



Employee Benefits Guide

October 2025
September 2026



Classified Employees

Welcome to Glendale USD!

This guide provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact the Benefits Department at (818) 241-3111 ext. 1368.

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IMPORTANT INFORMATION

ACA

The Affordable Care Act (ACA) requires applicable large employers to make affordable coverage available to their employees or risk paying a penalty. It is important that you understand your options for health insurance coverage. You may consider these options below:

- Enroll in a medical plan offered by Glendale USD or another group plan
- Purchase coverage through a health insurance marketplace
- Enroll in coverage through a government-sponsored program (if eligible)

Because Glendale USD’s medical plans are considered affordable and meet minimum value under the Affordable Care Act, you will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

Annual Notices

Glendale USD’s plans are partially arranged by Glendale USD and governed by its plan rules and documents. Various state and federal laws require that employers provide disclosure and annual notices to their plan participants.

The following is a list of the annual notices:

- Medicare Part D Notice of Creditable Coverage
- Women’s Health and Cancer Rights Act (WHCRA)
- Newborns’ and Mothers’ Health Protection Act
- Special Enrollment Rights
- Medicaid & Children’s Health Insurance Program
- HIPAA Notice of Privacy Practices
- Summary of Benefits and Coverage (SBC)

Annual Notices are posted on the District’s website at www.gusd.net, under -> Departments -> Benefits -> Annual Notices.



For More Information
Go to www.healthcare.gov.

Paying For Your Coverage

The District, through the collective bargaining process, has established a maximum District contribution to the health insurance plan for the 2025-2026 school year of \$30,196.80 for all employees. . **Classified employees working four to six hours per day may enroll dependents at their own expense.**

Your Medical, Dental, and Vision contributions, if any, are deducted before taxes are withheld, which saves you tax dollars. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event. **If you would like to opt out of the before-tax option, please contact the Benefits Department.**

ENROLLMENT INFORMATION

Who May Enroll

- If you are a regular full-time (working 7-8 hour per day) or part-time (working four to six hours per day) classified employee, you and your eligible dependents may participate in Glendale USD's benefits program. **Classified employees working four to six hours per day may enroll dependents at their own expense.** Your eligible dependents include:
 - Legally married spouse
 - Domestic Partner
 - Children under the age of 26 (regardless of student or marital status)
 - Children under Legal Guardianship, up to age 18
- *** **If you are a Primary Tricare Member, you have the options to:**
 - Waive medical coverage and elect Vision and Dental coverage only, or
 - Enroll in all plans



Benefits Plan Year:

October 1–
September 30

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- As a new hire, you may participate in the company's benefits program on the first day of the month following your date of hire. If you are hired on the first working day of the month, your insurance coverage starts the first day of the month of hire.
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)

Changes To Enrollment

Our benefit plans are effective October 1st through September 30th. There is an annual open enrollment period each year, during which you can make new benefit elections for the following October 1st effective date. Once you make your benefit elections, you cannot change them throughout the year unless you experience a qualifying event as defined by the IRS.

Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a federal or state premium assistance program under Medicare, Medicaid, or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. If you do not update your coverage within 30 days of the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

DELETING SPOUSES

If you are divorced, your ex-spouse must be removed from your coverage **within 30 days** of legal proceedings (only legal spouse can be covered). Failure to remove your ex-spouse from your coverage can result in you being financially responsible for premiums by the District and claims paid by the insurance company(ies). If you are ordered by the court to provide health coverage for your ex-spouse, coverage must be purchased outside of the District as they no longer qualify as your dependent. When deleting an ex-spouse, please complete a change form and contact **Stephen Sosa at (818) 241-3111 ext. 1368** or stephensosa@gusd.net for additional information.

ADDING NEW DEPENDENTS

SISC's policy on adding new dependents during the plan year is as follows:

- **NEW SPOUSES** must be enrolled **within 30 days** of marriage. The employee must submit an insurance change form and a copy of the marriage certificate provided at the ceremony.
- **NEWBORNS** are covered automatically under the employee's coverage through the **30th day** following the birth. However, before the 31st day following the birth, the employee must submit an insurance change form and a copy of the newborn's birth certificate provided by the hospital.

ENROLLMENT INFORMATION

Enrollment Checklist

In order to make the right benefit decisions for you and your family members, you need to be prepared. Here is a step-by-step list of actions you should take during your enrollment period.

☐ Step 1	Read this Enrollment Guide to understand your benefits for 2025 – 2026. Please review the Glendale Unified School District Benefits Website at https://www.gusd.net for additional information.
☐ Step 2	- Collect necessary documentation, such as Social Security numbers, a prior year's Federal Tax Return that shows the couple was married, and/or Birth Certificates for eligible dependents. (See page 4.) - Blue Shield HMO members, collect your 12-digit primary care provider (PCP). You will need to enter or confirm when enrolling in Ease and indicate whether PCP is your current provider.
☐ Step 3	Gather a summary of your 2024 health and childcare expenses to help you estimate your Flexible Spending
☐ Step 4	- A WELCOME EMAIL will be sent to your GUSD email address on 6/21/2025. - You will be asked to create a password and sign in using your GUSD email address.
☐ Step 5	- Verify your personal information. Verify your dependents information. Dependents must be entered in order to enroll in benefits. SSN will be needed for dependents.
☐ Step 6	- Be sure to enroll or waive coverage for you and each dependent. - Blue Shield HMO members will need to enter or confirm your 12-digit Primary Care Physician (PCP) ID # and indicate whether PCP is your current provider. - Review your Benefit Elections and electronically sign forms.
☐ Step 7	- If enrolling dependents: Upload SUPPORTING DOCUMENTS in Ease (see page 5). ***Before uploading supporting documents in Ease, the naming convention should be added to each document: District Name (GUSD), Employee Last Name, Employee First Name, and Employee Last 4 SSN
☐ Step 8	Your enrollment has been completed. No further action needed.

