

ADMINISTRATIVE CIRCULAR 27
Finance Division

SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: September 30, 2013

To: All Employees in Paid Status in Monthly Salaried Positions

Subject: **2014 OPEN ENROLLMENT FOR MEDICAL/DENTAL/
FSA PLANS**

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

Due Date: **November 15, 2013**

Reference: None

Action Requested: **All plan changes must be done online via PeopleSoft Employee Self-Service.**

Brief Explanation:

The Annual Open Enrollment period will be held October 14, 2013 through November 15, 2013. During this period, eligible employees may enroll for medical/dental/vision/FSA coverage, change plans, and/or add eligible dependents. **All Open Enrollment changes will become effective January 1, 2014.**

All Open Enrollment information (Medical, Dental, Vision and Flexible Spending Accounts) will be posted on the Employee Benefits Department web page. **Information is posted to the web page and can be reviewed online. All enrollment changes must be done via PeopleSoft Employee Self-Service. Employees may login at the following link** <https://dwa.sandi.net/psp/hcm/?cmd=login>. Please have your employee ID number and password ready in order to login. Please contact the IT help desk at (619) 209-4357 or go to the following link for assistance with password issues <https://pss.sandi.net/>. Step by step instructions for making online changes are available on the Employee Benefits Department web page for your convenience. You may access the department page at <http://www.sandi.net/benefits>.

The only exception to online enrollment will be when adding dependents to your health coverage; this must be done by completing a change form and providing the required proof of dependent eligibility documents. Forms will be available electronically on the web page for your convenience. Please print this form, complete it and either bring it to Employee Benefits or mail it in with the required documents. **Please remember all forms are due to the Employee Benefits Department no later than November 15, 2013 at 5:00 p.m.**

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Finance Division

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Please review the information located on the web-site very carefully, including the “Summary of Medical Benefits Plans” and “Summary of Dental Benefits Plans,” to determine which of the medical/dental plans offered best meets your needs and the needs of your family. Please also review the Flexible Spending Accounts brochure to see if this benefit helps you with your qualified expenses.

Provider booklets will be delivered to your site to be shared among staff. All provider website links will be available on the Employee Benefits web page on the Open Enrollment section. You will be able to select your doctors and dentists for plans requiring provider designation when making your changes online without any assistance of a provider booklet.

There will also be opportunities to have your questions addressed directly by our medical and dental providers at various open enrollment meetings and at the Annual Open Enrollment Benefits Fair on October 14 at the Education Center on the front lawn. Carriers will be there and flu shots will be provided free of charge. Open enrollment meetings are scheduled as shown below:

DATE	SITE	TIME
October 14, 2013	Annual Benefits Fair Eugene Brucker Education Center Front Lawn (over-flow parking available at the New Vision Church, main parking lot on the corner of Park Blvd and Meade)	2:00 p.m. – 5:00 p.m.
October 16, 2013	Thurgood Marshall Multi-purpose room	2:00 p.m. – 5:00 p.m.
October 21, 2013	Madison High School Room 101	2:00 p.m. – 5:00 p.m.
October 22, 2013	Transportation Department Classroom 1 and 2	2:00 p.m. – 5:00 p.m.
October 24, 2013	Patrick Henry High School Cafetorium	2:00 p.m. – 5:00 p.m.
November 4, 2013	Eugene Brucker Education Center Front Lawn	2:00 p.m. – 5:00 p.m.

RETIREE’S ONLY MEETING

October 30, 2013	Eugene Brucker Education Center Auditorium	2:00 p.m. – 5:00 p.m.
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Medical Plan Changes:

Effective January 1, 2014, the following plans will be changing the co-payment structure for some services:

United Healthcare:

- United Healthcare HMO Network 3 co-payments for office and specialist visits will change from \$35.00 to \$40.00 per visit. The Emergency Room co-payment will change from \$200.00 to \$300.00. The Outpatient Surgery co-payment structure will change from no co-pay to \$500.00 per visit.
- United Healthcare PPO co-payments for out-of-network emergency room (waived if admitted) will change from 20% co-insurance (after deductible) to \$100.00 (waived if admitted)

OTHER IMPORTANT CHANGES INCLUDE THE FOLLOWING:

Chiropractic Care Benefits:

- American Specialty Health (ASH) will be replaced with Optum Health (Optum).
- Copays will remain the same.
- 88% of the top 100 ASH providers are in the Optum network. Members need to confirm their chiropractor is in the Optum network before continuing services (if your chiropractor is NOT in the network, members should contact Optum who will reach out to the chiropractor to join the network.)

