

# Health Benefits 2025 Open Enrollment Guide

## Retirees

Open Enrollment: September 16 – October 11, 2024  
Effective Dates: January 1 – December 31, 2025



# IMPORTANT NOTICE: READ CAREFULLY



This Benefits Guide briefly describes CalPERS medical coverage and where you can obtain information. It also outlines other benefit choices and your options to enroll. All benefits, and your eligibility for benefits, are subject to the terms and conditions of the benefit plans, including group insurance contracts. The Guide is not intended to be a complete description of the District's benefit plans and it is not a summary plan description or plan document. In the event of any conflict or discrepancy between this Guide and the plan documents, the plan documents will govern. This Guide is not a guarantee of current or future benefits, and you are responsible for knowing and understanding the contents of this Guide. If after review you have any questions, you should contact the Benefits Department immediately.

## Understanding Your Rights: Read All Notices

Retirees and family members eligible for the District's benefits may have rights under applicable federal or state laws. This Guide does not describe all provisions or rights. If eligible, you will receive separate information and notices explaining those rights, such as:

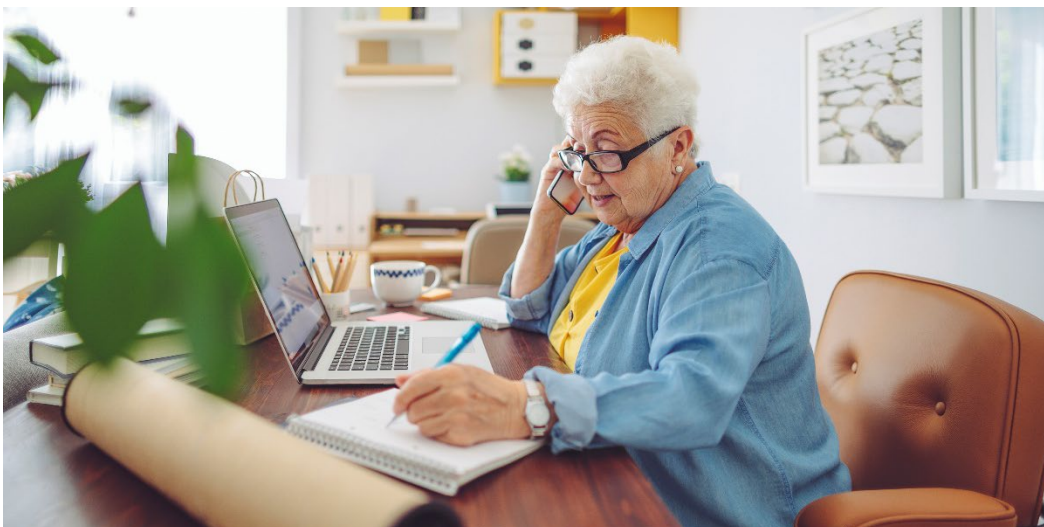
**Privacy Rule:** The Health Insurance Portability and Accountability Act (HIPAA) includes provisions to protect the privacy of health information for group health plan participants. Provisions are explained in the District's Privacy Notice.

**Health Plan Protections:** Health plan benefits must meet the requirements of the Women's Health and Cancer Rights Act and the Mothers' and Newborns' Health Protection Act. These provisions are explained in the carrier EOCs as well as the Annual Notice packet provided by the District.

**Coverage Continuation:** The Consolidated Omnibus Budget Reconciliation Act (COBRA) offers the opportunity to continue your group health coverage after certain qualifying events (such as leaving the District, or a child reaching the plan's age limit). These provisions are explained in the District's General/Initial COBRA Notice.

**Summary of Benefits and Coverage (SBC):** Information regarding the SBCs can be found on the CalPERS website.

***If you do not receive the above information or notices, or if you have any questions about this information, please contact the Benefits Department  
(510) 644-6666 (press 1)***







## Welcome to Your Benefits Guide

This Guide provides some information regarding the CalPERS medical plans and information regarding an informational meeting specifically for retirees. It is very important that you review your CalPERS information which provides medical plan details and instruction for submitting your enrollment/change to CalPERS.