Important Note: If you are covered through another health plan and therefore do not wish to enroll in the SISC medical plan, the **WABE** premium option is now available. The **WABE** premium allows you to decline the SISC Medical coverage while the **WABE** premium is paid to SISC on your behalf. This option allows you to maintain your membership in SISC as a full time employee without enrollment in a SISC medical plan. This option would not affect dental, vision, or life enrollment. If you choose this option, the election is made for the entire plan year. You and your eligible dependents will not be allowed to enroll in a SISC plan until the next Open Enrollment Period or as the result of a qualifying event. A Declination of Coverage and Proof of Insurance Letter will need to be completed by the employee in order to be eligible for the WABE option. Please contact the benefits office to request a form. You will still have access to EAP, MDLive, Teladoc, Vida, Quest Health Screenings, and Costco Flu Shot program.

Important Domestic Partner Benefits Information—Health Benefits Enrollment

IF ENROLLING A DOMESTIC PARTNER: Please note that unless your domestic partner qualifies as your tax dependent for health care purposes under the Internal Revenue Code, Federal Tax Law requires that the premium cost for your domestic partner and his/her children will be deducted from your paycheck on an after-tax basis. The value of GUSD's portion of the premium will result in "Imputed Income" to you. This amount will be included as an additional wage paid to you on your pay stub for the cost of the domestic partner's premium on which you will pay Federal Taxes.

ENROLLMENT INFORMATION

Dependent Eligibility Required Documents

The following verification documents are required to enroll a dependent in health benefit plans. SISC requires the Social Security Numbers for all Dependents to be covered on the plans and reserves the right to request additional documentation to substantiate eligibility.

Dependent Type	Required Documentation
Spouse	- Prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out) - For newly married couples where prior year's tax return is not available, a marriage certificate will be accepted.
Domestic Partner	- Certificate of Registered Domestic Partnership issued by State of California (AB 205 Compliant) - SISC Affidavit of Domestic Partnership (when applicable)
Children, Stepchildren, and/or Adopted Children up to age 26	- Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) - Legal Adoption Documentation
Legal Guardianship up to age 18	Legal Court Documentation establishing Guardianship
Disabled Dependents over age 26	Blue Shield (All items listed below are required) - Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) - Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) - Completed Declaration of Disability for Overage Dependent Child Kaiser (All items listed below are required) - Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) - Prior year's Federal Tax Form that shows child is claimed as an IRS Dependent (Income information may be blocked out.) - Completed Disabled Dependent Enrollment Application - Most recent Kaiser Certification Notice (if available)

The District may require additional documentation, but may not require less.

ONLINE ENROLLMENT

Website: <https://gusd2.ease.com>

With the Ease Online Enrollment System, you and your family can access your benefits information whenever you want, from home or anywhere you have internet access. Use Ease to view plan details, coverage amounts, and costs.



To Enroll or Make Changes to Your Benefits

For optimal performance, it is recommended that you use Chrome or Firefox as your internet browser.

- Log in to Ease at <https://gusd2.ease.com>.
- **Username & Password:** You will receive an email with information that is unique to you.

Once you are logged in to the website, follow the prompts on each page to complete your benefits enrollment. You will be asked to verify that your personal information is correct and enter in any of your dependent information.

Be sure to save Ease as a favorite in your web browser!

Online Documents

With Ease, you'll find documents posted such as the Summary of Benefits and Coverage (SBC), annual notices, carrier benefit summaries, evidence of coverage booklets, claim forms, and much more. These documents include detailed information about the Glendale USD benefit plans and can help you plan for upcoming services. From work or home, 24 hours a day, 7 days a week, you and your eligible dependents may access Ease.



ONLINE ENROLLMENT

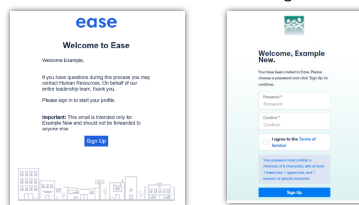


Welcome Email Create a Password and Sign In

Step 1

Online Benefits Enrollment

Welcome Email +
Create a Password and Sign In

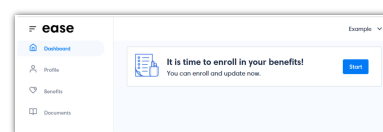


Getting started

Step 2

Online Benefits Enrollment

Getting started

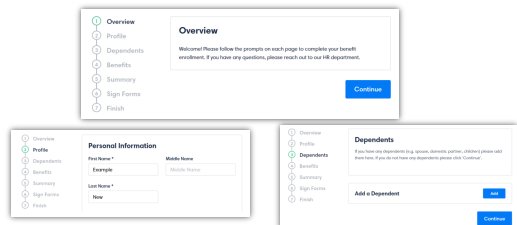


Overview and Profile Information

Step 3

Online Benefits Enrollment

Overview and Profile Information

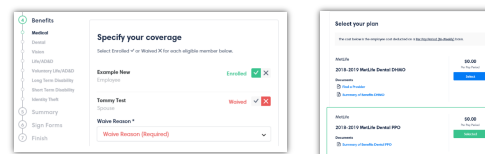


Select Benefit Options

Step 4

Online Benefits Enrollment

Select Benefit Options

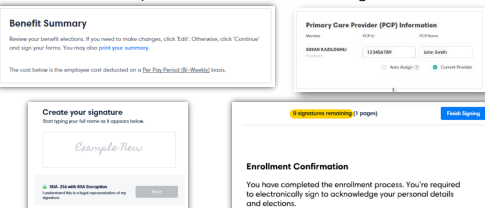


Review your Benefit Elections and Sign Forms.
Blue Shield HMO: Review 12-digit PCP Information

Step 5

Online Benefits Enrollment

Review your Benefit Elections and Sign Forms



HOW TO UPLOAD DOCUMENTS INTO EASE

ease

Click on the **Finish** button

Step 6

After you have completed your enrollment. Click on the **Finish** button in the upper right-hand corner

Center > Benefits Enrollment 100% Complete **Finish**

Congratulations! Your enrollment elections have been submitted for review.