NEW FOR 2014-Children between the ages of 19 and 25 years old:

- Employees who currently have children enrolled in district medical/dental/vision plans who have been required to provide class schedules as evidence of full-time student status, **will no longer be required to provide verification of student status**. This will align the dental/vision plans with The Affordable Care Act. The children will remain on these plans until the age of 26 or when they no longer meet eligibility requirements.
- Employees who have children currently enrolled in a district medical plan but are not enrolled in a dental/vision plan, will be able to enroll the children online via PeopleSoft Employee Self-Service during the open enrollment period, October 14, 2013 through November 15, 2013 under their current dental/vision plans. Due to configuration in PeopleSoft there could be a delay in the availability of the online enrollment process for dependents. If that is the case a notification will be sent subsequent to this circular.

Dependent children can then be added by providing a dental enrollment form to the Employee Benefits Department during the open enrollment period. **A class schedule as evidence of full-time student status will not be required.** This will align the dental/vision plans with The Affordable Care Act. The children will remain on these plans until the age of 26 or when they no longer meet eligibility requirements.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Eligible employees who wish to participate in the Flexible Spending Account (FSA) Plans for calendar year 2014 will have the opportunity to enroll online via PeopleSoft Employee Self-Service during the open enrollment period, October 14 through November 15, 2013. The Employee Benefits Department will continue to accept paper FSA enrollment forms through November 30, 2013.

These FSA Plans are made possible by Section 125 of the Internal Revenue Code which enables employees to set aside pre-tax money from their paychecks to pay for:

- Out-of-pocket health care expenses Annual limit \$2500
- Dependent child/elder day care expenses Annual limit \$5000

Enrollment in a Flexible Spending Account is not automatic. Employees who participated during the 2013 calendar year must re-enroll if participation is desired for 2014 calendar year.

The enrollment/election form is the last page of this packet. Please be advised all online enrollment must be completed no later than Friday, November 15, 2013. The benefits department will continue to accept paper FSA enrollment forms through November 30, 2013. No FSA enrollment forms will be accepted after November 30, 2013.

PLEASE NOTE THE FOLLOWING VERY IMPORTANT INFORMATION:

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 2014. The only exception to this rule is if you experience a qualifying event, as defined in the "Additional Information" section of the Employee Benefits web-page at the link shown above.

If you need additional information or have any uncertainty about your employee/dependent enrollment status, please contact Employee Benefits located in Room 1150-A at the Eugene Brucker Education Center. The Employee Benefits Department has a limited staff and as a result, office and telephones are normally only open Monday through Friday from 1:00 p.m. to 5:00 p.m. This year, during the open enrollment period, office hours will be extended as follows: Mondays and Wednesdays, 7 a.m. to 6 p.m. Tuesdays, Thursdays and Fridays, 8:00 a.m. to 5:00 p.m. During the last week of open enrollment, November 12 -14, 2013, office hours will also be extended each day from 7:00 a.m. to 6:00 p.m. Friday, November 15, 2013 the office will close at 5:00 p.m.

Please visit the Employee Benefits Department web site for information on office hours during this time.

For telephone inquiries, the central number is 619.725.8130. Please be advised open enrollment results in a high volume of calls and visits to the department and may result in a delayed response based on the volume at any given time.

Sue Weir
Director, Payroll/Benefits

APPROVED:

A handwritten signature in black ink, appearing to read "Jenny Salkeld". The signature is fluid and cursive, with the first letter of each word being capitalized and prominent.