For dental and vision coverage, you are entitled to some of the same Open Enrollment rights as an active employee. You can switch dental plans offered by the District during open enrollment. **However, once you terminate your dental or vision coverage or are terminated for non-payment, the benefit cannot be reinstated.**

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## OPEN ENROLLMENT is from September 16 to October 11, 2024

Open Enrollment is generally your one time of the year to make changes to your benefits. You must participate in Open Enrollment if you wish to do any or all of the following:

- Make a change to your medical or dental coverage for the upcoming plan year

If you don't make any changes to your benefits, you will default into the same or comparable coverage that you currently have.

**Enroll/make changes in CalPERS medical coverage** – Retirees that would like to enroll or make changes to their medical coverage will need to complete a CalPERS enrollment/change form. You can obtain an enrollment/change form via the CalPERS website or from the District's MyBenefits website (see login information below). **All medical enrollment forms and dependent certification copies need to be submitted directly to CalPERS.**

**DO NOT SEND YOUR COMPLETED CalPERS ENROLLMENT FORMS TO THE DISTRICT.**  
**THEY MUST BE RETURNED TO CalPERS FOR PROCESSING.**

### Where to Obtain Information and Enrollment/Change Forms

- **CalPERS Medical**

Explore your health plan options at: [my.calpers.ca.gov/](https://my.calpers.ca.gov/)

The complete CalPERS 2025 *Health Benefit Summary* and other CalPERS open enrollment information including enrollment/change forms can be obtained by accessing the CalPERS website at:

[CalPERS Member Benefits Open Enrollment](https://www.calpers.ca.gov/page/retirees/health-and-medicare/open-enrollment)  
or [www.calpers.ca.gov/page/retirees/health-and-medicare/open-enrollment](https://www.calpers.ca.gov/page/retirees/health-and-medicare/open-enrollment)

- For urgent and emergency care while traveling out of state, Kaiser Permanente HMO and EPO members have access to Cigna's PPO Network of providers and facilities. More information can be found on the CalPERS website. All they'll need to get care is their digital ID card, available in the Kaiser Permanente app. In some locations, members can also get [24/7 care](#) by phone or video from a Kaiser Permanente clinician.

- **Dental & Vision Benefits**

This Guide provides a brief overview of the dental and vision benefits. Detailed information including benefit summaries and enrollment/change forms can be obtained by accessing either of the following websites:

The District's MyBenefits website: [MyBenefits](https://mybenefits.berkeleyschools.net/)



The District's Benefits Department  
<https://www.berkeleyschools.net/departments/benefits/>



## Important Changes in the 2025 Benefit Offerings

### CalPERS Medical – CHANGES TO PLANS

For specific changes to the medical plans, please review your *CalPERS 2025 Health Benefit Summary*. The complete *2025 Health Benefit Summary* can be obtained through your myCalPERS account or on the CalPERS website:

***www.calpers.ca.gov*** Under “I Want To...” Click on “**View Health Plan Rates**”

### Reminder: CalPERS Medical Premiums

Your new monthly medical premium for the plan in which you are enrolled will automatically be deducted from your monthly PERS or STRS annuitant check effective January 1, 2025. If you receive a District subsidy for your medical, your subsidy will come from P&A Administrative Services, dba P&A Group.

### Delta Dental PPO (Fee-For-Service)

- Take advantage of your Delta Dental membership which includes virtual dentistry offerings, free wellness resources, oral health product discounts, LASIK discounts with QualSight, Hearing Aid discounts with Amplifon, thousands of discounts with LifePerks including childcare, financial, auto and travel services, fitness gear and gym memberships, and entertainment. Visit [www1.deltadentalins.com/memberperks](http://www1.deltadentalins.com/memberperks)

### DeltaCare USA (DHMO)

- No changes to the benefits. See page 12 for information.

### Vision Service Plan (VSP)

- No changes to the benefits. See page 13 for information.

Effective July 1, 2024, BASIC will no longer bill for dental and vision premiums. Retiree billing for dental and vision will come from P&A Group, if you elect to enroll.

# ELIGIBILITY



Under present District policy, you, your spouse, domestic partner and eligible dependents may remain participant(s) in the BUSD health plan system. However, if at the time of your retirement or any future date, you choose to leave the District's dental and/or vision plans, you and your dependents do not have future eligibility.

