



TORRANCE UNIFIED SCHOOL DISTRICT

FRINGE BENEFITS

2023-2024

DATE: July 17, 2023

TO: District Benefit Eligible Employees

FROM: Chief Business Officer – Administrative Services

RE: Open Enrollment for Health Insurance Benefits

Welcome to our annual Open Enrollment!

Please take the time to review your current benefits and take action if you wish to make any changes.

The Torrance Unified School District's Virtual Open Enrollment period for the plan year 2023-2024 will begin on **Monday, July 17, 2023 (virtual only) and will end on Thursday, August 31, 2023 at the last appointment time available from American Fidelity for virtual enrollment and at 11:59pm for any 125 Medical Reimbursement or 125 Dependent Day Care updates to existing accounts.**

Please review this packet carefully. This fringe benefits packet is available online on the Torrance Unified School District ("TUSD") website (tUSD.org/benefits), as well as on the SAI website (enrollmentsolutions.com). Login credentials and login information to the SAI website (enrollmentsolutions.com) will be mailed to employees prior to Open Enrollment.

WHAT'S NEW FOR 2023-2024

Great news! TUSD has adopted a passive enrollment approach this plan year where employee's current benefits simply roll over to the new plan year without any action on their part. **Two exceptions would be for the 125 Medical Reimbursement and 125 Dependent Day Care, which legally require the applicant to update their desired annual deductions, and the combination of fringe dollars for those married couples working for TUSD.** In order to combine your fringe dollars, please send individual emails to the Benefits Department at benefits@tUSD.org prior to the end of Open Enrollment to have your District allocated fringe dollars combined for 2023-2024.

It is important to evaluate your current benefits and decide if they still apply to your needs and the needs of your family. If you wish to make any changes to existing benefits or wish to newly enroll in either the 125 Medical reimbursement or Dependent Daycare program, please contact AFA for an appointment. The benefits reflected on your benefit selection form will be what you will have for the 2023-2024 plan year. There will be no appeals and no changes after 11:59 p.m., August 31, 2023.

NEW ENROLLEES OR MAKING CHANGES

You will receive your login username and password to TUSD's online benefit website Systematic Automation, Inc. (SAI) at www.enrollmentsolutions.com, in the mail to your home address that is listed in SAI, as communicated to the Benefits Department by the Human Resources Department. The following requirements

and instructions apply for all employees, including new hires, employees who are newly eligible for benefits, and returning (benefit-eligible) employees:

If you previously participated in the Section 125 health care or dependent care flexible spending account (“FSA”) programs through American Fidelity Assurance (“AFA”), for plan year 2022-2023 you must decide on the annual amount(s) you wish to elect and enter that amount on your benefit screen. This amount will then be deducted on a tenthsly basis at the start of the new plan year. If you take no action to update the amount on your 125 Medical or Dependent Day Care deductions, these products will NOT be activated for the 2023-2024 plan year.

If you wish to participate in the IRS section 125 Medical Reimbursement Plan or the Dependent Day Care Plan, you must schedule a virtual appointment with an AFA representative by calling 800-365-9180 X 0. You may also use the AFA online appointment scheduler here:

<https://enroll.americanfidelity.com/8F5DD76E>

Virtual appointments are the ONLY appointments available. The last virtual appointment day will be Thursday, August 31, 2023. During your appointment, you will be asked to provide valid proof of eligible dependents you would like to enroll for coverage and you will be asked to confirm your benefit elections.

If your login and password information was not received, or if you are a new hire, you will not have access to your PIN or ACCESS code. You will need to provide a picture ID at the time of your virtual appointment and the AFA rep you meet with will grant you access to the online benefit system.

NEW HIRES

Congratulations!

If you are a new hire and you join the District after Open Enrollment, **you have 30 days from your date of hire to enroll in benefits.** There are scheduled dates and times an AFA representative will be available to assist you with your choices. Please review your benefits packet and have your choices made prior to your appointment. You must meet with an AFA representative and elect coverage within 30-days from your date of hire. If the AFA representative scheduled date does not work for you, you may meet with the Benefits Department to enroll in medical, dental and/or vision products only. If you do not enroll during the 30-day window, you will not be able to obtain benefits through TUSD until the next Open enrollment in August of the next year.

Your benefits are effective on the first of the month after your date of hire. **Those employees hired prior to September 1, will need to enroll in two plan years: The current plan year (ending on September 30) and the new plan year beginning on October 1. Any core (medical, dental, and or vision) selections for the current plan year MAY incur an out-of-pocket cost which will have to be paid to the Benefits Department within 3 (three) business days of enrollment via check, cashier’s check, or money order.**

IMPORTANT: SHORT PAYCHECKS AND MISSED PAYMENTS

Your paycheck on the 5th of the month may not always be sufficient to cover the costs of your benefits. **Whether you receive Direct Deposit or an actual paycheck, it will be your responsibility to check your pay stubs on the 5th of every month.** If there are not enough funds in this paycheck to cover your benefit elections, you will be required to make a payment for your core benefits - medical, dental, and vision - to the Benefits Department in the District Office by 4:00 p.m. on the 10th day of the month. If payment is not received by 4:00 p.m. on the 10th of the month, your benefits will be terminated retroactively to the last paid month. If your benefits are terminated and you do not pay the out-of-pocket amount by the 10th of the month, your benefits will be terminated retro to the last paid month.

Payments for any voluntary benefit premiums not deducted from your paycheck must be paid directly to each individual vendor where allowable by law. You must contact each vendor to make the direct-pay arrangements.

In cooperation with CSEA Chapter 845 and SEIU Local 99, the District has offered CSEA Chapter 845 and SEIU Local 99 members an opportunity to apply to have all of their pay combined into the second (5th of the month) paycheck. This means you will only receive one paycheck each month (the 5th of the month). If you opt for this method of payment, it is likely that your combined paycheck will have sufficient funds to cover the cost of your benefit elections. However, there is no guarantee, and it is still your responsibility to check your pay stubs and make any missed payments as necessary. This change is allowed only during our annual Open Enrollment or within 30-days of your date of hire.

If there is not enough salary on your paycheck to cover the cost of your benefits, you need to ensure that payment is made or your benefits will be terminated retro to the last paid date.

