2027

ANAHEIM UNION
HIGH SCHOOL DISTRICT

HEALTH BENEFITS GUIDE

JANUARY 1 – DECEMBER 31, 2027

UNLIMITED YOU

ANAHEIM UNION HIGH SCHOOL DISTRICT

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If you have Medicare or will be eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the Important Notices section for more details.

Welcome

This guide focuses on employee benefits for eligible employees and dependents of the Anaheim Union High School District. These programs encourage development, self-improvement and well-being. We offer you the opportunity to stay healthy and secure with comprehensive health programs.

We encourage you to review these materials and think carefully about which options can help meet the needs of you and your family. As health care costs continue to rise, the best way for all of us to control costs is to become informed consumers and to use our benefits wisely.

We appreciate all that you do and welcome any questions you may have.

For questions, contact **benefits@auhsd.us**

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Benefits Department.



Benefits Overview

Who is Eligible?

Employees who work at least 20 hours/week throughout the year are eligible for benefits†. Your benefits are effective the first of the month following your hire date unless you are hired on the first of the month. You may also enroll the following family members:

- Your legally married spouse*
- Your state-registered Domestic Partner
- Your children** under age 26
- Your children** who are age 26 or older and became mentally or physically disabled prior to age 26 and primarily depend on you for support. See the Summary Plan Document for additional information.

Enrolling dependents requires proof of eligibility. To maintain coverage all requirements must be met within required deadlines. Documents must be uploaded and received by the Health Benefits department within 30 days of your date of hire.

PAYING FOR COVERAGE

Health benefit premiums for you and your eligible dependents are 100% paid by the Anaheim Union High School District, unless you are informed otherwise from your HR department.

Domestic Partnership Tax Implications

Under federal law, non-cash compensation (also known as imputed income) is considered taxable income. The federal government deems Domestic Partner health benefits as imputed income. If you enroll a Domestic Partner who does not qualify as your tax dependent, the fair market value of your Domestic Partner's health coverage will be included in your gross income and subject to federal tax including Social Security and federal income tax withholdings, as well as being reported as taxable earnings on your W-2 Form. State tax will not be withheld as California recognizes Domestic Partnerships as a marriage.

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† See the Summary Plan Document for additional information on eligibility.
* Which does not include a spouse from whom you are legally separated.
** Children include your children, your step-children, children covered under a child support order, your Domestic Partner's children, and children under your legal guardianship ordered by a court.

Dependent Eligibility Verification Requirements and Documentation

ELIGIBLE DEPENDENT	DEPENDENT DEFINITION	REQUIRED DOCUMENTATION FOR PROOF OF ELIGIBILITY
Legal Spouse *Which does not include a spouse from whom you are legally separated*	Legally married spouse as defined by state law	• Certified Marriage Certificate • Social Security Card or ITIN
State-Registered Domestic Partner	Same-sex or opposite-sex Domestic Partner age 18 or older	• State-Registered Domestic Partnership* • Social Security Card or ITIN ** Review the Domestic Partnership tax implications on previous page.*
Biological Child	Biological child (under age 26)	• Certified Birth Certificate reflecting the child is the Employee's child • Social Security Card
Step Child	Biological child (under 26) of the Employee's current Spouse/ Domestic Partner	• Certified Birth Certificate reflecting the child is the Spouse/Domestic Partner's child • Social Security Card
Adopted Child	Adopted child (under age 26)	• Final Judgment of the Adoption Order • Certified Birth Certificate • Social Security Card
Guardianship Child	Persons under age 18 for whom you have legal guardianship ordered by a court	• Court Order of Legal Guardianship • Certified Birth Certificate • Social Security Card
Disabled Child	Totally Disabled child over age 26 for whom you have the legal responsibility to care	• Over the age of 26, and child became Totally Disabled prior to reaching age 26, and the disability is certified by a licensed physician no later than 60 days after the disabled child's 26th birthday or the newly enrolled employee's initial enrollment period • Child documentation (biological/step/ adopted/guardianship)

Dependents who do not meet the definitions listed are not eligible dependents and may not be enrolled.

DEPENDENT DOCUMENTATION VERIFICATION

Once you enroll, you will receive an email sent to your DISTRICT EMAIL with instruction on where to upload your verifying documents. **Documents must be received within your 30-day enrollment window.**

Making Changes To Your Benefits

The AUHSD plan year runs from January 1 to December 31. You may make changes to your benefit choices once a year during the open enrollment period. Elections you make will be effective for a full year, unless you terminate employment or have a qualified status change:

- A change in legal marital status (e.g., marriage, divorce or legal separation)
- A change in your Domestic Partnership status
- A change in number of dependents (e.g., birth, adoption or death)
- A change in your/your spouse's/your state-registered Domestic Partner's employment status (e.g., reduction in hours affecting eligibility or change in employment)
- A substantial change in your/your spouse's/your state-registered Domestic Partner's benefits coverage
- A Qualified Medical Child Support order or other judicial decree
- Loss of other coverage

You must notify the Health Benefits department within 30 days of the above change in status (benefits@auhsd.us). Once your change is verified, the Health Benefits department will open access to the online benefits system for you to make your change.

The following applicable documents are required when enrolling dependents or for changes due to a qualifying status change.

- Certified birth certificates
- Social Security cards or ITIN's (or equivalent documents accepted by the IRS) for all dependents
- Certified marriage certificate
- Final adoption paperwork
- Final divorce paperwork
- Termination of Domestic Partnership
- Legal separation paperwork
- Legal guardianship orders
- Certificate of state-registered Domestic Partnership
- Proof of loss for all new enrollees

Termination of Benefits

Benefits terminate at the end of the month of the last day worked. For example, if the last day worked is May 12, the last full day of coverage is May 31. Dependent coverage terminates the same day the employee's benefits terminate or the date the dependent ceases to qualify as an eligible dependent, whichever is earlier.



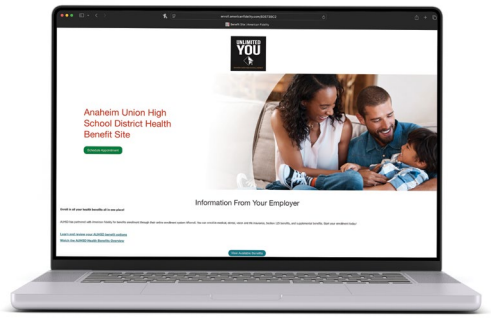
Your Online Enrollment

START: Read this guide and decide what plans suit your healthcare needs.

LEARN: Find more resources on the District **Health Benefits web page**

GATHER: If you are adding dependents, start gathering the required documents.

ENROLL NOW



1. Open the AFenroll online enrollment site: **www.americanfidelity.com/auhsd**
   - Review your benefit options by selecting:
     - Learn and review your AUHSD benefit options
     - Watch the AUHSD Health Benefits Overview
   - Return to the landing page
   - Scroll down to ENROLL ON YOUR OWN TIME
2. At the login screen, you will enter the site using the following information:
   - **Type In your user ID:** Your Social Security Number (SSN)
   - **Type in your PIN:** The last four digits of your SSN and your eight digit date of birth. (For example, for SSN 123-45-6789 and birth date January 15, 1974, you would type in 678901151974)
   - **Two-Factor Authentication:** Enter your temporary PIN, then create a new one with at least 9 characters, including an uppercase letter, a lowercase letter, and a special character. Select a security question and provide your email address.
   - **Change your PIN:** Enter your temporary PIN, then create a new one. IMPORTANT – Save your new PIN for future logins.
3. Click **Next** to begin enrolling.

