

GLENDALE UNIFIED SCHOOL DISTRICT  
Glendale, California  
FINANCIAL SERVICES

# OPEN ENROLLMENT

## BENEFITS ALERT

### You need to know:

- ◆ The annual Health & Welfare benefits open enrollment period is **August 1 through August 30, 2019.**
- ◆ This enrollment includes Blue Shield medical with behavior health coverage provided by Magellan, Delta, Metlife/Safeguard, and Cigna dental plans, and VSP vision plan and Metlife voluntary life insurance plan.
- ◆ If you do not change your enrollment, your current choices will continue for another year.
- ◆ Effective date is October 1, 2019. The plan year is October 1, 2019 through September 30, 2020.
- ◆ Once your elections are effective they may not be changed until the 2020-21 benefit year.
- ◆ Enrollment and change forms, along with medical booklets and pamphlets, are available at your work site or the Financial Services Office.
- ◆ Information regarding the insurance plans is posted on the District's website, [www.gusd.net](http://www.gusd.net), under "Benefits" in the Department Section.

\*\*\* American Fidelity open enrollment dates differ from the District open enrollment. Please review schedule on the website GUSD.net  
Department/Benefits/American Fidelity

GLENDALE UNIFIED SCHOOL DISTRICT  
Glendale, California  
FINANCIAL SERVICES

MEMORANDUM

**Important**

DATE: July 29, 2019  
TO: All GUSD Employees  
FROM: Karineh Savarani, Director, Financial Services  
SUBJECT: Open Enrollment Health and Welfare Selection Information for 2019-20

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**Open enrollment will begin on Thursday, August 1, 2019 and will end Friday, August 30, 2019. If you wish to make changes to your medical, dental, vision coverage, or life insurance plan, the changes must be completed during the open enrollment period.**

**NEW**

The District, through the collective bargaining process, has established a maximum District contribution to the health insurance plan for the 2019-2020 school year of \$27,080.50 for all employees.

This means that if you are a full time employee and have family (employee +2 or more) PPO coverage with Blue Shield you will be required to pay the premiums that exceed the maximum contribution of \$27,080.50.

**REMINDER**

Effective 10/1/2017 MedImpact is administering the prescription drug plan for GUSD. Prescription drug coverage is no longer administered under our Blue Shield Medical Plan. Retail (those purchased directly from the pharmacy) and Mail-in prescriptions, are handled by MedImpact. When presenting your insurance information for prescriptions you should be using your MedImpact card, not your Blue Shield card. Employees and their dependents enrolled in the Blue Shield Medical Plan are automatically enrolled in the MedImpact coverage plan.

**MEDICAL COVERAGE**

**DELETING SPOUSES** ~ If you are divorced, your ex-spouse must be deleted from your coverage within 30 days of legal proceedings (only legal spouses can be covered). Failure to remove your ex-spouse from your coverage can result in you being financially responsible for premiums paid 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 Gevork Msryan at (818) 241-3111 ext. 1368 for additional information.

**ADDING NEW DEPENDENTS** ~ *Blue Shield's* policy on adding new dependents during the plan year is as follows:

1. **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.
2. **NEWBORNS** are covered automatically under the employee's coverage through the *30th day* following the birth. However, before the 31<sup>st</sup> 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 you do not enroll your new spouse or newborn within the 30 days, you will need to wait until the next open enrollment period.

District paid medical coverage is available to all full-time employees (7-8 hour classified and full-time certificated) and their dependents up to the District maximum contribution of \$27,080.50. Premiums exceeding the District maximum contribution will be at the employee's own expense. Classified employees working four to six hours per day and part-time certificated employees may enroll dependents at their own expense. Premium rates for dependents are shown on **ATTACHMENT 2**.

*Blue Shield* offers two plans, Shield Spectrum PPO and Access + HMO plan. If you want to change medical plans from HMO to PPO or vice versa, you must complete a *Subscriber Change Request* form. (Please note: you must list a provider when signing up for HMO or *Blue Shield* will assign one for you.) To find a provider go to the Blue Shield website at [www.blueshieldca.com](http://www.blueshieldca.com), find a provider, and select your plan choice.