EMPLOYEES ON LEAVE

All employees on an approved Personal Leave of Absence (PLOA), an approved Family Medical Leave Act Absence (FMLA), or an approved Unpaid Leave of Absence (LOA) will receive written notification from the Benefits Department with enrollment instructions and a due date to respond with your benefit selections and/or payment. Failure to respond by the due date will mean you will not have medical, dental or vision coverage for the duration of your leave. Approved leaves require the approval of the Chief Personnel Officer, and if approved, participants will be notified in writing from the Human Resources Department.

MARRIED EMPLOYEES WISHING TO COMBINE DISTRICT FRINGE DOLLARS

Married employees may have their District Fringe allocations combined in order to reduce any out-of-pocket deductions. Both employees must send individual email requests to benefits@tusd.org no later than 4:00 p.m., August 31, 2023.

Annual notification of the desire to combine fringe allocations is a mandatory requirement and prior year choices will not roll over to the new plan year.

ELIGIBILITY REQUIREMENTS FOR HEALTH INSURANCE

The following employees are eligible for health insurance through the District:

Permanent & Full-time Employees: All permanent and full-time employees are eligible for District-sponsored health plans and a fringe benefit contribution towards the cost of coverage (where applicable).

Permanent & Part-time Employees (20 hours or more per week): All classified permanent and part-time employees who work 20 hours or more per week are eligible for the District fringe contribution towards health benefits at a prorated amount based on number of hours worked. All certificated employees (excluding Adult Education; see below) whose assignments are less than full time shall have fringe dollars prorated based on their hours worked.

Certificated Adult Education Teachers: Adult Education Teachers qualify for a District fringe contribution towards health benefits when they work in a regularly scheduled assignment for 14 hours or more per week. Full time for Adult Education Teachers is 28 hours per week. District fringe benefits are prorated based on the number of hours worked for employees who work less than full time, but at least 14 hours per week.

EMPLOYEES NOT ELIGIBLE FOR DISTRICT-PAID HEALTH BENEFITS

If you do not work enough hours or do not fall into one of the employment classifications for which a District fringe contribution applies, you may be eligible to elect voluntary self-pay coverage. For specific information regarding eligibility and payment of benefits, please contact the Benefits Department.

DISTRICT FRINGE BENEFIT CONTRIBUTIONS

The chart below lists the amount of the District's tenthly fringe benefit contribution towards your health benefits. **The amounts are based on an employee working full-time.** If you are a part-time employee, your Fringe Benefits will be prorated based on the number of hours you work in your classification. Please refer to the Prorated Fringe Benefit Contribution Schedule for employees who work less than full-time.

All employees eligible for District-paid fringe contributions are required to have basic life and accidental death and dismemberment (AD&D) insurance. The true fringe allocation toward the cost of your medical, dental and vision benefits is your prorated amount listed below minus the mandatory life and AD&D insurance cost of either \$4.75 (Certificated/Classified employees) or \$11.40 (Certificated/Classified Management, Board Members and Personnel Commissioners).

| EMPLOYEE CLASSIFICATION | DISTRICT 10^{THLY} CONTRIBUTION |
|---|--|
| Adult Education, certificated in bargaining unit, TTA | \$1,050 |
| Certificated in bargaining unit, TTA | \$1,050 |
| CSEA – Chapter 19 (clerical/technical) | \$859 |
| CSEA – Chapter 845 (Paraeducator/Inst. Asst.) | \$848 |
| Local 99 | \$900 |
| Classified Unrepresented | \$898 |
| Certificated Management | \$888 |
| Classified Management | \$888 |
| Supervisory and Confidential | \$888 |
| Board Members/Personnel Commissioners | \$888 |

**** If you and your spouse are both employed by the District and you are both eligible for benefits, you have the option to combine your individual fringe contributions to lessen your out-of-pocket costs. You MUST send individual emails to the Benefits Department to have your fringe dollars combined and this must be done annually. Please contact the Benefits Department for detailed information.****

FRINGE BENEFIT CONTRIBUTION SCHEDULE

If you work less than full time, the District will contribute eligible District fringe benefit contributions based upon the total number of hours assigned to work toward the cost of your coverage.

The tables below indicate the fringe contributions by the District on a tenthly basis. **The number of hours you work per day will determine the amount of fringe dollars provided by the District.** Mandatory life and AD&D insurance, in the amount of \$4.75 (Certificated/Classified employees) or \$11.40 (Certificated/Classified Management, Board Members and Personnel Commissioners) will be deducted from the prorated fringe allocation amounts shown below. The balance would then be the true fringe dollar allocation toward the cost of your medical, dental and vision benefits.

PRORATED FRINGE APPLICATION

• **CSEA – CHAPTER 19 (CLERICAL/TECHNICAL) BARGAINING UNIT**

| NO. OF HOURS | % | DISTRICT FRINGE BENEFITS | NO. OF HOURS | % | DISTRICT FRINGE BENEFITS |
|---------------------|----------|---------------------------------|---------------------|----------|---------------------------------|
| 8 | 100.00% | \$859.00 | 5 ¾ | 71.88% | \$617.45 |
| 7 ¾ | 96.88% | \$832.20 | 5 ½ | 68.75% | \$590.56 |
| 7 ½ | 93.75% | \$805.31 | 5 ¼ | 65.63% | \$563.76 |
| 7 ¼ | 90.63% | \$778.51 | 5 | 62.50% | \$536.88 |
| 7 | 87.50% | \$751.63 | 4 ¾ | 59.38% | \$510.07 |
| 6 ¾ | 84.38% | \$724.82 | 4 ½ | 56.25% | \$483.19 |
| 6 ½ | 81.25% | \$697.94 | 4 ¼ | 53.13% | \$456.39 |
| 6 ¼ | 78.13% | \$671.14 | 4 | 50.00% | \$429.50 |
| 6 | 75.00% | \$644.25 | | | |

• **CSEA CHAPTER – 845 (PARAEDUCATOR/INST. ASST.) BARGAINING UNIT**

| NO. OF HOURS | % | DISTRICT FRINGE BENEFITS | NO. OF HOURS | % | DISTRICT FRINGE BENEFITS |
|---------------------|----------|---------------------------------|---------------------|----------|---------------------------------|
| 8 | 100.00% | \$848.00 | 5 ¾ | 71.88% | \$609.54 |
| 7 ¾ | 96.88% | \$821.54 | 5 ½ | 68.75% | \$583.00 |
| 7 ½ | 93.75% | \$795.00 | 5 ¼ | 65.63% | \$556.54 |
| 7 ¼ | 90.63% | \$768.54 | 5 | 62.50% | \$530.00 |
| 7 | 87.50% | \$742.00 | 4 ¾ | 59.38% | \$503.54 |
| 6 ¾ | 84.38% | \$715.54 | 4 ½ | 56.25% | \$477.00 |
| 6 ½ | 81.25% | \$689.00 | 4 ¼ | 53.13% | \$450.54 |
| 6 ¼ | 78.13% | \$662.54 | 4 | 50.00% | \$424.00 |
| 6 | 75.00% | \$636.00 | | | |