HELPFUL TIPS

- **Log Out:** If you leave the site in the middle of the process, click the 'Log Out' button to save your selections.
- **Print Confirmation:** Be sure to print your confirmation. Once you confirm your enrollment, you may click on the confirmation link at the bottom of the 'Sign/Submit Complete' to print your confirmation statement.
- **Re-Enter/Make Changes:** You may re-enter the enrollment site (including to 'View Only' your original selections) to make changes at any time during your enrollment period. *Please note: Before you exit the system, you must reconfirm with your PIN or your enrollment will not be valid.*
- **Opting Out:** If you choose not to select benefits, you must enter each product module and make that choice.
- **Required:** Social Security Numbers and Dates of Birth are required for all employees and their dependents.
- **Adding Dependent**: If you are adding a dependent as a beneficiary, their Social Security Number is required.
- **Signature:** You will use your PIN to confirm applications and your enrollment confirmation.

Benefits At A Glance

BENEFITS PROVIDED BY AUHSD	COVERAGE OPTIONS
Medical	» PPO plan – Anthem Blue Cross Prudent Buyer EPO/PPO network » EPO plan – Anthem Blue Cross Prudent Buyer EPO/PPO network
Dental	» Delta Dental PPO » DeltaCare HMO
Vision	» VSP
Basic Life and AD&D	» Voya Financial / ReliaStar Life – Benefit for employee and dependents
Employee Assistance Program (EAP)	» Anthem 24 hour toll-free telephone consultations and referral service available 7 days a week
Short-Term Group Disability (Classified Only)	» Benefit administered through American Fidelity

SUPPLEMENTAL PLANS	COVERAGE OPTIONS
Supplemental Life and AD&D	» Voya Financial / ReliaStar Life Evidence of Insurability required for amount over Guaranteed Issue
Flexible Spending Accounts (FSA)	» American Fidelity Assurance (AFA) Health Care FSA – $3,400 maximum plan year contribution Dependent Care FSA – $7,500 maximum plan year contribution
Additional supplemental plans also available from AFA	



Coordination Of Benefits (COB)

Coordination of Benefits usually applies when you or a covered dependent are covered by multiple health plans at the same time. For example, you and your spouse/Domestic Partner have coverage through each other's employers; you each cover yourself and/or dependents.

COB designates the order in which the multiple plans are to pay benefits. Under a COB provision, one plan is determined to be primary and its benefits are applied to the claim first. The unpaid balance is usually paid by the secondary plan to the limit of its responsibility. Benefits are thus "coordinated" among all of the eligible health plans.

The provision is designed so that the payments by all plans do not exceed 100 percent of billed charges for the covered services. COB does not double your coverage; however, it may reduce your out-of-pocket costs.

Coordination of benefits only applies if both health plans allow for coordination of coverage.

Medical Plans - COB with AUHSD



When you are covered under two medical plans that coordinate coverage, your plan is your primary plan and the separate plan your spouse/Domestic Partner elects is their primary plan. In other words, the plan which covers you as a dependent is your secondary plan. Please communicate to your providers which plan is primary and which plan is secondary at the time you provide them with both of your medical ID cards.



Coordination of benefits only applies if both health plans allow for coordination of coverage. At AUHSD, the PPO medical plan may coordinate coverage while **the EPO medical plan does not coordinate coverage**. This means that two AUHSD married (or Domestic Partnership) employees cannot both elect the EPO medical plan. In order for both employees to have EPO medical coverage, one of the employees must waive medical coverage and be enrolled as a dependent under the spouse/Domestic Partner EPO medical plan. Should the spouse/Domestic Partner carrying the EPO plan lose coverage (i.e. termination, retirement, divorce, legal separation, elect another plan, etc.), the dependent spouse/Domestic Partner will retain EPO medical coverage and become the primary subscriber so long as the spouse/Domestic Partner is an active AUHSD employee.



"**BIRTHDAY RULE**" – When both parents cover an eligible dependent child, the plan for the parent whose birthday (month and day, not year) comes first in the calendar year is primary for the eligible dependent child. A divorce agreement or other court ruling may supersede the birthday rule. Please remind your providers which plan is primary for your child(ren).

In order for your District plan to pay the maximum allowable amount, providers must submit each claim to the primary plan first, and once paid, the provider must bill the secondary plan and include the primary explanation of benefits. Any deviation from this order will result in a denied claim and the provider may attempt to collect the balance from you directly.

You can learn more about coordination or benefits for the Dental and Vision plans on the District web page www.auhsd.us

Medical Plan Choices

Anaheim Union High School District offers two medical plans. These medical plans provide comprehensive coverage but are different in how they are designed. Think about how your current benefits support your personal and family needs and decide if the PPO or the EPO plan best meets your needs.

PPO PLAN

Preferred Provider Organization

Network:
Anthem Blue Cross Prudent Buyer EPO/PPO

The Preferred Provider Organization (PPO) offers a network of providers who have agreed to discount their fees for their services. You may choose to have your treatment provided by a PPO provider within the network and receive a higher level of benefit with a lower out-of-pocket cost to you.

You may also choose to go outside the network; however, generally benefits are reimbursed at a lower level and you may have higher out-of-pocket costs. The PPO plan has a deductible that must be met before insurance pays on some services.

This plan does not require you to select a Primary Care Physician, nor do you need a referral to see a Specialist.

EPO PLAN

Exclusive Provider Organization

Network:
Anthem Blue Cross Prudent Buyer EPO/PPO

An Exclusive Provider Organization (EPO) plan provides you with choice, flexibility and affordability.

The EPO plan works like an HMO but gives you access to the full PPO network of doctors and hospitals. The result is an easy-to-use plan that delivers convenience, cost, predictability, and choice.

This plan allows you to visit any doctor or hospital within the network. There is no need to select a primary care physician nor do you need a referral to see a specialist within the PPO network. Please note that services received outside of the PPO network are only covered in the event of an emergency.



