NEW HIRE BENEFITS INFORMATION

2011-2012

Useful Information for you to Keep
SUMMARY OF BENEFITS FOR CERTIFICATED EMPLOYEES  
(Tenured, Probationary & Temporary)

RETIREMENT

- Retirement System:  
  State Teachers’ Retirement System (STRS)  
P.O. Box 15275  
Sacramento, CA 95851-0275  
(800) 228-5453  
www.calstrs.com

- Contribution:  
  Employee – 8% of gross salary (pre-tax)

- Eligibility Rule:  
  Mandatory membership begins on the first day of employment for all certificated staff who require a credential, certificate or permit and who are employed to perform creditable service on a full-time or part-time basis

SOCIAL SECURITY / MEDICARE

- Social Security:  
  Exempt from coverage due to membership in a qualified retirement plan (STRS)

- Medicare:  
  Mandatory contribution for all employees hired after April 1, 1986  
  Contribution:  
  Employee – 1.45% of gross salary

- State Disability:  
  Certificated employees do not contribute to State Disability Insurance (SDI)

HEALTH & VISION INSURANCE

All health insurance is administered by the Health Service System of the City and County of San Francisco:  
Health Service System (HSS)  
1145 Market Street, 2nd Floor (between 7th & 8th streets, near Civic Center)  
San Francisco, CA 94103  
(415) 554-1750 or (800) 541-2266

- Eligibility:  
  Active certificated staff working at least 50% of a full-time employment

- Effective Date (Date Coverage Starts):  
  Coverage begins on the first of the month following the end of the first pay period after date of hire, provided the employee enrolls in person at Health Service System (HSS) at 1145 Market Street, 2nd floor within 30 days of date of hire. Examples:  
  Hire date 9/15, first pay period end date 9/20, effective date 10/1  
  Hire date 9/26, first pay period end date 10/20, effective date 11/1

NOTE: If hired in August when School Year begins, effective date is 9/1

Employees who do not enroll at with the Benefits Dept. within 30 days of date of hire will not be eligible to enroll until the next Open Enrollment period (April)
HEALTH & VISION INSURANCE (continued)

- Health Plans: See HSS Benefits Information & Enrollment Guide, Comparison of Health Plans Brochure and individual Health Plan Packet

  HMOs: Kaiser Permanente
  - Blue Shield (requires selection of primary care physician)
  - Co-pays (generally $15), no annual deductibles

  PPO: City Health Plan (administered by HSS City & County of San Francisco)
  - 50% - 85% coverage after annual deductible:
  - Employee only $250
  - Employee + 1 $500
  - Employee + 2 or more $750

- Premium Rate: See attached Rate Table

  Monthly premiums subject to change each fiscal year (7/1-6/30)

- Eligible Dependent: Legal spouse, domestic partner (must register as domestic partners), unmarried children from birth to twenty-five (25) years of age who meet all the Health Service System conditions

  See HSS Benefits Information & Enrollment Guide for further information

- Prescription Drugs: Covered by the selected plan (see Comparison of Health Plans Brochure and individual Health Plan packet for detailed information)

  $5 and up co-pays vary on generic, brand name, non-formulary; mail order 30-day supply available

- Vision Care: Vision Service Plan (VSP) – Northern CA network of providers
  - (800) 877-7195
  - www.vsp.com

  NOTE: If you do not enroll in an available medical plan, you will not have vision plan coverage (eye exams, frames & lenses, contact lenses)

- Health & VSP Plan Packets: Refer to Plan Packet for detailed list of covered expenses, exclusions and limitations.
  Packets available at Health Service System (1145 Market St., 2nd floor)
SUMMARY OF BENEFITS FOR CERTIFICATED EMPLOYEES
(Tenured, Probationary & Temporary)

DENTAL PLAN

- **Plan Name:** Delta Dental Premier Plan of California  
P.O. Box 7736  
San Francisco, CA 94120  
(415) 972-8300 or (888) 335-8227  
[www.deltadentalca.org](http://www.deltadentalca.org)

- **Group Number:** 652-0011 (no i.d. card issued; use your name, ss# and group # for services)

- **Provider of Service:** Any licensed dentist world-wide

- **Eligibility:** Active certificated staff working at least 50% of a full-time employment become eligible to enroll in dental insurance on their date of hire

