



2025 - 2026

Employee **Benefits** Guide

TEAMSTERS, CLASSIFIED, ERIIP RETIREES





Dear Valued Retiree,

Palm Springs Unified School District is committed to providing comprehensive benefit package options to our employees at an affordable cost. This includes health, dental, vision, life insurance, wellness programs, to help meet the diverse needs of our Retirees and families.

As a Retiree you have the opportunity to decide what plans are most suitable to meet your needs now and in the future.

Please review this Benefit Guide carefully, choose your benefits and enroll yourself and eligible dependents.

Risk Management Department

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ERIP START AND END DATES

ERIP Start Date: _____

ERIP End Date for Medical & Vision: _____

ERIP End Date for Dental: _____

What makes you an eligible retiree for District-Paid benefits at time of Retirement

Also known as the Early Retirement Incentive Program (ERIP)

Teamster 1

6.12 RETIREE BENEFITS. The District shall permit employees who retire at 55 years of age or older with a minimum of ten (10) consecutive years of service to pay for health insurance through the District for retiree and spouse at current District cost for whatever health insurance coverage the District provides for its employees each year until the retiree and spouse reach 65 years of age or until they qualify for Medicare whichever occurs earlier, so long as the District coverage is not thereby jeopardized. The retiree may be required, at the option of the District, to pay the District in advance for this coverage on a monthly or a quarterly basis. This coverage is limited to retirees who retire on or after September 1, 1986. (See also Section 6.13 below)

The District will make available to eligible employees leaving their employment with the District the opportunity to continue enrollment in medical and dental benefit plans, as set forth in AB 528, found in California Education Code Section 7000. et seq. Enrollment in such plans is subject to the District's procedures pertaining to such matters, and interested employees should contact the District office for detailed procedural information.

6.13 EARLY RETIREMENT. Effective July 1, 2006, the District will provide an incentive for early retirement based upon the following conditions:

6.13.1 Employees must have a minimum of ten (10) years of employment in the District in a position (or positions) in the bargaining unit and be qualified to participate in the Health and Welfare benefits program.

6.13.2 Employee must be 55 years or older at the time of retirement.

6.13.3 Employee must actually retire from the District through PERS.

6.13.4 Employee will receive Single Subscriber HMO coverage (based on a tiered rate structure and the District's contribution for said coverage shall not to exceed \$5,000 per year per retiree) from the date of retirement for five (5) years or to age 65, whichever occurs first. Those eligible employees retiring at less than full-time will receive a prorated rate. The plans available to retirees shall be the same as those available to current active employees.

6.13.5 Eligible employees may purchase spouse/dependent coverage.

What makes you an eligible retiree for District-Paid benefits at time of Retirement

Also known as the Early Retirement Incentive Program (ERIP)

Teamster 2

6.3 RETIREE BENEFITS. The District shall permit employees who retire at 55 years of age or older with a minimum of ten (10) consecutive years of service to pay for health insurance through the District for retiree and spouse at current District cost for whatever health insurance coverage the District provides for its employees each year until the retiree and spouse reach 65 years of age or until they qualify for Medicare whichever occurs earlier, so long as the District coverage is not thereby jeopardized. The retiree may be required, at the option of the District, to pay the District in advance for this coverage on a monthly or a quarterly basis.

6.3.1 Early Retirement: The District will provide an incentive for early retirement based upon the following conditions:

- a. Employee, to be eligible, must have a minimum of ten (10) years of service in the District in a position (positions) in the bargaining unit and be qualified to participate in the Health and Welfare benefits program.
- b. Employee must be 55 years or older at the time of retirement.
- c. Employee must actually retire from the District through PERS.
- d. Eligible retirees will be entitled to single subscriber HMO coverage (based on a tiered rate structure and the District contribution will not exceed \$5,000 per year per retiree) from the date of retirement for five (5) years or to age 65, whichever occurs first. Those eligible employees retiring at less than full-time will receive a prorated rate. The HMO plan available to retirees shall be the same as the plans available to current active employees.