If you wish to add or delete dependents, complete a *Subscriber Change Request* form. When adding a spouse you must provide a copy of your marriage certificate. When adding a dependent child a copy of their birth certificate must be provided.

*Subscriber Change Request* forms and *Blue Shield* plan summaries are available at your work location or the Financial Services Office. Send your completed forms to the Financial Services Office **no later than Friday, August 30, 2019**. Remember, if you are adding a spouse or dependents to enclose a copy of the marriage certificate and/or birth certificate, if appropriate.

If you want to continue with your current medical plan, *no further action is required*. You will be automatically re-enrolled on October 1, 2019. If you wish to change medical plans or add your dependents, open enrollment is from **August 1 – August 30, 2019**. Medical plan summaries and enrollment forms are available at work locations or the Financial Services Office. Completed forms for changes must be sent to the Financial Services Office **no later than Friday, August 30, 2019**.

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| <p><b>PLEASE NOTE: TELEPHONE NUMBERS AND THE WEB PAGE ADDRESS FOR <i>BLUE SHIELD</i> ARE LISTED ON ATTACHMENT 1 OF THIS MEMO.</b></p> |
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### DENTAL COVERAGE

*Delta Dental (PPO)*, *Metlife/Safeguard (HMO)*, and *CIGNA Dental Health Plan (HMO)* are the providers for the District's benefit plan. However, your individual choice is dependent on the bargaining unit you are in. For example:

- If you are a seven or eight hour per day classified employee (CSEA bargaining unit), you are eligible for District paid family dental coverage with *Delta Dental (PPO)*.
- If you are a four to six hour per day classified employee (CSEA bargaining unit), you are eligible for District paid employee dental coverage with *Delta Dental (PPO)*. Dependents may be enrolled in the *Delta Dental (PPO)* plan at the employee's expense. Premium rates for dependents are shown on **ATTACHMENT 2**.
- If you are a full-time certificated employee, you are eligible for District paid dental coverage for yourself and dependents with *Metlife/Safeguard (HMO)*, *Delta Dental (PPO)*, or the *Cigna Dental Health Plan (HMO)*. Part-time teachers may only enroll in *Delta Dental (PPO)* or *Cigna (HMO)* for themselves at District expense. You may add your dependents at your own expense. Premium rates for dependents are shown on **ATTACHMENT 2**.

### VISION CARE

District paid vision care is available only to the employee. Certificated employees (GTA bargaining unit) working 50% or more, management/confidential (GSMA), and classified employees (CSEA bargaining unit) working four hours or more per day may enroll their dependents in the District's vision plan at the employee's own expense. The *Vision Service Plan* summary and enrollment forms to add dependents are available at work locations or the Financial Services Office. Premium rates for dependents are shown on **ATTACHMENT 2**.

Classified employees (CSEA, Unit B), working less than four hours per day, are entitled to vision coverage for themselves only at District expense. *You will be automatically re-enrolled in the program.*

Please note that any employee contributions for Medical, Dental, and Vision will be automatically deducted from your paycheck on a pre-tax basis. Any employee who wishes to have their payroll deductions taken after taxes must submit a signed Post Tax Deduction Authorization Form to the Financial Services office. For additional information, or to request a form, please contact Gevork Msryan at extension 1368.

Information regarding Health and Welfare Benefits is posted on the District's website, [www.gusd.net](http://www.gusd.net) under "BENEFITS" in the DEPARTMENTS section.

### **VOLUNTARY LIFE INSURANCE**

Metlife will be accepting applications for its voluntary life insurance program for employees, their spouses and children. The open enrollment period is from August 1, 2019 to August 30, 2019, with a policy effective date of October 1, 2019. Unlike the District's paid life insurance, the employee pays the cost of the voluntary life insurance through a payroll deduction. New applicants must submit an enrollment form and a statement of health. Forms should be completed and sent to the Financial Services office **no later than Friday, August 30, 2019.** Financial Services will forward the forms to MetLife and they will notify the applicant of approval or disapproval (see **ATTACHMENT 3** for schedule amounts and premium rates).

