wellpath-support-services and contact a Pinnacle Training Systems Wellness Coach at (559) 548-3260 for more details about this special offer.

For more information about these programs and other WellPATH offerings, visit www.JHMBHealthConnect.com/wellpath.

Take a Healthy Minute and Schedule a Preventive Cancer Screening

Under the District's health plan, all participants are eligible for FREE preventive cancer screenings. Take a *Healthy Minute* and schedule an appointment with your physician today to get up-to-date with your routine cancer screenings.

Employee Assistance Program (EAP)

The Employee Assistance Program, offered through Claremont EAP, helps you resolve personal issues before they become more serious and difficult to manage. Claremont will support you quickly and confidentially in dealing with the stresses and challenges of everyday life. You and your family members can receive the following professional, confidential counseling services:

- 5 Free Counseling Visits per Incident
- Legal Consultations
- Financial Services
- Child/Elder Care Referrals

- School/College Assistance
- Adoption Assistance
- Pet Care Referrals
- Daily Living/Convenience Referrals
- Wellness Referrals

The EAP also provides access to resources that can help you address virtually any personal concern or question. Visit www.ClaremontEAP.com for more information or call Claremont EAP at (800) 834-3773 to discuss your question or issue with an experienced counselor who will refer you to the resources most appropriate for your needs.

Review the Enclosed Materials

To assist you in making the best decisions for you and your family, the following information is enclosed:

1. 2020 Open Enrollment Benefits Information Guide
2. American Fidelity Assurance Section 125 Information
3. EnvisionRx Customer Service Survey – which must be completed online or returned to the District Benefits Office no later than **November 1, 2019**.
4. Benefits Open Enrollment Form - which must be completed and returned to the Benefits Office no later than **November 29, 2019**.
5. California Region Group (Kaiser) Enrollment/Change Form
6. Imaging Costs 2019 Update

For additional plan information and/or provider contact information visit www.JHMBHealthConnect.com.



Fresno Unified School District

EnvisionRx

2019 Customer Feedback Survey

We Value Your Feedback!

If you have used your EnvisionRx prescription benefit within the last year, please answer 10 simple questions to help us assess and improve your customer experience. Thank you!



Take the Survey & Enter to Win a \$50 Gift Card

You may complete the survey either using this paper version or online at:

www.JHMBHealthConnect.com/rxsurvey

If you wish to enter into a raffle for a \$50 Visa Gift Card, complete the survey online or return it to the District's Benefit Department from **October 1 - November 1, 2019**. Please include your Employee/Retiree ID number on the back of this survey, if you wish to enter the raffle. It will help us follow up with you if you win.

Demographics

1

Please indicate your status(es):

- Fresno Unified Employee
- Dependent of a Fresno Unified Employee
- Fresno Unified Retiree
- Dependent of a Fresno Unified Retiree

2

Please indicate your age bracket:

- Under 65 years
- 65 years or more



3 Please select the EnvisionRx services you have used within the last year from the list below. Select all that apply to you.

- Customer Service** to ask questions about my EnvisionRx drug benefit
- Retail Pharmacy** to fill my prescription drugs (e.g., Rite Aid, Walgreens, CVS)
- Mail Order Pharmacy** for 90-day maintenance medications (e.g., EnvisionMail, Costco Pharmacy Home Delivery)
- Specialty Pharmacy** for high-cost drugs treating rare and complex conditions received through the mail (e.g., EnvisionSpecialty, Costco Specialty, Diplomat, as shown on the delivery packaging)
- Website and Member Portal** to see my prescriptions, find a drug price, update my account information, etc.

Customer Service

4 How satisfied are you with EnvisionRx's Customer Service?

If you answered, "Somewhat Satisfied", "Dissatisfied", or "Very Dissatisfied", please select the reason(s) for your response:

- | | | |
|--|---|--|
| <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> The telephone wait times are too long |
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> The representatives have difficulty understanding my benefits under the District's plan |
| <input type="checkbox"/> I have not contacted Customer Service | <input type="checkbox"/> Very Dissatisfied | <input type="checkbox"/> The representatives are not polite |
| | | <input type="checkbox"/> The representatives are unable to resolve my issue(s) |

Retail Pharmacy

5 How satisfied are you with the Retail Pharmacy where you fill your prescriptions? (e.g., Rite Aid, Walgreens, CVS)

If you answered, "Somewhat Satisfied", "Dissatisfied", or "Very Dissatisfied", please select the reason(s) for your response:

- | | | |
|--|---|--|
| <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> The pharmacy has trouble working with my insurance |
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> The pharmacy has trouble working with my doctor |
| <input type="checkbox"/> I have not filled a prescription at any Retail Pharmacy using my EnvisionRx prescription drug benefit <i>(if selected, skip to Question #7)</i> | <input type="checkbox"/> Very Dissatisfied | <input type="checkbox"/> The pharmacy's location is inconvenient |
| | | <input type="checkbox"/> The pharmacy takes too long to fill my prescription |
| | | <input type="checkbox"/> It takes too long to speak to a pharmacist |





6 Please select the retail pharmacy or pharmacies you have used within the last year?

- Walgreens
- Rite Aid
- CVS
- Costco
- Other
- None - I have not used any Retail Pharmacy

Mail Order Pharmacy

7 How satisfied are you with Mail Order pharmacy offered through EnvisionRx? (e.g., EnvisionMail, Costco Pharmacy Home Delivery)

If you answered, "Somewhat Satisfied", "Dissatisfied", or "Very Dissatisfied", please select the reason(s) for your response:

- Very Satisfied
- Somewhat Satisfied
- Satisfied
- Dissatisfied
- I have not used Mail Order through my EnvisionRx drug benefit
- Very Dissatisfied
- My medications arrive too early
- My medications arrive too late
- My medications don't arrive
- There was an issue with scheduling the delivery of my medications

Specialty Pharmacy

8 How satisfied are you with Specialty Pharmacy offered through EnvisionRx? (e.g., EnvisionSpecialty, Costco Specialty, Diplomat)

If you answered, "Somewhat Satisfied", "Dissatisfied", or "Very Dissatisfied", please select the reason(s) for your response:

- Very Satisfied
- Somewhat Satisfied
- Satisfied
- Dissatisfied
- I have not used a Specialty Pharmacy through my EnvisionRx prescription drug benefit
- Very Dissatisfied
- The pharmacy has trouble working with my insurance
- There was an issue with picking up my medication
- My medications arrive too early
- My medications arrive too late
- My medications don't arrive
- There was an issue with scheduling the delivery of my medications





Website & Member Portal

9 How satisfied are you with EnvisionRx's website and member portal?

- | | |
|---|---|
| <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Somewhat Satisfied |
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Dissatisfied |
| <input type="checkbox"/> I have not used
EnvisionRx's website
and member portal | <input type="checkbox"/> Very Dissatisfied |

If you answered, "Somewhat Satisfied", "Dissatisfied", or "Very Dissatisfied", please select the reason(s) for your response:

- It is difficult to log in
- It is difficult to find the information I need
- The web site doesn't provide the tools I need

Overall Satisfaction

10 Overall, how satisfied are you with EnvisionRx?

- | | |
|---|---|
| <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Somewhat Satisfied |
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Dissatisfied |
| | <input type="checkbox"/> Very Dissatisfied |

Please use the space below to provide any additional comments you have regarding your experience with EnvisionRx.

Return the Survey

Please return the survey to the District's Benefits Department no later than **November 1, 2019** at the address below (by US mail or District Interoffice Mail):

Fresno Unified School District
Benefits Department
2309 Tulare Street
Fresno, CA 93721-2287

*Enter Your Employee/Retiree ID
in the box below if you wish to
enter the \$50 gift card raffle.*



2019 Update: Know Before You Go

Where you go for X-Rays and CT Scans affects how much you pay. And we have the updated data to prove it!

The data provided in this communication is only an aggregate total for the District's population. The JHMB and WellPATH do not have access to individual employee medical data nor can the District use medical data in employment decisions.