Medical Plan Comparison

Both the EPO and PPO utilize the Anthem Blue Cross Prudent Buyer EPO/PPO Network

Note: The EPO plan does not coordinate coverage with other medical plans

BENEFIT	EPO	PPO	
	In-Network ONLY	In-Network	NON-Network
Lifetime Maximum	Unlimited	Unlimited	
Calendar Year Deductible	None	$350 Individual / $1,400 Family	$500 Individual / $2,000 Family
Calendar Year Out-of-Pocket Maximum (includes deductible)	$2,000 Individual / $4,000 Family	$1,600 Individual / $6,400 Family	$5,600 Individual / $22,400 Family
Prescription Drug Out-of-Pocket Maximum	Included in Calendar Year Out-of-Pocket Maximum	$5,125 Individual / $7,300 Family	
Office Visit Physicians and Specialists	$30 copay	10% after deductible	40% after deductible
Preventive Care (Adult-annual physical, mammogram, Children-immunizations, well-baby)	No charge	No charge	40% after deductible
Hospitalization Inpatient/Outpatient Surgery	$150 copay / $250 copay	10% after deductible	40% after deductible
Emergency Room (copay waived if admitted or under observation)	$200 copay	$100 copay + 10% after deductible	
Diagnostic Test – X-ray, blood work – Imaging (CT/PET scans, MRI's)	 No Charge $100 copay/test	 10% after deductible 10% after deductible	 40% after deductible 40% after deductible
Chiropractic Care & Acupuncture	$30 copay (Limited to a maximum of 52 visits per year combined with rehabilitation services & physical therapy)	10% after deductible Maximum 52 visits per calendar year	No coverage
Physical Therapy	$30 copay (Limited to a maximum of 52 visits per year combined with rehabilitation services, acupuncture & chiropractic care)	10% after deductible	No coverage
Mental Health & Substance Abuse Inpatient/Treatment Office Visits	 No charge $30 copay	 10% after deductible 10% after deductible	 40% after deductible 40% after deductible
Prescription Drugs EmpiRx Health	**Retail** (34 day supply) Copay: Generic $10 / Brand Name Formulary $30 / Non-Formulary Brand $60 **Mail Order** (90 day supply) Copay: Generic $20 / Brand Name Formulary $60 / Non-Formulary Brand $120 **Specialty Drugs** (34 days supply) through Luna Health Specialty Pharmacy **Network provider** Subject to the applicable copay as generic, formulary, or non-formulary – there is no out-of-network coverage		

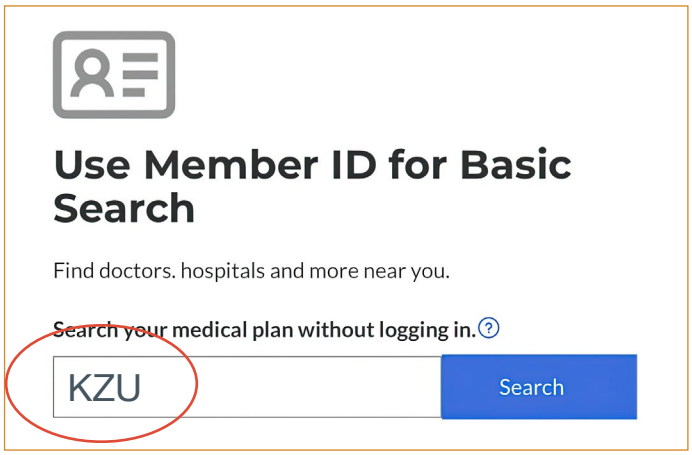
Locate An In-Network Medical Or Mental Health Provider

Looking for a Provider?

You can look for a medical or behavioral health provider, facility, lab. etc.

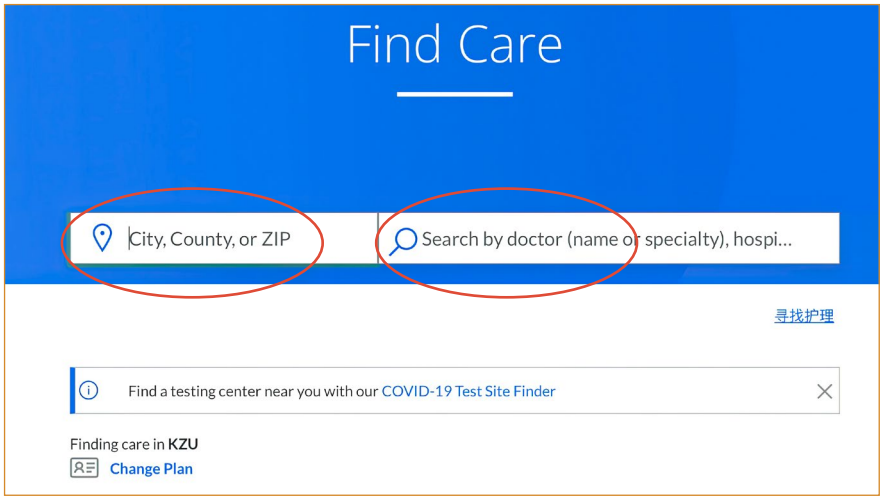
1 Go to **www.anthem.com/ca/find-care**

Search under "**Use Member ID for Basic Search**"
Type "**KZU**" (the first three letters of your membership ID on your medical card) to search in your correct network.



Both the PPO and EPO utilize the "**Prudent Buyer EPO/ PPO**" network for in-network providers and facilities.

2 This will take you to the next screen where you can search for in-network care.



For mental health services, select **Behavioral Health**.

If you are out-of-state, type your City and State to find care.
Or, you can also go back to Anthem's home page and search as a guest. Select 'Medical Plan' as your type of plan, Select your 'State', Select 'Medical (Employer-Sponsored)' as how you get health insurance, and Select the 'National PPO (BlueCard PPO)' network.

Garner Health

Garner is a free healthcare benefit that works alongside your Anthem medical plan. Enroll today!

Garner takes the guesswork out of finding the right doctor. When you visit the doctor, you should feel confident that you're getting the best care without worrying about the cost. This is why AUHSD is excited to offer Garner, a FREE healthcare benefit that works alongside your Anthem medical plan.

Garner Top Providers follow the latest research, avoid unnecessary procedures, and help you get healthy faster. Doctors can't pay to show up in Garner's recommendations; they earn their spot based on real patient outcomes.

Using data from one of the nation's largest medical databases, Garner identifies the top 20% of doctors who deliver the best patient outcomes. When you see a Garner Top Provider, you can qualify for reimbursement, up to **$1,000** for individuals and **$2,000** for families for **office visits, imaging, urgent care, and lab work.**

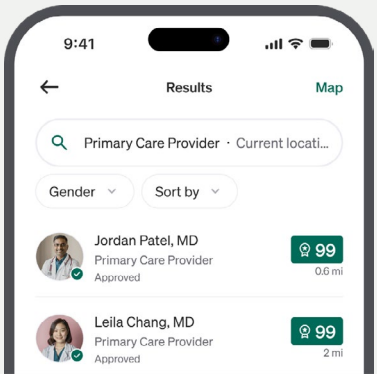
Use the Garner app to find the best doctors in your network, and Garner will help cover your medical bills.

Watch a quick video to learn more garner.guide/video.

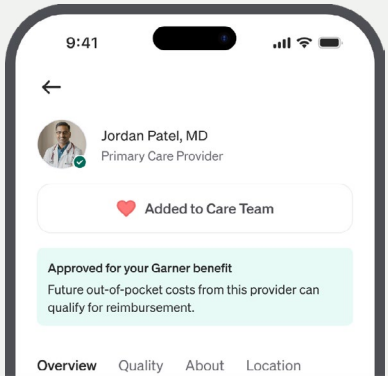
HOW TO GET STARTED

Use the Garner app to create an account, find and see the best doctors in your network, get reimbursed for authorized expenses

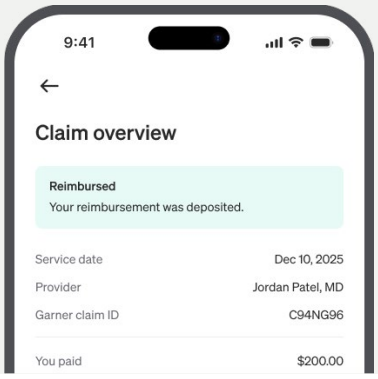
1 Search for the best doctors



2 Add to your Care Team before your visit



3 Get reimbursed for medical bills



Get reimbursed up to $1,000 for you or $2,000 for your family

Scan the QR code to create an account

garner.guide/create-my-account

Need our help?