Jenny Salkeld
Interim Chief Financial Officer

SW:kg

Attachments (3)

Distribution: List G



FSA Plan Summary Information

Plan Information

Company Name:	San Diego Unified School District
Plan Name:	San Diego Unified School District Flexible Benefit Plan
Plan Year:	Twelve month period beginning January 1 and ending December 31 of the same year
Grace period:	You may submit claims for ninety (90) days after the plan year ends
Account Types:	1) Health Care Reimbursement Account 2) Dependent Day Care Reimbursement Account
Annual Benefit Limits:	Health Care Reimbursement \$2,500 per year Dependent Day Care Reimbursement \$5,000 (or \$2,500 if married filing separately) per year
Eligibility Requirements:	You must be in paid status in a monthly salaried position of half-time or more or in a job-share assignment

Administration Information

Check Account Information:	1-800-923-7327
Name and Address to Send Claims to:	TRI-AD 221 W. Crest Street, Suite 300 Escondido, CA 92025
Account Statements:	Mailed June, October, November, & December

Contact Information

TRI-AD Flex Department
Phone: 888-844-1FSA(1372)
Web Site: www.tri-ad.com

For more information about how each account works, please refer to the “Flexible Spending Accounts Overview”

The FSA Participant Website

TRI-AD's FSA participant Toolkit is designed to put you in control of your FSA, at your convenience. The information is available 24 hours a day, 7 days a week.

Go to www.tri-ad.com/fsa to access the site. There are many tools you can use without even logging in just by going to the "FSA Tools" area. You can access this brochure, online educational presentations, frequently asked questions, the list of eligible expenses, the expense estimation worksheet, a tax savings calculator, and other helpful items.

You will need to register the first time you access your account. After that, you will log into your account using the Username and Password you established when you registered.



Click any of the links in this area to learn more about FSAs.

Scroll down to access additional tools and calculators and the list of eligible expenses.

Click the Employee/Participant Login button to access your account.

Once you have registered, enter your Username and Password to access your account. You can submit claims online, check claim status, view claim and payment history, and more.

Click here for help if you forget your Username and/or Password.

Before you log in the first time, you will need to register to create your Username and Password.



Contact Information

TRI-AD Participant Services representatives are available Monday through Friday from 5:00 a.m. to 6:00 p.m. Pacific Time.

Phone: (888) 844-1372

FSA Fax: (866) 233-4741 or (760) 233-4741

Web: www.tri-ad.com/fsa

2014 FLEXIBLE SPENDING ELECTION FORM

Important Note: If you would like a copy for your records, please bring a copy of the completed form and we will date stamp it. Benefits Operations will not be able to provide you with a copy.

Last Name: _____ ***First Name:*** _____ ***Employee ID#:*** _____

Address: _____ ***Phone:*** () _____

City: _____ ***State:*** _____ ***Zip:*** _____

HEALTH CARE FSA (medical, dental, etc...) -- \$2,500 Annual maximum per employee

I wish to redirect \$ _____ for the upcoming plan year (\$ _____ per pay period, **except July and August**)
(total for the year) (ten month amount)
to my Health Care FSA.

DEPENDENT CARE FSA (CHILD CARE) -- \$5,000 Annual maximum per family (or \$2,500 if married filing separately)

I wish to redirect \$ _____ for the upcoming plan year (\$ _____ per pay period, except July and August) to my Dependent Care FSA. I have considered the IRS tax credit available to me. I understand that if I am married and filing a separate tax return, my maximum is \$2,500.

Authorization — Read Carefully

I request and authorize the District to reduce the amount of salary payments due me by the above amount(s) and to divert the amount(s) of such reduction(s) to my FSA account(s).

I agree that the District shall in no way be liable to me or my successors for any monetary damages which might arise from the federal or state tax consequences of my participation in this plan and consistent therewith. I further agree to save and hold harmless the District from any such monetary damages.

I understand that the choices I have indicated above must remain in effect for the entire plan year unless I have an eligible family status change. Eligible family status changes are: change in employee's legal marital status; change in the number of tax dependents; termination or commencement of employment by employee, spouse or dependent; change in work schedule (summer recess and intercession periods are not considered family status changes); dependent satisfies (or ceases to satisfy) dependent eligibility requirements; change in residence or worksite of employee, spouse, or dependent.

I understand that any unused balances in either the Health Care or Dependent Care account at the end of the plan year shall be forfeited.

Signature of Employee

Date

FOR DISTRICT USE ONLY: Coverage Effective Date: 01/01/2014 No. of Pay Periods: 10

PLEASE RETURN TO:

**EMPLOYEE BENEFITS DEPARTMENT
Eugene Brucker Education Center
Room 1150-A**

NO LATER THAN NOVEMBER 30, 2013