## **Eligible dependents include:**

- Your spouse (includes same and opposite sex spouses)
- Your state-registered domestic partner (CalPERS Medical)
- Your non-state registered domestic partner for dental who meets certain criteria (listed below)
- Child(ren) up to age 26
- Child(ren) of any age with a physical or mental disability as defined by the Social Security Administration (provided they were on the plan prior to turning age 26)

## **You children include:**

- You or your domestic partner's natural or adopted children
- Your stepchildren whom you support and who live with you in a parent-child relationship
- Children placed in your home for adoption
- Any other children you support, you are the legal guardian or you are required to provide coverage as the result of a qualified medical child support order

## **Proof of Dependent Eligibility**

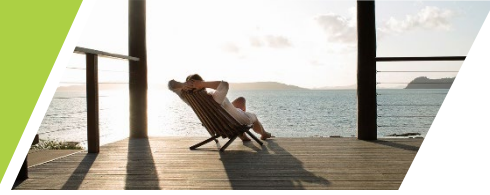
You are required to provide certification of dependent status. Your dependents cannot be enrolled without providing such proof.

## **Domestic Partner Eligibility Criteria**

If you are enrolling a non-registered domestic partner, you are required to have met all eligibility requirements listed below for the previous 6 months and complete a Domestic Partnership application/affidavit.

A Domestic Partnership shall exist between two persons regardless of gender and each of them shall be the domestic partner of the other if both complete and sign the affidavit and attest to the following:

1. The two parties reside together and share the common necessities of life;
2. The two parties are not married to anyone, not related by blood closer than would bar marriage in the State of California, and are mentally competent to consent to contract;
3. The two parties declare that they are each other's sole domestic partner, and they are responsible for their common welfare;
4. The two parties agree to notify the Berkeley Unified School District's Office of Risk Management/Benefits Department if there is a change of circumstances attested to in the affidavit;
5. All dependents under Domestic Partnership coverage shall have permanent residency in the Domestic Partnership household and shall meet all other dependent coverage criteria;
6. It has been at least six months since either of the two parties has filed a statement of termination of a previous Domestic Partnership affidavit with the Benefits Department.



### Making Changes

You can enroll/change dental benefit plans or add vision during open enrollment. Coverage stays in effect for the entire plan year (January 1, 2025 – December 31, 2025). You cannot change your coverage, start coverage or add any family members to your coverage during the plan year unless you have a HIPAA special enrollment event.

### HIPAA Special Enrollment Rights

Under the health Insurance Portability and Accountability Act of 1996 (HIPAA), a retiree has the right to enroll family members if:

- You get married
- Your spouse loses other group coverage
- You have a child born to or placed for adoption

For any HIPAA special enrollment event, you must request enrollment within 30 days after you get married, your spouse's other group coverage ends, or you acquire the new dependent.

For more information or to request special enrollment contact the Benefits Department at (510)-644-6666 (press 1) or CalPERS.





# ENROLLING OR MAKING A CHANGE



## Enrolling or Making Changes

You will need to make choices about which benefits you'd like to participate in during "enrollment windows."

Enrollment windows are specific times that will require you to take action and select your benefits. CalPERS will continue to be your Health Benefits Officer for medical coverage. You should take action:

- When you or your spouse (if enrolled) turn 65
- When you experience certain HIPAA special enrollment events such as getting married or adding a child; you must report these events within 30 days in order to make any allowable changes to your benefits.

Any changes you make to dental during this Open Enrollment period become effective January 1, 2025.

If enrolling in vision during this Open Enrollment period, benefit will become effective January 1, 2025.

Enrollment/change in a medical plan will require CalPERS to receive your enrollment form and other applicable documentation no later than **October 11, 2024**, for a January 1, 2025 effective date. Enrollment /change forms for dental and vision benefits needs to be provided no later than October 11, 2024.

