Date: October 1, 2019

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

Subject: 2020 OPEN ENROLLMENT FOR MEDICAL/DENTAL/VISION/ FSA/ADDITIONAL SUPPLEMENTAL LIFE INSURANCE PLANS

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

Due Date: November 8, 2019

Reference: None

Action Requested: Plan changes (with the exception of adding dependents - see instructions below) may be done online via PeopleSoft Employee Self-Service.

Brief Explanation:

The Annual Open Enrollment period will be held October 14 through November 8, 2019, for the 2020 plan year which starts on January 1, 2020. Employees are strongly encouraged to review their current benefit elections and new plan options to determine if any changes are needed for the next plan year. Enrollment in a Flexible Spending Account (FSA) is not automatic and employees who participated during the 2019 calendar year must re-enroll if participation is desired for the 2020 calendar year. Current benefit elections may be viewed in PeopleSoft Employee Self-Service by selecting Benefits and then Benefits Summary.

During Open Enrollment, benefits-eligible employees may enroll for new coverage and make plan changes to medical/dental/vision/flexible spending accounts (FSA) and supplemental life insurance. Dependents may also be added and removed during Open Enrollment even if no qualified life event has occurred. Once this enrollment period is closed, you will not have the opportunity to make additional changes until the next Open Enrollment period scheduled for October/November 2020. The only exception to this rule is if you experience a qualified life event, as defined under the ‘Changes Outside of Open Enrollment’ link on the Benefits Department web page. If you are not making any changes to your medical/dental/vision, supplemental life insurance or covered dependents you do not have to take any action during Open Enrollment. Your current plan selections will continue effective January 1, 2020.

What is Changing for Plan Year 2020?

This is a summary of changes only. For terms, coverages, exclusions, limitations, and conditions, please refer to the plan summaries, evidence of coverage documents, and additional information posted to the Benefits Department website under the 2020 Open Enrollment link.
New Plan! UnitedHealthcare Journey HMO Plan (SignatureValue Harmony Network)

- HMO plan plus wealth building, portable employee-owned Gallagher HealthInvest HRA (Health Reimbursement Account) funded by California Schools Voluntary Employee Benefits Association (CA Schools VEBA). Unused HRA funds carry over from year to year and stay in the account for use even if you change plans or leave the district.
- HRA funding based upon the number of individuals enrolled: Single—$800, Two-Party—$1,600, Family—$2,200
- Traditional HMO plan with copays for daily care such as office visits, labs and prescription drugs. Deductible and cost share applies for more complex procedures and inpatient services.
- SignatureValue Harmony Network includes the following medical groups: Sharp Community Medical Group, Sharp Rees-Stealy Medical Group and UCSD

UnitedHealthcare HMO Network 1

- Medical out-of-pocket maximum decrease from $3,000/$6,000 (individual/family) to $1,500/$3,000 (individual/family).

UnitedHealthcare SignatureValue Alliance HMO

- The HRA issued with this plan will again be funded at $1,800 instead of $1,200 for the 2020 plan year only. Up to $500 in unused HRA funds from 2019 will rollover for use in the new plan year.

UnitedHealthcare Select Plus PPO

- UMR, a UnitedHealthcare company, will be the new plan administrator. Employees will receive new ID cards and have a new customer service contact phone number. Plan design will not change.
- Premium Designation PPO network in San Diego will transition to Nexus ACO (Accountable Care Organization). Their partnership with large local medical groups such as Sharp Rees-Stealy and Sharp Community Medical Group will increase the overall number of Tier 1 network providers.
- Carrum Health Surgery Benefit for spine, orthopedic, and coronary artery bypass graft procedures. All copays and deductibles are waived if these procedures are performed by a Carrum Health contracted provider. Carrum Health will arrange and pay for travel, hotel accommodations, and provide a meal stipend if travel is required. There is no requirement to use the Carrum Health surgery benefit, however, a $1,000 pre-certification penalty is assessed if Carrum Health is not contacted first regarding their services before surgery is scheduled. This penalty does not count toward the medical maximum out-of-pocket plan limit.