Enrollment and statement of health forms are available in the Financial Services office; contact Gevork Msryan at (818)241-3111 ext. 1368.

### **LIFE INSURANCE, STATE TEACHERS' RETIREMENT SYSTEM (STRS), PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)**

If you wish to change your beneficiary or you are uncertain of your beneficiary for your life insurance, STRS, or PERS, a new form should be completed. Beneficiary changes can be made anytime during the year. Life insurance, STRS, and PERS beneficiary forms are available in the Financial Services Office. When making changes to your beneficiaries please make a copy for your records.

**Questions regarding employee eligibility should be referred to Gevork Msryan, extension 1368. Other questions, i.e. extent of coverage, form completion, location of facilities, etc., should be referred to the appropriate carrier. Telephone numbers are listed on ATTACHMENT 1 entitled "Health and Welfare Providers, 2019-20."**

### **SECTION 125 FLEXIBLE BENEFIT PLAN**

American Fidelity's open enrollment is from April 15, 2019 – August 13, 2019 at various sites. They will be at the District Office August 12 and 13. Call American Fidelity at (800) 365-9180 Ext. 0 to schedule an appointment, or go online to <https://benefits.americanfidelity.com/glendale-unified-school-district> to schedule an appointment.

Encl.

c. Stephen Dickinson                      Dr. Cynthia M. Foley



GLENDALE UNIFIED SCHOOL DISTRICT  
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ATTACHMENT 2

**PREMIUM RATES**

**BLUE SHIELD MEDICAL PLAN**

(TENTHLY Dependent Rates for Full-time Employees with Family PPO coverage)  
The Maximum District Contribution is \$27,080.50

**Family PPO**                      Two or more Dependents  
\$196.14

(TENTHLY Dependent Rates for Part-time Employees – Voluntary)

|            |               |                        |
|------------|---------------|------------------------|
|            | One Dependent | Two or more Dependents |
| <b>HMO</b> | \$ 593.43     | \$ 939.57              |
| <b>PPO</b> | \$ 977.09     | \$1,547.09             |

**CIGNA DENTAL HEALTH**

(TENTHLY Employee-paid Dependent Rates **GTA Part-time Employees** – Voluntary)

|               |                        |
|---------------|------------------------|
| One Dependent | Two or more Dependents |
| \$ 43.74      | \$ 93.39               |

**DELTA DENTAL**

(TENTHLY Employee-paid Dependent Rates **CSEA Part-time Employees** – Voluntary)

|               |                         |                        |
|---------------|-------------------------|------------------------|
|               | <i>Delta Dental PPO</i> |                        |
| One Dependent |                         | Two or more Dependents |
| \$ 71.27      |                         | \$ 132.34              |

(TENTHLY Employee-paid Dependent Rates **GTA Part-time Employees** – Voluntary)

|               |                         |                        |
|---------------|-------------------------|------------------------|
|               | <i>Delta Dental PPO</i> |                        |
| One Dependent |                         | Two or more Dependents |
| \$ 71.27      |                         | \$ 132.34              |

**VISION SERVICE PROGRAM (VSP)**

(TENTHLY Employee-paid Dependent Rates – Voluntary)

|               |                        |
|---------------|------------------------|
| One Dependent | Two or more Dependents |
| \$ 12.76      | \$ 20.39               |

## Glendale Unified School District – MetLife Optional Life Insurance Rates

### Employee Coverage

Example: If you are 39 years of age and choose a coverage amount of \$80,000, your tenthly cost would be calculated as follows:

$$\begin{array}{r} \underline{\$80,000} \\ \text{Coverage} \\ \text{Amount} \end{array} ) \quad \$20,000 = \underline{4} \times \begin{array}{r} \underline{\$1.80} \\ \text{Rate per} \\ \$20,000 \text{ of} \\ \text{Coverage} \end{array} = \underline{\$7.20} \\ \text{Tenthly} \\ \text{Cost}$$