## Enrolling in CalPERS Medical

1. Review your options, ask questions and talk with your family. CalPERS medical provides carrier options for both HMO and PPO. If you're enrolling in a CalPERS medical plan:
  - a. Check with your doctors to find out which plans they participate in.
  - b. If you take any prescription medications regularly, contact the new plan to find out how these drugs are covered (for example, formulary or non-formulary drugs).
  - c. If you have questions, call CalPERS directly at (888) 225-7377 or you can contact the medical plan's Member Services number or visit its website (contact details can be found in the **CalPERS 2025 Health Benefit Summary**).
2. Consider not only your current circumstances but also what may be happening in your life in the future. Outside of the Open Enrollment period, you will not be able to make changes to your benefits unless:
  - a. You have a HIPAA special enrollment event (for example, you get married or have a child).
  - b. You or your spouse (if enrolled) turns 65.
  - c. You move out of your HMO service area.
3. Review the **CalPERS 2025 Health Benefit Summary** to view your medical options and this Guide for your dental options. Consider the following when choosing a medical plan:
  - a. What the plans cover.
  - b. Your estimated usage. Does your plan choice adequately cover the services you use most or will need in the future?
  - c. Flexibility in choice of doctors, hospitals and how you receive care. Each plan may include a different set of doctors, hospitals or have different rules for how to receive care.
  - d. Verify service areas and provider availability since all medical plans make ongoing changes during the year.
4. Use available tools to evaluate your needs and decide what's right for you.
  - a. Go to [MyBenefits](#) to review medical and dental information or;
  - b. Visit [www.calpers.ca.gov](http://www.calpers.ca.gov) to view medical plan information only. Under "I Want To..." Click on "View Health Plan Rates." or ;
  - c. go to: <https://www.calpers.ca.gov/page/retirees/health-and-medicare/retiree-plans-and-rates>
5. Have the right information handy. When you start the enrollment process, you'll need:
  - a. Your Social Security number
  - b. The names, birth dates, and Social Security numbers of any dependents you wish to enroll, or of any beneficiaries you wish to designate;
  - c. Dependent Certification—refer to the CalPERS website or call CalPERS at (888) 225-7377 to determine what certification is required.





## How to Submit Completed Enrollment/Change Forms

### Medical:

1. **Return** CalPERS medical enrollment/change forms and supporting documents directly to CalPERS by **October 11, 2024**. The District will not collect **ANY** medical enrollment forms or dependent certifications.

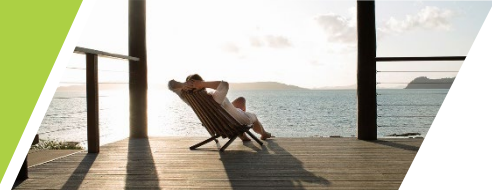
### Dental:

You may submit your completed dental change form to the Benefits Department by:

1. **Mail:** Retirees may submit the completed form through Postal Mail. Forms must be postmarked no later than **5:30pm on October 11, 2024**. Postmarked submittals received after this date will not be accepted. Mail to: Benefits Department, 2021 Bonar Street, 2<sup>nd</sup> Floor, Berkeley, CA 94702
2. **Email:** Employees may submit the completed form(s) through Email. Please email to [benefits@Berkeley.net](mailto:benefits@Berkeley.net). Forms must be received no later than **5:30 pm on October 11, 2024**. Emailed submittals received after this date will not be accepted.

**FAXED FORMS WILL NOT BE ACCEPTED**





## You Want to Know What Happens After Enrollment

### ID Cards

After you enroll for the first time, you will receive an ID card from the CalPERS medical plan you select. You will not receive an ID card for dental coverage unless enrolling in the DeltaCare DHMO Dental plan. Coverage is effective January 1, 2025 **even if you do not receive a new ID card by this date**. Coverage for medical will depend upon your timely enrollment with CalPERS.

When you receive your ID card, confirm that all information is accurate. If not, contact CalPERS for medical and the Benefits Department for dental right away.

### Selecting Primary Care Physicians

You are not required to select a primary care physician (PCP) if you enroll in one of the CalPERS PPO plans. However, most HMOs (medical and dental) require that you and each of your covered dependents select a PCP from the plan's network. Kaiser is the only HMO medical carrier that does not require you to choose a PCP. With Kaiser, you can visit any of the primary care physicians at the facility of your choice. If you enroll in the DeltaCare (dental DHMO) plan, you must select a dental office.