How was your enrollment experience?
★★★★★

Upload Documents when required

Step 7

Via the left-hand menu, **navigate to Documents**, then click **Add**

Dashboard Profile Benefits **Documents**

Documents Requiring Action

Name	Description	Status
COBRA Initial Notice		

Your Documents
Review and add documents that can be shared with your HR team **Add Document**

Select File you would like to upload, Name the file, then click Add Document

Add Document Close

Select File Dependent Birth Cert.docx

Name *
John Doe Birth Certificate

Description

Add Document

The document has now been added to your Ease profile.

Your Documents
Review and add documents that can be shared with your HR team **Add Document**

Name	Description	Size	Date Added
John Doe Birth Certificate		11.6 KB	10/13/2020 Edit

MEDICAL INSURANCE

Option 1 Kaiser | HMO

With the Kaiser Health Maintenance Organization (HMO) plan, you must obtain services at a Kaiser Permanente facility, except in the case of emergency. All of your care must be directed through your selected doctor, but you can choose and change your doctor at any time, for any reason. Kaiser Permanente integrates all elements of healthcare such as physicians, medical centers, pharmacy, and administration in one convenient facility. In addition, Kaiser Permanente offers online tools so you can email your doctor's office, make appointments, refill prescriptions, and more.

Option 2 Blue Shield | HMO

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

Option 3 Blue Shield | PPO

The Blue Shield Preferred Provider Organization (PPO) plan allows you to direct your own care. If you receive care from a physician who is a member of the plan's network, a greater percentage of the entire cost will be paid by the insurance plan. However, you are not limited to the physicians within the network and you may self-refer to specialists. If you obtain services using a non-network provider, please note that you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims.

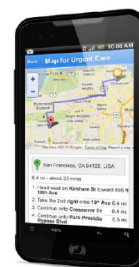
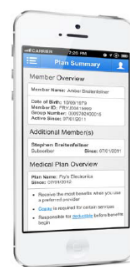
Plan Differences	Kaiser HMO	Blue Shield HMO	Blue Shield PPO
Employee Premiums	\$	\$	\$\$\$
Cost Sharing	Copays	Copays	Copay, Deductible, Coinsurance
Network Size	★★★	★★★★	★★★★★
Access to Providers - Primary Care Physician - Referral for Specialist	Managed by Your PCP Required Required	Managed by Your PCP Required Required	Managed by You Not Required Not Required



Kaiser & Blue Shield Mobile Apps

As a Kaiser or Blue Shield member, you have quick and easy access to important information anytime, anywhere through their Mobile apps.

Visit the iTunes App Store for iPhone or Google Play Store for Android and search for the Kaiser Permanente or Blue Shield of California Mobile or scan the QR code to download an app today!



Blue Shield Pharmacy Benefit through SISC: Navitus

The **Blue Shield pharmacy benefit** is managed by **Navitus** Health Solutions prescription drugs. If you have any questions regarding your specific medications, you may call Navitus at **1-866-333-2757**.

- The network includes most independent and all major chain pharmacies EXCEPT Walgreens.
- Blue Shield Members can take advantage of the \$0 generics through Costco retail or mail order pharmacies at 30-day or 90-day fills. Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs. (You DO NOT need to be a member of Costco).

Pharmacy Benefits

The prescription (pharmacy) benefit manager will be Navitus Health Solutions. For medication questions, you may call Navitus at 1-866-333-2757. Let them know you are new to SISC, not yet enrolled, and you would like to find out if your medications are covered. Let them know you'll be on the: **RXPID 5x10**, under Blue Shield code **NVSHD**.

- We highly recommend that members fill their maintenance prescriptions prior to October 1, 2025, to ensure you have meds during the transition.
- Members receive \$0 generics through Costco retail or mail order pharmacies for 30-day or 90-day fills. Membership is not required. **Excludes Kaiser members.**
- Navitus contracts with most independent and chain pharmacies; however, Walgreens is not a participating pharmacy in this network.



It is highly recommended that members fill their maintenance prescriptions prior to October 1, 2025 to ensure that you and your family have the prescriptions you need during the transition.

Specialty Pharmacy Benefits

Navitus SpecialtyRx helps members who are taking medication for certain chronic illnesses or complex diseases by providing services that offer convenience and support. This program is part of your pharmacy benefit and is **mandatory**.

The SISC Navitus pharmacy benefit includes the following provisions to help sustain affordability.

Step Therapy: Members may be required to try safe and cost-effective alternatives before other medications are covered. When filling a prescription that requires step therapy, the pharmacist will be prompted to contact the prescriber about the alternative option.

Prior Authorization: Certain medications will only be approved if specific criteria are met.

Days Supply Limits: Newly prescribed maintenance medications will be filled in a 30-day supply for the first three fills before a 90-day supply can be obtained.

Quantity Limits: Some medications may have factors that necessitate dispensing a smaller quantity.

Brand Names with Generic Equivalents: Once a brand-name drug's patent expires, other companies can sell its generic version. Common examples include Lipitor (generic: atorvastatin) and Synthroid (generic: levothyroxine). Members who choose brand-name drugs with available generic equivalents will be responsible for the cost difference between the brand and the generic, plus the generic copayment. An exception procedure is available for prescribing physicians if the brand-name drug is deemed medically necessary.

Non-Covered Medication Categories:

Some medication categories are not covered under the SISC Navitus Pharmacy Benefit, including:

- Over-the-counter medications (e.g., Prilosec, Nexium, Zyrtec, Flonase, Claritin)
- Weight loss medications (e.g., Wegovy, Zepbound)
- Medications used for cosmetic purposes (e.g., anti-wrinkle treatments, hair removal)

Transitioning to SISC Navitus Prescription Benefit From Other Coverage

Most members will not see significant changes to their prescription coverage when moving to SISC. Transition support is in place for new Glendale USD members taking medications with coverage differences.

