



Open Enrollment

for the medical, dental, vision, life and Section 125 plans will begin Monday, September 27, 2010 and extends through Friday, October 22, 2010, from 8:00 a.m. to 4:00 p.m. daily. Open Enrollment allows employees to make changes in their plans with coverage effective November 1, 2010 through October 31, 2011.

Changes include:

| | Eligible Active Employees (69% or greater assignment) | Part-Time Monthly Employees | Hourly and Substitute Employees |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| MEDICAL | Change Plans Add dependent coverage, including domestic partner | Ineligible | Ineligible |
| MEDICAL PLAN OPT OUT | Classified & Management ONLY - A \$2,000 opt-out payment is made in lieu of participation in an AUSD medical plan with proof of other coverage. Contact Risk Management for details. | Ineligible | Ineligible |
| DENTAL | Change Plans Purchase dependent coverage, including domestic partner | Purchase employee coverage Purchase dependent coverage, including domestic partner | Ineligible |
| VISION | Purchase dependent coverage, including domestic partner | Purchase employee coverage Purchase dependent coverage, including domestic partner | Ineligible |
| LIFE | Purchase additional coverage Purchase dependent coverage, including domestic partner | Purchase additional coverage Purchase dependent coverage, including domestic partner | Ineligible |
| 403 (b) TAX SHELTERED ACCOUNTS | Participate in special savings and investment programs available to school district employees. See inside! | Participation dependent upon total hours worked for AUSD (20 hours per week and 1,000 hours per year) | Participation dependent upon total hours worked for AUSD (20 hours per week and 1,000 hours per year) |
| SECTION 125 | Establish an Unreimbursed Medical Expense Account or Dependent Day Care Reimbursement Account or designate premium payments on a pre-tax basis. <u>You must meet with a representative of American Fidelity to implement and/or continue these programs.</u> (Individual "Site Visit" schedule inside) | | Ineligible |

For Active Employees on District-Paid Benefits

MEDICAL PLAN OPTIONS AND ELIGIBILITY

| | | | | | |
|--------------|--------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------|
| PLAN OPTIONS | Blue Shield of CA Base + Major Medical | Blue Shield of CA Non- PPO PPO | CIGNA Healthplans HMO | CIGNA Healthplans HMO | Kaiser Permanente HMO |
| ELIGIBILITY | Certificated Group #170224 (Family Coverage) | Classified Group #975276 Management Group #977716 (Family Coverage) | Certificated Group #3174176-0001 Management Group #3174176-0008 (Family Coverage) | Classified Group #3174176-0003 (Family Coverage) | Certificated, Classified & Management Group #103201 (Family Coverage) |

Medical Plan Benefit Comparisons

| | | | | | | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| LIFETIME MAXIMUM | Unlimited (Base) Unlimited (Major Medical) Per Person | Unlimited Per Person | | Unlimited Per Person | Unlimited Per Person | Unlimited Per Person |
| DEDUCTIBLE - ANNUAL CALENDAR | \$100 Per Person / \$300 Family Maximum (Major Med) | \$100 Per Person / \$300 Family Max for Classified \$250 Per Person / \$750 Family Max for Management | | None | None | None |
| COPAYMENT - ANNUAL CALENDAR | \$30 Per Person for first physician office visit (Base); 80% of first \$5,000 of covered expenses, 100% thereafter (Major Med) | 100% | 70% of first \$2,000 of covered expenses; 100% thereafter | Expressed below | Expressed below | Expressed below |
| ANNUAL OUT-OF- POCKET TOTALS: DEDUCTIBLE | Expressed above | Expressed above | | Expressed above | Expressed above | Expressed above |
| COPAYS | \$30 Per Person (Base); \$1,000 Per Person (Major Med) | None | \$600 Per Person | \$1,000 Single \$2,000 Family | \$1,000 Single \$2,000 Family | \$1,500 Single \$3,000 Family |
| HOSPITAL IN & OUT PATIENT | 100% Base | 100% | 70% | 100% | 100% | 100% |
| X-RAY AND LAB: INPATIENT: | 100% | 100% | 70% | 100% | 100% | 100% |
| OUTPATIENT: | 100% for all injury x-rays; 100% for first \$150 of illness x-rays and labs (Base); 80% thereafter (Major Med) | 100% | 70% | 100% | 100% | 100% |
| PHYSICIAN VISIT OFFICE & HOME | \$30 copay for first visit; 100% thereafter (Base) | 100% | 70% | \$5 copay per visit | \$5 copay per visit | \$5 copay per visit |
| PHYSICAL EXAMS | 80% (Major Med) | 100% | 70% | \$5 copay per visit | \$5 copay per visit | \$5 copay per visit |