• **CERTIFICATED ADULT EDUCATION TEACHERS (5.6 HOURS=FULL TIME)**

| NO. WKLY HOURS | % | DISTRICT FRINGE BENEFITS | NO. WKLY HOURS | % | DISTRICT FRINGE BENEFITS |
|-----------------------|----------|---------------------------------|-----------------------|----------|---------------------------------|
| 28 | 100.00% | \$1,050.00 | 20 | 71.43% | \$750.02 |
| 27 | 96.43% | \$1,012.52 | 19 | 67.83% | \$712.22 |
| 26 | 92.86% | \$975.03 | 18 | 64.29% | \$675.05 |
| 25 | 89.29% | \$937.55 | 17 ½ | 63.00% | \$661.50 |
| 24 | 85.71% | \$899.96 | 17 | 60.71% | \$637.46 |
| 23 ½ | 84.00% | \$882.00 | 16 ¼ | 58.00% | \$609.00 |
| 23 | 82.14% | \$862.47 | 16 | 57.14% | \$599.97 |
| 22 | 78.57% | \$824.99 | 15 | 53.57% | \$562.49 |
| 20 ½ | 73.00% | \$766.50 | 14 | 50.00% | \$525.00 |

• **CERTIFICATED TEACHERS (6 HOURS=FULLTIME)**

| NO. WKLY HOURS | % | DISTRICT FRINGE BENEFITS | NO. WKLY HOURS | % | DISTRICT FRINGE BENEFITS |
|-----------------------|----------|---------------------------------|-----------------------|----------|---------------------------------|
| 30 | 100.00% | \$1,050.00 | 17 | 56.66% | \$594.93 |
| 29 | 96.66% | \$1,014.93 | 16 | 53.33% | \$559.97 |
| 28 | 93.33% | \$979.97 | 15 | 50.00% | \$525.00 |
| 27 | 90.00% | \$945.00 | 14 | 46.67% | \$490.04 |
| 26 | 86.66% | \$909.93 | 13 | 43.33% | \$454.97 |

| | | | | | |
|----|--------|----------|----|--------|----------|
| 25 | 83.33% | \$874.97 | 12 | 40.00% | \$420.00 |
| 24 | 80.00% | \$840.00 | 11 | 36.67% | \$385.04 |
| 23 | 76.66% | \$804.93 | 10 | 33.33% | \$349.97 |
| 22 | 73.33% | \$769.97 | 9 | 30.00% | \$315.00 |
| 21 | 70.00% | \$735.00 | 8 | 26.67% | \$280.04 |
| 20 | 66.67% | \$700.04 | 7 | 23.33% | \$244.97 |
| 19 | 63.33% | \$664.97 | 6 | 20.00% | \$210.00 |
| 18 | 60.00% | \$630.00 | 5 | 16.67% | 175.04 |

• **CLASSIFIED UNREPRESENTED EMPLOYEES**

| NO. OF HOURS | % | DISTRICT FRINGE BENEFITS | NO. OF HOURS | % | DISTRICT FRINGE BENEFITS |
|--------------|---------|--------------------------|--------------|--------|--------------------------|
| 8 | 100.00% | \$898.00 | 5 ¾ | 71.88% | \$645.48 |
| 7 ¾ | 96.88% | \$869.98 | 5 ½ | 68.75% | \$617.38 |
| 7 ½ | 93.75% | \$841.88 | 5 ¼ | 65.63% | \$589.36 |
| 7 ¼ | 90.63% | \$813.86 | 5 | 62.50% | \$561.25 |
| 7 | 87.50% | \$785.75 | 4 ¾ | 59.38% | \$533.23 |
| 6 ¾ | 84.38% | \$757.73 | 4 ½ | 56.25% | \$505.13 |
| 6 ½ | 81.25% | \$729.63 | 4 ¼ | 53.13% | \$477.11 |
| 6 ¼ | 78.13% | \$701.61 | 4 | 50.00% | \$449.00 |
| 6 | 75.00% | \$673.50 | | | |

• **LOCAL 99 BARGAINING UNIT**

| NO. OF HOURS | % | DISTRICT FRINGE BENEFITS | NO. OF HOURS | % | DISTRICT FRINGE BENEFITS |
|--------------|---------|--------------------------|--------------|--------|--------------------------|
| 8 | 100.00% | \$900.00 | 5 ¾ | 71.88% | \$646.92 |
| 7 ¾ | 96.88% | \$871.92 | 5 ½ | 68.75% | \$618.75 |
| 7 ½ | 93.75% | \$843.75 | 5 ¼ | 65.63% | \$590.67 |
| 7 ¼ | 90.63% | \$815.67 | 5 | 62.50% | \$562.50 |
| 7 | 87.50% | \$787.50 | 4 ¾ | 59.38% | \$534.42 |
| 6 ¾ | 84.38% | \$759.42 | 4 ½ | 56.25% | \$506.25 |
| 6 ½ | 81.25% | \$731.25 | 4 ¼ | 53.13% | \$478.17 |
| 6 ¼ | 78.13% | \$703.17 | 4 | 50.00% | \$450.00 |
| 6 | 75.00% | \$675.00 | | | |

• **CERTIFICATED TTA (8 HOURS=FULL TIME)**

| NO. OF HOURS | % | DISTRICT FRINGE BENEFITS | NO. OF HOURS | % | DISTRICT FRINGE BENEFITS |
|--------------|---------|--------------------------|--------------|--------|--------------------------|
| 8 | 100.00% | \$1,050.00 | 5 ½ | 68.75% | \$721.88 |
| 7 ¾ | 96.88% | \$1,017.24 | 5 ¼ | 65.63% | \$689.12 |
| 7 ½ | 93.75% | \$984.38 | 5 | 62.50% | \$656.25 |
| 7 ¼ | 90.63% | \$951.62 | 4 ¾ | 59.38% | \$623.49 |
| 7 | 87.50% | \$918.75 | 4 ½ | 56.25% | \$590.63 |
| 6 ¾ | 84.38% | \$885.99 | 4 ¼ | 53.13% | \$557.87 |
| 6 ½ | 81.25% | \$853.13 | 4 | 50.00% | \$525.00 |
| 6 ¼ | 78.13% | \$820.37 | 3 | 37.50% | \$393.75 |
| 6 | 75.00% | \$787.50 | 2 | 25.00% | \$262.50 |
| 5 ¾ | 71.88% | \$754.74 | 1 | 12.50% | \$131.25 |

