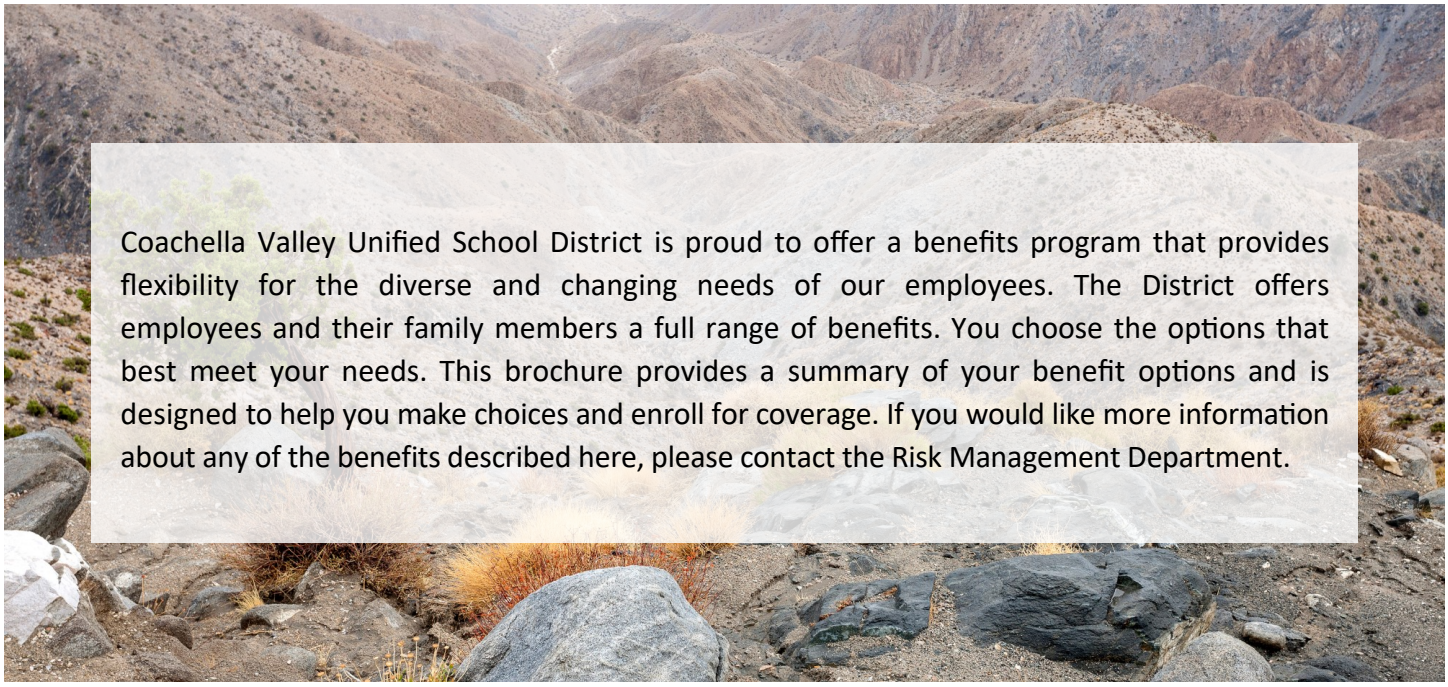
2024

Classified

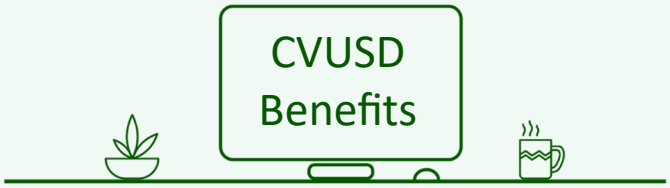
EMPLOYEE BENEFITS GUIDE

COACHELLA VALLEY UNIFIED SCHOOL DISTRICT



Coachella Valley Unified School District is proud to offer a benefits program that provides flexibility for the diverse and changing needs of our employees. The District offers employees and their family members a full range of benefits. You choose the options that best meet your needs. This brochure provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact the Risk Management Department.

Contents



View Your Benefits Information Online

You can view your benefits information whenever you want, from home or anyplace where you have internet access. Just visit the Coachella Valley USD intranet at **www.cvusd.us/District /Human Resources/ Risk Management**.