For Active Employees on District-Paid Benefits (continued)

MEDICAL PLAN OPTIONS AND ELIGIBILITY

| PLAN OPTIONS | Blue Shield of CA Base + Major Medical | Blue Shield of CA Non- PPO PPO | CIGNA Healthplans HMO | CIGNA Healthplans HMO | Kaiser Permanente HMO |
|--------------|--------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------|
| ELIGIBILITY | Certificated Group #170224 (Family Coverage) | Classified Group #975276 Management Group #977716 (Family Coverage) | Certificated Group #3174176-0001 Management Group #3174176-0008 (Family Coverage) | Classified Group #3174176-0003 (Family Coverage) | Certificated, Classified & Management Group #103201 (Family Coverage) |

Medical Plan Benefit Comparisons

| MENTAL HEALTH & SUBSTANCE ABUSE | Inpatient - 100% (Base) Outpatient - 100% (Base) | Inpatient - 100% 70% Outpatient - 100% 70% | Inpatient - 100% Outpatient - \$5 copay per visit | Inpatient - 100% Outpatient - \$5 copay per visit | Inpatient - 100% Outpatient - \$5 copay per visit |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------|
| HEARING AID BENEFIT | 80% (Major Med) Up to \$2,500 per ear, every 3 years | 80% (Major Med) Up to \$2,500 per ear, every 3 years | Not Covered | Not Covered | Up to \$1,000 per device per year; 2 devices every 3 years |
| PRESCRIPTION DRUGS | Drug Card Program \$10 maximum copay up to 90 day supply. Drug card copays do not apply towards deductible or annual copays (Some drugs require pre-authorization) | Drug Card Program \$10 maximum copay up to 90 day supply. Drug card copays do not apply towards deductible or annual copays (Some drugs require pre-authorization) | \$5 generic copay, up to 30 day supply, \$15 brand copay, up to 30 day supply. Generic drugs must be substituted for brand when available | Not Covered | \$5 copay, up to 100 day supply |
| PREMIUM | 100% District Paid | 100% District Paid | 100% District Paid | 100% District Paid | 100% District Paid |



Health Care Reform and Mental Health Parity Updates - Eff. 10/1/10

- ▶ **Dependent age increases to 26 regardless of marital or student status for all plans (medical, dental & vision)**
- ▶ **"Lifetime Maximums" on medical plans have been eliminated**
- ▶ **Over the counter drugs are no longer a reimbursable expense of our Section 125 Plan - Effective 1/1/11**
- ▶ **Inpatient Mental Health and Substance Abuse benefits are now covered the same as any other illness/injury**
- ▶ **Outpatient Mental health and Substance Abuse benefits are now covered the same as any other physician visit**
- ▶ **Blue Shield Drug Benefit - Specialty Drugs MUST be obtained from Blue Shield's Specialty Pharmacy Network - (See Information on the following pages)**

- ▶ The Alhambra Unified School District believes the above described plans are "grandfathered health plans" under the Patient Protection and Affordable Care Act (The Affordable Card Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that your plans may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which provisions do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Risk Management at (626) 943-6585.

For Active Employees on District-Paid Benefits (continued)

IMPORTANT ENHANCEMENT TO YOUR BLUE SHIELD DRUG CARD PLAN

- ▶ Effective **10/1/10** there will be a change to your pharmacy benefit for certain "Specialty Drugs".
- ▶ All Specialty Drugs (see list on next page) **must** be filled by one of Blue Shield's two network pharmacies to be a covered benefit. This list is inclusive of oral/inhaled, topical, and self-injectable drugs. Please review the list carefully for drugs you may be currently taking.
- ▶ The specialty pharmacies are:

Caremark
(800) 237-2767 - Phone
(800) 323-2445 - Fax

CuraScript
(877) 292-1235 - Phone
(888) 773-7386 - Fax

- ▶ Enrolling in one of Blue Shield's contracted network specialty pharmacies is easy and can be done over the phone at the numbers listed above.
- ▶ You will need to enroll with one of the above network specialty pharmacies prior to asking your doctor to send a new prescription.
- ▶ After you enroll, simply ask your doctor to call or fax in your prescription to the specialty pharmacy of your choice.
- ▶ Prescriptions for Specialty Drugs are available for up to a 90 day supply per fill, at your same \$10 copay.
- ▶ If your current prescription (drug) is not on the Specialty Drug List, you can continue to use your regular pharmacy to fill prescriptions.