Message the Concierge via in-app chat, call **(866) 761-9586**, or email **concierge@getgarner.com**, Mon-Fri 8:00 a.m. to 10:00 p.m. ET.

How to use Garner with a Flexible Spending Account (FSA)

If you have an FSA through your employer, **do not use FSA funds to pay for bills that will be reimbursed by Garner.** Medical bills paid with FSA funds cannot be reimbursed by Garner, as IRS rules prohibit "double dipping."

How your costs are covered

Use Garner:

After using the Garner app to find & see a Top Provider, do not pay these bills using funds from your FSA.

Garner will cover eligible services and visits with Top Providers up to your benefit amount.

Use your FSA:

Use your FSA when Garner can't reimburse you, such as dental care or services that are not eligible for Garner.

Keep in mind:

If you exhaust your Garner funds, you may be responsible for paying some medical bills up to your plan maximum.

Scan this QR code to create your account today

Remember: Add Top Providers to your Care Team before your appointment to qualify for reimbursement.

Need Help? You can message the Concierge via in-app chat, call (866) 761-9586, or email concierge@getgarner.com, Mon-Fri 8:00 a.m. to 10:00 p.m. ET.

Third Party Administrator

Luminare Health – Third Party Administrator

Luminare Health is the administrator for your medical benefits plan, managing all administrative aspects including claims processing, fee negotiation, and eligibility. Luminare Health works with your Anthem network to get you the medical care you need. Luminare Health is dedicated to meeting the needs of our employees and their families, and places customer service and satisfaction as its highest priority. **Contact Luminare Health with your medical plan or claims questions or to replace your ID cards.**

myluminarehealth.com | 866.280.4120

Avoid Overpaying Your Medical Bills

It is important to review the Explanation of Benefits (EOB) sent to you from Luminare Health. The EOB will reflect all negotiated rates that have been applied and will reflect the amount you owe the provider.

Teladoc for Diabetes & Hypertension

The Teladoc for Diabetes and Hypertension programs help make living with diabetes and high blood pressure easier. The programs are offered at NO COST to all employees enrolled in the EPO or PPO medical plan and their covered family members living with diabetes and/or hypertension. Enroll in Teladoc today.

Diabetes Management – TeladocHealth.com/register/LUMINARE | Registration Code: **LUMINARE**
Hypertension Management – TeladocHealth.com/now/LUMINARE | Registration Code: **LUMINARE**
800.835.2362

Mental Health Provider

Anthem Blue Cross – Mental/Behavioral Health & Substance Abuse In-Network Provider

The mental health & substance abuse benefit is designed to help you address various issues that affect your daily life. Through face-to-face counseling sessions, the mental health & substance abuse benefit is the first step to regaining control and improving life quality. Locate an Anthem provider today.

100% Confidential | www.anthem.com/ca/find-care

Virtual Therapy Appointments

Get started by visiting Rula. In less than 3 minutes you can book an appointment and meet with an in-network Blue Cross therapist in as little as 48 hours. Rula has a network of over 9,000 licensed providers representing more than 80 clinical specialties and a diverse range of backgrounds, making it easy to match with someone that specializes in you. Get started by visiting **rula.com/auhsd.**

Pharmacy Benefit Manager

If you're enrolled in one of AUHSD's medical plans, you automatically have prescription coverage through EmpiRx Health. Simply present your medical ID card at the in-network pharmacy to fill your prescription. **Call the pharmacy helpline on the back of your medical ID card for assistance.** Additional prescription co-pay savings are available through home delivery and 90-day fill options.

Employee Assistance Program (EAP)

Life is full of challenges and sometimes balancing it is difficult. The EAP is there when you need it. The Anthem EAP offers the appropriate assistance for a wide range of issues and provides referrals to professional counselors or services that can help you resolve emotional health, family, and work issues.

All AUHSD benefit eligible employees and members of your household are provided with the employer paid Employee Assistance Plan (EAP). All eligible employees are automatically enrolled in the EAP.

Along with unlimited telephonic access, the EAP also offers 3 face-to-face visits with a counselor per person per issue.

Work or Life Needs, Clinical Counseling, Financial Information, Legal Information…and more.

Anthem BlueCross

Member Services Available 24/7
100% CONFIDENTIAL

Toll free: 800.999.7222
Online: www.anthemeap.com/auhsd

Vision Plan

vsp VISION

VSP Vision Care

VSP has one of the largest networks of private practicing optometrists, ophthalmologists, and opticians. In addition to the vision plan benefits provided through your benefits program, VSP offers a number of non-covered services at a discount.

BENEFIT	MEMBER PAYS In-Network	REIMBURSEMENT Non-Network
Exam	$10 copay	Up to $50
Frames	$135 – $175 allowance $95 Costco allowance $115 Walmart/Sam's Club allowance	Up to $70
Lenses		
Single	Combined with exam	Up to $50
Bi-Focal	Combined with exam	Up to $75
Tri-Focal	Combined with exam	Up to $100
Contacts	Up to $175	Up to $105
Frequency		
Exam	Once every 12 months	
Contacts or Lenses	Once every 12 months	
Frames	Once every 24 months	

Sign up as a member online to locate providers, and view benefits and claims.
www.vsp.com

Dental Plans

DELTA DENTAL®

Delta Dental PPO Plan

Visit a dentist in the PPO network to maximize your savings. The dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill. Seeing a Delta PPO network dentist gives you a higher benefit level ($1,700 per calendar year) and lower out-of-pocket costs.

If you see an out-of-network dentist, benefit amounts are subject to the Delta contracted fee schedule. You will be responsible for the difference between the plan payment and the dentist's usual charge. You will also have a lower benefit level ($1,500 per calendar year).

Deltacare USA HMO Dental Plan

Dental HMOs are designed to help you and your family maintain oral health and reduce your out-of- pocket costs, and they're simple to use. Just select a participating (network) dentist at enrollment and refer to your Schedule of Benefits to determine your benefits for each covered service.

BENEFIT	DELTA DENTAL (PPO)		DELTACARE (HMO)
	Delta PPO Network	NON Delta PPO Network	In-Network Only
Calendar Year Deductible	None	None	None
Calendar Year Maximum Benefit	$1,700/person	$1,500/person	Unlimited
Preventative & Diagnostic			
Oral evaluation, cleaning, x-ray	20% copay	20% copay	No charge
Basic Services			
Fillings, simple tooth extractions	20% copay	20% copay	20% copay
Root canals	20% copay	20% copay	$30-$90 copay
Major Services			
Crowns, inlays and onlays	30% copay	30% copay	$60-$75 copay
Gum treatment	30% copay	30% copay	$75 copay
Prosthodontia			
Bridge – porcelain fused to metal	30% copay	30% copay	$60 copay
Complete upper denture	30% copay	30% copay	$70 copay
Complete upper denture	30% copay	30% copay	$70 copay
Orthodontia			
Start up fee	Not covered	Not covered	$350 copay
Orthodontia treatment child/adult	Not covered	Not covered	$1,600/$1,800 copay

Sign up as a member online to print ID cards, locate providers, and view benefits and claims.
www.deltadentalins.com

Life Insurance

All AUHSD benefit eligible employees (and their eligible dependents) are provided with employer-paid Life and Accidental Death & Dismemberment (AD&D) coverage. You are automatically enrolled in Life and AD&D plans.