You'll find a wealth of benefits-related documents on the intranet, such as:

- Summary of Benefits and Coverage (SBC)
- Annual Notices
- Carrier Benefit Summaries
- Evidence of Coverage Booklets
- Claim Forms
- And Much More!

Who May Enroll

All regular full-time employees working at least 20 hours per week and their eligible dependents may participate in Coachella Valley USD's benefits program. Your eligible dependents include:

- Legally married spouse
- Registered domestic partner
- Children under age 26 regardless of student or marital status

Documentation Required to Add Dependents

- To add dependents up to age 26, a copy of a birth certificate is required
- To add a spouse, a copy of the marriage license and a copy of your most recent 1040 tax form is required
- To add a domestic partner, a copy of the Declaration of Domestic Partnership filed with the state is required

This documentation must be submitted to the Risk Management Department in order for insurance coverage to begin.

When You Can Enroll

Eligible employees may enroll at the following times:

- As a new hire, you should enroll in the District's medical, dental and vision on the first day of the following month **if you are hired between the 1st or the 15th of the month. For employees who are hired between the 16th and the 30th/31st** of the month, your benefits will become effective the 1st of the month following 30 days.
- As a new hire, you will automatically be enrolled in the company-paid basic life.
- During annual open enrollment.
- Within 30 days of a qualified change in family status as defined by the IRS (see changes to enrollment).

Paying For Your Coverage

The Basic Life and AD&D benefits are provided at no cost to you and are paid entirely by Coachella Valley USD. You and Coachella Valley USD share in the cost of the Medical, Dental and Vision benefits you select. Please refer to the "Health Rates Sheet" provided by the District to determine your cost. The Hartford voluntary Life/AD&D and other benefits you elect will be paid by you at discounted group rates.

Changes To Enrollment

Our benefit plans are effective October 1st through September 30th. There is an annual open enrollment period each year, during which you can make new benefit elections for the following October 1st effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualified change in family status as defined by the IRS. Examples include, but are not limited to the following:

- Marriage, divorce, or annulment
- Birth or adoption of a child, legal guardianship
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan

Important Note on Qualifying Events

Coverage for a new spouse or newborn child is not automatic. If you experience a change in family status, you have 30 days to update your coverage. Please contact the Risk Management Department immediately to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the family status change, you must wait until the next annual open enrollment period to update your coverage.

Medical Plan Options

Coachella Valley USD provides you with several plans to choose from:

Kaiser HMO Plan

With the Kaiser Health Maintenance Organization (HMO), you must choose a primary care physician (PCP) within the Kaiser network. All of your care must be directed through your PCP and through a Kaiser facility. Any specialty care you need will be coordinated through your PCP and will generally require an authorization. You will receive benefits only if you use the doctors, clinics and hospitals that belong to the Kaiser medical group, except in the case of an emergency.

Anthem HMO Plan

When you enroll in the Anthem Health Maintenance Organization (HMO), you must select a Primary Care Physician (PCP) who coordinates and manages your health care services. Your PCP provides routine care and refers you to specialists when necessary. You may choose a different PCP for each family member. Non-PCP referred services are not eligible for coverage under the Anthem HMO , except in emergency situations. For information on pharmacies and the formulary, please visit www.anthem.com/ca.

Anthem PPO Plan

When you enroll in the Anthem PPO, you have the freedom to choose your doctor without using a Primary Care Physician (PCP) and you may self-refer to specialist. You may use a PPO provider whose negotiated rates provide richer levels of benefits with claim forms filed by the providers. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims. For information on pharmacies and the formulary, please visit www.caremark.com.

⇒ **Out-of-Network:** When using non-PPO providers you may be responsible for paying additional non-participating provider charges. Pre-authorization is required where it applies.

⇒ **MDLIVE:** PPO members and dependents can call MDLIVE for 24/7/365 access to board-certified doctors by online video, phone or secure email for a $5 copay. Contact MDLIVE if you are considering the ER or urgent care for non-emergency medical issues, if your primary care physician is not available or if you are traveling. MDLIVE providers practice primary care, pediatrics, family and emergency medicine, and have incorporated MDLIVE into their practice to provide convenient access to quality care. Start today by calling (888) 632-2738 or registering at www.mdlive.com/cvt.

