BENEFITS
ADMINISTRATION

2027
BENEFITS GUIDE

benefits.lausd.org

EMPLOYEE

LAUSD
UNIFIED

A Closer Look At Your Medical Plan Options

Medical Plan Options	Health Net HMO	Kaiser Permanente HMO	Anthem Blue Cross Select HMO[1]	Anthem Blue Cross EPO[1]
Provider Choice	Health Net HMO providers only; each family member may select their own doctor.	Kaiser HMO providers only; each family member may select their own doctor.	Anthem Blue Cross Select HMO providers only; each family member may select their own doctor.	Any Prudent Buyer PPO provider in California; any National (BlueCard) PPO provider outside of California.
Annual Deductible	None	None	None	0.5% of gross fiscal earnings per active member, rounded downward to the nearest $50 increment ($100 minimum per member - $800 maximum per member). Family: 3x member deductible
Out-of-Pocket Limit	$1,500 per member $3,000 per family	$1,500 per member $3,000 per family	$1,500 per member $3,000 for 2 members $4,500 per family	$7,500 per member
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Physician and Routine Services				
Physician Office Visits	$20 copay/Telehealth or in-person visit for primary care physician; $30 copay/Telehealth or in-person visit for specialist No copay/Telehealth through preferred vendor	$20 copay/Office visit $0 copay/Telehealth visit	Physician office/LiveHealth online visit: $10 copay/visit	Physician office/LiveHealth online visit: Member pays 20% after deductible*
Well Baby Care	No copay to age 2; $20 copay/visit thereafter	No charge to 23 months	No copay	No copay
Adult Physical Exam	$20 copay/visit	$20 copay/visit	No copay	No copay
Well Woman Exam	$20 copay/visit	$20 copay/visit	No copay	No copay
Prescription Drugs			**Prescription for all Anthem Blue Cross plans is provided through CVS Caremark**	
Retail Prescription Drugs	$5 copay/fill for generic up to 30-day supply; $25 copay/fill for brand up to 30-day supply; $45 copay/fill for non-preferred medications up to 30-day supply/formulary applies.	$10 copay/fill for generic medications up to 30-day supply. $25 copay/fill for brand name medications up to 30-day supply.	Fill up to 34-day supply: $5 generic; $25 preferred brand; $45 non-preferred brand. For maintenance drugs, after 2nd fill at any in-network retail pharmacy, there is a mandatory 90-day supply by mail order or at local CVS/ pharmacy at mail order copay.	Fill up to 34-day supply: $10 generic; $30 preferred brand; $50 non-preferred brand. For maintenance drugs, after 2nd fill at any in-network retail pharmacy, there is a mandatory 90-day supply by mail order or at local CVS/pharmacy at mail order copay.
Home Delivery (Mail Order) Prescription	$10 copay/fill for generic; $50 copay/fill for brand/formulary applies; $90 copay/fill for non-preferred medications; mandatory 90-day supply of maintenance medications either through CVS Caremark Mail Service Pharmacy or at a local CVS/pharmacy after the third fill at a retail pharmacy.	$20 copay/fill for generic medications up to 100-day supply. $50 copay/fill for brand name medications up to 100-day supply.	Fill up to 90-day supply: $10 generic; $50 preferred brand; $90 non-preferred brand. For maintenance drugs, after 2nd fill at any in-network retail pharmacy, there is a mandatory 90-day supply by mail order or at local CVS/ pharmacy at mail order copay.	Fill up to 90-day supply: $20 generic; $60 preferred brand; $100 non-preferred brand. For maintenance drugs, after 2nd fill at any in-network retail pharmacy, there is a mandatory 90-day supply by mail order or at local CVS/pharmacy at mail order copay.
Urgent Care				
Urgent Care Treatment	$50 copay/visit	$20 copay/visit	$10 copay/visit	Member pays 20% after deductible
Hospital or Outpatient Facility				
Inpatient Care, Room and Board, Surgery, and Other Hospital Charges	10% coinsurance plus $100 copay per admission	$100 per admission	No copay	Member pays 20% after deductible (subject to utilization review)*
Outpatient Surgery	$250 copay per outpatient surgery visit	$100 per procedure	$10 copay/visit	Member pays 20% after deductible.*
Emergency Room Treatment	$100 copay/visit (waived if admitted)	$100 copay/visit (waived if admitted)	$50 copay/visit (waived if admitted)	$100 deductible per visit (waived if admitted), then member pays 20%.
Mental Health Care and Substance Abuse Treatment (for AB88[2] and Non-AB88 diagnosis)				
Outpatient Mental Health Care	$20 copay/Telehealth or in-person visit as medically necessary with no annual limit. Telehealth through preferred vendor: no copay. No copay for Behavioral Analysis and Intensive Outpatient Treatment	$20 per individual visit; $10 per group visit (no annual limit)	$10 copay per visit	Member pays 20% after deductible
Inpatient Mental Health Care	10% coinsurance plus $100 copay per admission with no annual limit. No copay for Partial Hospitalization and Day Treatment.	$100 per admission	No copay (no day limit)	Member pays 20% after deductible (no day limit)*
Substance Abuse Treatment	Inpatient treatment: 10% coinsurance plus $100 copay per admission with no annual limit. Outpatient treatment: $20 copay per individual visit; $10 per group visit (unlimited visits/days each calendar year).	Inpatient Detoxification: $100 per admission Residential Substance Use Disorder Treatment: $100 per admission. Outpatient treatment: $20 copay per individual visit; $5 per group visit (unlimited visits/days each calendar year).	Inpatient: No copay (no day limit) Outpatient: $10 copay per visit	Inpatient: Member pays 20% after deductible (no day limit)* Outpatient: Member pays 20% after deductible
Other Medical Care				
Chiropractic Care	$10 copay/visit; up to 20 visits/year through American Specialty Health Plan (ASHP) network. No referral needed.	Not covered	$10 copay per visit (covered under Rehabilitative Care benefit limited to 60 combined visits per injury or illness; additional visits available when approved by the medical group or Anthem Blue Cross)	Member pays 20% after deductible (covered under Rehabilitative Care benefit limited to 24 visits per calendar year; additional visits may be authorized)*
Durable Medical Equipment	No copay	Member pays 10%	Member pays 20%	Member pays 20% after deductible
Hearing Aids[3]	No copay of covered hearing aid expenses; replacement once every 3 years (one pair).	Not covered	Member pays 20% (limited to one pair every 3 years; batteries and repairs not covered).	Member pays 20% after deductible; one hearing aid per ear every three years. (batteries and repairs not covered)