• **CERTIFICATED & CLASSIFIED MANAGEMENT, SUPERVISORY & CONFIDENTIAL,
BOARD MEMBERS AND PERSONNEL COMMISSIONERS**

| NO. OF HOURS | % | DISTRICT FRINGE BENEFITS | NO. OF HOURS | % | DISTRICT FRINGE BENEFITS |
|--------------|---------|--------------------------|--------------|-----|--------------------------|
| --- | 100.00% | \$888.00 | --- | --- | --- |

ELIGIBLE DEPENDENTS

You may elect to enroll eligible family members in coverage through the District. Eligible dependents include your:

- Legally married spouse based on the state of residency. In instances of divorce, you must notify the District immediately and submit a copy of the final decree of divorce.
- Qualified domestic partner provided you have filed a Declaration of Domestic Partnership with the California Secretary of State (available at <http://www.sos.ca.gov/>) and returned the California State Affidavit for Domestic Partners to the District office within 30 days of the approval from the State of California. Otherwise, your Domestic Partner cannot be added until the annual Open Enrollment period. In instances of dissolution of Domestic Partnership, you must notify the District immediately.

If you elect to enroll your qualified domestic partner, the value of this coverage is taxable income and will be reported on your W-2 for federal income tax purposes. It will not be treated as taxable income for CA state income tax purposes. TUSD will withhold federal income, FICA, and FUTA taxes on imputed income. You may want to consult an attorney regarding the tax and other legal implications of domestic partner coverage.

- Child(ren) until the last day of the month in which he/she reaches age 26, or a child who is primarily dependent upon you for support and maintenance as defined by the Internal Revenue Service. For these purposes a “child” includes your:
 - Natural child;
 - Stepchild who is in the custody of the Employee;
 - Grandchild born to your unmarried child under age 26, but only if the grandchild can be claimed as your dependent under the Internal Revenue Service Code, or legal guardianship specifically indicating the responsibility of obtaining medical coverage for the child(ren) listed on the guardianship;
 - Child who is adopted by you or placed with you for adoption before the child reaches age 18. Placed for adoption means the assumption and retention by the Employee of a legal obligation for total or partial support of the child in anticipation of adoption of the child. The child must be available for adoption and the legal process must have begun. Placement ends when the legal support obligation ends;
 - Child for whom plan coverage is required due to a Qualified Medical Child Support Order (QMCSO), notwithstanding any residency or main support and care requirements. The Plan Sponsor must determine the QMCSO to be in accordance with written procedure (which is incorporated herein by reference and which can be obtained without charge). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under state law and having the force and effect of law under state law and which satisfies the QMCSO requirements of ERISA (section 609 (a));
 - The annual required plan notices, Children’s Health Insurance Program (CHIP)/Medicaid

notice, and the medical plan summary of Benefits and Coverage documents are available on the TUSD website and via links on your online Benefits Summary Page.

The Plan Administrator or Contract Administrator has the right to request information needed to determine an individual's eligibility for benefits under the Plan.

The following dependents are **not** eligible for coverage:

- Spouse following final decree of dissolution or divorce;
- Domestic partner following a dissolution of domestic partner status;
- Any person who is on active duty in a military service, to the extent permitted by law;
- Any Spouse who is eligible and has enrolled as an Employee under the Plan.

Eligibility for Medicaid or the receipt of Medicaid benefits will not be taken into account in determining a dependent's eligibility.

Please review carefully to determine your dependent(s) eligibility and the appropriate documents that you will be required to submit. **The District will not be able to provide you with any documents previously submitted.** You will need to provide one or more documents for each individual covered under one of the following dependent categories:

- **Spouse:** 1st page of the 2022 or EXTENSION for 2022, in addition to your 2021 IRS tax forms. Also, provide your spouse's and dependent's social security number(s). Souvenir or original marriage certificates will only be accepted for newly married individuals (6 months or less) only. No photocopies will be accepted.
- **Domestic Partner:** Domestic Partner Registration. You will need to provide a copy of your "Declaration of Domestic Partnership" certificate that provides proof of eligibility requirements for domestic partnership under the State of California, Family Code section 297.
- **Birth Child:** Original Birth Certificate or 1st page of 2022 IRS tax form. Hospital certificates are acceptable for newborns born in the first six months of 2023 only. No photocopies will be accepted. In addition, provide dependent child's social security number(s).
- **Dependents between the age of 19 through age 26 to include birth children, stepchildren, adopted and foster children, and legal guardianship:** Original Birth Certificate with State embossed seal or certified copy of the original birth certificate or 1st page of 2022 IRS tax form showing dependent status. No photocopies will be accepted. In addition, provide dependent's social security number(s).
- **Step Children:** Original Birth Certificate with State embossed seal or certified copy of the original birth certificate of step-child(ren) listing employee's current spouse as the parent of the step-child(ren), or 1st page of 2022 IRS tax form. No photocopies will be accepted. In addition, provide dependent step child's social security number(s).
- **Adopted, Foster Children or Legal Guardianship:** 1st page of 2022 IRS tax form and court documents showing legal responsibility for the child(ren). No photocopies will be accepted. In addition, provide dependent child's social security number(s).

We understand that some employees will not have birth certificates or marriage licenses at this time, which is why we will accept the first page of your 2022 or EXTENSION for 2022 in addition to your 2021 IRS tax form. We will accept the souvenir certificate for both newborns and newly married couples.

EFFECTIVE DATE FOR DEPENDENT COVERAGE

An eligible dependent who is added to any of your core benefits (medical, dental, or vision) will have the same coverage as you do. If you would like to add a dependent to your coverage at a later date, you will need to meet a qualifying event and come into the Benefits Department with the required document(s) listed on the Eligibility form and sign for the addition of your new dependent.

If your request to add a new dependent is made on, before, or within thirty (30) days of the dependent's eligibility date, the dependent's coverage will be effective the first of the month following eligibility.

If you request coverage after 30 days of the dependent's eligibility date, the dependent's coverage will be effective only in accordance with the Open Enrollment or Special Enrollment Rights provisions.