⇒ **Blue Distinction Centers Plus (BDC+) and Health Base Travel Benefit:** Anthem's Blue Distinction Center + program for Hip and Knee Replacements and Spine Surgery. *These surgeries must be performed at one of the designated Blue Distinction Centers+ in order to be covered by an Anthem PPO Plan.* Blue Distinction Center+ is a facility recognized for its expertise and efficiently in delivering specialty care. This program helps members find a hospital that's recognized for excellent care, with faster recovery times and lower costs for these procedures. These hospitals meet or exceed the highest standards of care set by independent medical organizations and experts.

These hospitals:

* Are known for the expertise of their health care team
* Have done certain procedures more times than other hospitals
* Have proven history of providing better treatment results with fewer complications than other health care facilities
* Blue Distinction Centers+ are located nationwide and are easy to find on www.anthem.com/ca.

Additionally, Health Base will provide members a travel concierge service using its online web-based system and phone to accept, and arrange requested travel logistics for members using Blue Distinction Centers+ providers.

To find Anthem PPO and HMO provider, members can go to www.anthem.com/ca or call (800) 288-6921 to find a provider near you. Kaiser members can go to www.kaiserpermanente.org or call (800) 464-4000 to locate a nearby Kaiser physician and/or facility.

	Kaiser HMO 1	Kaiser HMO 2	Kaiser HMO 3
	Network	**Network**	**Network**
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Deductible (Annual) - Individual / Family	$0 / $0	$0 / $0	$0 / $0
Co-Insurance (Plan Pays)	100%	100%	100%
Office Visit Copay - Primary Care Physician - Specialist Office Visit	$10 Copay $10 Copay	$15 Copay $15 Copay	$20 Copay $20 Copay
Out-of-Pocket Maximum - Individual / Family	$1,500 / $3,000	$1,500 / $3,000	$1,500 / $3,000
Hospitalization - Inpatient - Outpatient	100% $10 Copay	100% $15 Copay	100% $20 Copay
Lab and X-Ray	100%	100%	100%
Emergency Services (copay waived if admitted)	$100 Copay	$100 Copay	$100 Copay
Urgent Care	$10 Copay	$15 Copay	$30 Copay
Preventive Care	100%	100%	100%
Chiropractic	****$10 Copay Max 40 Visits/Year combined w/acupuncture	****$10 Copay Max 40 Visits/Year combined w/acupuncture	****$10 Copay Max 40 Visits/Year combined w/acupuncture
Prescription Drugs - Copay - Generic Formulary - Brand Name Formulary - Brand Non-Formulary - Mail Order (90 Day Supply)	**30 Day Supply $5 Copay $10 Copay n/a $10/$20 (31-100 day supply)	**30 Day Supply $5 Copay $10 Copay n/a $10/$20 (31-100 day supply)	***30 Day Supply $10 Copay $20 Copay n/a $20/$40 (31-100 day supply)

** **Kaiser HMO—**$10/$20 prescription drug copay (31-60 Day Supply) & $15/$30 prescription drug copay (61-100 Day Supply)
*** **Kaiser HMO—**$20/$40 prescription drug copay (31-60 Day Supply) & $30/$60 prescription drug copay (61-100 Day Supply)
***** **Kaiser HMO—**Chiropractic Services offered through Phys Metrics (max visits combined with acupuncture) In-Network benefits listed above. See Phys Metrics summary for Out-of-Network benefits

This summary is for comparison purposes only. Please refer to the actual benefits booklet for complete benefits at www.cvtrust.org/plan-documents