Some of the enhanced benefits of using Blue Shield's network specialty pharmacies:

- ▶ A team of dedicated pharmacists and nurses are available to answer your questions.
- ▶ Coordination of care with your doctor.
- ▶ Medications are packaged for special handling requirements such as refrigeration and delivered to a location of your choice.
- ▶ Convenience of receiving your prescriptions through the mail.
- ▶ Easy refills and refill reminders.
- ▶ Education and counseling programs to meet your needs and detailed instructions on how to safely and effectively take your medication.
- ▶ All supplies required for administration of specialty medications that are injectable (such as needles/syringes, alcohol swabs, sharps containers, etc.) are included at no additional charge.

For Active Employees on District-Paid Benefits (continued)

BLUE SHIELD SPECIALTY DRUG LIST *

| Arthritis/Psoriasis | | |
|-------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| Cimzia syringe | Humira | Simponi |
| Enbrel | Kineret | |
| Blood Modifiers | | |
| Aranesp (<i>Procrit preferred</i>) | Neulasta | Procrit |
| Leukine | Neumega | Promacta |
| Mozobil | Neupogen | |
| Blood Thinners | | |
| Arixtra • | Innohep | |
| Fragmin • | Lovenox • | |
| Cancer | | |
| Afinitor | Proleukin | Temodar capsule |
| etoposide capsule | Revlimid | Thalomid |
| Gleevec | Sprycel | Tykerb |
| Iressa | Sutent | Votrient |
| leuprolide 1 mg kit | Tarceva | Xeloda |
| Nexavar | Targretin | Zolanza |
| Oforta | Tasigna | |
| Osteoporosis | | |
| Forteo | Miacalcin injection | |
| Growth Hormones | | |
| Genotropin (<i>Nutropin, Saizen preferred</i>) | Nutropin | Saizen |
| Humatrope (<i>Nutropin, Saizen preferred</i>) | Nutropin AQ | Serostim |
| Norditropin (<i>Nutropin, Saizen preferred</i>) | Nutropin AQ Nuspin | Tev-tropin (<i>Nutropin, Saizen preferred</i>) |
| Norditropin Nordiflex (<i>Nutropin, Saizen preferred</i>) | Omnitrope (<i>Nutropin, Saizen preferred</i>) | |
| Immune Response Modifiers | | |
| Actimmune | Fuzeon | |
| Hepatitis | | |
| Infergen (<i>Pegasys preferred</i>) | Pegasys | Peg-Intro Redipen (<i>Pegasys preferred</i>) |
| Intron A | Peg-Introl (<i>Pegasys preferred</i>) | |
| Multiple Sclerosis | | |
| Acthar HP | Betaseron (<i>Rebif preferred</i>) | Rebif |
| Ampyra | Copaxone | |
| Avonex (<i>Rebif preferred</i>) | Extavia (<i>Rebif preferred</i>) | |
| Cystic fibrosis | | |
| Cayston | Pulmozyme | Tobi |
| Pulmonary Arterial Hypertension (PAH) | | |
| Adcirca | Revatio tab (<i>Adcirca preferred</i>) | |
| Letairis | Tracleer (<i>Letairis preferred</i>) | |
| Miscellaneous | | |
| Arcalyst | Orfadin | Sucraid |
| Apokyn | Relistor | Synarel |
| Exjade | Sabril | Xenazine |
| Increlex | Samsca | Xyrem |
| Kuvan | Somavert | Zavesca |
| octreotide (Sandostatin) for SQ | Stimate | Zorbtive |

* If the drug is not administered at home, coverage may be provided under medical benefits

• Quantities up to 14 days supply are available at retail pharmacies

For Active Employees on District-Paid Benefits (continued)