Employees hired prior to July 1, 1993, who were “grandfathered” based on the language found in Article 6.2.5, will be treated as full-time equivalents for purpose of retirement.
- e. This Article will be implemented beginning July 1, 2006.
- f. Eligible employees may purchase spouse/dependent coverage.

Effective Dates / Plan Years

- Medical and Vision: 06/01/2025 to 05/31/2026
- Dental Benefits: 10/01/2025 to 09/30/2026

Who May Enroll

All eligible retirees may participate in the Palm Springs Unified School District Benefits Program. Your eligible dependents include:

- Legally married spouse
- Registered domestic partner
- Disabled dependent children over age 26 (with certification form)
- Children under age 26 regardless of student or marital status

When You May Enroll

Eligible District-Paid Retirees may enroll at the following times: Each year, during annual Open Enrollment or until the retiree reaches age 65 or five years under ERIP District-Paid plan, whichever occurs first.

Documents Needed

When you initially enroll in the Early Retirement Incentive Program (ERIP) you must do the following:

1. Complete the Teamsters Misc. Security Trust Fund Enrollment Form
2. Provide certified certificates for all dependents you choose to enroll (county marriage license, birth certificate, court adoption documents, court ordered legal guardianship documents, state registration for domestic partnerships). If you are unable to locate these certificates, please order now to avoid the rush:
 - www.usbirthcertificate.net
 - www.vitalcheck.com
 - www.sos.ca.gov/dpregistry

Changes to Enrollment

Each year, there will be an annual open enrollment period where you can make new benefit elections for the following plan year. Once you make your benefit elections, you cannot change plans; however you may add or remove a dependent if you experience a qualifying event. Examples of qualifying events include, but are not limited to the following:

- Marriage, divorce or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan

IMPORTANT

Please note that coverage for a new spouse or dependent is not automatic. If you experience a qualifying event, you have 31 days to update your coverage and provide the required certificate. Please contact the Benefits Department immediately to complete the appropriate enrollment/change forms as needed. If you do not update your coverage within 31 days from the qualifying event, you must wait until the next annual open enrollment period.

Please notify the Benefits Department if you are moving.

HMO Medical Plans – Kaiser Permanente

Services must be obtained at a Kaiser facility, except in the case of emergency. Kaiser integrates all elements of healthcare such as physicians, medical centers, pharmacy and administration in one convenient facility. In addition, Kaiser offers online tools so you can email your doctor's office, make appointments, refill prescriptions, and more. HMOs are not available in all areas and are not available outside of California. This includes both active and retiree product offerings.

Kaiser HMO plan options available:

Kaiser HMO Medical Plan

Early Retiree Under 65



HMO Medical Plans – Anthem Blue Cross

It is required to select a Primary Care Physician (PCP) within the Anthem Blue Cross HMO network. Your PCP will coordinate all of your medical care. You will receive benefits only if you use the doctors, clinics and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency. HMOs are not available in all areas and are not available outside of California. This includes both active and retiree product offerings.

Anthem Blue Cross HMO plan options available:

Anthem Blue Cross HMO Medical Plan

Early Retiree Under 65



PPO Medical Plans – Anthem Blue Cross

The Anthem Blue Cross Preferred Provider Organization (PPO) plans allow you to direct your own care. Please visit providers in the Anthem Blue Cross PPO network and you may self-refer to specialists. If you receive care from a physician who is a member of the PPO network, a greater percentage of the entire cost will be paid by the insurance plan. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

You and your enrolled dependents may access PPO benefits when you're traveling or temporarily living outside your home state with the BlueCard program. The BlueCard also covers enrolled dependents, including students and family members who temporarily reside outside your home state. To locate BlueCard providers, call BlueCard Access at 1-800-810-BLUE (2583).

BlueCard is not applicable to HMO plans or Medicare Supplement plans.

Anthem Blue Cross MRP (PPO) plan options available:

Out-Of-Network: When using non-PPO Providers you may be responsible for paying additional non-participating charges. Pre-authorization is required where it applies.