Note: This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply.
If there is any discrepancy between this chart and the plan documents, the plan documents will govern. Copies of the plan documents are on file with Benefits Administration.

[1] Anthem Blue Cross pays the applicable percentage of the Anthem Blue Cross allowed amount for the in-network services. Anthem Blue Cross Select HMO and EPO network providers accept this amount as payment in full, less any deductible and copayment. Non-participating providers may bill you for any amounts that exceed the "allowable" amount, plus any deductible and copayment amounts.

Under the EPO plan, members must receive health care services from Anthem Blue Cross PPO network providers, unless they receive authorized referrals or need emergency and/or out-of-area urgent care. Emergency services received from a non-PPO hospital and without an authorized referral are covered only for the first 48 hours. Coverage will continue beyond 48 hours if the member cannot be moved safely.

[2] Under California law AB88, LAUSD medical plans cover certain mental health diagnoses the same as other medical conditions. These include schizophrenia, schizoaffective disorder, bipolar disorder (manic-depressive illness), major depressive disorder, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, and bulimia nervosa.

[3] Consult your plan regarding the procedures for obtaining hearing aids and for information regarding limitations and exclusions.

*In certain states outside of California, members may be required to pay a 50% copay with some limited benefits. Please contact plan for more information.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are voluntary plans that enable you to save money by using pre-tax dollars to pay for eligible health care expenses for you and your family, as well as daycare for children under 13 or dependents of any age with a physical or mental disability. The District offers two tax-saving accounts to eligible employees:

Health Care FSA (min $120 / max $3,300)
Dependent Daycare FSA (min $120 / max $5,000)

When you enroll, you decide how much to set aside from your paycheck into the Health Care FSA and/or Dependent Daycare FSA. This amount is evenly divided and deducted from each paycheck before federal, state, and social security taxes are calculated.

When you have an eligible expense, you can pay upfront with your FSA payment card or you can use personal funds and request reimbursement. Reimbursements come from the account you elected, allowing you to use untaxed income for eligible expenses. In other words, the money that flows through your FSA is never taxed.

Enrollment in the Health Care FSA and/or Dependent Daycare FSA is not automatic! You must enroll every year during Open Enrollment to participate.

A full list of eligible Health Care FSA and Dependent Daycare FSA expenses can be found under IRS Publication 502 and IRS Publication 503 at www.irs.gov. To enroll or obtain more information, please visit benefits.lausd.org, click on "Employees," then "Flexible Spending Accounts."