- **Effective Date (Date Coverage Starts):** Coverage begins on the first of the month following the end of the first pay period after date of hire provided the employee enrolls in coverage

- **Premium Rate:** No cost to employee and their eligible dependents

- **Eligible Dependents:** Legal spouse, domestic partner (must register as domestic partners), unmarried children from birth to twenty-five (25) years of age who meet all the San Francisco Unified School District’s conditions

- **Benefits:** Basic Benefits are covered at 70% the first year, 80% the second, 90% the third and 100% on the fourth year, provided that employee and each covered dependent uses the coverage at least once a year and with no break in coverage
  - Maximum benefit payable in a calendar year is $1,500.00
  - Orthodontic (Braces) - 50% up to a lifetime maximum of $500.00
  - Prosthodontic (Plates & Partial) - 50%

LIFE INSURANCE

- **Plan Name:** The Standard Insurance  
P.O. Box 2800  
Portland, OR 97208-2800  
(800) 628-8600; Fax (503) 478-5836  
[www.standard.com](http://www.standard.com)

- **Group Number:** 642078-A, Class 2

- **Eligibility:** Active certificated staff working at least 50% of a full-time employment become eligible to enroll on their date of hire (requires designation of beneficiary)
SUMMARY OF BENEFITS FOR CERTIFICATED EMPLOYEES  
(Tenured, Probationary & Temporary)

- **Benefits:** For Life Insurance - $20,000
- **AD & D Benefit:** For Accidental Death, Dismemberment or Loss of Sight - $15,000
- **Premium Rate:** No cost to employee

**LONG-TERM DISABILITY**

- **Plan Name:** The Standard Insurance  
P.O. Box 2800  
Portland, OR 97208-2800  
(800) 368-1135; Fax (503) 321-8491  
www.standard.com
- **Group Number:** 642078-B, Class 2
- **Eligibility:** Active certificated staff working at least 50% of a full-time employment become eligible to enroll on their date of hire
- **Benefits:** Paid up to a maximum of $1,300 and a minimum of $50
  Eligible employee has a five-month waiting period from date last worked or date of illness or injury
- **Premium Rate:** No cost to employee

**EMPLOYEE ASSISTANCE PROGRAM (EAP)**

- **Plan Name:** Optum Health  
(866) 248-4096 or log on to www.liveandworkwell.com  
Access code: sfusd
- **Eligibility:** All Active certificated staff on their first date of hire
- **Benefits:** Counseling Services, child and elder care referrals, financial and legal advice, parenting and family issues, living with chronic conditions and workplace conflicts
- **Premium Rate:** No cost to employee

**SICK DAYS & EXTENDED SICK DAYS**

- **Number of Days:** Teachers are entitled to ten (10) days of sick leave allowance, which will be credited at the beginning of the school year or pro-rated from the time of appointment
- **Eligibility:** All Tenured, Probationary and Temporary certificated employees
SUMMARY OF BENEFITS FOR CERTIFICATED EMPLOYEES
(Tenured, Probationary & Temporary)

Child Development Program Teachers working a 218 day calendar will be credited with eleven (11) days of sick leave or pro-rated from the time of appointment, beginning of the school year or pro-rated from the time of appointment.

After all earned and accumulated sick leave is exhausted, a teacher will have up to 100 days of extended sick leave for a single illness or accident and will be paid his or her own pro rata salary minus the per diem rate of a substitute teacher.

UNION INFORMATION

- Union Name: United Educators of San Francisco (UESF)
  2310 Mason St.
  San Francisco, CA 94133
  (415) 956-8373
  www.uesf.org

Under the organizational security provisions of the Collective Bargaining Agreement with the SFUSD, unit members are required to do one of the following:

- Become a member
- Pay an agency fee in lieu of membership
FLEXIBLE SPENDING ACCOUNTS (FSA)
(DEPENDENT CARE AND HEALTH CARE REIMBURSEMENT ACCOUNTS)

- Plan Name: American Family Life Assurance Company (AFLAC)

  Greg Kremenliev (District’s Sales Coordinator)
  1390 Willow Pass Road, Suite 420
  Concord, CA 94520
  Business: 510-764-9853, Ext. 756
  Fax: 510-764-9854
  gkremenliev@gmail.com
  AFLAC’s Customer Service: (800) 992-3522
  www.aflac.com