A dependent's coverage will not become effective prior to your effective date.

A dependent who ages out of the plan at age 26 will have all benefits terminated at the end of the month in which he/she turns 26. The over age dependent will have options for COBRA coverage.

EXCEPTIONS TO THE OPEN ENROLLMENT PERIOD

As a rule, additions or changes to an employee's benefit coverage are restricted to this plan year's District Open Enrollment period – July 17 through August 31. Exceptions to this open enrollment window are limited to the following Qualifying events:

Enrollment due to loss of coverage

An employee or dependent that loses other coverage may request enrollment into the TUSD plan if the following conditions are met:

Employee or Dependent declined coverage. The employee or dependent declined TUSD coverage when it became available because he or she had other coverage. ***The declination of other coverage was in writing.*** The declination of coverage is stated in writing. Your acceptance of benefits on our online system will be considered written declination.

Loss of coverage. The employee or dependent must have lost coverage under one of three circumstances:

- the end of COBRA coverage,
- loss of eligibility, or
- the end of employer contributions toward other plan coverage.

Individuals eligible for enrollment. Employees and/or their spouses/domestic partners or dependents, who satisfy the loss of coverage requirements and are otherwise eligible to enroll in a plan, will be given an opportunity to enroll. In addition, if an employee alone meets these conditions, all family members (spouses and dependents) are entitled to enrollment.

Please note that for dependent enrollment due to a loss of coverage or newly acquired dependent status, coverage will take effect the first of the month following the date of the qualifying event.

Enrollment for new dependents

New dependents may be added to coverage if the following conditions are met:

- ***Employee eligible for or already covered.*** The employee must be either participating in the plan or eligible to enroll in it.
- ***New dependent status.*** The dependent, as determined by the plan's terms, must have become the employee's dependent through marriage, birth, adoption, or placement for adoption, and **must be enrolled within 30 days of the qualifying event.**
- ***Individuals eligible for special enrollment:*** A new dependent also grants special enrollment rights to a current employee, his or her spouse, or both, even if they previously declined coverage. However, enrollment is not available for other dependents who previously declined coverage or for dependents who are new for reasons other than marriage, birth, adoption, or placement for adoption.

In addition to the special enrollment events noted above, a group health plan must permit you and your dependent(s) that are "eligible but not enrolled for coverage" under an employer plan to enroll in two additional circumstances:

- (a) Loss of Coverage Due to Loss of Eligibility for Medicaid or CHIP - the Plan will permit a special enrollment period if you or your dependent loses coverage under Medicaid or CHIP due to a loss of eligibility or
- (b) Eligibility for Premium Assistance under Medicaid or CHIP - the Plan will permit a special enrollment period if you or your dependent becomes eligible for government premium assistance under Medicaid or CHIP.

You or your dependent must request enrollment or an election change within 30 days (60 days for Medicaid or CHIP) after you or your dependent is terminated from or determined to be eligible for such assistance.

EMPLOYEE RESPONSIBILITIES

Employees who meet the above qualifications **must meet with the Benefits Department and ensure that any desired changes are made within 30 days (or 60 days for Medicaid or CHIP)** of the date of qualification to either add or drop an eligible dependent. This request must include any documents that can substantiate your request (e.g. notice from employer canceling medical coverage, copy of birth or marriage certificate).

It is the employee's responsibility to contact the Benefits Department within 30 days of the qualifying event to add a new dependent, or drop an existing dependent. If the addition of a dependent results in an out-of-pocket amount, and it is beyond the Payroll cut-off date, the employee will be required to pay the additional premium(s). If eligible, coverage will become effective on the first day of the following month of qualification of coverage. The employee is responsible for paying all additional out-of-pocket costs of coverage for the addition of dependents.

If your dependent(s) will be attending school out of the state of California, please contact the Benefits Department to obtain an out-of-area card for your dependent(s), as Anthem Blue Cross EPO will not be their provider of services.

FOR ALL CURRENT OR NEW KAISER PLAN ENROLLED EMPLOYEES:

You must agree to the Kaiser Foundation Health Plan Arbitration Agreement that will print out at the end of your Benefit Selection Form. Acceptance of this agreement is required by Kaiser Foundation Health if you wish to enroll or continue to participate in any of the Kaiser health plans. When you sign up for and/or accept your elected benefits, if they include a Kaiser medical plan, your approval of elections is considered an acceptance of the Kaiser Arbitration Agreement. If you do not agree with the Kaiser Foundation Arbitration Agreement, you will need to switch medical plans or cancel your membership. During passive enrollments, your previous acceptance of the Kaiser Arbitration Agreement will transfer into the new plan year.

INTERNAL REVENUE CODE – SECTION 125 PLAN

The new plan year for the District's Section 125 Plan begins October 1, 2023. Open Enrollment for changes and new participants will begin online only on Monday, July 17, 2023 and will end on Wednesday, August 31, 2023. AFA is the administrator of the Section 125 Plan.

Section 125 allows an employee to designate a portion of his/her taxable income to cover out-of-pocket expenses for health care, childcare, or elderly care and other health services approved by the IRS. In addition, if an employee is required to contribute to the cost of their health coverage premiums, the contribution may be pre-tax, reducing the employee's taxable income. Once you make your pre-tax elections, they will remain in effect until the next open enrollment period or until there is a change in status event. Some examples of change in status events include:

- Changes in your legal marital status: Marriage, divorce, legal separation or death
- Changes to your dependents' eligibility
- Changes in employment: Part-time to full-time or full-time to part-time, termination of your spouse's or dependent's employment.

Your change in status event must cause a gain or loss of eligibility. In addition, you may only make a change to coverage that is consistent with your change in status event. Employees who meet the above qualifications must come into the Benefits Department for enrollment **within 30 days of the date of qualification**. You must also have any documents that can substantiate your request (e.g. notice from employer canceling medical coverage, copy of new birth or new marriage certificate) on hand during your virtual enrollment.

If you would like additional information regarding benefits under Section 125, or if you would like to sign up for any voluntary products offered by AFA (Cancer, Disability, Life, Critical Choice, Hospital Indemnity, or Accident policies), please contact AFA at (800) 365-9180 (extension 0) to schedule an appointment.