Anthem Blue Cross MRP (PPO) Medical Plan

Early Retiree Under 65



PRESCRIPTIONS Through OptumRx

All Anthem Blue Cross plans offer prescription drug benefits through OptumRx. For prescription information and potential costs, please visit: <http://www.optumrx.com> or call 800-797-9791.

Finding a Medical Provider

Finding a Kaiser Permanente Medical Provider:

Go to www.kp.org or call (800) 464-4000.

Finding a Anthem Blue Cross HMO Medical Provider:

Go to www.anthem.com/ca or call (844) 849-7398 Refer to the Access+ HMO network when prompted.

Finding a Anthem Blue Cross PPO Medical Provider:

Go to www.anthem.com/ca or call (800) 274-7767. Refer to the PPO network when prompted.

Finding Medical Care in a Foreign Country

Call the Service Center for BCBS Global Core at 1-800-810-BLUE (2583) or call collect 1-804-673-1177, 24 hours a day, seven days a week.

Finding Medical Care in a Foreign Country

- Before you leave, contact BCBS Global Care for coverage details. Coverage outside the United States may be different.
- Always carry your current member ID card.
- In an emergency, go directly to the nearest hospital.
- If you need to locate a doctor or hospital or need medical assistance services, call the Service Center for BCBS Global Core at 1-800-810-BLUE (2583) or call collect 1-804-673-1177, 24 hours a day, seven days a week.

Tips For Using Your Medical Plan

- 1 Utilize your free preventive care benefits to stay healthy:
Preventive care benefits are covered at no charge to you. Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and most importantly... save your life! Take advantage of these no cost benefits now to hopefully avoid major illnesses and costs in the future.
- 2 Use urgent care centers versus hospital emergency rooms whenever possible:
Frequently, patients seek the services of the hospital emergency department for ailments or injuries that could be treated more economically, and just as effectively, at an urgent care center.
- 3 Use generic and over the counter drugs when available:
The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs.
- 4 Use the mail-order prescription drug benefit for maintenance medications:
The mail order pharmacy is a fast, easy and convenient way to save time and money on your maintenance medications. You can order additional supplies of medication at a discount. See carrier provisions for details.

The District contributes **\$885.56** a month towards the cost of the benefit package (based on Medical, Dental, Vision, and Basic Term Life Insurance for retiree only). If the rate for the benefit package is over this amount, the balance is paid by the retiree.