457(b) and 403(b) Retirement Savings Plans

The District offers voluntary retirement savings plans to help supplement your retirement income. The District sponsors both traditional and Roth options for 457(b) and offers traditional and Roth options for 403(b) retirement savings plans. Both traditional 457(b) and 403(b) plans allow for the investment of pre-tax earnings which may decrease your taxable income. Roth 457(b) and 403(b) contributions are made with post-tax earnings with the benefit that you may be able to withdraw from your account tax-free, under certain conditions and subject to IRS rules and regulations. Contributions to any of these plan options are made through automatic payroll deductions. You are immediately eligible to contribute to any plan(s). To enroll or obtain more information, please visit the Deferred Compensation Plans page on our website at benefits.lausd.org.

Medical Opt-Out / Cash-Back Plan

If you are an active employee and do not want to be covered by any of the District medical plan options, you can opt-out of medical coverage and receive up to $3,000 cash back per calendar year. This amount will be considered taxable income and will be paid in installments in your regular payroll check. You may still elect dental and vision coverage. If you enroll in the Medical Opt-Out/Cash-Back Plan, you must attest annually that you and your eligible dependents have "minimum essential coverage" through a group health plan and that it is not part of the individual market coverage such as Covered California. The Medical Opt-Out/Cash-Back Attestation form may be found at benefits.lausd.org/forms.

COBRA / Continuation of Coverage Options

Under the Consolidated Omnibus Reconciliation Act (COBRA) of 1985, employees and covered dependents may be eligible to temporarily continue health benefits coverage at their own expense after the District-sponsored coverage ends. Plan rates shown on your paycheck are not COBRA rates. COBRA rates are published on the District's Benefits Administration website. You may also be eligible to obtain affordable and quality health care coverage through the Health Care Exchange. Visit coveredca.com for more information and coverage options.

A Closer Look At Your Dental Plan Options

Dental Plan Option	Western Dental DHMO	DeltaCare® USA DHMO	MetLife PDP Plus PPO	
			In-Network	Out-of-Network
Annual Deductible	None	None	$100 per person per calendar year; applies to Basic & Major Services	
Maximum Annual Benefit	None	None	$3,000 combined In-Network and Out-of-Network; applies to all Basic and Major Services only.	
Provider Choice	Participants must use their assigned Western Dental Plan DHMO network providers. Family members have the ability to select separate network dentists.	Participants must use their assigned DeltaCare® USA DHMO primary care dentist. Family members have the ability to select separate network dentists.	Participants must use a MetLife PDP Plus PPO dentist; family members may each select their own network dentist.	Participants and family members may use any licensed dental provider.
Specialist Referral	Pre-Authorization Required	Direct referral from Primary Care Dentist	No Pre-Authorization Required	
Preventative Services	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Includes Teeth Cleaning, Panoramic or Full Mouth X-rays and Fluoride Treatment	No Cost (for cleaning - up to 3 per year)	No Cost (for cleaning - up to 3 per year)	No Cost. Subject to procedure limitations; teeth cleaning up to 2 per year in and out of network combined.	20% based on the reasonable and customary charge. Subject to procedure limitations; teeth cleaning up to 2 per year in and out of network combined.
Therapeutic / Basic Services	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Extractions, Simple (Single tooth)	No Cost	No Cost	20% of the maximum allowed charge. Composite fillings for molars will be covered at the amalgam level.	40% based on the reasonable and customary charge. Composite fillings for molars will be covered at the amalgam level.
Extractions for Orthodontic Reasons	Not Covered	Not Covered		
Fillings (Amalgam)	No Cost	No Cost		
Fillings (Composite for Molars)	No Cost	$85 to $140		
Root Canal - Molar	No Cost	$40		
Periodontics (Scaling and Root Planning; per Quadrant)	No Cost	No Cost		
Osseous Surgery - 4 or More Contiguous Teeth per Quadrant	No Cost (once every 36 months)	No Cost (once every 36 months)		
Major Services	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Crown	No Cost	$20-$165 (Cost varies based on metal chosen. No cost for Clinical Crown Lengthening.)	50% of the maximum allowed charge.	50% based on the reasonable and customary charge.
Full Denture, Upper or Lower	No Cost	$50		
Partial Denture, Upper or Lower	No Cost	$50-$63		
Bridge (3 unit)	No cost per unit. Limitations may apply.	$40 - $165 per unit. Up to 6 units with an additional $125 per unit after the 6th unit (includes high noble and noble metal charge). Limitations may apply.		
Dental Implants	Cost varies based on dental implant treatment	Not Covered	Not Covered	Not Covered
Orthodontia	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
24 Month Treatment Plan - Children (to age 19)/ **Adults**	$1,000 copay - comprehensive treatment only for both children and adults	$1,000 copay (children)/ $1,250 copay (adults) - comprehensive treatment only	50% up to the $750 individual ortho lifetime maximum per person, then you pay 100% for both children and adults	
Additional Benefits	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Deep Sedation/ General Anesthesia	No Cost	$68 each 15 minutes	20% of the maximum allowed charge.	40% based on the reasonable and customary charge.
External Bleaching, per Arch	No Cost	$125	Not Covered	Not Covered
Occlusal Guards	No Cost	$85	50% of the maximum allowed charge.	50% based on the reasonable and customary charge.