Employee Life

Benefit amount of $50,000

Employees in a management position have an additional 1.5x their annual salary. Maximum coverage amount: $300,000

You can purchase additional coverage for you and your dependents through payroll deduction. You must pass Evidence of Insurability to be eligible. Refer to the District web page for more information.

Accidental Death and Dismemberment (AD&D)

- 100% of the Life benefit
- Provides specified benefits for a covered accidental bodily injury that directly causes dismemberment.
- In the event of death from a covered accident, both Life and AD&D benefit would be payable each in the amount of the basic life insurance.

Benefits After Retirement

- Benefits will terminate at retirement

Supplemental Life Insurance

- Payroll deduction applies
- Evidence of Insurability required
- Go to the District web page to learn more – TIME SENSITIVE

Complete the attached life beneficiary form found at the back of this booklet

Benefit Reduction

When you reach age 65, life benefits reduce to 65% of the original amount. When you reach age 70, life benefits reduce to 45% of the original amount. When you reach age 75, life benefits reduce to 30% of the original amount. When you reach age 80, life benefits reduce to 20% of the original amount.

Refer to the plan documents for a complete description of this plan.

Short-Term Group Disability

(Classified Staff Only)



- Your plan pays a monthly disability benefit of 66 $^{2}/_{3}$% of your monthly compensation not to exceed:

  (1) a maximum covered monthly compensation of $7,500.00;

  (2) the amount for which premium is being paid. If applicable, your disability benefit will be reduced by deductible sources of income.
- Coverage begins on the 61st day of disability or after the end of accumulated sick leave, whichever is greater, due to a covered injury or sickness.
- Benefits are payable up to 2 years for a covered injury or sickness.

Learn more at www.auhsd.us

Flexible Spending Account

Flexible Spending Accounts (FSA) provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. As an eligible employee, you agree to set aside a portion of your pre-tax salary in an account, and that money is deducted from your paycheck over the course of the year. The amount you contribute to the FSA is not subject to social security (FICA), federal, state or local income taxes—effectively adjusting your annual taxable salary.

Health Care Reimbursement FSA

The annual maximum contribution $3,400

The Health Care Reimbursement FSA allows you to pay for certain IRS-approved health care expenses not covered by your insurance or reimbursed by any other benefit plan. Eligible expenses include those incurred by you, as well as your spouse and dependents. Typical expenses include co-pays, coinsurance, deductibles, and prescription drug expenses. **PLEASE NOTE**: If you are planning on being reimbursed by Garner Health for any office visit, imaging, urgent care and/or lab work copays/costs, you ***may not*** use your FSA funds to pay for these same expenses - "double dipping" is not allowed by the IRS.

Dependent Care Reimbursement FSA

The annual maximum contribution $7,500

The Dependent Care Reimbursement FSA allows you to use pre-tax dollars toward qualified dependent care. Care must be for a tax-dependent child under age 13 who lives with you, or a tax-dependent spouse or child who lives with you and is incapable of caring for themselves. Also, the care must be needed so that you and your spouse (if applicable) can go to work. Care must be given during normal working hours and cannot be provided by another of your dependents. Typical expenses include baby-sitters, nursery schools, pre-schools, and day care centers.

"Use-It-or-Lose-It" Rule

The Health Care and Dependent Care Reimbursement FSAs run on a calendar basis. The plan year is from January 1 through December 31; Dependent Care claims can only be for expenses incurred during the calendar year. The Health Care FSA has a grace period allowing you to spend funds until March 15th of the following year and submit no later than March 31. Any funds left unclaimed will be forfeited. Please refer to your plan documents for additional information.

EXAMPLE	WITHOUT FSA	WITH FSA
Monthly Salary	$2,000	$2,000
Medical Expenses	N/A	-$250
Taxable Gross	$2,000	$1,750
Taxes (Federal & State @ 20%)	-$400	-$300
Less Estimated FICA (7.65%)	-$153	-$133
Medical Deductions	-$250	N/A
TAKE HOME PAY	**$1,197**	**$1,267**

If you are subject to FICA taxes, there might be a reduction in your social security benefit due to the reduction of FICA contributions. Example is hypothetical for illustrative purposes only. Please contact your tax advisor for actual tax savings.

You have 30 days from your hire date to enroll. Contact AFA for more information. https://americanfidelity.com/support/videos/section-125/

Contact Information

PROVIDER	GROUP #	PHONE NUMBER / WEBSITE	WILL I RECEIVE AN INSURANCE CARD?
PPO Medical Plan Luminare Health – third party administrator Network: Anthem Blue Cross Prudent Buyer EPO/PPO	U30000	866.280.4120 myluminarehealth.com	Yes
EPO Medical Plan Luminare Health – third party administrator Network: Anthem Blue Cross Prudent Buyer EPO/PPO	U30000	866.280.4120 myluminarehealth.com	Yes
Garner Health Top providers in your medical network	----	866.761.9586 www.garnerhealth.com concierge@getgarner.com	No
PPO Dental Delta Dental of California	6654-1006 certificated 6654-1007 classified 6654-1008 retiree	866.499.3001 deltadentalins.com	No, but you can register on Delta's website and print your own card if you'd like; however it is not required.
HMO Dental DeltaCare USA	70760-001 Active 70760-003 Retiree	800.422.4234 deltadentalins.com	Yes
Vision Vision Service Plan VSP	008 809301 0008-0008	800.877.7195 vsp.com	No, an ID card is not required to see a VSP provider.
EmpiRx Health (Rx Plan) For both the PPO & EPO Medical Plans	Rx BIN: 029362 Rx Group: 19176 Rx PCN: 14032015	877.669.0410 myemprixhealth.com	No separate card issued. Prescription information is shown on your medical ID card.
Employee Assistance Program Anthem	800.999.7222 anthemeap.com/auhsd User Name: AUHSD		No separate card issued. The EAP phone number is shown on your medical ID card.
Life/AD&D	Contact the district benefits office for assistance		No
Group Disability Income Benefits (Classified Staff Only)	800.365.9180		No
Flexible Spending Accounts (FSA) American Fidelity (AFA)	Contact American Fidelity at 800.365.9180		No

Important Notices

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: EPO Plan (Individual: 0% coinsurance and $0 deductible; Family: 0% coinsurance and $0 deductible)

Plan 2: PPO Plan (Individual: 10% coinsurance and $350 deductible; Family: 10% coinsurance and $1,400 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 714.999.5657 or benefits@auhsd.us.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Notice of Creditable Coverage

Important Notice from Anaheim Union High School District

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Anaheim Union High School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **Anaheim Union High School District has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

Important Notices

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Anaheim Union High School District coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Anaheim Union High School District coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Anaheim Union High School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Anaheim Union High School District changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

REMEMBER: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 01, 2027
Name of Entity/Sender:	Anaheim Union High School District
Contact—Position/Office:	Director of Risk Management & Insurance
Office Address:	501 N Crescent Way Anaheim, California 92801-5401 United States
Phone Number:	714.999.5657

Important Notices

HIPAA Notice of Privacy Practices Reminder

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Who Will Follow This Notice

This notice describes the medical information practices of the Anaheim Union High School District Health Plan (the Plan) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH) and describes how the Plan will use or disclose your Protected Health Information to carry out treatment, payment, or healthcare operations, or for any other purpose permitted or required by law.