Location Still Impacts How Much You Pay for Imaging Services

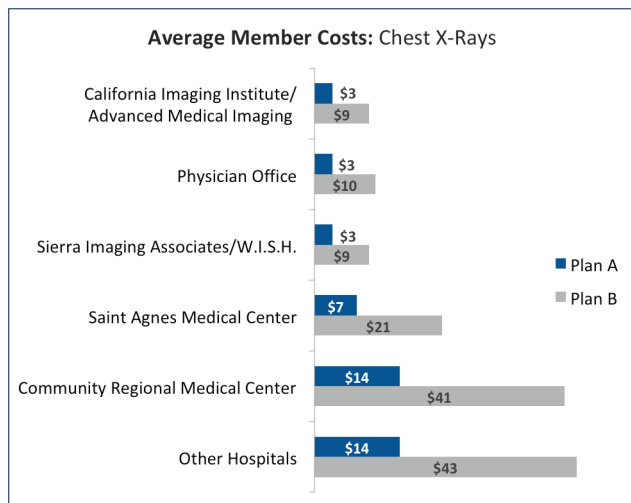
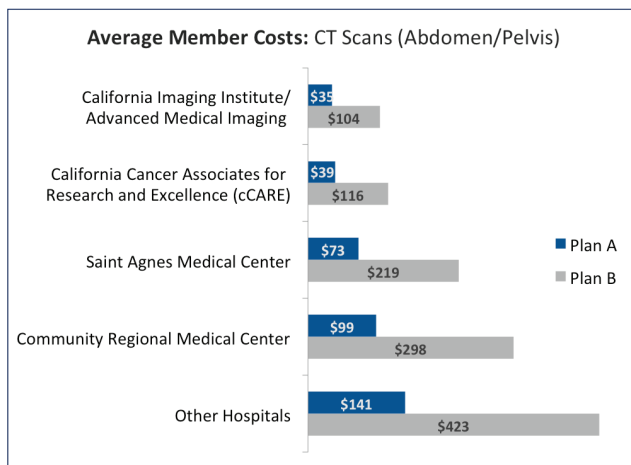
Your day-to-day healthcare decisions have a significant impact on both the cost to you and the cost to the plan. This is especially true in terms of where you choose to go for X-Rays and CT Scans in the Fresno Area.

According to the most recent JHMB data from the 2018-2019 plan year:

*X-Ray and CT Scan services at **"free-standing" radiology centers or physician offices** were generally 4-5 times less expensive than those at hospitals and medical centers.*

Check Out the Updated Data

Flip to the back for more details on actual member costs at local facilities in the recent plan year, as well as tips to advocate for your wallet before your next imaging procedure.



Plan A: Based on 90/10 in-network cost share; does not consider deductible.
 Plan B: Based on 70/30 in-network cost share; does not consider deductible.
 Data provided in the charts above is relative to the JHMB's 2018-2019 benefit plan year.

Tips to Advocate for Your Wallet

There are many reasons why prices vary for similar imaging services at local healthcare facilities - including number of views taken and complexity of the service provided. Yet, it's important to know that where you choose to go for services has a **BIG** impact on the price you are charged. Before your next imaging procedure, consider these factors below:



1. Is it Necessary?

Before agreeing to your next imaging procedure, it's important to discuss with your doctor if the tests are even necessary. As Consumer Reports noted in their Choosing Wisely™ series, chest x-rays may not help unless you have symptoms of heart or lung disease. Also, CT scans/MRIs usually don't help when diagnosing headaches and lower back pain.

Both x-rays and CT scans have risks of radiation exposure and therefore should only be taken when deemed absolutely necessary. In addition, the results of both imaging procedures may be unclear and/or show false alarms that may require additional tests - adding to your anxiety, radiation exposure, and increasing your medical costs. So push to make sure that it's necessary and not simply a "check the box" procedure.

2. Choose the Best Facility for Your Wallet and Your Schedule

If you decide that your imaging procedure is necessary, share the cost data shown in the charts on the left with your doctor's office. Oftentimes, they may not be aware of the costs of the services they recommend for you. However, now that you are aware of the cost differences, you can request a referral to a local facility that best fits your wallet and your schedule.

NOTE: The costs shown in the charts on the left are average member costs and will not necessarily be the exact cost you pay for service. This data has been provided to show the difference in costs across various local facilities and help you understand that you may be able to lower your costs based on where you choose to receive services.





It's Time to Enroll

Fresno Unified School District Benefits Enrollment

Open Enrollment for Plan Year 1/1/2020 – 12/31/2020

Twenty minutes is about all the time it takes to review your benefits and make sure your family has the coverage it needs. Taking this time can be important for your financial wellness. An American Fidelity account manager can review your current benefits and help you plan for the future.

See reverse side for enrollment schedule.

Your Section 125 Plan

Participating in your employer's Section 125 Plan helps reduce your tax and increase your spendable income. Many qualified benefit premiums you pay under the plan are paid on a pre-tax basis.

Benefits Enrollment

American Fidelity's supplemental benefits are designed to complement your core health insurance products such as medical, dental, and vision. Benefits are paid directly to you so you can use the money where you need it most.

Available Benefits:



Flexible Spending Accounts
americanfidelity.com/info/fsa



AF™ Disability Income Insurance
americanfidelity.com/info/disability



AF™ Limited Benefit Individual Cancer Insurance
americanfidelity.com/info/cancer



Annuities
americanfidelity.com/info/annuities



AF™ Limited Benefit Accident Only Insurance
americanfidelity.com/info/accident



AF™ Life Insurance
americanfidelity.com/info/life

Limitations, exclusions and waiting periods may apply.