HEALTH CARE AND DEPENDENT CARE FSA PLANS

For employees participating in the health care or dependent care FSA plans, **the first payroll deduction will be reflected on the payroll warrant paid in October 2023. Your last payroll deduction will be reflected on the payroll warrant paid in July 2024. All benefits both core and voluntary will pull on the same schedule, October through July.**

Under the health care FSA, all qualifying bills incurred during the period of October 1, 2023 through September 30, 2024 may be submitted for reimbursement (Note: You can submit expenses incurred within the October 1, 2023-September 30, 2024 plan year within 90 days of the plan year end to be considered for reimbursement). Unused contributions made to this plan cannot be refunded to you. However, the District has made provisions

to have up to \$610.00 per plan year carried over to the next plan year if the contributions are not reimbursed by the end of the run-out period.

AFA will send all employees, who will be new participants to the health care and/or dependent care FSAs, a booklet describing the plans and also include claim reimbursement forms. The Section 125 Plan rules, including the Change in Status rules, apply to your health care and dependent care FSA elections. Refer to the information provided by AFA for further details. Please also visit their website: <https://americanfidelity.com>.

TAX-SHELTERED ANNUITIES

A tax-sheltered annuity (“TSA”) 403(b), is a tax-deferred investment of a contribution made through one of the District’s approved companies. TSAs are handled by Schools First Federal Credit Union, please call (800) 462-8328 X 4727, or go to their website schoolsfirstfcu.org for more information.

HEALTH INSURANCE RATES FOR BENEFITS-ELIGIBLE ACTIVE EMPLOYEES

Employee Benefit Rates for 2023 – 2024 (shown on a tenthly basis)

| MEDICAL INSURANCE (Optional) | KAISER BASIC | KAISER B | TUSD MEDICAL |
|-------------------------------------|---------------------|-----------------|---------------------|
| Employee only | \$472.00 | \$666.00 | \$804.00 |
| Employee + Spouse/Domestic Partner | \$944.00 | \$1,332.00 | \$1,608.00 |
| Employee + Child(ren) | \$897.00 | \$1,265.00 | \$1,528.00 |
| Employee + Family | \$1,417.00 | \$1,997.00 | \$2,411.00 |

| DENTAL INSURANCE (Optional) Composite rate | DeltaCare HMO | TUSD DENTAL |
|---|----------------------|--------------------|
| Employee or Employee+spouse/children or + Family | \$35.06 | \$98.00 |
| | | |

| VISION INSURANCE (Optional) Composite rate | VSP |
|---|------------|
| Employee or Employee+spouse/children or +Family | \$25.00 |
| | |

| BASIC LIFE AND AD&D INSURANCE (Mandatory for all benefit eligible employees) | LINCOLN |
|---|----------------|
| Certificated & Classified employees - \$25,000 | \$4.75 |
| Management, Board Members & Personnel Commissioners - \$60,000 | \$11.40 |

COVERAGE PERIOD FOR HEALTH INSURANCE

Health coverage is provided for 12 calendar months from October 1 through September 30 annually. District-paid fringe contributions (if eligible) toward the cost of elected core benefits (medical, dental and vision) are applied in TENTHLY amounts. Payroll deductions are also taken on a TENTHLY basis from payroll warrants issued on the fifth of the month for the pay months of October through July. No contributions or deductions are taken during the months of August and September. There must be ten months of payroll deductions in order to provide twelve months of coverage.

New hires who work 12 calendar months will become benefit eligible on the first of the month following their date of hire.

For employees working 11 months (an “11 month employee”), coverage would begin the first of the month following their date of hire. In instances where an employee is hired in August, a monthly premium would be assessed for September if there is an out-of-pocket amount cost.

When an employee is hired in August, with benefit eligibility in September, they will pay a prorated out of pocket amount, if any, should they elect benefits for the month of September. That same employee will also have to register for benefits for the new plan year, beginning in October. Deductions for benefits beginning in October will be made on the payroll warrant issued October 5.

For employees hired after the month of September, the effective date is the first of the month following their date of hire.

The date you actually sign up for your benefits does not change the effective date of those benefits. For example: If you are hired on September 15, your benefits are effective October 1, you then will need to meet with either AFA or the Benefits Department the “new hire enrollment day” in October. Depending upon your benefit selections, you may owe an out-of-pocket amount since you enrolled after the first payroll pull (October 5) for October benefits.

In all cases, benefits do not begin until the first of the month following eligibility, which is defined as your date of hire.

Neither benefits nor premiums are prorated.

If your employment ceases or terminates, benefit coverage will end at midnight on the last day of the month in which you are employed.

NEWBORN AND ADOPTED CHILDREN – LIMITED 31-DAY BENEFIT PERIOD

If a child is born to an Employee or covered dependent spouse, benefits will be available for covered expenses of the child incurred within the first 31-days after birth. Benefits for such child will be available for the 31-day period only. After the 31-day period, coverage for the child will be available only if, within the 30-days after the child’s birth, the Employee has notified the TUSD Benefits Department of the birth, has enrolled the child, and has agreed to make any required contributions for coverage from the first of the month following the date of birth.

The above 31-day benefit period will also apply to an adopted child that is placed with the employee or dependent spouse within 30 days of birth (i.e. the child will have a 31-day benefit period beginning on the date of birth). Any other adopted child will also be eligible for a 31-day benefit period, beginning with: (1) the date the child is placed with the employee or dependent spouse for adoption, or (2) the date the adoption is final.

NOTE: During the limited 31-day benefit period, a birth child or adopted child is NOT a covered person. Any extended coverage periods or coverage continuation options that are available to Covered Persons will NOT apply to a child who is provided with these 31 days of limited benefits and who is not enrolled within such a 30-day period. The birth child or adopted child must be enrolled within the 30-day period and must be enrolled with an effective date of the first of the month following the date of birth or adoption.

HEALTH BENEFITS WHILE ON UNPAID FAMILY MEDICAL LEAVE ACT (FMLA) ABSENCE

Employees who are on an approved unpaid Family Medical Leave Act (FMLA) absence are entitled to continue their health insurance coverage and will continue to receive their District fringe contribution toward the cost of their health coverage during the leave period. If an employee has a deduction for their cost of premium, they will be required to pay this amount during the leave period. Failure to pay the amount due will result in termination of benefits retroactive to the last paid month.

If an employee does not return to work after an unpaid FMLA absence and is approved for an unpaid Personal Leave of Absence, and chooses to continue their health insurance coverage, the employee is responsible for the entire cost of the premium (e.g. the employee portion plus the District-paid portion).