The Plan provides the following benefits: Medical, Dental, Vision, Prescription Drug, Health FSA, Wellness, Employee Assistance Program, Group Critical Illness, Group Cancer.

We are required by law to maintain the privacy of your protected health information, to provide you with a notice of our legal duties and privacy practices with respect to your protected health information, and to follow the terms of the notice that is currently in effect. We are also required to notify affected individuals in the case of a breach of unsecured protected health information.

Our Pledge Regarding Protected Health Information

We understand that your protected health information and your health is personal and are committed to safeguarding your protected health information. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to all of the medical records, including claims records, the Plan maintains. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your protected health information created in the doctor's office or clinic. To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

This notice will tell you about the ways in which we may use and disclose your protected health information. It also describes our obligations and your rights regarding the use and disclosure of protected health information.

We reserve the right to change the terms of this Notice and to make new provisions about your protected health information that we maintain, as allowed or required by law. If we make any material change, we will provide you with a copy of our revised Notice of Privacy Practices by direct mail or hand delivery. A copy of the revised Notice of Privacy Practices will also be posted on our internet at the following address: https://www.auhsd.us/District/Department/14200-RISK-MANAGEMENT/80270-Employee-Health-Benefits.html.

HIPAA only protects certain medical information known as "protected health information." Generally, protected health information is information created or received by a health care provider, a health care clearing house, a health plan, or your employer on behalf of your health plan, from which it is possible to identify you and which relates to: (1) your past, present, or future physical or mental health condition; (2) the provision of health care to you; or (3) the past, present, or future payment of health care claims on your behalf. Note: The individually identifiable health information of a person who has been deceased for more than 50 years is not protected health information under the Privacy Rule.

How We May Use and Disclose Your Protected Health Information (PHI)

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment (as described in applicable regulations). We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose protected health information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might use your PHI information for case management.

For Payment (as described in applicable regulations). We may use and disclose your protected health information to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may use your PHI to adjudicate a claim for a specialist office visit. We may also share medical information with a utilization review or precertification service provider, to assist with the adjudication or subrogation of health claims, or to another health plan to coordinate benefit payments.

Important Notices

For Health Care Operations (as described in applicable regulations). We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use your PHI for underwriting, premium rating, and other activities relating to determining plan coverage.

As Required By Law. We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose medical information when required by a court order in a litigation proceeding, such as a malpractice action, or a divorce proceeding. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your, another person's, or the public's health and safety. But disclosure would only be to someone able to help prevent the serious threat. For example, we may disclose your protected health information in case of exposure to a highly infectious disease.

To Plan Sponsors. For plan administration purposes, your protected health information may be disclosed to specifically designated employees. Those employees will only use or disclose that protected health information necessary to perform plan administration functions or as otherwise required or permitted by HIPAA. Your employer may not use protected health information for employment purposes without your express authorization. Information may be disclosed to another health plan (as described by HIPAA) maintained by Anaheim Union High School District for purposes of facilitating claims payable under that plan or for other purposes permitted by HIPAA.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on behalf of the Plan or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate such as a third-party administrator to process your claims for Plan benefits.

Prohibition on Use or Disclosure of Genetic Information. The plan (other than the long-term care plan, if applicable,) is prohibited from using or disclosing your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services.

Special Situations. The following are categories of other circumstances in which we may use or disclose your protected health information. While this is not an exhaustive list of the specific ways that we may use or disclose your PHI, each way that we may use or disclose your PHI would fall into one of these categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary.

Military and Veterans. If you are a current member of the armed forces, we may release protected health information as deemed necessary by military command authorities to ensure the proper execution of their military mission. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information to the extent necessary to comply with laws relating workers' compensation or similar programs, that provide benefits for work-related injuries or illness without regard to fault.

Public Health Risks. We may disclose your protected health information to public health authorities. Reportable activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to conduct public health surveillance, investigation, or intervention; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence, but only if you agree to the disclosure, or the disclosure is required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for reasons authorized by law. For example, a health oversight agency may conduct audits, investigations, inspections, and licensure (e.g., reporting the results of a TB test to the Centers for Disease Control and Prevention).

Important Notices

Lawsuits and Disputes. If you are involved in a lawsuit or a legal dispute, we may disclose your protected health information in response to a court or administrative order, a subpoena, discovery request, or other lawful process by someone else involved in the dispute. Prior to responding, we will attempt to inform you of the request or obtain an order protecting the health information requested.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official: to report certain types of wounds or other physical injuries as required by law; in response to a court order, subpoena, court-ordered warrant, summons or similar process issued by a judicial officer; in response to a grand jury subpoena; or as otherwise permitted by HIPAA.

Coroners, Medical Examiners and Funeral Directors. We may release your protected health information to a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death, or other duties authorized by law. We may also release protected health information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by the National Security Act and implementing regulations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official with lawful custody over you, we may release your protected health information to the correctional institution or law enforcement official, if that information is necessary for one of the following: to provide you with health care; to protect your health and safety or the health and safety of other individuals; or for the safety and security of officers or employees of the correctional institution.

Uses and Disclosures for Which Your Written Authorization is Required. We may use or disclose your personal health information in the following circumstances only with your written authorization: Disclosure to your spouse, another family member such as a parent for an adult child, or a close personal friend designated by you to receive your protected health information, including an individual involved in your care prior to your death, unless you object or we are able to determine, based on our best professional judgment, that it is in your best interests to make the disclosure.

All other uses and disclosures of your PHI not described in this Notice of Privacy Practices will be made only with your written authorization. You have the right to revoke your written authorization at any time, but you must do so in writing, and we are required to comply with your request, except to the extent that we took prior action relying upon your authorization.

Your Rights Regarding Your Protected Health Information

You have the following rights regarding protected health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy protected health information maintained by the Plan in a designated record set. To inspect and copy your designated record set, you must submit your request in writing to the Privacy Officer as directed below. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Amend. If you feel that protected health information we have about you is inaccurate or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan in a designated record set. To request an amendment, your request must be made in writing and submitted to the Privacy Officer as directed below. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Is not part of the designated record set kept by or for the Plan;
- Was not created by us, unless you provide us with information that the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Important Notices

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" (i.e., a list) of your protected health information where such disclosures were made other than: (1) for treatment, payment, or health care operations; (2) to you; (3) pursuant to your authorization; (4) to friends or family in your presence or due to an emergency; (5) for national security purposes; or (6) incidental to an otherwise permissible use or disclosure.

To request this accounting of disclosures, you must submit your request in writing to the Privacy Officer as directed below. Your request must state a time period which may not be longer than six years from the date of the request. Your request should indicate in what form you want the accounting (for example, paper or electronic). The first accounting you request within a 12 month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred to comply with the original request.