Ready to Enroll?

Contact your office manager to schedule your benefits review with an American Fidelity representative!



2019 Section 125 Open Enrollment

ELEMENTARY SCHOOLS

Location	Dates	Time	Location	Dates	Time	Location	Dates	Time
Addams	11/14 - 11/15	8:00-4:00	Hamilton	11/4 - 11/6	8:00-4:00	Phoenix Elementary	10/7	8:00-4:00
Addicott	10/29 - 10/30	8:00-4:00	Heaton	11/14 - 11/15	8:00-4:00	Powers-Ginsburg	11/12 - 11/13	8:00-4:00
Anthony	10/21 - 10/22	8:00-4:00	Hidalgo	10/21 - 10/22	8:00-4:00	Pyle	11/4 - 11/6	8:00-4:00
Ayer	10/7 - 10/9	8:00-4:00	Holland	10/17 - 10/18	8:00-4:00	Robinson	10/17 - 10/18	8:00-4:00
Aynesworth	10/8 - 10/9	8:00-4:00	Homan	10/29 - 10/30	8:00-4:00	Roeding	11/12 - 11/13	8:00-4:00
Bakman	11/6 - 11/8	8:00-4:00	Jackson	10/24 - 10/25	8:00-4:00	Rowell	10/21 - 10/23	8:00-4:00
Balderas	11/7 - 11/8	8:00-4:00	Jefferson	11/4 - 11/5	8:00-4:00	Slater	10/31 - 11/1	8:00-4:00
Birney	10/24 - 10/25	8:00-4:00	King	10/7 - 10/8	8:00-4:00	Starr	11/6 - 11/7	8:00-4:00
Burroughs	10/31 - 11/1	8:00-4:00	Kirk	11/7 - 11/8	8:00-4:00	Storey	10/21 - 10/23	8:00-4:00
Calwa	10/3 - 10/4	8:00-4:00	Kratt	11/7 - 11/8	8:00-4:00	Sunset	10/29 - 10/30	8:00-4:00
Centennial	10/23 - 10/24	8:00-4:00	Lane	11/12 - 11/13	8:00-4:00	Thomas	10/31 - 11/1	8:00-4:00
Columbia	10/21 - 10/22	8:00-4:00	Lawless	10/31 - 11/1	8:00-4:00	Turner	11/18 - 11/19	8:00-4:00
Del Mar	10/29 - 10/30	8:00-4:00	Leavenworth	11/14 - 11/15	8:00-4:00	Vang Pao	11/4 - 11/5	8:00-4:00
Easterby	10/21 - 10/22	8:00-4:00	Lincoln	10/23 - 10/24	8:00-4:00	Viking	11/14 - 11/15	8:00-4:00
Eaton	10/3 - 10/4	8:00-4:00	Lowell	10/1 - 10/2	8:00-4:00	Vinland	11/20 - 11/21	8:00-4:00
Ericson	10/29 - 10/30	8:00-4:00	Malloch	11/12 - 11/13	8:00-4:00	Webster	11/18 - 11/19	8:00-4:00
Ewing	10/21 - 10/22	8:00-4:00	Manchester Gate	11/7 - 11/8	8:00-4:00	Williams	11/18 - 11/19	8:00-4:00
Figarden	10/23 - 10/25	8:00-4:00	Mayfair	11/18 - 11/20	8:00-4:00	Wilson	11/20 - 11/22	8:00-4:00
Forkner	11/12 - 11/13	8:00-4:00	McCardle	10/24 & 10/29	8:00-4:00	Winchell	10/24 - 10/25	8:00-4:00
Fremont	11/12 - 11/13	8:00-4:00	Muir	11/5 - 11/6	8:00-4:00	Wishon	11/12 - 11/13	8:00-4:00
Gibson	11/7 - 11/8	8:00-4:00	Norseman	10/22 - 10/23	8:00-4:00	Wolters	11/14 - 11/15	8:00-4:00
Greenberg	11/4 - 11/6	8:00-4:00	Olmos	11/7 - 11/8	8:00-4:00	Yokomi	11/21 - 11/22	8:00-4:00