UnitedHealthcare Out-of-Area PPO (Dependents Outside of CA or Outside UHC HMO area only)

- Medical out-of-pocket maximum increase (individual/family) from $2,000/$4,000 to $5,000/$10,000 for In-Network and $4,000/$8,000 to $6,000/$12,000 for Out-of-Network.
- Specialist Physician Office Visit will increase from $20 to $40 copay per visit. Deductible does not apply.
- Outpatient Lab and Diagnostic Services (freestanding facility/office hospital-based lab/radiology) increase from No Charge to 20 percent coinsurance after deductible.
Express Scripts (Pharmacy Benefit Manager for UnitedHealthcare Plans):

- Waived copays for preferred generic hypertension drugs and oral hypoglycemics if filled by mail order or at a Smart90 pharmacy (Costco/RiteAid). Copays waived automatically for prescriptions submitted on or after January 1, 2020. Does not include normal retail use or brand drugs.

SaveOnSP for Specialty Medications (Effective October 1, 2019)

- Program which assists employees with obtaining manufacturer copay assistance on specialty drugs.
- Members already on specialty drugs should have received a letter in September 2019, which included enrollment instructions.

Pet Medication Discounts

- Reduced prices on human medications prescribed for pets at pharmacies which are a part of the Inside Rx Pets discount program
- Online enrollment using district code to print ID card

What is Not Changing for Plan Year 2020?

The UnitedHealthcare HMO Network 2 and the Kaiser Permanente HMO plan will remain in force with no changes for plan year 2020. There are also no changes to the vision plan, any of the dental plans or to coverage under Optum Chiropractic.

How Can I Find More Information?

Open Enrollment information will be posted as it becomes available on the Benefits Department web page from the Staff Portal under the ‘2020 Open Enrollment’ link. Please review the information located on the website very carefully, including the “Summary of Benefits” for each plan, to determine which coverage best meets your needs and the needs of your family. Review the Flexible Spending Account (FSA) information to see if this benefit will help you with your qualified out-of-pocket health expenses. A packet with Open Enrollment information will also be mailed to each site to be shared among staff.

There will be opportunities to have your questions addressed directly by our medical, dental, vision, FSA, and life insurance providers at various Open Enrollment meetings around the district and at the Open Enrollment Health Fair on October 14, 2019, held on the front lawn of the Eugene Brucker Education Center. Carriers will attend each meeting and flu shots are provided free of charge to all employees. District benefits staff will also be available to answer questions and assist with any enrollment changes.
## How Can I Make Changes?

All enrollment changes (except when adding dependents - see instructions below) may be done online via PeopleSoft Employee Self-Service including switching health plans and making FSA elections. Employees can login using the following link [https://dwa.sandi.net/psp/hcm/?cmd=login](https://dwa.sandi.net/psp/hcm/?cmd=login). Please have your employee ID number and district email password ready in order to login. Contact the IT Help Desk at (619) 209-4357 or go to the following link for assistance with password issues [https://pss.sandi.net/](https://pss.sandi.net/). Step-by-step instructions for making online changes will be available on the Benefits Department web page one week before the start of Open Enrollment. When making changes online through PeopleSoft Employee Self-Service, you will be able to select doctors for plans requiring provider designation without the need of a provider booklet. For your records, a confirmation email will be immediately sent once a benefit change(s) is successfully completed online. Please contact the Employee Benefits Department if you do not receive a confirmation email.

## Adding Dependents?

Employees adding eligible dependents (spouse, domestic partner, child) to health coverage must complete a Benefits Enrollment/Change Form and provide proof of relationship for all dependents being added. Information about the required dependent eligibility documents can be found on the Benefits Department web page at [https://www.sandiegounified.org/benefits](https://www.sandiegounified.org/benefits) along with an electronic version of the Benefits Enrollment/Change Form which can be printed out, completed and returned to the Employee Benefits Department. Completed forms with all applicable supporting eligibility documents can be returned by email (employeebenefits@sandi.net), fax (619.725.8132) or by mail/walk-in to the Employee Benefits Department (4100 Normal Street, Room 1150, San Diego, 92103). Originals are not needed but please remember all forms and documents are due to the Employee Benefits Department no later than November 8, 2019 at 5:00 p.m.

## Removing Dependents?

Dependents no longer eligible for coverage due to divorce or dissolution of a domestic partnership are required to be dropped from the employee’s health insurance plans within 31 days of the event. It is the employee’s responsibility to notify the district to remove any ineligible dependent(s). Please take the opportunity during Open Enrollment to remove any ineligible dependent(s) from your coverage by completing a Benefits Enrollment/Change Form available on the Benefits Department web page at [https://www.sandiegounified.org/benefits](https://www.sandiegounified.org/benefits). Return completed form by email (employeebenefits@sandi.net), fax (619.725.8132) or by mail/walk-in to the Employee Benefits Department.
Flexible Spending Accounts (FSA)