Right to Request Restrictions. You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limitation on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information to a family member about a treatment for Hepatitis C you had.

We are not required to agree to a requested restriction or limitation, unless your request is made to restrict disclosure to an insurance carrier for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), and the protected health information pertains solely to a health care item or service for which you have paid the healthcare provider out of pocket in full. If we do agree to a restriction or limitation, we must abide by it unless you revoke it in writing.

To request restrictions, you must make your request in writing to the Privacy Officer as directed below. In your request, you must tell us:

a) What information you want to limit or restrict;

b) Whether you want to limit our use, disclosure or both; and

c) To whom you want the limits to apply, for example, disclosures to another family member.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in an alternative way or at an alternative location. For example, you can ask that we only contact you at work or by cell phone. To request confidential communications, you must make your request in writing to the Privacy Officer as directed below. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

A Note About Personal Representatives. You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- Verification of identity as an individual who is the parent of a minor child.

The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

However, we are not required to disclose your protected health information to a personal representative if we have a reasonable belief that: (1) you are or may have been subject to domestic violence, abuse or neglect by the designated personal representative; (2) treating the designated individual as your personal representative would endanger you; or (3) it is not in your best interest, using professional judgment, to allow the designated individual to act as your personal representative.

Right to Request Electronic Copy of PHI Maintained Electronically in One or More Designated Record Sets. If the plan maintains an "electronic health record" or maintains your PHI electronically in a "designated record set," you have the right to: (1) obtain a copy of the information in electronic format and/or (2) ask the Plan to send the copy to a third party. The Plan requires you to make the request for electronic copies of your PHI in writing, and the Plan may charge you a reasonable fee for labor costs for sending the electronic copy of your health information. To request an account of electronic health records, you must make the request in writing to the Privacy Officer

as directed below. The Plan will send the information to a third party at your request only if you provide complete information including the name and address of the third party.

Right to be Notified of a Breach. You have the right to be notified in the event that the Plan (or a Business Associate) discovers a breach of your unsecured protected health information. Business Associates include the Business Associates themselves and their subcontractors.

Right to a Paper Copy of This Notice. You have the right to receive a paper copy of this notice. You may ask us to provide you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice from the website at the following address: https://www.auhsd.us/District/Department/14200-RISK-MANAGEMENT/80270-Employee-Health-Benefits.html. To obtain a paper copy of this notice via mail, please contact the Privacy Officer as directed below.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the employer website or Intranet. The notice will contain the effective date on the first page.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan. To file a complaint with the Plan, please contact the Privacy Officer as directed below. All complaints must be submitted in writing. In addition to filing a complaint with the Plan, you may file a complaint with the Secretary of the Department of Health and Human Services (HHS) Office for Civil Rights by sending a letter to U.S. Department of Health and Human Services, 200 Independence Ave. S.W., Room 509F HHH Bldg., Washington, D.C. 20201, calling 1-877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html.

The Plans will not retaliate against you for submitting an internal complaint, a complaint to HHS, or for exercising your other rights as described in this Notice or under applicable law.

Other Uses of Medical Information

All other uses and disclosures of your medical information not described in this Notice of Privacy Practices or HIPAA and its implementing regulations will be made only with your written authorization. You have the right to revoke your written authorization at any time, but you must do so in writing, and we are required to comply with your request, except to the extent that we took prior action relying upon your authorization.

For More Information See: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Contact Information

If you wish to invoke any of your rights under this notice or if you have any questions about this notice, please contact: Privacy Officer for the Anaheim Union High School District Health Plan, 501 North Crescent Way, P.O. Box 3520, Anaheim, CA 92801, **benefits@auhsd.us**, (714) 999-5657.

HIPAA Special Enrollment Rights

Anaheim Union High School District Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Anaheim Union High School District Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Important Notices

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must enroll within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact District Benefits Office at 714.999.5657 or benefits@auhsd.us.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Important Notices

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid
http://myalhipp.com/
1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
http://myakhipp.com/
1-866-251-4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility:
https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid
http://myarhipp.com/
1-855-MyARHIPP (855-692-7447)

CALIFORNIA –Medicaid
Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado
https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943 / State Relay 711
CHP+
https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service
1-800-359-1991 / State Relay 711
Health Insurance Buy-In Program (HIBI)
https://www.mycohibi.com/
HIBI Customer Service
1-855-692-6442

FLORIDA – Medicaid
https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
1-877-357-3268

GEORGIA – Medicaid
GA HIPP
https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
678-564-1162, Press 1
GA CHIPRA
https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
678-564-1162, Press 2

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
https://www.in.gov/fssa/hip/
1-877-438-4479
All other Medicaid
https://www.in.gov/medicaid/
1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid
https://dhs.iowa.gov/ime/members
1-800-338-8366
Hawki
https://dhs.iowa.gov/Hawki
1-800-257-8563
HIPP
https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
1-888-346-9562

Important Notices

KANSAS – Medicaid
https://www.kancare.ks.gov
1-800-792-4884
HIPP: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
https://www.chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
1-855-459-6328
KIHIPP.PROGRAM@ky.gov
KCHIP
https://kidshealth.ky.gov
1-877-524-4718
Kentucky Medicaid
https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp
1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment
https://www.mymaineconnection.gov/benefits/s/?language=en_US
1-800-442-6003 / TTY: Maine relay 711
Private Health Insurance Premium
https://www.maine.gov/dhhs/ofi/applications-forms
1-800-977-6740 / TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa
1-800-862-4840 / TTY: 711
masspremassistance@accenture.com

MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
1-800-657-3739

MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
573-751-2005

MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
1-800-694-3084
HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
https://www.ACCESSNebraska.ne.gov
1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
http://dhcfp.nv.gov
1-800-992-0900

NEW HAMPSHIRE – Medicaid
https//www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
603-271-5218
Toll free for HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid
http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
609-631-2392
CHIP
http://www.njfamilycare.org/index.html
1-800-701-0710

NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/
1-800-541-2831

NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov/
919-855-4100

NORTH DAKOTA – Medicaid
https://www.hhs.nd.gov/healthcare
1-844-854-4825

OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org
1-888-365-3742

OREGON – Medicaid
https://healthcare.oregon.gov/Pages/index.aspx
1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
1-800-692-7462
CHIP
Children's Health Insurance Program (CHIP) (pa.gov)
1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov/
1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
https://www.scdhhs.gov
1-888-549-0820

SOUTH DAKOTA - Medicaid
http://dss.sd.gov
1-888-828-0059

TEXAS - Medicaid
Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov/
CHIP: http://health.utah.gov/chip
1-877-543-7669

VERMONT– Medicaid
Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
1-800-250-8427

Important Notices

VIRGINIA – Medicaid and CHIP
https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP: 1-800-432-5924

WASHINGTON – Medicaid
https://www.hca.wa.gov/
1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP
https://dhhr.wv.gov/bms/
http://mywvhipp.com/
Medicaid: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/hipp.htm
1-800-362-3002

WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2027)

Important Notices

AMERICANS WITH DISABILITIES ACT (ADA) WELLNESS PROGRAM NOTICE - (IF APPLICABLE)

Requires employers who offer wellness programs that include disability-related inquiries or a medical exam (including biometric testing) from employees to provide a notice to employees. The notice is not required at a particular time (e.g., within 10 days prior to collecting health information) but employees must receive the notice before responding to disability-related inquiries or undergoing a medical exam or testing, and with enough time to decide whether to participate in the wellness program. Waiting until after an employee has completed a health risk assessment will violate the notice rule.