MIDDLE SCHOOLS

Location	Dates	Time	Location	Dates	Time	Location	Dates	Time
Ahwahnee	10/21 - 10/23	8:00-4:00	Gaston	10/14 - 10/16	8:00-4:00	Terronez	11/20 - 11/22	8:00-4:00
Baird	10/14 - 10/15	8:00-4:00	Kings Canyon	10/10 - 10/11	8:00-4:00	Tioga	11/4 - 11/6	8:00-4:00
Bullard Talent	10/8 - 10/10	8:00-4:00	Scandinavian	10/29 - 10/31	8:00-4:00	Wawona	11/14 - 11/15	8:00-4:00
Computech	10/9 - 10/10	8:00-4:00	Sequoia	11/19 - 11/20	8:00-4:00	Yosemite	11/12 - 11/13	8:00-4:00
Cooper	10/14 - 10/15	8:00-4:00	Tehipite	10/21 - 10/23	8:00-4:00			
Fort Miller	10/9 - 10/11	8:00-4:00	Tenaya	10/16 - 10/18	8:00-4:00			

HIGH SCHOOLS

Location	Dates	Time	Location	Dates	Time	Location	Dates	Time
Bullard	10/7 - 10/11	8:00-4:00	Duncan	10/14 - 10/16	8:00-4:00	Patino	10/21	8:00-4:00
Cambridge	10/10 - 10/11	8:00-4:00	Edison	10/17 - 10/18	8:00-4:00	Phoenix Secondary	10/18	8:00-4:00
CART	10/1	8:00-4:00	Fresno	10/7 - 10/9	8:00-4:00	Rata	10/16 - 10/17	8:00-4:00
Design Science	11/8	8:00-4:00	Hoover	10/16 - 10/17	8:00-4:00	Roosevelt	10/8 - 10/11	8:00-4:00
DeWolf	10/2	8:00-4:00	McLane	10/15 - 10/18	8:00-4:00	Sunnyside	10/23 - 10/25	8:00-4:00

OTHER DEPARTMENTS

Location	Dates	Time
ATP / IMC / Music & Media Svcs	10/14 - 10/15	8:00-3:30
Cesar Chavez Adult School	10/29 - 11/1	8:00-4:00
College & Career Readiness / Transfers	10/29 - 10/30	8:00-4:00
Food Services	11/20 - 11/21	7:00-2:30
Fulton / Millbrook Extension	10/14	8:00-3:00
J.E. Young Academic Ctr.	10/10 - 10/11	8:00-4:00
Kisling	11/18 - 11/19	8:00-4:00
Lori Ann Infant Program	See Powers-Ginsburg Elementary	
Maintenance & Ops / Facilities	11/18 - 11/19	8:00-4:00
Parent Involvement	10/14	8:00-3:30
Professional Development	10/14 - 10/15	8:00-4:00
Purchasing & Graphics Comm	11/6	8:00-4:00
Student Svcs / Prevention & Intervention	10/14 - 10/16	8:00-4:00
Transportation	10/2 - 10/3	7:00-4:00
Warehouse	10/15	8:00-3:00

LAST WEEK OF ENROLLMENT

Location	Dates	Time
CSEA Office	12/2-12/3	8:00-4:00
DO / Ed Center	12/2-12/6	8:00-4:00
FTA Office	12/2-12/6	8:00-4:00



FRESNO UNIFIED SCHOOL DISTRICT

2309 Tulare Street Fresno, CA 93721 (559) 457-3520 Fax No. (559) 457-3760

Open Enrollment Form

EFFECTIVE: JANUARY 1, 2020

Active Employees

EMPLOYEE INFORMATION

LAST NAME		FIRST NAME		EMPLOYEE ID		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> DOMESTIC PARTNERSHIP <input type="checkbox"/> EMPLOYEE ON LEAVE	
MAILING ADDRESS				BIRTHDATE		TELEPHONE NO.	
CITY		STATE		ZIP CODE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DEPT./SITE							

Is your spouse employed? YES NO IF YES, WHERE? FUSD OTHER: _____

Are you or any family members covered by another group plan? YES NO _____
GROUP PLAN NAME

Are you the parent/guardian of a FUSD employee that is under the age of 26? YES NO If yes, what is your dependent child's name and employee ID#? _____

Are you the dependent child of a FUSD employee? YES NO If yes, are you covered under that employee's health plan? YES NO

Please provide the name and employee ID # of the person whom you have FUSD coverage through: _____