During the first 90 days of coverage, one-time over-rides will allow:

- Covered medications subject to step therapy or prior authorization to be filled once during the first 90 days
- Certain non-covered medications to be filled during the first 90 days (exclusion categories listed below)

There is no transition coverage for medications prescribed for weight loss, cosmetic uses, brand-name drugs with generic equivalents, and medications available over-the-counter. These categories will not be covered under the SISC Navitus pharmacy benefit. The pharmacy will explain that the medication is not covered; members may call Navitus customer service for further explanation.

MEDICAL INSURANCE

	Option 1	Option 2	Option 3	
Plan Name	Kaiser HMO	Blue Shield HMO	Blue Shield PPO ¹	
Network Name	Kaiser	Access + Network	Full PPO Network	Non-Network ¹
Network Size	★ ★ ★	★ ★ ★ ★	★ ★ ★ ★	
Health Benefits				
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
Deductible (Annual) - Individual / Family	\$0 / \$0	\$0 / \$0	\$300 / \$600	\$300 / \$600
Out-of-Pocket Maximum - Individual / Family	\$1,500 / \$3,000	\$1,000 / \$2,000	\$1,000 / \$3,000	\$1,000 / \$3,000
Co-Insurance (Plan Pays)	100%	100%	90%	50%
Office Visit Copay - Preventive Care - Primary Care Physician - Access+ Specialist Office Visit - Urgent Care - Virtual Visit	No Charge \$10 Copay \$10 Copay \$10 Copay No Charge	No Charge \$10 Copay \$30 Copay \$10 Copay No Charge	<i>\$0 copay for first (3) PCP visits</i> No Charge \$20 Copay ² \$20 Copay \$20 Copay No Charge	Not Covered Deductible, 50% Deductible, 50% Deductible, 50% N/A
Hospitalization - Inpatient - Outpatient	No Charge \$10 Copay	No Charge No Charge	Deductible, 10% Deductible, 10%	All charges above \$600 All charges above \$350
Lab and X-Ray - Diagnostic - Complex	No Charge No Charge	No Charge No Charge	Deductible, 10% Deductible, 10%	Not Covered All charges above \$350
Emergency Services	\$100 Copay	\$100 Copay	Deductible, \$100 Copay, 10%	
Chiropractic	\$10 Copay 30 Visits/Year	\$10 Copay 30 Visits/Year	Deductible, 10% 20 Visits/Year	Not Covered Not Covered
Pharmacy Benefits				
Pharmacy Deductible - Individual / Family	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Pharmacy Out-of-Pocket Maximum - Individual / Family	\$0 / \$0	\$1,500 / \$2,500	\$1,500 / \$2,500	\$1,500 / \$2,500
Retail Pharmacy - Generic ^{3,4} - Brand - Supply Limit	\$10 Copay \$10 Copay 30 Days	\$5 Copay (Costco \$0) \$10 Copay 30 Days	\$5 Copay (Costco \$0) \$10 Copay 30 Days	Copay plus 25% cost of drug
Mail Order/Walk-in ^{3,4} - Generic - Brand - Supply Limit	\$10 Copay \$10 Copay 100 Days	\$0 Copay (Costco \$0) \$20 Copay 90 Days	\$0 Copay (Costco \$0) \$20 Copay 90 Days	N/A N/A N/A
Specialty Pharmacy (30) day limit)	\$10	Navitus: \$10	Navitus: \$10	

¹ The Blue Shield PPO Benefit Booklet describes the Benefits, limitations, and exclusions that apply to coverage under this plan. Please review the Benefit Booklet for more details of coverage outlined in this summary.

² Blue Shield PPO: \$0 Copay for first 3 Primary Care Physician office visits in the calendar year

³ If you or your physician requests the brand name when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand and generic. The difference in cost between the brand and generic will not count toward the Annual Out-of-Pocket Maximum.

⁴ Some narcotic pain and cough medications are not included with the Costco Free Generics program. Walgreens is **NOT** a participating pharmacy in this network.

SISC ADDED VALUE HEALTH PROGRAMS

Health Screening Program

Quest

Prevent and detect health issues early with free wellness screenings by knowing your health numbers and connecting with your doctor to help manage health risks and prevent chronic disease.

All SISC members

Call: (855) 623-9355

Visit: My.QuestForHealth.com
and enter SISC2025



Expert Medical Opinions

Teladoc Medical Experts

Get answers to health care questions and second opinions from world-leading experts.

All SISC members

Call: (855) 380-7828

Visit: teladoc.com/SISC



24/7 Help with Personal Concerns

Anthem Employee Assistance Program (EAP)

Access free, confidential resources for help with emotional, marital, financial, addiction, legal, or stress issues.

All SISC members

Visit: anthemeap.com

and enter Login Code SISC



Personal Health Coaching

Vida Health

Get one-on-one health coaching, therapy, chronic condition management, health trackers and other tools and resources online or via phone.

Blue Shield members

Call: (855) 442-5885

Visit: vida.com/sisc



Free Generic Medications

Costco

Access most generic medications at no cost through Costco retail and mail order pharmacies. You don't need to be a Costco member.

Blue Shield members

Call: 800-774-2678 (press 1)

Visit: costco.com



24/7 Physician Access — Anytime, Anywhere

MDLive

Access to virtual visits with psychiatrists and therapists for members age 10 and up. Virtual urgent care services are available to all members. Physicians can prescribe medication when appropriate.

Blue Shield members

Call: (800) 657-6169

Visit: mdlive.com/sisc



Physical Therapy for Back or Joint Pain

Hinge Health

Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.

Blue Shield PPO members only

Call: (855) 902-2777

Visit: hingehealth.com/sisc



Hip, Knee, and Spine Surgical Benefit

Carrum Health

Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel and medical bills

Blue Shield PPO members only

Call: (888) 855-7806

Visit: info.carrumhealth.com/sisc



Enhanced Cancer Benefit

Lantern Cancer Care

Get help from a personal oncology nurse who can partner with you on every step of your cancer journey. You will receive a review of your initial diagnosis, a care plan, and support.