- Eligibility Rule: Active certificated staff working at least 50% of a full-time employment become eligible to enroll on their date of hire but must enroll within 30 days of date of hire; otherwise employees must enroll until the next annual Open Enrollment (Mid-October thru Mid-December) for the following Plan Year

- Benefits: FSAs are a way to be reimbursed for certain health care and dependent care expenses using tax-free dollars

- Contribution Rate: Employee selects contribution rate, subject to IRS limits. The Plan Year runs January 1st to December 31st of each year

SUPPLEMENTAL SHORT-TERM DISABILITY*

- Plan Names:
  - American Family Life Assurance Company (AFLAC)
  - Colonial Life & Accident Insurance Company

  American Family Life Assurance Company (AFLAC)
  Greg Kremenliev (District’s Sales Coordinator)
  1390 Willow Pass Road, Suite 420
  Concord, CA 94520
  Business: 510-764-9853, Ext. 756
  Fax: 510-764-9854
  gkremenliev@gmail.com
  AFLAC’s Customer Service: (800) 992-3522
  www.aflac.com

  Colonial Life & Accident Insurance Company
  Gary Hui (District’s sales coordinator)
  Business: (510) 928-2850   Fax: (415) 899-8032
  Colonial’s Customer Service: (800) 325-4368
  www.coloniallife.com
SUMMARY OF BENEFITS FOR CERTIFICATED EMPLOYEES
(Tenured, Probationary & Temporary)

Conseco Health Insurance Company
Kevin Schultz (District’s sales coordinator)
Business: (800) 628-6428 x7910  Fax: (707) 428-6700

Conseco’s Customer Service: (800) 541-2254

- Benefits: Refer to company plan packet or contact Company or sales coordinator
- Premium Rate: Rates depend on coverage selected

TAX SHELTERED ANNUITIES (403b Plan)*

Please contact the Payroll Department at 241-6114, ext. 3075, for more information

- Plan Name: Starting July 1, 2004, new State legislation goes into effect that will require 403(b) providers to register with CalSTRS. California public school employees can use the www.403bcompare.com Web site to:
  - Learn about 403(b) plans, available investment options, performance information, fees involved and view the list of approved vendors
- Eligibility: Active certificated staff. To enroll you will need to contact the vendor directly and then submit the required Salary Reduction Agreement form.
  - You may also contact us for the list of vendors and Salary Reduction Agreement form http://portal.sfusd.edu/template/?page=benefits
- Contribution: Please refer to appropriate IRS regulations regarding 403(b) pre-tax contributions

457 SAVINGS PLAN

- Plan Name: Tax Deferred Services (TDS) (800) 542-5829

  The 457 Plan provides a wide array of investment options, low cost mutual funds, and no IRS penalty for withdrawing funds upon separation of service, regardless of age.

  Learn about 457 plans, available investment options, performance information, fees involved by emailing: PlanAdministrator@tdsgroup

- Eligibility: Active classified staff. To enroll you will need to contact the vendor directly and then submit the required Salary Reduction Agreement form.
- Contribution: Please refer to appropriate IRS regulations regarding 457 pre-tax contributions
SUMMARY OF BENEFITS FOR CERTIFICATED EMPLOYEES  
(Tenured, Probationary & Temporary)

LEGAL SERVICES*

- Plan Name: Pre-Paid Legal Services, Inc.  
  Rhona S. Unsell (District’s sales coordinator)  
  Business: (800) 530-3151  
  runsell@prepaidlegal.com

  Pre-Paid Legal’s Customer Service: (800) 654-7757  
  www.prepaidlegal.com/info/sanfranciscousd

CREDIT UNIONS*

Provident Central Credit Union:  
303 Twin Dolphin Drive  
San Mateo, CA 94065  
Business: (650) 508-0300

San Francisco Bay Area Educators Credit Union: 258 “B” Laguna Honda Blvd.  
San Francisco, CA 94116  
Business: (415) 664-4313

San Francisco Federal Credit Union:  
770 Golden Gate Avenue  
San Francisco, CA 94102  
Business: (415) 775-5377

* TO SIGN-UP FOR ANY OF THE AGENCIES LISTED ABOVE, YOU MUST FIRST CONTACT THE AGENCY TO SET-UP THE ACCOUNT. THE COMPLETED PAYROLL DEDUCTION FORMS MUST BE SUBMITTED TO BENEFITS AT 555 FRANKLIN ST., 2ND FLOOR, SAN FRANCISCO, CA 94102
SUMMARY OF BENEFITS FOR CERTIFICATED EMPLOYEES  
(Tenured, Probationary & Temporary)

OTHER SERVICES AVAILABLE

EMPLOYMENT VERIFICATION

For employment verification for loans, credit, apartment lease or mortgage contact, etc.