	Kaiser HMO Plan	Anthem Blue Cross HMO	Anthem Blue Cross PPO
Retiree ONLY (Single) Monthly Premium			
Medical, Vision, Life & Delta Dental PPO Incentive	\$0.00	\$0.00	\$0.00
Medical, Vision, Life & Delta Dental PPO	\$0.00	\$0.00	\$0.00
Medical, Vision, Life & Delta Dental HMO	\$0.00	\$0.00	\$0.00
Retiree + One Dependent Monthly Premium			
Medical, Vision, Life & Delta Dental PPO Incentive	\$610.83	\$610.83	\$610.83
Medical, Vision, Life & Delta Dental PPO	\$605.61	\$605.61	\$605.61
Medical, Vision, Life & Delta Dental HMO	\$570.39	\$570.39	\$570.39
Retiree + Family Monthly Premium			
Medical, Vision, Life & Delta Dental PPO Incentive	\$1,432.98	\$1,432.98	\$1,432.98
Medical, Vision, Life & Delta Dental PPO	\$1,422.77	\$1,422.77	\$1,422.77
Medical, Vision, Life & Delta Dental HMO	\$1,357.61	\$1,357.61	\$1,357.61
MEDICAL PLAN FEATURES			
Calendar Year Maximum	Unlimited	Unlimited	Unlimited
Deductible (Annual) - Individual/Family	None	None	\$500 / \$1,500
Co-Insurance (Plan Pays)	100%	100%	80%
Office Visit Copay - Primary Physician / Specialist	\$10 / \$10	\$10 / \$15	Ded, then 20%
Out-of-Pocket Maximum - Individual / Family / Prescription	\$1,500 / \$3,000	\$2,000 / \$6,000	Medical: \$2,000 / \$6,000 Prescription: \$1,200
Inpatient Hospitalization	No charge	No charge	Ded, then 20%
Outpatient Diagnostic Tests	No charge	No charge	Ded, then 20%
Emergency Services (Copay waived if admitted)	\$100 Copay	\$100 Copay	Ded, then 20%
Urgent Care Copay	\$10	\$50	Ded, then 20%
Preventive Care/Screening	No charge	No charge	No charge
Mental Health/Substance Abuse - Outpatient Services - Inpatient Services	\$10 (individual visit)/\$5 (group visit) No charge	Provided by HMC \$10 Copay No charge	Provided by HMC Ded, then 20% Ded, then 20%
Chiropractic Copay/Visits per Year	Not covered	\$15 / limits may apply	Ded, then 20% / 40 visits
PRESCRIPTION PLAN FEATURES - ALL ANTHEM BLUE CROSS DRUG PRESCRIPTION PLANS ARE ADMINISTERED BY OPTUMRx			
Retail Pharmacy - Generic/Brand/Non-Formulary - Supply Limit	\$10/\$15 Up to 100-day supply	\$10/\$15/\$30 Up to 30-day supply	\$10/\$15/\$15 Up to 30-day supply
Mail Order Pharmacy - Generic/Brand/Non-Formulary - Supply Limit	\$10/\$15 Up to 100-day supply	\$10/\$20/\$35 Up to 90-day supply	\$10/\$20/\$35 Up to 90-day supply

DeltaCare USA DHMO Plan

With the Dental Health Maintenance Organization (DHMO) plan through DeltaCare USA, it is required to select a general dentist to provide your dental care. You will contact your general dentist for all of your dental needs, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO plan booklet. This will show the copays that apply to all of the dental services that are covered under this plan.

PPO Dental Plans

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

PPO plan options available:

- **Delta Dental PPO**
- **Delta Dental PPO Incentive:** In this incentive plan, Delta Dental pays 70% of the contract allowance for covered diagnostic, preventive and basic services and 70% of the contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

You do not need a Dental ID Card. When you visit the dentist you will need to provide the following information: Your name, your date of birth, and your Social Security number (or enrollee ID number).

	DeltaCare USA DHMO	Delta Dental PPO		Delta Dental PPO Incentive	
	Network	Network	Non-Network	Network	Non-Network
Calendar Year Maximum Benefit	Unlimited	\$2,000	\$2,000	\$2,700	\$2,500
Deductible (Annual) - Individual - Family	None None	None None	None None	None None	None None
Preventive (Plan Pays) Cleanings	See Copay Schedule	100% 2 Per Year	100% 2 Per Year	70% - 100% 2 Per Year	70% - 100% 2 Per Year
Basic (Plan Pays)	See Copay Schedule	90%	80%	70% - 100%	70% - 100%
Major (Plan Pays)	See Copay Schedule	60%	50%	70% - 100%	70% - 100%
Prosthodontics	See Copay Schedule	60%	50%	50%	50%
Orthodontia (Child(ren) / Adults)	Your cost: \$1,700 / \$1,900	50% with \$1,500 Lifetime Max		50% with \$1,500 Lifetime Max	

Finding a Dental Provider

Finding a DeltaCare USA DHMO Dental Provider:

Go to www.deltadentalins.com/enrollees or call (800) 422-4234. Under Find a dentist, select DeltaCare USA as your network.

Finding a Delta Dental Provider:

Go to www.deltadentalins.com or call (866) 499-3001. Refer to the Premier or PPO network when prompted.

Vision Service Plan (VSP) with Teamsters Miscellaneous Security Trust provides professional vision care and high quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with VSP Vision.