Blue Shield PPO members only

Visit: <https://lanternccare.com>



SISC ADDED VALUE HEALTH PROGRAMS

24/7 Virtual Primary Care Doctor

Centivo Care

Connect virtually with a primary care team to manage all of your healthcare needs. Centivo Care providers diagnose conditions, manage prescriptions, refer to specialists, and answer follow-up questions using video visits or live chat.

Blue Shield PPO members only

Visit: <https://centivocare.com/sisc>



24/7 Access to Virtual Maternity and Postpartum Support

Maven

Connect with a care advocate who will guide you through various tools and resources related to pregnancy and postpartum care. Get private visits with gynecologists, specialists, therapists, and 30 other maternity and postpartum provider types. 6-month free diaper program for members who meet program eligibility requirements.

Blue Shield PPO members only

Visit: mavenclinic.com/join/SISC



Free Colorectal Screening for PPO Members Age 45+

Quest InsureOne

Sign up to receive a free, easy-to-use, home FIT test to screen for gastrointestinal (GI) tract bleeding that may be caused by colorectal cancer or other lower GI disorders.

**Blue Shield PPO members
Age 45+ only**

Call: (855) 623-9355

Visit: my.questforhealth.com and use the registration key: SISC2025.



Save On Certain Outpatient Procedures

Value Based Site-of-Care Benefit

When you obtain certain outpatient procedures (Arthroscopy, Cataract Surgery, Colonoscopy, or Upper GI Endoscopy) at an Ambulatory Surgery Center, you will save significantly. Coverage is limited when you access those procedures through a hospital.

Blue Shield PPO members only

For more details, call the number on your medical card.

Expert Menopausal Relief Telehealth

Midi

Midi's expert clinicians can help you find safe, effective solutions for a wide range of menopause-related symptoms. They help you get any needed lab tests and create a personalized care plan.

Blue Shield PPO members only

Visit: www.joinmidi.com/sisc



Gym and Digital Home Workout Memberships

Take advantage of low cost health and fitness support

Kaiser Members: One Pass Select Affinity from Optum

Blue Shield members: Tivity Health

Kaiser Members: Call (877) 515-9364 or visit

<https://healthy.kaiserpermanente.org/health-wellness/fitness-offerings>

Blue Shield Members: Call (833) 283-8387 or visit

<https://fitnessyourway.tivityhealth.com/bsc>

MEDICAL INSURANCE TIPS

Tips for Using Your Medical Benefits

1 Ask questions when in doubt.

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

2 Use urgent care centers versus hospital emergency rooms whenever possible.

Frequently, patients seek the services of the hospital emergency department for ailments or injuries that could be treated more economically, and just as effectively, at an urgent care center. It is not always easy to determine when you should choose urgent care over the hospital emergency department. The following lists offer some guidance, but are not necessarily all-inclusive.

Examples of URGENT CARE situations	Examples of EMERGENCY situations
Any illness or injury that would prompt you to see your primary care physician including but not limited to: • Accidents and falls • Sprains • Back problems • Breathing difficulties • Abdominal pain • Minor bleeding/cuts • High fever • Vomiting, diarrhea or dehydration • Severe sore throat or cough • Mild to moderate asthma	Any accident or illness that may lead to loss of life or limb, serious medical complication or permanent disability including but not limited to: • Chest pain* • Seizure or Shock • No pulse • Sudden dizziness, loss of coordination or balance • Severe abdominal pain • Severe or uncontrollable bleeding • Broken bones or compound fractures • Spinal cord or back injury • Severe burns • Major head injuries • Ingestion of poisons or obstructive objects • Animal, snake or human bites

*If you believe you may be experiencing a heart attack, call 911 immediately! Do not drive yourself to the emergency room!

3 Use generic and over the counter drugs when available.

The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

4 Use the mail-order prescription drug benefit for maintenance medications.

The mail order pharmacy is a fast, easy and convenient way to save time and money on your maintenance medications. You can order additional supplies of medication at a discount. See carrier provisions for details.

5 Utilize your free preventive care benefits to stay healthy.

In order to receive the full value of your plan, schedule your preventive care exams! Our medical plans cover these exams 100% when you use in-network providers. Preventive exams can help identify any potential health problems early on. Not all preventive care is recommended for everyone, so talk with your doctor to decide which services are right for you and your family.

DENTAL INSURANCE

Option 1

Delta Dental | PPO

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

Plan Name
Network Name

Dental Benefits

Calendar Year Maximum
Deductible (Annual) - Individual / Family
Diagnostic & Preventive: - Exams, X-Rays, Cleanings
Basic Services: - Fillings, Oral Surgery, Endodontics, Periodontics
Major Services: - Crowns, inlays, onlays and cast restorations
Prosthodontics: - Bridges, dentures and implants
Orthodontia - Child / Adult
Dental Accident Benefits

Delta Dental PPO	
Delta Dental	Non-Network
\$2,000 per member	
N/A	N/A
100% Coverage ¹	100% Coverage ^{1*}
100% Coverage ¹	100% Coverage ^{1*}
100% Coverage ¹	100% Coverage ^{1*}
30%	50%*
\$2,000 lifetime maximum	
100% Coverage (separate \$1,000 max. per person each calendar year)	

¹ Cost of eligible dental services are applied toward the [Calendar Year Maximum](#) benefit of \$1,500 per member.

* Dentists who are out-of-network have not agreed to pricing, and may bill you for the difference between what Delta Dental pays them and what the dentist usually charges.



Finding a Dental Provider

Delta Dental PPO: Go to www.deltadentalins.com or call (866) 499-3001

Dental Billing Tip!