It is the employee's responsibility to contact the Human Resources Department to make the necessary arrangements and complete the proper paperwork for all leaves requested. It is also the employee's responsibility to respond to notification from the Benefits Department in regard to continuation of their benefits while on an approved FMLA absence. All payments are required to be made on time. A payment schedule will be provided to the employee. If payment is not made when due, coverage will be terminated effective the last day of the month for which premiums were paid. The employee and any dependents may be offered the option of COBRA coverage in the event coverage is involuntarily terminated.

If an employee elected not to continue their health insurance coverage while on unpaid FMLA and returns to work, **the employee is entitled to re-enroll only in the same plans that they were in prior to the leave. If there was dependent coverage, the employee may re-enroll those dependents only (unless there was a birth or adoption) who were covered prior to the leave.** Any other changes would not be allowed until the next Open Enrollment period unless there is a qualifying change in status or special enrollment event permitting a mid-year change in coverage.

HEALTH BENEFITS WHILE ON UNPAID PERSONAL LEAVE OF ABSENCE

Employees who are on an approved unpaid Personal Leave of Absence are entitled to continue their health insurance coverage. The employee is responsible for the entire cost (e.g. 100%) of the premium amount.

It is the employee's responsibility to contact the Human Resources Department to make the necessary arrangements and complete the proper paperwork for their personal unpaid leave of absence. It is also the employee's responsibility to respond to notification from the Benefits Department in regard to continuation of their benefits while on an approved LOA. All payments are required to be made on time. A payment schedule will be provided to the employee. If payment is not made when due, coverage will be terminated retro to the last day of the month for which premiums were paid. The employee and any dependents may be offered COBRA coverage in the event coverage is involuntarily terminated. Failure to pay premiums does not constitute an involuntary loss of coverage. Upon return to work after the unpaid Personal Leave of Absence, it is the employee's responsibility to contact the Benefits Department to reinstate all benefits held prior to their leave.

If an employee elected not to continue their health insurance coverage while on unpaid Personal Leave of Absence and returns to work, **the employee is entitled to enroll only in the same plans they were enrolled in prior to the leave and if there was dependent coverage, enroll those dependents only (unless there was a birth or adoption) who were covered prior to the leave.** Any other changes would not be allowed until the next open enrollment period unless there is a qualifying change in status or special enrollment event permitting a

mid-year change in coverage. It is the employee’s responsibility to contact the Benefits Department to reinstate core benefits held prior to their leave.

VOLUNTARY PRODUCTS

American Fidelity Assurance Company (AFA) offers a variety of voluntary products, both pre-tax and after-tax. All requests for changes to AFA after-tax voluntary products are required to be addressed to an AFA representative not to anyone at the District Office. You must contact AFA to schedule an appointment to meet with an AFA representative for all changes to your AFA products. Their number is (800) 365-9180 x 0.

All changes to CTA Life and CTA Income Protection (The Standard) must be addressed directly to The Standard Company at (800) 522-0406.

Any changes to after-tax voluntary products, to add or drop a deduction, must be submitted in writing by way of a new application, an add form for new products, or a signed drop or termination form. **No emailed requests will be accepted.** Please see the full listing below.

The Benefits Department must receive the written, signed request at least 30 (thirty) days prior to the payroll cutoff date for the desired affected payroll month. Provided the written, signed form is received within the required time period, the deduction will be stopped or started in the following month’s payroll.

PRODUCTS AFFECTED:

- TEXAS LIFE (through AFA only)
- LINCOLN VOLUNTARY LIFE (through TUSD)
- AMERICAN FIDELITY DISABILITY (through AFA only)
- AMERICAN FIDELITY LIFE (through AFA only)
- AMERICAN FIDELITY CRITICAL CHOICE (through AFA only)
- TTA CHARITY (through TUSD)
- UNITED WAY CRUSADE (through TUSD)
- SCHOOLS FIRST FEDERAL CREDIT UNION (through Schools First Federal)
- FIRST FINANCIAL FEDERAL CREDIT UNION (through First Financial)
- SCHOOLS FEDERAL CREDIT UNION (through Schools Federal)

BENEFITS DEPARTMENT CONTACTS

| | | | |
|--------------------------------|--|------------------------------|--|
| MAIN LINE | | (310) 972-6036 | <u>benefits@tUSD.org</u> |
| KATHY KASAI | Manager – Health & Welfare Benefits | (310) 972-6089 | <u>kasai.kathy@tUSD.org</u> |
| IRIS CABRERA | Benefit Analyst | (310) 972-6024 | <u>cabrera.iris@tUSD.org</u> |
| ROCIO MENDOZA | Benefit Specialist | (310) 972-6023 | <u>mendoza.rocio@tUSD.org</u> |
| GRACE SALCEDA | Benefit Specialist | (310) 972-6121 | <u>salceda.grace@tUSD.org</u> |
| <u>JOSEPH CONTRERAS</u> | Benefit Specialist | <u>(310) 972-6098</u> | <u>contreras.joseph@tUSD.org</u> |