Dental Benefit Plans

Certificated, Classified & Management

| | <u>Delta Premier</u> (Use any Dentist) | <u>DeltaCare (formerly PMI)</u> (Must use "Panel" Dentist only) |
|----------------------------|-------------------------------------------|----------------------------------------------------------------------------|
| Teeth Cleaning | 2 x year | 2 x year |
| Annual Deductible | None | None |
| Preventive Co-Insurance | *70% - 100% | 100%** |
| Basic Co-Insurance | *70% - 100% | 100%** |
| Major Co-Insurance | *70% - 100% | 100%** |
| Prosthodontic Co-Insurance | 50% | 100%** |
| Orthodontia (Braces) | Not Covered | Covered Benefit ** |
| Annual Benefit Maximum | \$2,000 | None |
| PREMIUM: | | |
| Employee Only | 100% District Paid | N/A |
| Plus 1 Dependent | \$84.48 | N/A |
| Family Coverage | \$157.08 | 100% District Paid |

* Co-insurance percentage and benefit eligibility are determined by the number of years enrolled in the plan

** There are co-pays on some scheduled procedures

Vision Service Plan (VSP)

Certificated, Classified & Management

| | |
|--------------------------------------|-----------------|
| Exam & Lenses | Every 12 months |
| Frames | Every 24 months |
| Contact Lenses* (In lieu of glasses) | Every 12 months |
| Annual Co-pay | \$15.00 |

PREMIUM:

| | |
|------------------|--------------------|
| Employee Only | 100% District Paid |
| Plus 1 Dependent | \$11.27 |
| Family Coverage | \$20.23 |

* Services must be "medically necessary" (not cosmetic) to be a covered benefit

Life Insurance - Blue Shield Life

Certificated, Classified & Management

| | Rate per \$1,000 | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------|
| | Age | Rate |
| A. Optional purchase for additional employee coverage up to \$250,000 (purchased in \$10,000 increments) | 20 - 29 | \$0.13 |
| | 30 - 34 | 0.14 |
| | 35 - 39 | 0.18 |
| | 40 - 44 | 0.32 |
| | 45 - 49 | 0.46 |
| B. Optional purchase for dependents = \$.48 Benefits: \$1,500 spouse; \$150 child (birth to 6 mos.); and \$1,500 child (6 mos. to 19 yrs., or 23 yrs. if a student) | 50 - 54 | 0.91 |
| | 55 - 59 | 1.42 |
| | 60 - 64 | 2.09 |
| | 65 - 69 | 2.99 |
| | 70 - 74 | 4.27 |

For Part-Time Employees Not On District-Paid Benefits

Purchase Only Options

Note: Medical coverage is not available

Dental Plan

Delta Premier Plan - 100% Freedom of Provider Choice

| | |
|----------------------------|-------------|
| Teeth Cleaning | 2 x year |
| Annual Deductible | None |
| Preventive Co-insurance | *70% - 100% |
| Basic Co-insurance | *70% - 100% |
| Major Co-insurance | *70% - 100% |
| Prosthodontic Co-insurance | 50% |
| Orthodontia ("Braces") | Not Covered |
| Annual Benefit Maximum | \$2,000 |

PREMIUM:

| | |
|------------------|----------|
| Employee Only | \$80.45 |
| Plus 1 Dependent | \$164.93 |
| Family Coverage | \$237.53 |

**Co-insurance percentage and benefit eligibility are determined by the number of years enrolled in the plan*

Vision Plan

Vision Service Plan (VSP)

| | |
|--------------------------------------|-----------------|
| Exam, Lenses | Every 12 months |
| Frames | Every 24 months |
| Contact Lenses* (In lieu of glasses) | Every 12 months |
| Annual Co-pay | \$15.00 |

PREMIUM:

| | |
|----------------|---------|
| Employee Only | \$10.08 |
| Plus dependent | \$21.35 |
| Plus Family | \$30.31 |