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

VISION INSURANCE

VSP | PPO

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

Plan Name	VSP PPO	
	VSP Signature	Non-Network
Network Name		
Vision Benefits		
Copay		
- Examination	\$0 Copay	Up to \$50 reimbursement
Examination (Every 12 Months)	100%	Up to \$50 reimbursement
Lenses (Every 12 Months)		
- Single Vision	100%	Up to \$50 reimbursement
- Bifocal	100%	Up to \$75 reimbursement
- Trifocal	100%	Up to \$100 reimbursement
Frames (Every 24 Months)		
- Wide Selection of Frames	\$200 allowance	Up to \$70 reimbursement
- Featured Frame Brands ¹	\$220 allowance	Up to \$70 reimbursement
Contact Lenses (Every 12 Months)	In Lieu of Frames and Lenses	
- Cosmetic / Elective	\$105 Allowance	Up to \$105 reimbursement
Diabetic Eyecare Plus Program SM (as needed)		
- Retinal Screening	\$0 Copay	
- Additional Exams & Services	\$20 per exam	

Note

VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes 50,000 access points nationwide. VSP also contracts with Costco Optical, Visionworks, and other affiliate retail providers. Please note, benefits may vary at affiliate locations.

Extra Savings

Maximize your coverage with bonus offers and additional savings that are exclusive to your plan. Please click [here](#) for savings on glasses, sunglasses, routine retinal screening, laser vision correction and much more!

¹ Brands and promotions for frames are subject to change.



Finding a Vision Provider

Go to www.vsp.com or call (800) 877-7195. Refer to the VSP Signature network when prompted.

Tips for Using Your Vision Benefits

- 1 Understand your benefits.**
 Our Vision insurance plan covers preventive care services such as eye exams and vision tests, eyeglass lenses, eyeglass frames and contact lenses. It also provides discounts on elective procedures like LASIK and other vision correction surgery. For some services, you'll be provided an allowance. For instance, a wide selection of frames are covered in-network with a \$120 allowance, and if the frames you want cost more than that, you'll have to pay the additional cost yourself.
- 2 Get your eyes checked each year.**
 Because eye exams can detect hidden medical problems, even those with perfect vision shouldn't skip them. As you age, you'll need more frequent vision exams.
- 3 Make sure your optometrist accepts your insurance and is in-network.**
 It's important to understand the difference between vision care providers who are "in-network" and those who only "accept" your coverage but are not in-network. Out-of-network providers may be willing to submit claims to your vision insurer on your behalf but you may end up with higher out-of-pocket costs.

EMPLOYEE ASSISTANCE PROGRAM

Employee Assistance Program

Anthem Blue Cross | Employee Assistance Program

The District provides employees with support for a wide variety of challenges through the SISC Anthem Employee Assistance Program (EAP). If you or a family member needs assistance with personal, family or work-life balance issues, you can contact the EAP for confidential assistance.

You can access the EAP by calling **(800) 999-7222** or by visiting www.anthemEAP.com/sisc (to log in, enter SISC as the program name). EAP benefits include the following:

- Relationship difficulties
- Marriage, family or parenting concerns
- Managing change and stress
- Depression and anxiety
- Addiction and recovery
- Grief and loss
- Work/life balance
- Personal growth
- And more

Talkspace

You have the option to access your six free counseling sessions through Talkspace. You can also have unlimited messaging with a counselor, including text, voice, and video message. Talkspace's clinical network includes thousands of licensed counselors specializing in stress, anxiety, depression, eating disorders, substance use, sleep, identity struggles, chronic issues, trauma, grief, relationships, healthy living, and more. Self-guided exercises such as journaling and meditation are available to supplement counseling.

To access Talkspace, call the Anthem EAP at **800-999-7222** or visit talkspace.com/associatecare and use "SISC" as your organization name. You can download the Talkspace app on your mobile phone or access it on your desktop computer using a Chrome, Firefox, Safari, or Edge browser.

Identity Monitoring and Theft Resolution

- 24/7/265 free identity monitoring and theft resolution services through IDnotify.
- Your IDnotify specialist will help you determine if an identity theft event has occurred and guide you through any necessary restoration activities.

Legal and Financial Resources

- A library of articles on legal topics and issues.
- 100 legal forms for a variety of family and consumer situations, plus State-specific legal forms.
- Articles and resources that address estate planning questions.
- [Financial Calculators](#) that help you to get answers and explore different options regarding home and personal financing, investing, and retirement.

Learn to Live Wellbeing Support

- Access free, customized online programs based on proven principals of Cognitive Behavioral Therapy (CBT) to manage stress, depression, anxiety, substance use and sleep issues

Other Benefits:

- Online resources for a wide array of topics, including both a library of articles and on-demand seminars.
- Discount shopping program (up to 25%) provided through Perks At Work on name brand, practical, and luxury items.

Help For Non-benefit Eligible Employees

Non-benefit eligible employees may use the Achieve Solutions website www.anthemEAP.com with the company name as "SISC"). This site offers members with information, tools and other resources on more than 200 topics, including depression, stress, anxiety, alcohol, marriage, grief and loss, child/elder care, work/life balance. Its mission is to help members get credible information, access behavioral health services and resolve personal concerns in a convenient, confidential manner. The content is continually updated to reflect new research, articles and topical material.

EMPLOYEE ASSISTANCE PROGRAM / VOLUNTARY BENEFITS

Employee Assistance Program

MetLife/LifeWorks | Employee Assistance Program

As an employee of the District, you have access to the employee assistance program provided by LifeWorks. EAP services are provided by a third party, LifeWorks US Inc., under an agreement with MetLife. This program provides you with services to help with the everyday challenges of life that may affect your health, family life and desire to excel at work.

You and the members of your household are entitled to up to 5 consultations with a licensed clinician per issue, per individual, per calendar year. You choose between in-person sessions with a provider from LifeWorks' extensive network or convenient and easy telephonic consultations with a licensed LifeWorks clinician.