	Anthem HMO 1	Anthem HMO 2	Anthem PPO 2A
	Network	**Network**	**In-Network**
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Deductible (Annual) - Individual / Family	$0 / $0	$0 / $0	$0 / $0
Co-Insurance (Plan Pays)	100%	100%	100%
Office Visit Copay - Primary Care Physician - Specialist Office Visit	$10 Copay $30 Copay	$15 Copay $30 Copay	$20 Copay $20 Copay
Out-of-Pocket Maximum - Individual / Family	$1,000 / $2,000	$1,500 / $3,000	$1,250 / $2,500
Hospitalization - Inpatient - Outpatient	100% 100%	$250/Copay per admission $100 Copay (ASC) & $150 Copay (Hospital)	100% 100%****
Lab and X-Ray	100%	100%	100%****
Emergency Services **Non-Emergency Services** (copay waived if admitted)	$100 Copay $100 Copay	$100 Copay $100 Copay	$100 Copay per visit + 0% $175 Copay per visit + 0%
Urgent Care	$30 Copay	$30 Copay	$20 Copay
Preventive Care	100%	100%	100%
Chiropractic	***$10 Copay Max 30 Visits/Year combined w/acupuncture	***$10 Copay Max 30 Visits/Year combined w/acupuncture	100% ****Limits apply
Prescription Drugs - Copay - Generic Formulary - Brand Name Formulary - Brand Non-Formulary - Mail Order (90 Day Supply)	30 Day Supply **$7** Copay **$15** Copay **$30** Copay **$15/$35/$70**	30 Day Supply **$7** Copay **$15** Copay **$30** Copay **$15/$35/$70**	30 Day Supply $5 Copay $22 Copay n/a $10/$44

HMO/PPO Members—Please contact CVT @ www.cvtrust.org or (800) 288-9870 with questions on the following CVS/Caremark pharmacy Benefits:

- **Mail Order**
- **CVS/Caremark Generic vs. Brand Drugs**
- **Generic Step Therapy**
- **Specialty Pharmacy Program**
- **Maintenance Medications**
- **Drug Limitations and Prior Authorizations**
- **Diabetic Supplies**
- **Performance Drug List**

*** **Anthem HMO**—Chiropractic benefits are offered through ASH
**** **Anthem PPO**—Non-Par Chiropractic Providers limited to a combined maximum of 13 visits per year
**** **Anthem PPO**—Copayments apply if services performed at a hospital verses an alternative sit of care (Outpatient Lab-$50, X-ray-$75, Surgery-$250)

This summary is for comparison purposes only. Please refer to the actual benefits booklet for complete benefits at www.cvtrust.org/plan-documents.

Tips on Getting the Most from Your Health Benefits

1 Ask Questions

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.

2 Utilize your Free Preventive Care Benefits to Stay Healthy

In-network preventive care benefits are covered at no charge to you. Take advantage of these no cost benefits now to hopefully avoid major illnesses and the costs they bring in the future.

3 Get the Right Health Care and Save Money

Choosing the right care for your medical situation will help save you money out-of-pocket:

- **Doctor's Office Visit:** This is the best choice for non-urgent medical issues.
- **Urgent Care:** This is the best choice for non-life threatening medical issues that require immediate in-person care when you can't get an appointment for a Doctor's Office Visit.
- **Emergency Room:** You should use the Emergency Room for life threatening emergencies, or for other issues that require immediate in-person medical care outside Urgent Care hours.

4 Use Generic Drugs When Available

The best way to save on prescriptions is to use generic medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay.

Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established, frequently used medications that do not require expensive advertising.

Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

5 Use the Mail-Order Prescription Drug Benefit for Maintenance Medications

If you take medications on a long term basis, the mail order prescription drug benefit can save you money.

Video: Understand Medical Plan Terms

This quick video is fun to watch and help give you a better understanding of how our medical plans work: http://video.burnhambenefits.com/terms.

PPO Dental Plan

With the Delta Dental Preferred Provider Organization (PPO) dental plan, you may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a PPO dentist, your out-of-pocket expenses will be less. You may also obtain services using a non-network dentist; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

To find a Delta Dental provider near you, go to www.deltadentalins.com or call (866) 499-3001.

	Delta Dental PPO Plan	
	PPO Network	**Premier Network and Non-Network**
Calendar Year Maximum	*Unlimited per person	
Deductible (Annual) – Individual / Family	none	$25 per person / $75 per family
Preventive (Plan Pays) Exams, X-Rays, Cleanings	100% (3 cleanings)	50% (3 cleanings)
Basic Services (Plan Pays) Fillings, Oral Surgery, Endodontics, Periodontics	100%	50%
Major Services (Plan Pays) Crowns, Prosthetics	100%	50%
Prosthodontics (Plan Pays) Bridges, Dentures, Implants	*60%	50%
Dental Accident Benefits	100% (separate $1,000 maximum per person each calendar year)	
Orthodontia – Covered Members – Coinsurance – Lifetime Benefit Max	 Children & Adults 100% $4,000	

* Does not apply to Implants. Implants $2,000 Annual Max

Remember...

Use Contracted Network Providers When Possible.