**Services must be "medically necessary" (not cosmetic) to be a covered benefit*

For All Enrollees

AMERICAN FIDELITY "SITE VISIT" ENROLLMENT SCHEDULE

SECTION 125 Plan Year 11/01/2010 - 10/31/2011

| DAY & DATE | LOCATION |
|--------------------------------|------------------------------------------------|
| Monday, 9/27/10 | Moor Field Special Ed / Enrollment Center (AM) |
| Monday, 9/27/10 | Century High School (PM) |
| Tuesday, 9/28/10 | Emery Park Elementary |
| Wednesday, 9/29/10 | Martha Baldwin Elementary |
| Thursday, 9/30/10 | Ynez Elementary |
| Friday, 10/1/10 | Fremont Elementary |
| Monday, 10/4/10 | San Gabriel High & Transportation |
| Tuesday, 10/5/10 | Marguerita Elementary |
| Wednesday, 10/6/10 | Mark Keppel High |
| Thursday, 10/7/10 | Alhambra High |
| Friday, 10/8/10 | Brightwood Elementary |
| Monday, 10/11/10 | Park Elementary |
| Tuesday, 10/12/10 | Northrup Elementary |
| Wednesday, 10/13/10 | Garfield Elementary |
| Thursday, 10/14/10 | Repetto Elementary |
| Friday, 10/15/10 | Monterey Highlands Elementary |
| Monday, 10/18/10 | Granada Elementary |
| Tuesday, 10/19/10 | Ramona Elementary |
| Wednesday, 10/20/10 | Make-Up Day for All Employees (at D.O.) |
| Thurs. & Fri, 10/21 & 10/22/10 | D.O. / Facilities / Warehouse (at D.O.) |

PLEASE SEE YOUR SITE SECRETARY TO SCHEDULE AN APPOINTMENT TO MEET WITH AN AMERICAN FIDELITY REPRESENTATIVE

*****PLEASE NOTE*****

As a reminder, this enrollment is for Section 125 benefit changes including increases to your income protection, adding cancer insurance, increasing your 403(b), or pre-taxing any out-of-pocket medical premiums.

For those employees who wish to continue their Medical Reimbursement or Dependent Day Care Flex plans, you must meet with an American Fidelity Representative in order to re-enroll for the next plan year.

***Please call American Fidelity if you have any questions - 1-800-365-9180
Pamela Weaver - Ext. 329 or James Rico - Ext. 390***

For All Enrollees: All Plans and Programs

- *The preceding information is a summary only. It is in no way to be construed as a comprehensive nor complete analysis of all the detailed components of each of the described plans.*
- *Eligible expenses must not exceed the allowed amount as determined by the claims administrator.*
- *Services must be "medically necessary" to be a covered benefit.*
- *Newly acquired dependents [spouse, domestic partner, newborn child(ren), adopted child(ren), stepchild(ren), or a child dependent upon an eligible employee for medical support pursuant to a Court order] must be enrolled within 30 days of the date they are acquired.*
- *It is the responsibility of employees to notify Risk Management of any changes to their dependents' status (i.e., divorce of a spouse, dissolution of a domestic partnership; dependent child attains age 26; etc.)*
- *Medical Plan Opt-Out participants must re-enroll annually to continue in this program.*
- *Section 125 participants must re-enroll annually and meet with an American Fidelity Representative to continue their Unreimbursed Medical Expense Accounts or Dependent Day Care Reimbursement Accounts.*
- *Employees not wishing to change plans will automatically continue in their current plans.*

Should you select additional benefits, please note the following restrictions and enrollment requirements:

Dependent Coverage

- If you elect voluntary dependent coverage on Delta Dental and/or VSP vision, ALL DEPENDENTS must be covered for the ENTIRE PLAN YEAR.*
- If coverage of a spouse, domestic partner or dependent child(ren) is dropped from the Delta Dental or VSP plans, please note they will no longer be eligible for coverage with the District, nor can they be added to either plan in the future.*
- Voluntary dependent coverage on Delta Dental and/or VSP vision for children is up to age 26.*
- You must notify Risk Management to cancel dependent coverage, as this will affect your overall cost.*

Premium Contributions

- All contributions will be taken through payroll deduction; and*
- Deductions will be taken on a 10thly basis (i.e., deduction taken 10 times a year for 12 months of coverage) and the noted rates are expressed as such.*

Qualified employees or COBRA participants wishing to change plans must contact the Risk Management Department on Mission Road to obtain and complete enrollment forms.

IRS 403(b) Plans



1515 West Mission Road, Alhambra, CA 91803-1618

September, 2010

Dear District Employee:

The Internal Revenue Service (IRS) requires that school districts notify their employees of their opportunity to participate in special savings and investment programs unavailable to non-school district employees. These plans are designed to assist you in building and growing your savings for retirement.