Work and life services

Telephonic consultations are available in the following areas:

- **Legal Services:** Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning and more (excluding disputes or actions between you and MetLife/LifeWorks/your employer).
- **Financial Services:** Budgeting, credit and financial guidance (investment advice, loans and bill payments not included), retirement planning and assistance with tax issues.
- **Childcare and Eldercare Assistance:** Consultation plus referrals to childcare and eldercare providers.
- **Identity Theft Recovery Services:** Information on ID theft prevention, plus an ID theft emergency response kit and help from a fraud resolution specialist if you are victimized.
- **Daily Living Services:** Referrals to consultants and businesses that can help with event planning, transportation services, pet services and more (does not cover the cost nor guarantee delivery of vendors' services).
- **Online Member Services:** LifeWorks' EAP website and app that will be available to you features a wide range of tools and information to help you take charge of your well-being and simplify your life. Log on to metlifeeap.lifeworks.com, user name: metlifeeap and password: eap.



To utilize this free and confidential service

Please call 1-888-319-7819 anytime to speak with a clinician, request a referral or schedule and appointment or log on to metlifeeap.lifeworks.com, **user name:** metlifeeap and **password:** eap.

Additional Voluntary Benefits

We also offer voluntary benefit plans through the carriers listed below. Should you elect these benefits, you will pay 100% of the cost.

- **American Fidelity:** Disability, Life, Cancer, Accident, Critical Illness
- **CTA Income Protection through The Standard:** Disability
- **CTA Life Insurance through The Standard:** Life
- **MetLife Life Insurance:** Optional Employee and Dependent Life Insurance
- **SchoolsFirst Federal Credit Union:** 457 Plan, Payroll Deductions
- **Glendale Area Schools Credit Union:** Payroll Deductions
- **Glendale Education Foundation:** Payroll Deductions
- **United Way Donation:** Payroll Deductions
- **TCG Administrators (TSA/403b plan administrators):** Tax Sheltered Annuity deduction



Information can be found on the District's website

Click [here](#) or go to www.gusd.net, then ▶ Departments ▶ Financial Services ▶ Payroll Information and Forms

LIFE / AD&D INSURANCE

It's never fun to discuss life insurance. But you probably know that life insurance is something that you need to protect your loved ones in the event of your death. Things like funeral expenses, debt, and the cost of living, can all add up. Fortunately, life insurance can help lessen the financial burden and provide coverage to help pay for these types of expenses.

MetLife | Basic Life/AD&D

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the District.

Accidental Death and Dismemberment (AD&D) coverage provides an additional benefit to your beneficiary if your death is due to a covered accident or injury.

Glendale USD pays for Life/AD&D coverage, offered through MetLife for you as well as your dependents.

Basic Life/AD&D

District Paid Coverage for Certificated Employees

Basic Life and AD&D Employee Coverage

- **Employee:** benefit is age-rated

Basic Dependent Life Coverage

- **Spouse:** the lesser of 50% of your Life Benefits or \$1,500
- **Child(ren) 15 days old but less than 6 months:** \$100
- **Child(ren) 6 months of age and over:** \$1,500



Choosing a Beneficiary

A beneficiary is a person or entity who you designate to receive your death benefits. Choosing a beneficiary and keeping your beneficiary up-to-date is an essential part of owning life insurance. Please remember to review your beneficiary designation as new situations arise, such as the birth or adoption of a child, marriage, or divorce. You may call the Benefits Department for a copy of the Beneficiary Designation Form as needed.

MetLife | Voluntary Life/AD&D

In addition to the District provided Basic Life/AD&D benefits, you may elect to purchase additional Term Life/AD&D insurance at discounted group rates provided by MetLife. You pay for this coverage with after-tax dollars through convenient payroll deductions.

Voluntary Life/AD&D

Employee

You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of \$300,000. Minimum amount of employee coverage is \$20,000.

Spouse or Domestic Partner

If you buy coverage for yourself, you may also purchase coverage for your eligible spouse or domestic partner. Benefits for your spouse or domestic partner are available in increments of \$5,000 up to a maximum benefit of \$50,000 or 50% of your employee election, whichever is less.

Child(ren)

If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren). Benefits for your child(ren) 15 days old but less than 6 months of age is \$100. Benefits for your children 6 months of age and over is \$1,500.

Guarantee Issue

Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you during your initial eligibility period (upon hire). Guarantee issue is available in the following amounts:

- **Employee:** \$20,000
- **Spouse or Domestic Partner:** \$10,000
- **Child(ren) 15 days old but less than 6 months:** \$100
- **Child(ren) 6 months and over:** \$1,500

If you are no longer in your initial eligibility period, you may enroll in Voluntary Life/AD&D insurance only during the District's Open Enrollment period or upon hire. To provide proof of good health, you will be asked to complete a health questionnaire (Evidence of Insurability) and are subject to insurance carrier approval. MetLife may approve or decline coverage based on a review of your health history.

VOLUNTARY LIFE RATES

Age of Employee or Spouse/ Domestic Partner	Voluntary Life Insurance Rates	
	Tenthly Cost per \$20,000 of Employee Coverage	Tenthly Cost per \$10,000 of Spouse/Domestic Partner Coverage
Under 30	\$1.00	\$0.80
30-34	\$1.40	\$0.90
35-39	\$1.80	\$1.40
40-44	\$2.20	\$2.10
45-49	\$3.40	\$3.30
50-54	\$5.40	\$5.10
55-59	\$9.80	\$8.80
60-64	\$15.00	\$12.70
65-69	\$23.40	\$21.00
70-74	\$40.60	N/A
75-and older	\$47.00	N/A
Coverage Amount	Tenthly Cost for Coverage	
- Child(ren) 15 days old but less than 6 months: \$100	\$0.30	
- Child(ren) 6 months of age and over: \$1,500	\$0.30	

*At age 75, coverage decreases to 50% of benefit amount

**Spouse coverage terminates when you reach the age of 70.



FLEXIBLE SPENDING ACCOUNTS

FSA Plan Year: October 1 – September 30

Flexible Spending Accounts (FSAs) are special tax-advantaged accounts used to pay for eligible out-of-pocket health care and dependent care expenses. If elected, your account(s) will be funded with tax-free dollars using convenient payroll deductions. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. If you are using your debit card, you must save your receipts, just in case American Fidelity needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

American Fidelity | Health Care FSA

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. You may defer up to \$3,200 pre-tax per year.