Benefits-eligible employees who wish to participate in the Flexible Spending Account (FSA) plans for calendar year 2020 will have the opportunity to enroll online via PeopleSoft Employee Self-Service during the Open Enrollment period, October 14 through November 8, 2019. **Enrollment in a Flexible Spending Account is not automatic. Employees who participated during the 2019 calendar year must re-enroll if participation is desired for the 2020 calendar year.** Unused funds from 2019 do not carry over to the 2020 plan year. The following FSA plans are allowed under Section 125 of the Internal Revenue Code which enables employees to set aside pre-tax money from their paychecks to pay for eligible:

- Out-of-pocket health care expenses  Annual limit: $2,700
- Dependent child/elder day care expenses  Annual limit: $5,000

A reimbursable expense cannot be claimed under both an FSA and the Health Reimbursement Account (HRA) provided with the United Healthcare SignatureValue Alliance HMO or United Healthcare Journey Harmony plans. The FSA claims administrator will continue to be American Fidelity Assurance. You can access them on the web at the following address: www.americanfidelity.com.

The Hartford Life, Supplemental and AD&D Insurance

Benefits-eligible employees are automatically enrolled by the district in Basic Life and AD&D (Accidental Death and Dismemberment) insurance coverage, which is underwritten by The Hartford and provided at district expense. The death benefit is equal to your annual salary and increases to twice your annual salary should you die in an accident. Employees are strongly encouraged to contact The Hartford to establish a beneficiary for their employer-paid life insurance. Defining beneficiaries is a critical element to managing your life insurance policy and the Open Enrollment period is the perfect time each year to review your coverage. During the Open Enrollment period, voluntary supplemental life insurance may be purchased without a Personal Health Assessment to determine Evidence of Insurability up to certain guaranteed issue limits (e.g. maximum $50,000 for employee and maximum $20,000 for voluntary spousal life).

The Hartford has a web-based platform that allows an employee to view their current insurance coverage, change beneficiary elections, purchase additional voluntary life insurance and learn about additional services such as Funeral Planning and Concierge Services, Estate Guidance, Will Services, and Travel Assistance Services with ID Theft Protection and Assistance.

If you have never set-up online access to review your basic life insurance policy and define beneficiaries, please do so using the following web address: https://enroll.thehartfordatwork.com/Enroll/Login.aspx and the instructions below for creating an initial password:
Certain group life insurance policies underwritten by The Hartford have a Waiver of Premium provision which allows an employee to continue their coverage without paying a monthly premium while disabled and remaining eligible for waiver based upon criteria set by The Hartford. Please contact the Employee Benefits Department for more information about this provision if you feel you might qualify.

VEBA Resource Center (VRC) – Healthy Reboot Program

San Diego Unified is a member district of the California Schools Voluntary Employee Benefits Association (CA Schools VEBA). As a member, employees electing district health coverage have access to a range of VEBA member benefits including the new VEBA Resource Center (VRC) located in Mission Valley. This facility provides personalized and comprehensive care as employees work with Care Navigators to address their emotional, social, financial and physical health. Services includes holistic care, yoga, cooking classes, health coaching and more. The Healthy Reboot Program is an all-day Saturday program which provides a good introduction to all of the services offered at the VRC. Childcare is available upon request and healthy snacks and lunch will be provided. To register for the Healthy Reboot Program or learn more about the programs available at the VRC, contact CA Schools VEBA directly at VRC@mcgregorinc.com or by phone at (619) 398-4220.

Additional Information:

If you need additional information or have any uncertainty about your employee/dependent enrollment status, please contact the Employee Benefits Department by phone (619.725.8130), by email (employeebenefits@sandi.net) or stop by for a visit. We are located in Room 1150-A at the Eugene Brucker Education Center with regular office hours from 8:00 a.m. to 5:00 p.m. Hours will be modified during the Open Enrollment period as follows:

Monday, October 14, 2019 (Annual Health Fair) 8:00 a.m. to 6:00 p.m.

Visit the Benefits Department online at www.sandiegounified.org under the Staff Portal for more information regarding Open Enrollment as it becomes available. There is a separate 2020 Open Enrollment link to find information specific to the new plan year.
Please be advised that Open Enrollment results in a high volume of calls and visits to the department. This may result in delayed response times based on the volume at any given time. Be assured, our staff is committed to providing the highest level of customer service possible during this extremely busy period.

Sue Weir
Director, Payroll/Benefits

APPROVED:

[Signature]
Debbie Foster
Executive Director, Finance Division

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