Please contact:

Human Resources/Employment Verification Unit  
555 Franklin Street, 2nd Floor  
San Francisco, CA 94102  
(415) 241-6101, ext 3240

WORKERS’ COMPENSATION

- SFUSD Contact:  
  SFUSD Worker’s Compensation Unit  
  555 Franklin Street, 2nd Floor  
  San Francisco, CA  94102  
  (415) 241-6308  
  Contact: Paul Lufkins, Guillermo Murillo

As an employee of the School District, you are covered by Workers’ Compensation. It is your responsibility to report any injury or illness immediately to your supervisor. If you have any questions or concerns regarding a claim, you can contact the School District’s Workers’ Compensation Unit.

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For questions and concerns that you might have, please refer to your union contract. If you need further assistance, you may contact UESF at (415) 956-8373 or the Benefits Office at (415) 241-6101 x3243, x3389, x3250.
Health & Welfare Benefits For Certificated Employees
Frequently Asked Questions

1. **What Benefits are available?**

- Medical (including Vision)
- Dental
- Life Insurance (active certificated staff working at least 50% of a full-time employment)
- Long Term Disability
- Sick & Extended Sick Days
- State Teacher’s Retirement System (STRS)
- Voluntary Benefits:
  - Flexible Spending Account (Medical & Dependent Care)
  - Supplemental Short-Term Disability
  - Tax Sheltered Annuities (403B) and 457 Savings Plan

2. **Who is eligible for benefits?**

Active certificated staff working at least 50% of full time employment

3. **When does coverage begin?**

Coverage begins on the first of the month following the end of the first pay period after date of hire, provided the employee completes the enrollment packet and enrollment is confirmed by speaking with Benefits Staff.

Examples:  
Hire date 8/15, first pay period end date 8/20, effective date 9/1
Hire date 9/15, first pay period end date 9/20, effective date 10/1
Hire date 9/26, first pay period end date 10/20, effective date 11/1

NOTE: If hired in August when School Year begins, effective date is 9/1

Employees who do not enroll within 30 days of date of hire will not be eligible to enroll in the current year.

Delta Dental Benefits: Coverage begins on the first of the month following the end of the first pay period after date of hire provided the employee enrolls in coverage within 30 days of hire date.

4. **Can I add any dependents?**

Legal spouse, domestic partner (must register as domestic partners), unmarried children from birth to twenty-five (25) years of age who meet all the Health Service System conditions.
You may enroll your newborn child within thirty (30) days of the date of birth by submitting a completed enrollment application and certificate of birth to the Health Service System. Coverage will be in effect on the child’s date of birth provided you meet the deadline and documentation requirements listed. An adopted child may be enrolled within thirty (30) days of commencement of physical custody of the child. An adopted child’s coverage will be in effect on the date of commencement of physical custody, provided you meet the deadline and documentation requirements listed.

5. **What Health & Vision Plans are available?**

   **HMOs:** Kaiser Permanente  
   Blue Shield (requires selection of primary care physician)  
   Co-pays (generally $10), no annual deductibles

   **PPO:** City Health Plan (administered by HSS City & County of SF)  
   50% - 85% coverage after annual deductible:  
   Employee only $250  
   Employee + 1 $500  
   Employee + 2 or more $750

6. **What are the monthly rates?**

<table>
<thead>
<tr>
<th>MONTHLY EMPLOYEES: (ADMINISTRATORS-UASF, CABINET + UESF)</th>
<th>CITY PLAN (PPO)</th>
<th>KAISER (HMO)</th>
<th>BLUE SHIELD (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>606.93</td>
<td>1.28</td>
<td>85.46</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>1,450.98</td>
<td>281.76</td>
<td>450.15</td>
</tr>
<tr>
<td>Employee + 2 or more</td>
<td>2,278.07</td>
<td>650.25</td>
<td>888.51</td>
</tr>
</tbody>
</table>