Contracted network providers have rate agreements with insurance companies for services rendered. If you use a non-network provider, your out-of-pocket expenses will be higher and you may be subject to balance billing.

Ask for a Predetermination of Benefits.

It's recommended you ask your dentist for a predetermination if charges are expected to exceed $300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

Have Dental Checkups Regularly.

Routine dental visits not only preserve your smile; they can provide an opportunity for the early detection of serious diseases

Vision Service Plan (VSP)

The VSP vision plan provides professional vision care and high quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with VSP.

Note: VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes 37,000 access points nationwide. Most of the U.S. population lives within four miles of a VSP provider.

To find a VSP provider, go to www.vsp.com or call (800) 877-7195.

	Vision Service Plan
	In & Out of -Network
Examination	$15 Copay ($0 @ Premier Edge Provider)
Retinal Screening	Up to $39 ($0 @ Premier Edge Provider)
Lenses	
- Single vision	100%
- Lined Bifocal vision	100%
- Lined Trifocal vision	100%
- Lenticular vision	100%
- Tints/Light-reactive lenses	100%
- Standard progressive lenses	100%
- Premium progressive lenses	$80—$90
- Custom progressive lenses	$120—$160
Frames	$200 Benefit, 20% off amount over allowance ($110 frame allowance @ Walmart, Sams Club and Costco)
Additional Pair of Eyewear	
- Frames and Lenses:	$20 for frames and lenses (allows you to get a second pair of glasses or contacts, subject to the same frequency and lens options as your first pair benefit)
- Contacts:	Contacts (instead of glasses): $150 allowance for additional contacts, up to $60 copay
Contact Lenses (in addition to glasses)	
- Cosmetic / Elective (fitting and evaluation)	$50 Benefit
Frequency	
- Examination	Once Per Plan Year
- Lenses	Once Per Plan Year
- Frames	Once Per Plan Year
- Contact Lenses	Once Per Plan Year

Employee Assistance Program

The Employee Assistance Program (EAP) provides employees and their household members with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities and obligations. Services are available 24 hours a day, 7 days a week via a toll-free nationwide number. Employees and their household members can receive up to 6 counseling sessions per person, per problem, per year.

To access EAP benefits, go to www.achievesolutions.net/cvt or you may call (877) 397-1032 to be immediately connected to an EAP counselor.

	Basic Life and Accidental Death & Dismemberment (AD&D) Insurance
Carrier	MetLife
Plan Benefits – Life Insurance	$10,000 coverage
– AD&D Insurance	Death benefit equals your Life Insurance benefit; partial benefits paid for accidents that result in serious injuries (e.g., loss of limbs or eyesight)
Employee Contribution	None; Coachella Valley USD pays the full cost for this coverage

	Voluntary Life Insurance
Carrier	Hartford
Plan Benefits	In addition to the company provided Basic Life and AD&D benefits, you may elect to purchase additional Term Life and AD&D insurance at discounted group rates provided by Hartford. You pay for this coverage with after-tax dollars through convenient payroll deductions. You may elect coverage as follows: • **Employee:** You may purchase coverage for yourself in increments of $10,000 up to a maximum benefit of $500,000, not to exceed 5 times your annual salary. • **Spouse:** If you buy coverage for yourself, you may also purchase coverage for your eligible spouse. Benefits for your spouse are available in increments of $5,000 to a maximum benefit of $500,000 and may not exceed 100% of your employee election. • **Child(ren):** If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child (ren) in the following amounts: Age: live birth to 26 years: Flat $2,500, $5,000 or $10,000.
Guarantee Issue	Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you during your initial eligibility period (upon hire). Guarantee issue is available in the following amounts: • **Employee:** The lesser of 2x your annual salary or $100,000 • **Spouse:** $20,000 • **Child(ren):** Entire benefit amount If you are no longer in your initial eligibility period, you may enroll in Voluntary Life and AD&D insurance anytime during the year as long as you provide proof of good health. To provide proof of good health, you will be asked to complete a health questionnaire and are subject to insurance carrier approval. Hartford may approve or decline coverage based on a review of your health history.
Employee Contribution	You pay the full cost for this coverage

Important Facts About Beneficiaries

Beneficiaries are individuals or entities that you select to receive benefits from your policy. If you do not have a beneficiary, benefits are paid to your estate. Here's what you need to know about beneficiaries:

- You can change your beneficiary designation at any time
- You may designate a sole beneficiary or multiple beneficiaries to receive payment in the percentage(s) allocated

To select or change your Life Insurance beneficiary, call the Risk Management Department for a copy of the Beneficiary Designation Form

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact the Risk Management Department.