CHART OF BENEFITS

| EMPLOYEE CLASS | FULL-TIME DISTRICT FRINGE | MEDICAL | DENTAL | INCOME PROTECTION | VISION | BASIC LIFE AND AD&D |
|---|---------------------------|---|---|---|---|---------------------|
| Adult Education, Certificated in bargaining unit, TTA | \$1,050 | Optional, choice of: <ul style="list-style-type: none"> • Kaiser Basic • Kaiser B • TUSD Medical | Optional, choice of: <ul style="list-style-type: none"> • TUSD Dental • DeltaCare HMO | Not available through District paid fringe benefits | Optional <ul style="list-style-type: none"> • VSP | Mandatory \$25K |
| Certificated in bargaining unit, TTA | \$1,050 | Optional, choice of: <ul style="list-style-type: none"> • Kaiser Basic • Kaiser B • TUSD Medical | Optional, choice of: <ul style="list-style-type: none"> • TUSD Dental • DeltaCare HMO | Not available through District paid fringe benefits | Optional <ul style="list-style-type: none"> • VSP | Mandatory \$25K |
| CSEA – Chapter 19 (clerical/technical) | \$859 | Optional, choice of: <ul style="list-style-type: none"> • Kaiser Basic • Kaiser B • TUSD Medical | Optional, choice of: <ul style="list-style-type: none"> • TUSD Dental • DeltaCare HMO | Not available through District paid fringe benefits | Optional <ul style="list-style-type: none"> • VSP | Mandatory \$25K |
| CSEA – Chapter 845 (Paraeducator/ IA/EA) | \$848 | Optional, choice of: <ul style="list-style-type: none"> • Kaiser Basic • Kaiser B • TUSD Medical | Optional, choice of: <ul style="list-style-type: none"> • TUSD Dental • DeltaCare HMO | Not available through District paid fringe benefits | Optional <ul style="list-style-type: none"> • VSP | Mandatory \$25K |
| Local 99 | \$900 | Optional, choice of: <ul style="list-style-type: none"> • Kaiser Basic • Kaiser B • TUSD Medical | Optional, choice of: <ul style="list-style-type: none"> • TUSD Dental • DeltaCare HMO | Not available through District paid fringe benefits | Optional <ul style="list-style-type: none"> • VSP | Mandatory \$25K |
| Classified - Unrepresented | \$898 | Optional, choice of: <ul style="list-style-type: none"> • Kaiser Basic • Kaiser B • TUSD Medical | Optional, choice of: <ul style="list-style-type: none"> • TUSD Dental • DeltaCare HMO | Not available through District paid fringe benefits | Optional <ul style="list-style-type: none"> • VSP | Mandatory \$25K |
| Certificated Management | \$888 | Optional, choice of: <ul style="list-style-type: none"> • Kaiser Basic • Kaiser B • TUSD Medical | Optional, choice of: <ul style="list-style-type: none"> • TUSD Dental • DeltaCare HMO | Not available through District paid fringe benefits | Optional <ul style="list-style-type: none"> • VSP | Mandatory \$60K |
| Classified Management | \$888 | Optional, choice of: <ul style="list-style-type: none"> • Kaiser Basic • Kaiser B • TUSD Medical | Optional, choice of: <ul style="list-style-type: none"> • TUSD Dental • DeltaCare HMO | Not available through District paid fringe benefits | Optional <ul style="list-style-type: none"> • VSP | Mandatory \$60K |
| Supervisory & Confidential | \$888 | Optional, choice of: <ul style="list-style-type: none"> • Kaiser Basic • Kaiser B • TUSD Medical | Optional, choice of: <ul style="list-style-type: none"> • TUSD Dental • DeltaCare HMO | Not available through District paid fringe benefits | Optional <ul style="list-style-type: none"> • VSP | Mandatory \$25K |
| Board Members/ Personnel Commissioners | \$888 | Optional, choice of: <ul style="list-style-type: none"> • Kaiser Basic • Kaiser B • TUSD Medical | Optional, choice of: <ul style="list-style-type: none"> • TUSD Dental • DeltaCare HMO | Not available through District paid fringe benefits | Optional <ul style="list-style-type: none"> • VSP | Mandatory \$60K |
| Leaves of Absences | None, self-pay | <ul style="list-style-type: none"> • May only re-enroll in same plans prior to LOA | <ul style="list-style-type: none"> • May only re-enroll in same plans prior to LOA | Not available through District paid fringe benefits | <ul style="list-style-type: none"> • May only re-enroll in same plans prior to LOA | Not available |
| Part-time (less than 20 hours per week) | None, self-pay | Optional, choice of: <ul style="list-style-type: none"> • Kaiser Basic • Kaiser B • TUSD Medical | Optional, choice of: <ul style="list-style-type: none"> • TUSD Dental • DeltaCare HMO | None, may purchase a self-pay plan from American Fidelity | Optional <ul style="list-style-type: none"> • VSP | Not available |
| Substitutes | None, self-pay | Not available | Not available | Not available | Not available | Not available |
| Affordable Care Act (ACA) Benefit Eligible | None, self-pay | Optional, choice of: <ul style="list-style-type: none"> • Kaiser Basic • Kaiser B • TUSD Medical | Optional, choice of: <ul style="list-style-type: none"> • TUSD Dental • DeltaCare HMO | None, may purchase a self-pay plan from AFA | Optional <ul style="list-style-type: none"> • VSP | Not available |

DIRECTORY OF CARRIERS/VENDORS

| INSURANCE CARRIER | CONTACT INFORMATION |
|--|---|
| KAISER medical plan — GROUP #100971 PO BOX 80204 WORLDWAY POSTAL CTR LA CA 90080 | (800) 464-4000 www.kaiserpermanente.org |
| TUSD Medical Plan - GROUP #03585 PO BOX 7070 NEWPORT BEACH CA 92658 | |
| Anthem Blue Cross | http://www.anthem.com/ca |
| Pinnacle Claims Management, Inc. | TUSD Dedicated line: (844) 899-2195 General Line: (800) 649-9121 Fax: (949) 809-8938 COBRA fax: (949) 809-8940 Email: eligibility@pinnacletpa.com COBRA email: cobra@pinnacletpa.com www.pinnacletpa.com Claims Submission: P.O. Box 2220 Newport Beach, CA 92658 |
| MagellanRx – BIN 017449 PCN 6792000 | ((800) 424-0472 www.magellanrx.com 4801 East Washington Street Phoenix, Arizona 85034 |
| MagellanRx Mail Order | (800) 424-8274 Fax (888) 282-1349 www.magellanrx.com |
| MagellanRx Specialty Pharmacy | ((800) 554-2673 Fax (866) 364-2673 www.magellanrx.com |
| TUSD Dental — GROUP #6541-0003 PO BOX 3248 TORRANCE CA 90510 | (866) 499-3001 www.deltadentalins.com |
| DeltaCare HMO - GROUP #76705-0001 | (800) 422-4234 www.deltadentalins.com |
| VISION — VISION SERVICE PLAN — POLICY #12293177 PO BOX 45210 SF CA 94145 | (800) 877-7195 www.vsp.com |
| LIFE AND AD&D — LINCOLN FINANCIAL GROUP | (800) 423-2765 www.lfg.com |
| EMPLOYEE ASSISTANCE PROGRAM — BEACON HEALTH OPTIONS | (800) 662-7241 www.myachieve.com |
| SCHOOLSFIRST FEDERAL 403b and 457b Plans Branch Office | (800) 462-8328 X 4727 Email: schoolsfirstfcu.org (800) 462-8328 |
| AMERICAN FIDELITY ASSURANCE COMPANY AFA Voluntary Benefits | (800) 365-9180 x 0 appointments/questions (800) 662-1113 www.americanfidelity.com |
| CTA/STANDARD | (800) 522-0406 |
| TEXAS LIFE | (800) 283-9233 |
| CALIFORNIA CREDIT UNION | (800) 334-8788 |
| KINECTA FEDERAL CREDIT UNION | Torrance PCH 310-643-3298 Torrance Sky Park 310-643-2753 |