Plan Features	VSP Vision PPO	
	VSP Providers	Non VSP Providers
WellVision Exam (Every 12 months)	\$10 Copay for exam & glasses	\$45 Allowance
Lenses (Every 12 Months) - Single Vision - Bifocal - Trifocal	Combined with exam	\$30 Allowance \$50 Allowance \$65 Allowance
Frames (Every 24 Months)	\$150 allowance (wide selection) \$170 allowance (featured brands) 20% savings over your allowance	\$70 Allowance
Contact Lenses (Every 12 Months)	(in lieu of frames/lenses)	
- Cosmetic/Elective	\$150 Allowance	\$105 Allowance

Finding a VSP Vision Provider

Go to www.vsp.com or call (800) 877-7195 to find a provider near you. VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes 50,000 access points nationwide. VSP also contracts with Costco Optical, Eye Care Centers of America / Visionworks, and other affiliate retail providers. Please note, benefits may vary at affiliate locations.



HMC HealthWorks (HMC) Employee Member Assistance Program (EMAP). The EMAP offers a confidential support service and referral program for eligible participants of the Teamsters Miscellaneous Security Trust Fund. It is designed to help you and your family with personal issues such as:

- Stress
- Parenting
- Aging Grief/Loss
- Anxiety
- Relationship
- Family
- Marriage
- Work Issues
- Alcohol/Drug
- Finances
- Depression

The EMAP is here to help you resolve personal problems in the early stages. Eligible members and their dependents can call for help 24 hours a day, 7 days a week. The mental health and substance abuse benefits for Teamsters Miscellaneous Security Trust Fund's Employee Member Assistance program is managed by HMC. HMC is a national specialty healthcare company that has administered behavioral healthcare and EAP services for over 35 years.

Accessing the EMAP:

- The phone number for accessing behavioral health benefits is **1-866-269-7391**.
- Visit the Employee Member Portal at <http://hmc.personaladvantage.com>
Access Code: **TMISC**

Basic Term Life and AD&D

Life Insurance protects your family or other beneficiaries in the event of your death while you are enrolled in our Early Retirement Incentive Program (ERIP) with the District. Palm Springs Unified School District and the Teamsters Misc. Security Trust Fund pays in full for the Basic Term Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance (AD&D coverage is only available through the Teamsters Trust). The coverage is for the employee, spouse and dependent children. See below for amount of coverage.

Through Palm Springs Unified School District	Basic Term Life	AD&D
ERIP Retiree only, provided by PSUSD through MetLife:	\$ 20,000	N/A
ERIP Retiree spouse/dependent children only, paid by PSUSD:	\$ 1,500	N/A

Through Teamsters Misc. Security Trust Fund	Basic Term Life	AD&D
ERIP Retiree only, provided by Teamsters Misc. Security Trust Fund through Prudential:	\$ 30,000	\$ 30,000
ERIP Retiree spouse/dependent children only, provided by Teamsters Misc. Security Trust Fund through Prudential:	Spouse \$5,000 Children \$2,500	N/A

Note: Consider updating your Beneficiary designation if you have experienced a life changing event such as marriage, divorce, birth of a child, etc.

Enrollment Guide At A Glance (psusd1.ease.com)



1. Log in to Ease by clicking on the link you receive in your email from Risk Management.

For Optimal performance it is recommended that you use

Chrome



or Firefox



as your browser.

2. Click **Start Enrollment** to begin your enrollment.

3. Follow the prompts on each page to complete your benefit enrollment.

Click **Continue** to proceed to the next section.

4. Verify your personal information is correct and enter your dependent information .

5. If requested during the enrollment process, provide any emergency contacts or Medicare status.

6. Please select ☒ ☐ your benefit by selecting **Enrolled** ☒ ☐ or **Waived** ☒ ☐ for each **Continue** plan.

7. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device. **Sign form**

8. Before you review your forms



type your name.

THEN

Sign your signature



and follow the prompts to finish.