These special savings and investment plans are called 403(b) plans or Tax Sheltered Accounts (TSA). Your contributions into a 403(b) plan are made through a payroll deduction before taxes are taken out, thus reducing your taxable income while helping you save for retirement.

The list of approved companies offering 403(b) plans accompanies this letter. Please remember that you must use a District-approved 403(b) plan provider, however, the District neither recommends nor endorses any specific vendor on this list. If you are interested in participating in a 403(b) plan, it is your responsibility to contact a 403(b) representative and enroll in a 403(b) plan directly.

If you are currently contributing to a 403(b) plan with an approved vendor, no action is necessary unless you would like to make a change.

Because of the many IRS regulations regarding 403(b) plans and the legal requirements for their administration, the District has retained SchoolsFirst Federal Credit Union as our Third Party Administrator for all 403(b) plans. Once you are a participant in a 403(b) plan, SchoolsFirst Federal Credit Union will be your primary contact at 1-800-462-8328, extension 4727 for all administrative and compliance oversight for your 403(b) plan.

Should you have any questions regarding enrolling in a 403(b) plan, please feel free to contact Sue Coppolo, Director, Payroll Services, at (626) 943-6560. A representative from SchoolsFirst will also be available during our Open Enrollment, at the District Office, on the following dates:

| | | |
|-----------|------------|-------------------|
| Wednesday | 9/29/2010 | 2:00 to 6:00 p.m. |
| Tuesday | 10/5/2010 | 2:00 to 6:00 p.m. |
| Wednesday | 10/13/2010 | 2:00 to 6:00 p.m. |
| Thursday | 10/21/2010 | 2:00 to 6:00 p.m. |

To schedule an appointment with SchoolsFirst, please contact Risk Management at (626) 943-6580.

Sincerely,

Denise R. Jaramillo

Denise R. Jaramillo
Asst. Superintendent, Financial Services

IRS 403(b) Plans (continued)



Approved Vendor List

This list is subject to change

| 403bCompare Vendor Name | 403bCompare Vendor Registration # | Information Sharing Agreement |
|-------------------------------------------------------------------------------------|-----------------------------------|-------------------------------|
| AIG Annuity Insurance Company | 1162 | x |
| AIG Retirement Services Company (VALIC) | 1117 | x |
| Americo Financial Life and Annuity Insurance Company | 1035 | x |
| American Fidelity Assurance Company | 1062 | x |
| American United Life (AUL), a OneAmerica Financial Partner | 1128 | x |
| Ameriprise | 1041 | x |
| Ameritas Life Insurance Company (not available in LA districts) | 1027 | x |
| Annuity Investors Life Insurance Company | 1096 | x |
| Aviva Life Insurance Company (no new accounts) | 1021 | x |
| AXA Equitable Life Insurance Company | 1067 | x |
| CalSTRS | 1097 | x |
| Commonwealth Annuity and Life Insurance Company | 1018 | x |
| Fidelity Investments | 1133 | x |
| First Investors Corporation | 1077 | x |
| Franklin Templeton Investments | 1025 | x |
| FTJ FundChoice, LLC | 1148 | x |
| General American Advisors, Inc. | 1093 | x |
| General American Life Insurance Company | 1167 | x |
| Great American Life Insurance Company | 1092 | x |
| Great Southern Life Insurance Company | 1197 | x |
| GWN Securities, Inc | 1113 | x |
| Hartford Life Inc. | 1009 | x |
| Horace Mann Companies | 1014 | x |
| Industrial-Alliance Pacific Life Ins Co, US Branch | 1135 | x |
| ING Life Insurance and Annuity Company | 1060 | x |
| ING Reliastar Life Insurance Company | 1059 | x |
| Legend Group, Inc., The | 1052 | x |
| Life Insurance Company of the Southwest | 1036 | x |
| Lincoln Financial Group (Lincoln National Life) | 1029 | x |
| Lincoln Investment Planning, Inc | 1068 | x |
| MassMutual | 1074 | x |
| MetLife Insurance Co. of Connecticut (formerly Travelers Life & Annuity) | 1073 | x |
| Metropolitan Life Insurance Co | 1024 | x |
| Midland National | 1043 | x |
| Modern Woodmen of America | 1015 | x |
| National Health Insurance Company | 1188 | x |
| New York Life Ins. & Annuity Corp. | 1083 | x |
| North American Company for Life and Health (not available in LA districts) | 1472 | x |
| Oppenheimer Funds Distributor, Inc. | 1121 | x |
| Pacific Life Insurance Company | 1130 | x |
| Paul Revere Variable Annuity Insurance Company | 1171 | x |
| PlanMember Securities Corp/PlanMember Services Corp | 1127 | x |
| Primerica Financial Services | 1030 | x |
| SchoolsFirst FCU (Retirement Builder Plan through Nationwide Trust) | 1144 | x |
| Security Benefit Group | 1022 | x |
| Symetra Life Insurance Company | 1087 | x |
| Thrivent Financial for Lutherans | 1038 | x |
| Thrivent Investment Management Inc. | 1066 | x |
| Transamerica Life Insurance Company (existing Transmark policies only) | 1160 | x |
| United Teachers Associates Insurance Company | 1090 | x |
| USAA Life Insurance Company | 1053 | x |
| USAA Investment Management Company | 1142 | x |
| Veritrust Financial, L.L.C. | 1069 | x |
| Waddell & Reed, Inc | 1042 | x |