A Closer Look At Your Vision Plan Options

Vision Plan Options	EyeMed Vision Care		VSP® Vision Care	
	EyeMed Provider	Non-EyeMed Provider	Choice Network Provider	Non-VSP Provider
Office Locations	More than 174,800 access points nationwide, including Pearle Vision, LensCrafters, Target Optical as well as online providers such as RayBan.com, TargetOptical.com, Oakley.com, LensCrafters.com, Glasses.com, and ContactsDirect.com	Freedom to receive services at the provider of your choice.	Choose from 160,000 provider access points including Independent Doctors, Costco Optical, Walmart, Visionworks, Linden Optometry A P.C., Total Vision and VSP's online eyewear store, Eyeconic.com	Freedom to see any provider including the out-of-network provider of your choice.
Annual Deductible	None	None	$25	$25
Examination (1 every 12 months)	Plan pays 100%	Plan pays up to $40	Plan pays 100%	Plan pays up to $55
Lenses (1 pair every 12 months)				
Single Vision	Plan pays 100%	Plan pays up to $30	Plan pays 100%	Plan pays up to $40
Lined Bifocal	Plan pays 100%	Plan pays up to $50	Plan pays 100%	Plan pays up to $60
Lined Trifocal	Plan pays 100%	Plan pays up to $70	Plan pays 100%	Plan pays up to $80
Lenticular	Plan pays 100%	Plan pays up to $70	Plan pays 100%	Plan pays up to $125
Standard Progressive	$0 copay [1]	Plan pays up to $50	$0 copay	Plan pays up to $80
Frames (1 every 24 months)	Plan pays up to $100; plus 20% off the balance over $100.	Plan pays up to $70	Plan pays up to $100, plus 20% off the balance over $100. $150 allowance on featured frame brands.	Plan pays up to $45
Contact Lenses **EyeMed** - In lieu of lenses. **VSP** - In lieu of lenses. Available every 12 months.	Plan pays 100% for medically necessary contact lenses. Plan pays up to $105 for elective lenses; standard contact lens fitting covered with $0 copay.	Plan pays up to $74 for elective contacts and up to $40 for contact lens fitting/follow-up. Plan pays up to $210 for medically necessary contact lenses.	Plan pays 100% for medically necessary contact lenses after deductible or plan pays up to $105 for elective contact lenses, plus you'll receive 15% off your contact lens exam.	Plan pays up to $210 for medically necessary contact lenses after deductible or up to $105 for elective contact lenses.
Optional Features: (Tinted lenses, scratch resistant, ultra-violet coatings, retinal imaging, polycarbonate, photochromatic lenses and standard progressive lenses.)	Plan pays 100% for tint and scratch-resistant coating; you pay $15 to $75 for additional features.	Tinted lenses: plan pays up to $8. Standard scratch resistant Plan pays up to $8.	Plan pays 100% for Standard Progressives, Tints and Scratch Resistant Coatings. Members are also saving an average of 40-50% on non-covered lens enhancements.	Plan pays up to $5 for tinted lenses
Laser Vision Correction	Discounts on PRK or LASIK. Please call (877) 5LASER6.	Not covered	Discounts on PRK, LASIK, SMILE, Bladeless, Contoura. Please call VSP at (800) 877- 7195.	Not covered

Note: This information is not a complete description of benefits. Contact the plan for more information. Limitations and restrictions may apply. If there is any discrepancy between this chart and the plan documents, the plan documents shall govern. Copies of the plan documents are on file with Benefits Administration.

[1] Premium progressive tiers 1 - 4: $85, $95, $110, $175 copay

Life Insurance

Basic Life Insurance

As an eligible District employee, you are automatically insured for $20,000 in Basic Life Insurance coverage, provided at no cost to you and underwritten by Securian Financial. This benefit pays a lump sum to your designated beneficiary if you pass away while employed with the District. It is your responsibility to keep your beneficiary designation up to date. If you take an approved unpaid illness or industrial injury leave, the District will continue paying your Basic Life premiums for up to 12 months.