Eligible health care expenses include:



Coinsurance,
Copays and
Deductibles



Medical and
Prescriptions



Dental
and Orthodontia



Eye Exams,
Eyeglasses and
Lasik Eye Surgery

American Fidelity | Dependent Care FSA

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to \$5,000 pre-tax per tax household per year.

Eligible dependent care expenses include:



Licensed nursery schools, qualified
childcare centers, after school
programs, summer camps (under
age 13), preschool



Adult daycare facilities



Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Your FSA elections will expire each year on September 30th. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll. The plan year runs from October 1st to September 30th each year.

Health Care FSA

The Health Care FSA includes a 2.5 month grace period. After the grace period, unused funds will be forfeited under the use it or lose it.

Dependent Care FSA

Unused funds will NOT be returned to you or carried over to the following year. You must file claims by December 31st to be eligible for reimbursement. Any unused funds will be forfeited under the use it or lose it.



Educational Video

Click [here](https://info.baldwin.com/fsa/) to learn more about how our Health Care and Dependent Care Flexible Spending Accounts work.
<https://info.baldwin.com/fsa/>.

RESOURCES AND CONTACTS

Glendale Unified School District Employee Benefits Services Contacts

Stephen Sosa, Benefits Technician.....	(818) 241-3111 ext. 1368
District Website, Benefits page.....	https://www.gusd.net

Medical - Kaiser Permanente | Group Number: 234480-0129ALN

Member Services	(800) 464-4000
Carrier Website	www.kp.org
ASH (Chiropractic)	(800) 678-9133
Carrier Website	www.ashlink.com/ash/kp

Medical - Blue Shield | Group Number: HMO 601051H011001 | PPO 601050P011001

HMO Member Services	(855) 599-2657
PPO Member Services	(855) 599-2650
Carrier Website	www.blueshieldca.com/sisc
MD Live	(800) 657-6169
MD Live Website	www.mdlive.com/sisc

Pharmacy - Navitus | RXPID: 5X10

Member Services	(866) 333-2757
Member Service Website	www.navitus.com
GUSD's Navitus Coverage Code	RXPID: 5X10 Blue Shield Code: NVSHD

Dental PPO - Delta Dental | Group Number: 7046

Member Services	(888) 335-8227 or (866) 499-3001
For a List of Dentists Near You.....	(800) 427-3237
Carrier Website	www.deltadentalins.com

Dental HMO - SafeGuard through MetLife | Group Number: 93541

Member Services	(800) 880-1800
Carrier Website	www.metlife.com/safeguard

Dental HMO - Cigna | Group Number: 3216584

Member Services	(800) 367-1037
Carrier Website	www.cigna.com

Vision - VSP | Group Number: 00384000

Member Services	(800) 877-7195
Carrier Website	www.vsp.com

Life/AD&D - MetLife | Group Number: 0093541

Member Services	(800) 438-6388
Carrier Website	www.metlife.com

Employee Assistance Program - SISC Anthem / MetLife

SISC Anthem Member Services	(800) 999-7222
Carrier Website	www.anthemep.com/sisc
MetLife Member Services	(888) 319-7819
Carrier Website	www.metlifeeap.lifeworks.com
	User Name: metlifeeap / Password: eap

Flexible Spending Accounts - American Fidelity

Member Services	(800) 365-9180 ext. 0
Carrier Website	www.americanfidelity.com

FULL-TIME EMPLOYEE PREMIUM RATES & PART-TIME CONTRIBUTIONS

The District, through the collective bargaining process, has established a maximum District contribution to the health insurance plan for the 2025-2026 school year of \$30,196.80 for all employees.

This chart reflects the tenthly premium rates for our Employee Benefit plans. Your cost for coverage will vary depending on the option and level of coverage you choose. Employee contributions for Medical, Dental, and Vision (if any) are deducted from your paycheck with pre-tax dollars. This means that contributions are taken from your earnings before taxes, resulting in lower taxes and increased take home pay. **If you would like to opt out of the before-tax option, please contact the Benefits Department.**

FULL-TIME EMPLOYEES	TENTHLY PREMIUMS RATES
Medical/Pharmacy Plans – 2025 Tenthly Premiums	
Kaiser HMO	
Employee Only	\$1,090.80
Employee + 1	\$1,876.80
Employee + Family	\$2,379.60
Blue Shield HMO	
Employee Only	\$1,156.80
Employee + 1	\$1,990.80
Employee + Family	\$2,527.20
Blue Shield PPO	
Employee Only	\$1,280.40
Employee + 1	\$2,203.20
Employee + Family	\$2,796.00
Dental Plans – 2025 Tenthly Premiums	
Delta Dental PPO	
Employee Only	\$74.92
Employee + 1	\$153.32
Employee + Family	\$220.19
Vision Plan – 2025 Tenthly Premiums	
VSP Vision PPO	
Employee Only	\$10.50
Employee + 1	\$23.03
Employee + Family	\$30.54
PART-TIME EMPLOYEES	EMPLOYEE-PAID DEPENDENT RATES
Medical/Pharmacy Plans – 2025 Tenthly GTA Part-Time Employee-Paid Dependent Rates (Voluntary)	
Kaiser HMO	
One Dependent	\$786.00
Two or more Dependents	\$1,288.80
Blue Shield HMO	
One Dependent	\$834.00
Two or more Dependents	\$1,370.40
Blue Shield PPO	
One Dependent	\$922.80
Two or more Dependents	\$1,515.60
Dental Plans – 2025 Tenthly GTA Part-Time Employee-Paid Dependent Rates (Voluntary)	
Delta Dental PPO	
One Dependent	\$78.40
Two or more Dependents	\$145.27
Vision Plan – 2025 Tenthly GTA FT & PT Employee-Paid Dependent Rates (Voluntary)	
VSP Vision PPO	
One Dependent	\$12.53
Two or more Dependents	\$20.04



Formerly Burnham Benefits

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

Learn more at www.baldwin.com

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

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

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