Consolidated Omnibus Budget Reconciliation Act (COBRA)

Throughout a career, workers will face multiple life events, job changes or even job losses. A law enacted in 1986 helps workers and their families keep their group health coverage during times of voluntary or involuntary job loss, reduction in the hours worked, transition between jobs and in certain other cases.

The law — the Consolidated Omnibus Budget Reconciliation Act (COBRA) — gives workers who lose their health benefits the right to choose to continue group health benefits provided by the plan under certain circumstances.

COBRA generally requires that group health plans sponsored by employers with 20 or more employees in the prior year offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances where coverage under the plan would otherwise end.

The law generally covers group health plans maintained by employers with 20 or more employees in the prior year. It applies to plans in the private sector and those sponsored by state and local governments. Provisions of COBRA covering state and local government plans are administered by the Department of Health and Human Services.

Several events that can cause workers and their family members to lose group health coverage may result in the right to COBRA coverage. These include:

- **Voluntary or involuntary termination of the covered employee's employment for reasons other than gross misconduct**
- **Reduced hours of work for the covered employee**
- **Covered employee becoming entitled to Medicare**
- **Divorce or legal separation of a covered employee**
- **Death of a covered employee**
- **Loss of status as a dependent child under plan rules**

Under COBRA, the employee or family member may qualify to keep their group health plan benefits for a set period of time, depending on the reason for losing the health coverage. The following represents some basic information on periods of continuation coverage:

| Qualified Beneficiary | Qualifying Event | Period of Coverage |
|---------------------------------------|----------------------------------------------------------------------------------|--------------------|
| Employee Spouse Dependent child | Termination Reduced hours | 18 months * |
| Spouse Dependent child | Entitled to Medicare Divorce or legal separation Death of covered employee | 36 months |
| Dependent child | Loss of dependent child status | 36 months |

* This 18-month period may be extended for all qualified beneficiaries if certain conditions are met in cases where a qualified beneficiary is determined to be disabled for purposes of COBRA.

However, COBRA also provides that your continuation coverage may be cut short in certain cases.

COBRA Continued....

Notification Requirements

- An initial notice must be furnished to covered employees and spouses, at the time coverage under the plan commences, informing them of their rights under COBRA and describing provisions of the law. COBRA information also is required to be contained in the plan's summary plan description (SPD).
- When the plan administrator is notified that a qualifying event has happened, it must in turn notify each qualified beneficiary of the right to choose continuation coverage.
- COBRA allows at least 60 days from the date the election notice is provided to inform the plan administrator that the qualified beneficiary wants to elect continuation coverage
- Under COBRA, the covered employee or a family member has the responsibility to inform the plan administrator of a divorce, legal separation, disability or a child losing dependent status under the plan.
- Employers have a responsibility to notify the plan administrator of the employee's death, termination of employment or reduction in hours, or Medicare entitlement.
- If covered individuals change their marital status, or their spouses have changed addresses, they should notify the plan administrator.