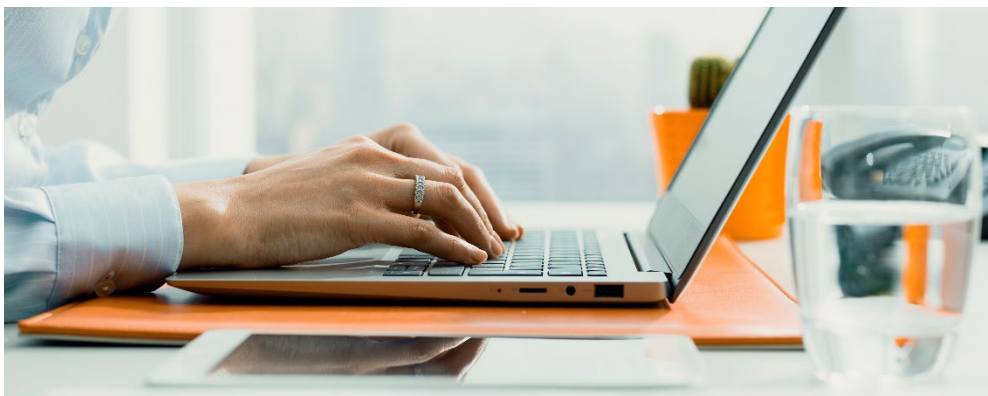
When you first enroll, you'll need to designate your choice of PCP for your CalPERS HMO medical plan and DeltaCare dental. If you don't designate your preferred PCP, the HMO will assign one for you. To choose a different PCP, call your plan carrier after you receive your ID card and request that your PCP be changed. PCP changes are not effective immediately. Generally, the change will occur the first of the following month.

### Premium Costs

The collective bargaining contract in effect at the time of your retirement outlines the terms and conditions of your eligibility and defines if you qualify for a District contribution toward the cost of your retiree health insurance benefits (medical and/or dental). After the period during which the District has agreed to pay some or all of your premium, you may remain on the BUSD health plan by paying the entire amount of your own health plan premium.

**CalPERS medical premium** - can be found on the CalPERS website. Premiums will be deducted from your monthly annuitant check effective January 1, 2025. If your check is not large enough to cover your medical premium, you will be billed. If you are receiving a District medical subsidy, reimbursement processes will continue through BASIC.

**Delta Dental and Vision premiums** - can be found on pages 12 and 13. P&A Group will bill for the dental premium minus any District subsidy (if any) and bill the entire premium for vision (there is no subsidy for vision).



# OPEN ENROLLMENT CHECKLIST - IMPORTANT



Review the checklist below to ensure that you have completed all paperwork during this Open Enrollment period as your next opportunity to enroll or change coverage will not occur until next year's Open Enrollment, unless you experience a qualifying event during the year.

**Dental and Vision forms are due to the Benefits Department no later than 5:30 pm on Friday, October 11, 2024**

☐ **Medical Plan—CalPERS**

- If you would like to enroll or make changes, please complete a CalPERS enrollment form. If you need assistance, contact CalPERS at (888) 225-7337.
- Please return any medical enrollment form and dependent certification copies directly to CalPERS by **October 11, 2024** in order to ensure that new coverage starts January 1, 2025. **DO NOT SEND ORIGINAL DEPENDENT CERTIFICATION DOCUMENTS TO CALPERS AS THESE WILL NOT BE RETURNED TO YOU.**

☐ **Dental Plan – changing plans, complete a Delta Dental Dual Choice enrollment/change form**

- Note: Delta Dental PPO (Fee-For-Service) and DeltaCare USA (DHMO)
- If you are not making a change, you do not need to complete any paperwork.
- Dental forms are due to the Benefits Department no later than 5:30 pm on **Friday, October 11, 2024**

**Dependent Certification is REQUIRED!**

If you are enrolling dependents, the following applicable certification must be provided. It is the retiree's responsibility to obtain certification(s) and to submit such certifications to the District and CalPERS in a timely manner. Failure to submit supporting documentation copies will result in dependents being denied coverage. **DO NOT SUBMIT ORIGINAL DOCUMENTS AS THEY WILL NOT BE RETURNED.**

☐ **Spouse – Marriage Certificate**

☐ **Domestic Partner – Declaration of Domestic Partnership from the California Secretary of State Offices, or Affidavit of Marriage/Domestic Partnership. If your domestic partnership is non-registered, you will need to complete District Domestic Partnership Application/Affidavit.**