   Delta Premium Rate: No cost to employee and their eligible dependents

   **Benefits:** Basic Benefits are covered at 70% the first year, 80% the second, 90% the third and 100% on the fourth year, provided that employee and each covered dependent uses the coverage at least once a year and with no break in coverage

   - Maximum benefit payable in a calendar year is $1,500.00
   - Orthodontic (Braces) - 50% up to a lifetime maximum of $750.00
   - Prosthodontic (Plates & Partials) - 70%
7. **If I receive a one year contract for the 2010-2011 school year, will my benefits end on June 30, 2011?**

Yes, benefits will be terminated at the end of the 2010-2011 school year. If you are rehired in the fall with an eligible assignment, you must re-enroll through SFUSD Benefits and the Health Services System within 30 days of appointment or within 30 days of meeting eligibility requirements for coverage for the next school year.

8. **Do I have to contribute to STRS retirement?**

Mandatory membership begins on the first day of employment for all certificated staff who require a credential, certificate or permit and who are employed to perform creditable service on a full-time or part-time basis. The contribution rate is 8% of gross salary (pre-tax).

9. **If I am being REHIRED, what do I need to do to activate my benefits?**

If you are rehired in the fall with an eligible assignment, you must re-enroll through SFUSD Benefits and the Health Services System within 30 days of appointment or within 30 days of meeting eligibility requirements for coverage for the school year.

10. **If I am on a leave of absence, are my benefits covered? If not, what will be the cost to me?**

If you are on a leave of absence, once you are no longer receiving a paycheck from the District, Benefits notifies Health Services and you will be billed at the District’s portion of your monthly premiums or you can choose to waive your premiums and you will be uninsured during the leave period.

For example:

<table>
<thead>
<tr>
<th>MONTHLY EMPLOYEES: (ADMINISTRATORS-UASF, CABINET + UESF)</th>
<th>Total Cost</th>
<th>District Cost</th>
<th>Employee Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser (Employee +1)</td>
<td>962.34</td>
<td>682.85</td>
<td>279.49</td>
</tr>
</tbody>
</table>

11. **If I am returning from an unpaid leave of absence, are my benefits automatically reinstated?**

No, benefits are not automatically reinstated. You must re-enroll through SFUSD Benefits upon return from the unpaid leave.
**Delta Dental Premier Is Easy To Use**

Delta Dental Premier is a fee-for-service plan with freedom to choose any licensed dentist. The plan pays a percentage for covered services; you may be charged only what we determine is the "patient share."

To use the plan, just call the dental office of your choice and make an appointment. During your first appointment, give your dentist your group number, which is at the top of this page, and the primary enrollee's social security number.

For a list of Delta dentists in your area, search the dentist directory on our website at www.deltadentalca.org or call (866) 499-3001. You can also check with your benefits administrator, who has a complete list of Delta dentists.

Visit our website to view your eligibility and benefits or print your own ID card. (Note: You do not need an ID card to verify coverage, make an appointment or receive treatment.) You also can have eligibility information faxed to you by calling toll-free to speak with a team specialist especially trained to serve school district employees: (866) 499-3001.

Delta Dental of California offers you what no other dental plan can — The Delta Difference®. Here's what makes us unique:

- **Determination of fees.** Delta dentists agree to our determination of fees.
- **Copayments are guaranteed.** Delta dentists charge you only what we determine to be your share of the treatment cost. If your share is 20 percent, you pay 20 percent of the Delta-approved fee — and no more.
- **We require professional treatment standards.** Delta dentists must meet professional standards for hygiene, radiation safety and other areas related to quality care.

These are just a few of the reasons that one in three Californians count on Delta Dental for dental care benefits.