MEDICAL PLAN OPTION A

CHECK BOX IF NO CHANGE IS REQUIRED

DISTRICT MEDICAL PLAN			Health Assessment Premiums – All employees enrolled in the District's medical plans will pay, through payroll deduction, an additional \$10 or \$12 Health Assessment Fee depending on whether you are paid 10 or 12 monthly payments.																	
<table border="1"> <thead> <tr> <th><u>Premiums</u></th> <th>12 Month</th> <th>10 Month</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$160</td> <td>\$192</td> </tr> <tr> <td>Employee, Child/Children</td> <td>\$175</td> <td>\$210</td> </tr> <tr> <td>Employee & Spouse/Domestic Partner</td> <td>\$220</td> <td>\$264</td> </tr> <tr> <td>Employee & Family</td> <td>\$230</td> <td>\$276</td> </tr> </tbody> </table>						<u>Premiums</u>	12 Month	10 Month	Employee Only	\$160	\$192	Employee, Child/Children	\$175	\$210	Employee & Spouse/Domestic Partner	\$220	\$264	Employee & Family	\$230	\$276
<u>Premiums</u>	12 Month	10 Month																		
Employee Only	\$160	\$192																		
Employee, Child/Children	\$175	\$210																		
Employee & Spouse/Domestic Partner	\$220	\$264																		
Employee & Family	\$230	\$276																		
			*Usual, Customary and Reasonable																	
			PPO Providers		Non PPO Providers															
Covered Services			90% of Blue Cross Rate		60% of UCR*															
Calendar Year Deductible			\$250 Individual		\$750 Individual															
			\$500 Family		\$1,500 Family															
Annual Out-Of-Pocket Maximum			\$2,100 Individual		\$10,000 Individual															
			\$4,200 Family		\$20,000 Family															
<input type="checkbox"/> Employee Only <input type="checkbox"/> Add Dependent(s) <input type="checkbox"/> Add Family			<input type="checkbox"/> Delete Employee <input type="checkbox"/> Delete Dependent(s)		<input type="checkbox"/> Delete Family															

MEDICAL PLAN OPTION B

CHECK BOX IF NO CHANGE IS REQUIRED

ALTERNATE MEDICAL PLAN			Health Assessment Premiums – All employees enrolled in the District's medical plans will pay, through payroll deduction, an additional \$10 or \$12 Health Assessment Fee depending on whether you are paid 10 or 12 monthly payments.																	
<table border="1"> <thead> <tr> <th><u>Premiums</u></th> <th>12 Month</th> <th>10 Month</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$60</td> <td>\$72</td> </tr> <tr> <td>Employee, Child/Children</td> <td>\$70</td> <td>\$84</td> </tr> <tr> <td>Employee & Spouse/Domestic Partner</td> <td>\$90</td> <td>\$108</td> </tr> <tr> <td>Employee & Family</td> <td>\$100</td> <td>\$120</td> </tr> </tbody> </table>						<u>Premiums</u>	12 Month	10 Month	Employee Only	\$60	\$72	Employee, Child/Children	\$70	\$84	Employee & Spouse/Domestic Partner	\$90	\$108	Employee & Family	\$100	\$120
<u>Premiums</u>	12 Month	10 Month																		
Employee Only	\$60	\$72																		
Employee, Child/Children	\$70	\$84																		
Employee & Spouse/Domestic Partner	\$90	\$108																		
Employee & Family	\$100	\$120																		
			*Usual, Customary and Reasonable																	
			PPO Providers		Non PPO Providers															
Covered Services			70% of Blue Cross Rate		50% of UCR*															
Calendar Year Deductible			\$1,000 Individual		\$3,000 Individual															
			\$2,000 Family		\$6,000 Family															
Annual Out-Of-Pocket Maximum			\$5,700 Individual		\$12,000 Individual															
			\$11,400 Family		\$24,000 Family															
<input type="checkbox"/> Employee Only <input type="checkbox"/> Add Dependent(s) <input type="checkbox"/> Add Family			<input type="checkbox"/> Delete Employee <input type="checkbox"/> Delete Dependent(s)		<input type="checkbox"/> Delete Family															

MEDICAL PLAN OPTION C

CHECK BOX IF NO CHANGE IS REQUIRED

ALTERNATE MEDICAL PLAN

KAISER PERMANENTE HEALTH PLAN

<u>Premiums</u>	12 Month	10 Month
Employee Only	\$160	\$192
Employee, Child/Children	\$175	\$210
Employee & Spouse/Domestic Partner	\$220	\$264
Employee & Family	\$230	\$276

Health Assessment Premiums – All employees enrolled in the District’s medical plans will pay, through payroll deduction, an additional \$10 or \$12 Health Assessment Fee depending on whether you are paid 10 or 12 monthly payments.