☐ **Children – Birth Certificate, adoption paperwork, legal guardianship papers when applicable. Birth certificates must show the names of the parents.**

☐ **Disabled Dependent Child Certification Forms – CalPERS (provide only if child is disabled)**

- ☐ MEDICAL REPORT for the CalPERS DISABLED DEPENDENT BENEFIT
- ☐ MEMBER QUESTIONNAIRE for the CalPERS DISABLED DEPENDENT BENEFIT



# DENTAL BENEFITS



BUSD offers dental coverage through Delta Dental and DeltaCare. You have the opportunity to choose from the DHMO or PPO dental plan options. Each type of plan has unique advantages. Understanding the differences between them will help you choose the coverage that best meets the needs of you and your family. To search for a provider, visit Delta Dental's website at <https://www1.deltadentalins.com/>.

Plan	Plan Features
<b>DHMO</b>	<ul style="list-style-type: none"> <li>Provides benefits only if you see an in-network dentist</li> <li>Requires you to choose a primary care dentist to coordinate all your care</li> <li>Provides benefits based on a copay schedule</li> </ul>
<b>PPO</b>	<ul style="list-style-type: none"> <li>Allows you to receive care from a dentist in the network or outside the network</li> <li>Pays a portion of your expenses after you meet your annual deductible, except for preventive care which is covered at 100%</li> <li>In-network coverage provides a higher calendar year maximum and a benefit from discounted rates</li> </ul>

## DENTAL PLAN SUMMARY

Key Features	DeltaCare USA (DHMO)	Delta Dental PPO (Fee-For-Service)	
	In-Network Only	In-Network	Out-of-Network
<b>Calendar Year Deductible (Dependents Only)</b>	None	\$25 / \$50	
<b>Calendar Year Maximum Benefit</b>	Unlimited	\$1,800	\$1,500
<b>Diagnostic/Preventive</b>	Various Copays Apply	100% (Not subject to deductible or calendar year max)	
<b>Basic Services</b>	Various Copays Apply	100%	100%
<b>Major Services</b>	Various Copays Apply	70%	70%
<b>Orthodontics</b>	Various Copays Apply (adults & children)	50% (children only up to age 19)	
<b>Orthodontics Lifetime Maximum</b>	None (adults & children)	\$1,000 (children only up to age 19)	
<b>Implants</b>	Not Covered	70%	70%
<b>TMJ Treatment</b>	Not Covered	Not Covered	
<b>Waiting Period</b>	None	None	None

This information presented in the chart is a summary only. The information does not include all of the detailed explanation of benefits, exclusions and limitations. Plan participants should refer to the Evidence of Coverage (EOC) document for coverage details. In the event information in this summary differs from the EOC, the EOC will prevail.

## MONTHLY PREMIUM - DENTAL

	Delta Dental PPO	DeltaCare DHMO
<b>Composite Rate (Single/Family)</b>	\$95.82	\$32.21

# VISION BENEFITS



BUSD offers vision coverage for you and your dependents through Vision Service Plan (VSP). You, the retiree, pay the full premium for this coverage. The plan pays benefits for both in-network and out-of-network services. However, you will receive maximum value from your vision benefits when you choose in-network providers. If you receive care outside the network, you will receive a reduced level of benefits.

## VISION PLAN SUMMARY

Key Features	In-Network	Out-of-Network	Frequency
<b>Copay</b> (Exam/Materials)	\$10 copay		
<b>Primary Eye Care*</b>	\$20 copay	Not Covered	
<b>Exam</b>	Covered In Full	Up to \$50	Once every 12 months
<b>Single Lenses</b>	Covered in Full	Up to \$50	Once every 12 months
<b>Bi-Focal Lenses</b>	Covered in Full	Up to \$75	
<b>Tri-Focal Lenses</b>	Covered in Full	Up to \$100	
<b>Lenticular Lenses</b>	Covered in Full	Up to \$125	
<b>Frames</b>	<b>Up to \$200**</b>	Up to \$70	Once every 24 months
<b>Contact Lenses</b> (in lieu of glasses)	<b>Elective: Up to \$200 allowance</b> Medically Necessary: Covered 100%	Up to \$105 UP to \$210	Once every 12 months

This information presented in the chart is a summary only. The information does not include all of the detailed explanation of benefits, exclusions and limitations. Plan participants should refer to the Evidence of Coverage (EOC) document for coverage details. In the event information in this summary differs from the EOC, the EOC will prevail.