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**Delta Dental Premier**

**About Delta Dental Premier**

The Delta Dental Premier plan allows you to:

- Visit any licensed dentist of your choice
- Change dentists at any time
- Go to a dental specialist of your choice
- Receive dental care anywhere in the world

Under the Delta Dental Premier plan, you may visit any licensed dentist you wish. More than 25,000 dentist locations in California — 91% of all dentist locations statewide — are Delta dentists. There are several advantages to choosing a Delta dentist:

<table>
<thead>
<tr>
<th>DELTA DENTIST</th>
<th>NON-DELTA DENTIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim forms are completed and submitted for you at no charge.</td>
<td>You may have to complete and submit your own claim forms or pay a service fee.</td>
</tr>
<tr>
<td>Your dentist has agreed to abide by our determination of the approved fee - you're responsible only for the patient share.*</td>
<td>You are responsible for the difference if your dentist charges more than our approved fees.</td>
</tr>
<tr>
<td>You may be charged only the patient share* at the time of treatment, not Delta Dental's portion.</td>
<td>You may have to pay the entire bill at the time of treatment and wait for reimbursement.</td>
</tr>
</tbody>
</table>

* "Patient share" is the copayment, any deductible and any amount over the annual maximum. Some services may not be covered; please refer to your Evidence of Coverage or Summary Plan Description. Some examples of services not covered are cosmetic dentistry, experimental procedures and services to correct congenital malformations.
**Principal Benefits And Covered Services**

Under this plan, Delta Dental pays 70% of the approved fees for covered diagnostic, preventive, basic, cast and crown benefits during the first year you are eligible. This percentage will increase 10% each year (to a maximum of 100%) for each enrollee, provided that person visits the dentist at least once during the year. If an enrollee does not use the plan during a calendar year, the percentage remains at the level reached the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

<table>
<thead>
<tr>
<th>WHO'S COVERED</th>
<th>Primary enrollee, spouse or domestic partner as well as dependent children to age 25</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENEFIT MAXIMUM</td>
<td>The maximum benefit paid per calendar year is $1,500 per person.</td>
</tr>
<tr>
<td>DIAGNOSTIC AND PREVENTIVE BENEFITS</td>
<td>70% - 100% of Delta dentist's approved fee (no deductible applies for these services)</td>
</tr>
<tr>
<td>BASIC BENEFITS</td>
<td>70% - 100% of Delta dentist's approved fee</td>
</tr>
<tr>
<td>CROWNS AND OTHER CAST RESTORATIONS</td>
<td>70% - 100% of Delta dentist's approved fee</td>
</tr>
<tr>
<td>PROSTHODONTIC BENEFITS</td>
<td>50% of Delta dentist's approved fee</td>
</tr>
<tr>
<td>ORTHODONTIC BENEFITS</td>
<td>50% of Delta dentist's approved fee (subject to a $500 lifetime maximum per person)</td>
</tr>
<tr>
<td>DENTAL ACCIDENT BENEFITS</td>
<td>100% of Delta dentist's approved fee separate $1,500 maximum per person per calendar year</td>
</tr>
</tbody>
</table>

**Services That Are Not Covered**

Although your plan covers many of the most commonly needed services, some services are not covered. If you are unsure whether a particular procedure is covered, or how much of it is paid for by your plan, check with Delta Dental before proceeding.

The following are not covered by the plan:

- Services for injuries or conditions that are covered under Workers' Compensation or Employer's Liability Laws
- Cosmetic surgery or dentistry or services to correct congenital malformation
- Experimental procedures
- Therapeutic drugs, premedication or pain relievers
- Hospital costs or extra charges for hospital treatment
- Anesthesia (except for general anesthesia for oral surgery)
- Extra-oral grafts, implants and implant removal
- Treatment related to the temporomandibular joint (TMJ)

The preceding information is not intended for use as a Summary Plan Description, nor is it designed to serve as an Evidence of Coverage for the plan.

This Delta Dental Premier plan is administered by Delta Dental of California. If you have specific questions regarding benefit structure, limitations or exclusions, consult the Evidence of Coverage or Summary Plan Description or contact our Customer Service department.