Sample Notice: **https://www.eeoc.gov/laws/regulations/ada-wellness-notice.cfm**

Technical Bulletin 2016 EEOC Issues Final Wellness Rules under ADA and GINA
http://ajg.adobeconnect.com/tb_2016_05/

**Note: Current proposed rules remove this requirement. If finalized, plans subject to ADA will not be required to provide notice. Proposed rules modify 2016 final regulations related to incentive limitations.*

GENETIC INFORMATION NONDISCRIMINATION ACT (GINA) WELLNESS PROGRAM NOTICE AND AUTHORIZATION (IF APPLICABLE)

Wellness programs that include completion of a health risk assessment (HRA) must comply with the GINA notice and authorization rules. The health plan or wellness program acquiring genetic information as a part of the wellness program must provide a notice and obtain an authorization by participating employees and spouses.

Sample Notice: **http://ajg.adobeconnect.com/p621qq2pu5z/**

Technical Bulletin 2016 EEOC Issues Final Wellness Rules under ADA and GINA
http://ajg.adobeconnect.com/tb_2016_05/

**Note: Current proposed rules modify 2016 final regulations related to incentive limitations.*

SUMMARY OF BENEFITS AND COVERAGE AND UNIFORM GLOSSARY

For participants and beneficiaries who enroll or re-enroll in group health coverage through an open enrollment period (including re-enrollees and late enrollees), an SBC must be provided with open enrollment materials. If the plan or issuer requires participants (or beneficiaries) to actively elect to maintain coverage or provides an opportunity to change coverage options during open enrollment, the SBC must be provided as part of the open enrollment materials. *If the plan does not require a new election (an evergreen plan), the SBC must be provided no later than 30 days prior to the first day of the new plan year.*

SECTION 6055 WRITTEN STATEMENT OF HEALTH INSURANCE COVERAGE PROVIDED TO COVERED INDIVIDUALS

Entities providing “minimum essential coverage” must report certain information to the IRS and must provide a written statement to covered individuals. Statement must be furnished to individuals annually by January 31 pertaining to coverage that was offered in the previous calendar year.

- Form 1095-B and Instructions:
  https://www.irs.gov/forms-pubs/about-form-1095-b
- Form 1095-C and Instructions:
  ttps://www.irs.gov/forms-pubs/about-form-1095-c

SECTION 6055 WRITTEN STATEMENT OF HEALTH INSURANCE COVERAGE OFFERED TO FULL-TIME EMPLOYEES OF LARGE EMPLOYERS*

Large employers providing “minimum essential coverage” must report certain information to the IRS and must provide a written statement to covered individuals. Employers must furnish individual statements annually by January 31 pertaining to coverage that was offered in the previous calendar year.

- Form 1095-C and Instructions:
  https://www.irs.gov/forms-pubs/about-form-1095-c

**A large employer employs an average of at least 50 full-time and full-time equivalent employees on business days during the preceding calendar year.*

Important Notices

ANNUAL OPT-OUT NOTICE

An applicable large employer must give full-time employees an annual notice and opportunity to opt-out of coverage unless the coverage offered provides minimum value and is affordable based on the federal poverty level safe harbor. The employer must provide this notice in order to be considered as having "offered" coverage to full-time employees for the purpose of the Employer Mandate.

DISCLAIMER

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

LIFE INSURANCE
Beneficiary Designation Form
Anaheim Union High School District

Please return completed form to the AUHSD Health Benefits Department/Mail Stop #77

First Name: _____ M.I.: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

- This beneficiary information applies to all coverages applicable to the covered employee and will replace any prior beneficiary designation.
- The primary beneficiary is the individual(s) who will receive the insurance proceeds in the event of the insured's death.
- In the event the primary beneficiary(ies) predecease(s) the insured, the contingent beneficiary(ies) will receive the insurance proceeds.
- If no beneficiary is named, or no beneficiary survives the insured, settlement will be made in accordance with the terms of the Group Contract.
- To change your beneficiaries, you must complete a new form.
- If you wish to name more beneficiaries than this form provides space for, complete your list on an additional copy of this form and attach it.

Beneficiary Designation - (the total of Primary Beneficiaries must equal 100%, and the total of Contingent Beneficiaries must equal 100%). If you need to list more beneficiaries please attached additional pages of this form.

Primary (you must have at least one primary beneficiary) Percentage of benefit:_____

Name: _____ Relationship: _____

Date of Birth: _____ ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address:_____ Telephone Number: _____

☐ Primary ☐ Contingent Percentage of benefit:_____

Name: _____ Relationship: _____

Date of Birth: _____ ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address:_____ Telephone Number: _____

☐ Primary ☐ Contingent Percentage of benefit:_____

Name: _____ Relationship: _____

Date of Birth: _____ ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address:_____ Telephone Number: _____

Employee Signature: _____ Date : _____

Complete this form and return to the AUHSD Health Benefits department/Mail Stop #77
Retain a copy for your records.

LIFE INSURANCE
Beneficiary Designation

Remember the following when completing your Beneficiary Designation form:

- Clearly identify your beneficiary(ies), providing each beneficiary's full name, date of birth, Social Security number, address, and relationship to you.
- You can name primary and contingent beneficiaries.

  Primary: The primary beneficiary is the individual(s) who will receive the insurance proceeds at the time of your death.

  Contingent: A contingent beneficiary, or secondary beneficiary, is the individual(s) who will receive the insurance proceeds if the primary beneficiary(ies) dies before you. Naming a contingent beneficiary is important, as there may be circumstances in which the primary beneficiary does not outlive you.
- If you name more than one primary or contingent beneficiary, make sure the beneficiary percentages add up to 100 percent for each class of beneficiary (primary and contingent).
- **Minor child:** A minor child can be named as a beneficiary, but benefits cannot be released directly to the minor child. Benefits will be paid to the court-appointed guardian of the minor child's estate (or property). Parents are not automatically the guardians of a minor's estate. A parent may need to petition a local probate court where the child lives to be named guardian of the child's estate.
- Make sure you sign and date the beneficiary designation form.
- If no beneficiary is named, or if no beneficiary survives you, settlement will be made as provided in the Group Contract.

To assist you, here are some examples of clear beneficiary designations.

One primary and two contingent beneficiaries	**One primary and three contingent beneficiaries**
Primary Beneficiary: Jane Smith, spouse, 100%	**Primary Beneficiary:** Gayle Rich, spouse, 100%
Contingent Beneficiaries: Paul Jones, brother, 50% Mary Park, sister, 50%	**Contingent Beneficiaries:** Teresa Rich, daughter, 40% Susan Rich, daughter, 40% Jason Rich, brother, 20%

Notes

Notes

UNLIMITED YOU

ANAHEIM UNION HIGH SCHOOL DISTRICT

2027
HEALTH BENEFITS GUIDE

THIS BENEFIT SUMMARY PREPARED BY

Gallagher

Insurance | Risk Management | Consulting