\*Primary Eye Care is designed for the detection, treatment and management of ocular conditions and/or systemic conditions which produce ocular or visual symptoms. A member can seek care from their vision provider versus their medical primary care physician for:

### Symptoms – including but not limited to:

Ocular discomfort  
Transient loss of vision  
Flashes or floaters  
Red eyes  
Swollen lids  
Pain in or around the eyes  
Diplopia  
Ocular trauma  
Retinal Nevus Blue  
Blepharitis

### Conditions – including but not limited to:

Ocular hypertension  
Glaucoma  
Cataracts  
Pink Eye  
Sty  
Corneal abrasion  
Corneal Dystrophy  
Macular degeneration

\*\* \$10 Copay – LightCare Allows members to use their frame allowance toward non-prescription blue light filtering glasses or sunglasses from the doctor's frame board or Eyeconic, exhausting both their lens and frame eligibility

## MONTHLY PREMIUM - VISION

Retiree Only	Retiree + One	Family
\$7.23	\$14.46	\$23.30

# KEY CONTACTS



## For General Questions

BUSD Benefits Department  
510-644-6666 (press 1)  
[www.berkeleyschools.net/departments/benefits/](http://www.berkeleyschools.net/departments/benefits/)

## For Medical Questions

CalPERS  
888-225-7337  
[www.calpers.ca.gov](http://www.calpers.ca.gov)  
Review the CalPERS 2025 Health Benefit Summary for specific carrier contact information

For Questions About	Carrier	Phone Number	Website/Email	Plan/Group ID
Dental PPO	Delta Dental	866-499-3001	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	7069
Dental DHMO	DeltaCare	800-422-4234		5827
Vision	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>	12314888
Retiree Subsidy Reimbursements/COBRA	P&A Group	716-852-2611	<a href="http://www.padmin.com">www.padmin.com</a>	N/A
Medicare - General	Medicare	800-MEDICARE	<a href="http://www.medicare.gov">www.medicare.gov</a>	N/A
Medicare - Personal	Medicare	800-633-4227	<a href="http://www.MyMedicare.gov">www.MyMedicare.gov</a>	N/A







## Patient Protection Notice

Your health plan may require or allow for the designation of a primary care provider. If so, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members, including a pediatrician, as the primary care provider. Until you make this designation, the health plan may designate one for you.

You do not need prior authorization from the health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan or procedures for making referrals.

For information on how to select a primary care provider, a list of participating primary care providers, or a list of health care professionals who specialize in obstetrics or gynecology, contact your health plan.

## Newborns' and Mothers' Health Protection Act

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

## Notice of Special Enrollment Rights

If an eligible employee declines enrollment in a group health plan for the employee or the employee's spouse or dependents because of other health insurance or group health plan coverage, the eligible employee may be able to enroll him/herself and eligible dependents in this plan if eligibility is lost for the other coverage (or because the employer stops contributing toward this other coverage). However, the eligible employee must request enrollment within 30 days after the other coverage ends (or after the employer ceases contributions for the coverage).

In addition, if an eligible employee acquires a new dependent as a result of marriage, birth, adoption or placement for adoption, the eligible employee may be able to enroll him/herself and any eligible dependents, provided that the eligible employee requests enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If the eligible employee otherwise declines to enroll, he/she may be required to wait until the District's next open enrollment to do so. The eligible employee also may be subject to additional limitations on the coverage available at that time.

Furthermore, eligible employees and their eligible dependents who are eligible for coverage but not enrolled, shall be eligible to enroll for coverage within 60 days after becoming ineligible for coverage under a Medicaid or Children's Health Insurance Plan (CHIP) plan or being determined to be eligible for financial assistance under a Medicaid, CHIP, or state plan with respect to coverage under the plan.

## Women's Health and Cancer Rights Act Annual Notice (WHCRA)

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your health plan.

*Prepared By*



Insurance Brokers &  
Consultants