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**Delta Dental**

P.O. Box 997330
Sacramento, California 95899-7330

For customer service:
(866) 499-3001

For automated or faxed eligibility/benefits information:
(866) 499-3001

For online eligibility/benefits information:
www.deltadentalca.org

For a list of Delta dentists:
www.deltadentalca.org

*Please refer to your Evidence of Coverage or Summary Plan Description for limitations on these benefits. Some examples of limitations on services are the number of cleanings and oral exams covered in a calendar year, and time limitations on filling and crown replacements. Note: Delta dentists are paid on a different fee base than non-Delta dentists. This may result in higher out-of-pocket costs to you when you visit a non-Delta dentist.*
## FY 2011-2012 Premium Rates

### BIWEEKLY

<table>
<thead>
<tr>
<th></th>
<th>SFUSD Pays</th>
<th>Employee Pays</th>
<th>Total Premium</th>
<th>SFUSD Pays</th>
<th>Employee Pays</th>
<th>Total Premium</th>
<th>SFUSD Pays</th>
<th>Employee Pays</th>
<th>Total Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craft Unions Local 4, 6, 22, 38, 39, 40, 66, 104, 261, 377, 718, 853, 1414</td>
<td>232.59</td>
<td>39.44</td>
<td>272.03</td>
<td>232.59</td>
<td>0.59</td>
<td>233.18</td>
<td>232.59</td>
<td>280.12</td>
<td>512.71</td>
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<tr>
<td>Board Designated Confidential or Unrepresented and SEIU Local 1021</td>
<td>232.59</td>
<td>39.44</td>
<td>272.03</td>
<td>232.59</td>
<td>0.59</td>
<td>233.18</td>
<td>232.59</td>
<td>280.12</td>
<td>512.71</td>
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<tr>
<td>Board Designated Classified Managerial</td>
<td>232.59</td>
<td>39.44</td>
<td>272.03</td>
<td>232.59</td>
<td>0.59</td>
<td>233.18</td>
<td>232.59</td>
<td>280.12</td>
<td>512.71</td>
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<tr>
<td>IFPTE Local 21</td>
<td>232.59</td>
<td>39.44</td>
<td>272.03</td>
<td>232.59</td>
<td>0.59</td>
<td>233.18</td>
<td>232.59</td>
<td>280.12</td>
<td>512.71</td>
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<td>UESF Paraprofessionals</td>
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### MONTHLY

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### EMPLOYEE PLUS 1 DEPENDENT

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### EMPLOYEE PLUS 2 or MORE DEPENDENTS

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<td>2,278.07</td>
<td>3,055.73</td>
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EMPLOYEE NOTICE
WORKERS’ COMPENSATION BENEFITS

This is to notify you of benefits, available to you through the California Workers’ Compensation system. All employees are entitled to these benefits if they sustain an injury or illness that arose out of their employment and occurred in the course and scope of their employment.

If you have a work injury or illness you must report it immediately to your supervisor even if you feel you don’t need to see a doctor. You do not have to file a claim unless you feel you need treatment beyond first aid. Your Supervisor/Manager/Administrator will provide you with a claim form (DWC1). If you want to file a claim you need to complete and return that form to your supervisor and then prior to being seen by a doctor, you need to call a nurse triage program, called Company Nurse and that number is 888-375-0282.

The nurse will take the information to set up the claim and will refer you for medical treatment if needed. You can be treated by your own primary care physician, who you have previously treated with and who maintains your medical records, if you complete a pre-designation form, prior to the injury. The physician you pre-designate must sign the form, indicating they agree to treat you for a work related injury. Then return the form to Risk Management at the district office at 555 Franklin St., SF 94102.

By advising your supervisor at the time of the incident you will protect your rights.

The California workers’ compensation law guarantees you specific benefits:

- All reasonable and necessary medical care for your injury or illness, with no deductibles. Medical benefits may include treatment by a doctor, hospital services, lab test, x-rays, physical therapy, and medication. State law makes non-emergency medical services subject to preauthorization and may limit some medical services. If emergency care is needed dial 911.
- Tax-free compensation payments to help replace lost wages, if any, while you are temporarily disabled.
- Permanent disability payments may also be indicated as some injuries may result in permanent disability.

Additionally there are death benefits and potential supplemental job displacement benefits, should the injury result in permanent disability that your employer is unable to accommodate. The district has a return-to-work program so every effort will be made to accommodate temporary or permanent restrictions and get you back to work when medically appropriate.

If you file a claim you will be given additional information at that time. If you have any questions ask your supervisor or you can contact the district’s Risk Management/Workers’ Compensation department at 415-241-6308. You can also contact the Information and Assistance Officer at the State Division of Workers’ Compensation who will answer your questions at no charge. There number is 800-736-7401.

Updated 031710-Risk Management