Office Visit Co-Pay \$15.00

If you are choosing Kaiser Permanente Health Plan for your coverage, you must also complete the KAISER ENROLLMENT FORM (California Region Group Enrollment/Change Form)

Covered services for care must be obtained at a Kaiser facility (Except in emergencies)

Covered Services	90% after Deductible	
Calendar Year Deductible	\$250 Individual	\$500 Family
Annual Out-Of-Pocket Maximum	\$2,500 Individual	\$5,000 Family

Kaiser Permanente enrolled participants will continue to use the Plan’s Chiropractic benefits provided through PhysMetrics and the Plan’s Employee Assistance Program (EAP) benefits through Claremont EAP. The Kaiser Permanente Health Plan includes Mental Health and Substance Abuse benefits, as well as Acupuncture benefits.

- Employee Only Add Dependent(s) Add Family Delete Employee Delete Dependent(s) Delete Family

DENTAL PLANS

CHECK BOX IF NO CHANGE IS REQUIRED

DELTA DENTAL PPO (DISTRICT PLAN)

Family coverage is available at the rates listed.

	Monthly Cost:		PPO	NON-PPO
	12 Month	10 Month		
Employee	No Cost			
One Dependent	\$33.05	\$39.66		
Two or more	\$51.57	\$61.88		
Maximums	Per patient per calendar year		\$2,000	\$1,000
	Dental Accident per calendar year		\$1,000	\$1,000
	Orthodontic lifetime maximum		N/A	N/A

Plan coverage includes:

Office Exam, X-Rays and
Two (2) Cleanings Annually

PLEASE NOTE: If both you and your Spouse/DP work for FUSD and are covered under Delta Dental, you cannot enroll each other, nor the same dependent children under Delta Dental. There is no Coordination of Benefits under Delta Dental through FUSD.

**Employee and Family
MUST USE PPO PROVIDER FOR PPO COVERAGE**

- Employee Only Add Dependent(s) Add Family
 Delete Employee Delete Dependent(s) Delete Family

UHC DENTAL DIRECT

Employee and Family No Cost

**Includes Orthodontic coverage for dependents and adults.
Some procedures may require co-payments.**

Plan coverage includes:

Office Exam, X-Rays, and
Two (2) Cleanings Annually

**Employee and Family
MUST USE UHC DENTAL DIRECT PROVIDERS**

- Employee Only Add Dependent(s) Add Family
 Delete Employee Delete Dependent(s) Delete Family

MEDICAL EYE SERVICES (MES)

Employee and/or Family..... No Cost

Plan coverage:

Exam - Once every 12 months - \$5 Co-pay

Lenses - Once every 12 months (If prescription changes)

Frames - Once every 24 months (Frames or Contact Lenses, up to \$130)

Employee Only Add Dependent(s) Add Family Delete Employee Delete Dependent(s) Delete Family

****If you are enrolled in Medical Plan C (Kaiser Permanente), your vision coverage is offered by Kaiser Permanente.****

FAMILY INFORMATION – LIST DEPENDENTS AND PROVIDE COPIES OF:

SSN COPY / BIRTH CERTIFICATES / MARRIAGE OR DOMESTIC PARTNER CERTIFICATES

AND if married or in a Domestic Partnership, front page of your most recently filed federal tax return (1040 form)

FIRST NAME	LAST NAME	GENDER	AGE	BIRTHDATE	SOCIAL SECURITY
<input type="checkbox"/> DOMESTIC PARTNER <input type="checkbox"/> SPOUSE		F / M			
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER		F / M			
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER		F / M			
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER		F / M			
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER		F / M			
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER		F / M			
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER		F / M			

- **The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for continued group health care coverage for employees and family members at their own expense. Contact the Benefits Office for continuation of coverage due to a qualifying event.**
- **Please notify the Benefits Office of any change in Health Coverage within 31 days of event.**
- **You are required to notify the District within 60 days following the date on which any dependent no longer meets the eligibility criteria for dependent coverage (including divorce or legal separation; and the termination, dissolution or nullification of a Domestic Partnership). Failure to notify the District within the required time period may cause you to be responsible for the reimbursement of any claims paid for ineligible dependents.**

Verified by:	Effective Date:

EMPLOYEE SIGNATURE _____ Date _____

California Region Group Enrollment/Change Form

Please print or type in black ink only. See instructions on reverse before completing this form. Make a copy for your records.