Plan	Phone	Website
CVT– Member Services	(800) 288-9870	www.cvtrust.org
Anthem PPO Member Services	(800) 234-4333	www.anthem.com/ca/cvt
Anthem PPO Member Services (Non-CA)	(800) 810-2583	www.bluecares.com
Anthem PPO Pre-Admission	(800) 274-7767	n/a
CVS Caremark Pharmacy & Mail Order (<65)	(888) 354-6390	www.caremark.com
CVS Caremark/Silver Script Pharmacy & Mail Order (>65)	(888) 620-1756	www.silverscript.com
MDLIVE	(888) 632-2738	www.mdlive.com/cvt
Blue Distinction Centers Plus (BDC+)	(800) 234-4333	n/a
Anthem HMO Member Services	(800) 234-4333	www.anthem.com/ca/cvt
Anthem HMO Member Services (Non-CA)	(800) 810-2583	www.bluecares.com
Anthem HMO Pre-Admission	(800) 274-7767	n/a
Kaiser HMO Medical Services	(800) 464-4000	www.kaiserpermanente.org
Phys Metrics Chiropractic Member Services	(877) 519-8839	www.cvtchiro.com
Delta Dental Member Services	(866) 499-3001	www.deltadentalins.com
VSP Vison Member Services	(800) 877-7195	www.vsp.com
MetLife Life & AD&D Insurance	(813) 673-3871	Keenanlifepolicy@metlifeservice.com
Hartford Voluntary Life & AD&D Insurance Life Claims/Premium Waiver	(800) 523-2233 (888) 563-1124	www.thehartford.com
Beacon Health Options Employee Assistance Program (EAP)	(877) 397-1032	www.achievesolutions.net/cvt

The Burnham Advocate Help-Line: (800) 391-6812

The Burnham Advocate toll-free customer service help-line can provide assistance with insurance related issues when you are unable to resolve them directly with the insurance carriers listed above. With the Burnham Advocate help-line, you will receive fast, skilled assistance with Medical, Dental and Vision provider issues, referral assistance, and claims management.

Simply call the Burnham Advocate help-line at (800) 391-6812. For more complicated questions or claims issues, the Burnham claims specialist works as your insurance advocate, researching and resolving problems quickly and effectively. If further action is required, the Burnham Advocate will provide regular updates until the issues are resolved.

Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. To view Coachella Valley USD's annual notice packet, please contact the Risk Management Department.

The following is a brief summary of the annual notices:

- **Summary of Benefits and Coverage (SBC):** Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage. This new regulation is designed to help you better understand and evaluate your health insurance choices.
- **Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty. This notice also provides a written procedure for individuals to request and receive a Certificate of Creditable Coverage.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by your company's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.
- **Women's Health and Cancer Rights Act (WHCRA):** The Women's Health and Cancer Rights Act (WHCRA) contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy. The U.S. Departments of Labor and Health and Human Services are in charge of this act of law which applies to group health plans if the plans or coverage provide medical and surgical benefits for a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.
- **Special Enrollment Rights:** Plan participants are entitled to certain special enrollment rights outside of the company's open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.
- **Medicaid & Children's Health Insurance Program:** Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by Coachella Valley USD. Please refer to the SBC and carrier contracts provided by Anthem and Kaiser for additional plan details.

The Affordable Care Act and You

Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2022 tax year. In addition, several other states, including Massachusetts, New Jersey, and Vermont, as well as the District of Columbia, have reinstated an individual mandate requirement, and others are considering doing so. You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by Coachella Valley Unified School District or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

However, if you choose to purchase coverage through the marketplace, because Coachella Valley Unified School District's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis

For more information, go to www.healthcare.gov

2211 Michelson Drive, Suite 1200 | Irvine, California 92612
Telephone: (949) 833-2983 | Fax: (949) 833-9549

Learn more at **www.burnhambenefits.com**

This brochure provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this brochure are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Risk Management Department.

Copyright © Burnham Benefits Insurance Services, A BRP Company - all rights reserved