Supplemental Life Insurance

Supplemental life allows you to purchase additional coverage through payroll deductions, including:

- Employee supplemental life and AD&D: Up to 5x your salary ($500,000 max) in additional coverage.
- Spouse/domestic partner life and AD&D: Up to $200,000 max, not to exceed your elected employee supplemental amount.
- Child life: $5,000 or $10,000 of coverage available through age 26. You must be enrolled in employee supplemental life to elect child coverage.

Filing a Claim

If you or an eligible dependent passes away while covered under the life insurance plan(s), the designated beneficiary should contact the insurance company, who will assist with filing a claim for benefits under the plan.

For claims or claim related questions, call (888) 658-0193. For additional information about the District's Life Insurance program, visit securian.com/LAUSD-insurance.

Reasonable Accommodations

The District is committed to providing equal employment opportunities for individuals with disabilities and does not discriminate based on a disability in the admission, access, treatment, or employment in its programs or activities. The District implemented the Stay at Work/Return to Work Program to assist injured and/or ill employees with gainful, productive, and rewarding employment. Participation in the program is mandatory for both the District and its employees.

Also, the District maintains a Reasonable Accommodation Committee if an employee believes that a reasonable accommodation for a disability has not been provided at the work site or that the interactive process to determine whether a reasonable accommodation is available has been insufficient. For additional information about the Reasonable Accommodation Committee, reasonable accommodations, the interactive process, or the Stay at Work/Return to Work Program, do not hesitate to contact Integrated Disability Management at disabilitymanagement@lausd.net.

Important Contact Information

Plan Name	Address	Web Address	Phone
Anthem Blue Cross	P.O. Box 60007 Los Angeles, CA 90060-0007	anthem.com/ca	(800) 700-3739
CVS Caremark (prescription drug provider for Anthem Blue Cross Plans only)	CVS Caremark Customer Care P.O. Box 6590 Lees Summit, MO 64064-6590	caremark.com	(888) 752-7229
Health Net HMO	P.O. Box 10348 Van Nuys, CA 91410-0348	healthnet.com/lausd	(800) 654-9821
Kaiser Permanente HMO	Kaiser Foundation Health Plans, Inc. 1950 Franklin St. Oakland, CA 94612	choose.kp.org/lausd	(800) 464-4000
MetLife PDP Plus PPO	MetLife Dental Claims P.O. Box 981282 El Paso, TX 79998-1282	metlife.com/lausd	(866) 665-1467* *available starting 10/26/26
DeltaCare® USA DHMO	P.O. Box 1810 Alpharetta, GA 30023	deltadentalins.com/lausd	(844) 697-0580
Western Dental DHMO	Western Dental Services Attn: Customer Service 101 Park Lane Blvd, Ste 301 Sugar Land, TX 77478	westerndentalbenefits.com	(866) 901-4416
EyeMed Vision Care	4000 Luxottica Place Mason, OH 45040	eyemed.com	Inquiries: (866) 723-0514 LASIK: (877) 5LASER6
VSP® Vision Care	P.O. Box 997100 Sacramento, CA 95899-7100	vsp.com	(800) 877-7195
Total Administrative Services Corporation (TASC) FSA Plans	2302 International Lane Madison, WI 53704-3140	lausdtasc.com tasconline.com	(800) 422-4661
Voya Financial 457(b) Deferred Compensation Plan	Attn: LAUSD 457(b) Deferred Compensation Plan P.O. Box 389 Hartford, CT 06141	lausd.org/457b	(844) 525-2873 (844) 265-5838 (fax)
US OMNI & TSACG Compliance Services 403(b) Savings Plan	Attn: Participant Services P.O. Box 4037, Fort Walton Beach, FL 32549-4037	lausd.org/403b	(888) 796-3786 (866) 741-0645 (fax)
Securian Financial Life Insurance	400 Robert Street North St. Paul, MN 55101-2098	securian.com/LAUSD-insurance	Claims: (888) 658-0193 General Info: (866) 293-6047
OTHER RESOURCES			
Health Equity | WageWorks, LAUSD COBRA/AB528 Administrator	Forms: P.O. Box 14709 Lexington, KY 40512-4709 Payments: P.O. Box 660212 Dallas, TX 75266	mybenefits.wageworks.com	(888) 678-4881
Social Security Administration		ssa.gov	(800) 772-1213
Medicare		medicare.gov	(800) 633-4227
Public Employees Retirement System (PERS)		calpers.ca.gov	(888) 225-7377
State Teachers Retirement System (STRS)		calstrs.com	(800) 228-5453
LAUSD Benefits Administration	P.O. Box 513307 Los Angeles, CA 90051	web: benefits.lausd.org email: benefits@lausd.net	(213) 241-4262 (213) 241-4247 (fax)