Company name FRESNO UNIFIED SCHOOL DISTRICT		Hire date (mm/dd/yyyy)
Group number 603815	Enrollment unit 0000 Actives	Effective enrollment/ Change Date 01/01/2020

A. ENROLLMENT/CHANGE REASON (see Change Table for assistance) New group: Yes No

New Hire (complete sections A, B, C, D) Open Enrollment (complete sections A, B, C, D)

Health Plan (Check one) HMO Plan Deductible Plan Other

B. EMPLOYEE Have you ever been a Kaiser Permanente member? Yes No

Medical Record No. (if known)	Social Security No.
Name (Last, First, MI)	Birth Date (mm/dd/yyyy) Gender <input type="checkbox"/> M <input type="checkbox"/> F
Home Address	City State ZIP
Work Phone Home Phone	Email
Ethnicity	Preferred Language

C. FAMILY For additional dependents, attach a separate sheet with employee's name at top. (Last, First, MI)

<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic partner Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security No. Birth Date (mm/dd/yyyy) Medical Record No.
Spouse/domestic partner name: Former last name (if any):	
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Child Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security No. Birth Date (mm/dd/yyyy) Medical Record No.
Dependent name: Relationship:	
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Child Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security No. Birth Date (mm/dd/yyyy) Medical Record No.
Dependent name: Relationship:	

Do any of dependents above live at another address? : Yes No If yes, complete the following:

Name (Last, First, MI): Address:

Do any of dependents above live at another address? : Yes No If yes, complete the following:

Name (Last, First, MI): Address:

D. Kaiser Foundation Health Plan, Inc., Arbitration Agreement*

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the *Evidence of Coverage*.

Signature Required for all Kaiser Permanente Plans

Date

*Disputes arising from the following fully-insured Kaiser Permanente Insurance Company coverages are not subject to binding arbitration: 1) the Preferred Provider Organization (PPO) and the Out-of-Network portion of the Point-of-Service (POS) plans; 2) Preferred Provider Organization (PPO) plans; 3) Out-of-Area Indemnity (OOA) plans; and 4) KPIC Dental plans.



**NORTHERN CALIFORNIA SERVICE AREA
ZIP CODE RANGES
FOR KAISER PERMANENTE
NON-SENIOR ADVANTAGE (NON-KPSA)**

The Service Area is that portion of Alameda, Amador, Contra Costa, El Dorado, Fresno, Kings, Madera, Marin, Mariposa, Napa, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Tulare, Yolo, and Yuba counties within the following ZIP codes:

93230	93786	94239-40	94820	95115-36	95366-68	95632-35
93232	93790-94	94244	94850	95138-41	95376-78	95638-41
93242	93844	94247-50	94901	95148	95380-82	95645
93601-02	93888	94252	94903-04	95150-61	95385-87	95648
93604	94002	94254	94912-15	95164	95391	95650-52
93606-07	94005	94256-59	94920	95170	95397	95655
93609	94010-11	94261-63	94922-31	95172-73	95401-07	95658-64
93611-14	94014-28	94267-69	94933	95190-94	95409	95667-74
93616	94030	94271	94937-42	95196	95416	95676-78
93618-19	94035	94273-74	94945-57	95201-15	95419	95680-83
93623-27	94037-44	94277-80	94960	95219-20	95421	95686-88
93630-31	94060-66	94282-85	94963-66	95227	95425	95690-98
93636-39	94070	94287-91	94970-79	95230-31	95430-31	95703
93643-46	94074	94293-98	94999	95234	95433	95722
93648-54	94080	94301-06	95001-03	95236-37	95436	95736
93656-57	94083	94309	95005-11	95240-42	95439	95741-42
93660	94085-89	94401-04	95013-15	95253	95441-42	95746-47
93662	94102-05	94497	95017-21	95258	95444	95757-59
93666-69	94107-12	94501-03	95026	95267	95446	95762-63
93673	94114-34	94505-31	95030-33	95269	95448	95765
93675	94137	94533-53	95035-38	95296-97	95450	95776
93701-12	94139-47	94555-83	95041-42	95304	95452	95798-99
93714-18	94151	94585-92	95044	95307	95462	95811-38
93720-30	94158-61	94595-99	95046	95313	95465	95840-43
93737	94163-64	94601-15	95050-56	95316	95471-73	95851-53
93740-41	94172	94617-24	95060-67	95319-20	95476	95860
93744-45	94177	94649	95070-71	95322-23	95486-87	95864-67
93747	94188	94659-62	95073	95326	95492	95894
93750	94203-09	94666	95076-77	95328-30	95602-05	95899
93755	94211	94701-10	95101	95336-37	95607-21	95903
93760-61	94229-30	94712	95103	95350-58	95623-26	95961
93764-65	94232	94720	95106	95360-61	95628	
93771-79	94234-37	94801-08	95108-13	95363	95630	