Premium Payments

- Qualified individuals may be required to pay the entire premium for coverage up to 102% of the cost to the plan.
- Premiums may be higher for persons exercising the disability provisions of COBRA. Failure to make timely payments may result in loss of coverage.
- Premiums may be increased by the plan; however, premiums generally must be set in advance of each 12-month premium cycle.
- Individuals subject to COBRA coverage may be responsible for paying all costs related to deductibles, and may be subject to catastrophic and other benefit limits.

HIPAA Employee Privacy Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This summary is intended to satisfy HIPAA's notice requirement with respect to all health information created, received, or maintained by the Alhambra Unified School District group health plans (referred to as the "Plan"), as sponsored by Alhambra Unified School District (referred to as the "District"). For a complete listing of contracted third party administrators of the District's self-funded plans and contact information for fully insured plans (all of which are included in the Plan) contact the Risk Management office or visit our web site at www.ausdbenefits.com.

The Plan needs to create, receive, and maintain records that contain health information about you to administer the Plan and provide you with health care benefits. This notice describes the Plan's health information privacy policy with respect to your Medical, Dental and Vision benefits. This notice tells you, in summary, the ways the Plan may use and disclose health information about you, describes your rights, and the obligations the Plan has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers.

Alhambra Unified School District's Pledge Regarding Health Information Privacy

The privacy policy and practices of the Plan protects confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. The individually identifiable health information is known as "protected health information" (PHI). Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

Privacy Obligations of the Plan

The Plan is required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of the Plan's legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

How the Plan May Use and Disclose Health Information About You

The following are the different ways the Plan may use and disclose your PHI:

- **For Treatment.** The Plan may disclose your PHI to a health care provider who renders treatment on your behalf.
- **For Payment.** The Plan may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Plan's terms.
- **For Health Care Operations.** The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan's participants receive their health benefits.
- **To the District.** The Plan may disclose your PHI to designated District personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice.
- **To a Business Associate.** Certain services are provided to the Plan by third party administrators known as "business associates". The Plan will disclose your PHI to its business associates to perform claim payment functions.

HIPAA Continued.....

- **Treatment Alternatives.** The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you, provided you have signed an Authorization to Disclose form.
- **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Individual Involved in Your Care or Payment of Your Care.** The Plan may disclose PHI to a close friend or family member involved in, or who helps pay for, your health care.
- **As Required by Law.** The Plan will disclose your PHI when required to do so by federal, state or local law, including those that require the reporting of certain types of wounds or physical injuries.

Special Use and Disclosure Situations

The Plan may also use or disclose your PHI in response to: lawsuits and disputes as required by a court order; at the request of law enforcement; to comply with workers' compensation laws; as deemed necessary by military command authorities; to avert serious threat to health or safety; in response to public health risks; under certain circumstances for medical research; to authorized federal authorities for national security, intelligence activities, and protective services; to organizations you have designated for organ donation; and to a coroner, medical examiner or funeral director.

Your Rights Regarding Health Information About You

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI.
- **Right to Amend.** If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend it.
- **Right to An Accounting Disclosure.** You have the right to request an "account of disclosures".
- **Right to Request Restrictions.** You have the right to request a restriction on the health information the Plan uses or discloses about you for treatment, payment or health care operations.

Note: *The Plan is not required to agree to your request*

- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location.

Changes to this Notice

The Plan reserves the right to change this notice at any time and to make the revised or changed notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current notice on the District's web site (www.ausdbenefits.com) and it will also be available in the Risk Management office.

For All Enrollees: All Plans and Programs

Open Enrollment

All completed forms must be received at the Risk Management Department Office no later than Friday, October 22, 2010. Forms sent via campus mail but received after this deadline will not be accepted.

Faxed forms received **prior** to the deadline will be accepted, however, if the original paperwork is not received by Friday, October 22, 2010, the transaction will be considered null and void.

Risk Management Department

Alhambra Unified School District

1515 West Mission Road

Alhambra, CA 91803-1618

Hours: 8:00 a.m. - 4:00 p.m.

Monday through Friday

Fax: (626) 943-8045

Phone: Angie Heredia

(626) 943-6585

Plan Changes are Effective November 1, 2010.

Please note that all of your decisions will remain in effect until October 31, 2011

**OPEN ENROLLMENT ENDS FOR ALL
INDIVIDUALS ON
FRIDAY, OCTOBER 22, 2010 AT 4:00 P.M.
NO EXCEPTIONS !**