Below is some workspace for you to calculate your tenthly contribution for the Optional Life Insurance Program. Use the rate chart to the right to determine the rate per \$20,000 of coverage.

$$\begin{array}{r} \$ \underline{\hspace{2cm}} \\ \text{Desired} \\ \text{Coverage} \\ \text{Amount} \end{array} ) \quad \$20,000 = \underline{\hspace{1cm}} \times \begin{array}{r} \$ \underline{\hspace{1cm}} \\ \text{Rate per} \\ \$20,000 \text{ of} \\ \text{Coverage} \end{array} = \underline{\hspace{1cm}} \\ \text{Tenthly} \\ \text{Cost}$$

| Age of Employee | Employee Rate (per \$20,000) |
|-----------------|------------------------------|
| Under 30        | 1.00                         |
| 30 to 34        | 1.40                         |
| 35 to 39        | 1.80                         |
| 40 to 44        | 2.20                         |
| 45 to 49        | 3.40                         |
| 50 to 54        | 5.40                         |
| 55 to 59        | 9.80                         |
| 60 to 64        | 15.00                        |
| 65 to 69        | 23.40                        |
| 70 to 74        | 40.60                        |
| 75 and older    | 47.00                        |

**MINIMUM AMOUNT OF EMPLOYEE COVERAGE IS \$20,000**

**ADDITIONAL INCREMENTS OF \$10,000 WORTH OF COVERAGE MAY BE PURCHASED UP TO A MAXIMUM OF \$300,000**

### Dependent Spouse Coverage

Example: If your spouse is 34 years of age and you choose a coverage amount of \$40,000 for your spouse, your tenthly cost would be calculated as follows:

$$\begin{array}{r} \underline{\$40,000} \\ \text{Coverage} \\ \text{Amount} \end{array} ) \quad \$10,000 = \underline{4} \times \begin{array}{r} \underline{\$.90} \\ \text{Rate per} \\ \$10,000 \text{ of} \\ \text{Coverage} \end{array} = \underline{\$3.60} \\ \text{Tenthly} \\ \text{Cost}$$

Below is some work space for you to calculate your tenthly contribution for dependent spouse coverage. Use the rate chart to the right to determine the rate per \$10,000 of coverage.

$$\begin{array}{r} \$ \underline{\hspace{2cm}} \\ \text{Desired} \\ \text{Coverage} \\ \text{Amount} \end{array} ) \quad \$10,000 = \underline{\hspace{1cm}} \times \begin{array}{r} \$ \underline{\hspace{1cm}} \\ \text{Rate per} \\ \$10,000 \text{ of} \\ \text{Coverage} \end{array} = \underline{\hspace{1cm}} \\ \text{Tenthly} \\ \text{Cost}$$

| Age of Spouse | Spouse Rate (per \$10,000) |
|---------------|----------------------------|
| Under 30      | .80                        |
| 30 to 34      | .90                        |
| 35 to 39      | 1.40                       |
| 40 to 44      | 2.10                       |
| 45 to 49      | 3.30                       |
| 50 to 54      | 5.10                       |
| 55 to 59      | 8.80                       |
| 60 to 64      | 12.70                      |
| 65 to 69      | 21.00                      |

**AVAILABLE IN INCREMENTS OF \$5,000 UP TO \$50,000 OR 50% OF THE EMPLOYEE'S COVERAGE, WHICHEVER IS LESS.**

### Dependent Child - \$1500.00 in coverage - cost \$.30

### Total Monthly Costs:

EMPLOYEE     \$ \_\_\_\_\_  
 SPOUSE        \$ \_\_\_\_\_  
 Child          \$ \_\_\_\_\_  
 TOTAL         \$ \_\_\_\_\_

*Coverage is provided under a group insurance policy (Policy Form G.2130-S) issued to your employer by Metropolitan Life Insurance Company, New York, New York.*