9. If you have any questions, contact Risk Management.

To UPLOAD Supporting Documents, Select:

☐ **VIEW PROFILE**, then select

☐ **DOCUMENTS**, then click **ACTIONS**

☐ Click **ADD DOCUMENT**, then click **BROWSE FILES** to find & upload supporting documentation.

☐ To add additional documents, please repeat the process

☐ You can also drag the document from your desktop

☐ Please enter the **DISPLAY NAME** using your **LAST NAME**, **FIRST NAME** and the **DESCRIPTION** of the document ex, **TAX RETURN** or **BIRTH CERTIFICATE**

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. Palm Springs Unified School District will distribute (via email) all federally required annual notices upon hire and during each annual open enrollment period. Annual notices will also be posted on our district website for you to download and read at your convenience.

Annual notices include:

- **Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty. This notice also provides a written procedure for individuals to request and receive Certificates of Creditable Coverage.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by Palm Springs Unified School District's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.
- **Women's Health and Cancer Rights Act (WHCRA):** The Women's Health and Cancer Rights Act (WHCRA) contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy. The U.S. Departments of Labor and Health and Human Services are in charge of this act of law which applies to group health plans if the plans or coverage provide medical and surgical benefits for a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.
- **Special Enrollment Rights:** Plan participants are entitled to certain special enrollment rights outside of Palm Springs Unified School District's open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.
- **Medicaid & Children's Health Insurance Program:** Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.
- **Summary of Benefits and Coverage (SBC):** Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage. The new regulation is designed to help you better understand and evaluate your health insurance choices.

Note:

If you have questions regarding annual notices, please contact the Benefits Department.



	Phone	Website
Health Benefits		
NWA TEAMSTERS Customer Service NWA TEAMSTERS Fax Teamsters Misc. Security Trust Fund CalPers (Retirement)	(877) 214-8928 (626) 463-6048 (888) 225-7377	www.nwadmin.com www.teamsters911.com www.calpers.ca.gov
Kaiser Permanente Mental Health Services (through Windstone)	(800) 464-4000 (800) 577-4701	www.kp.org https://healthy.kaiserpermanente.org
Anthem Blue Cross		
PPO Anthem PPO Member Services (in and outside CA) PPO Blue Cross Provider Finder Anthem PPO—CHIRO/ACUPUNCTURE (American Specialty Health Network) Anthem PPO Mental Health through HMC	877) 214-8928 (800) 810-2583 (800) 678-9133 (866) 269-7391	www.anthem.com/ca
HMO Anthem HMO Member Services Anthem HMO—CHIRO Anthem HMO Mental Health through HMC	(844) 849-7938 (844) 849-7938 (844) 849-7938	
Other Resources for Anthem Blue Cross HMO/PPO Pre-Admission / Prior Authorization HMO/PPO NurseHelp 24/7 Prescription Drugs—Optum Rx Specialty Medication—Optum Rx	(800) 274-7767 (800) 700-0197 (800) 797-9791 (866) 218-5445	www.optumrx.com
DeltaCare USA DHMO Delta Dental PPOs	(800) 422-4234 (866) 499-3001	www.deltadentalins.com
Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
Other Resources/Vendors		
American Fidelity Flexible Spending Accounts	(619) 665-0890 (Jason Czajkowski)	www.afadvantage.com
Employee Support Benefits		
Healthworks Employee Assistance Program (HMC)	(866) 269-7391	https://hmc.personaladvantage.com Access Code: TMISC
Employee Assistance Program (Available for all PSUSD Employees/ Retirees) -through Anthem	(800) 999-7222	Www.anthemEAP.com Enter SISC

Questions About Your Benefits?

Reach out to Risk Management/Benefits at: **(760) 883-2715** or email riskmanagement@psusd.us

Renee Brunelle	Brandon Aponte	Marlyne Velazquez	Monni Villela	Tami Garcia	Jesse Sotelo
Director of Risk Management	Benefits Specialist	Benefits Specialist	Benefits Specialist	Benefits & Work Comp. Specialist	Risk Management Program Analyst
Ext. 4805376	Ext. 4805377	Ext. 4805378	Ext. 4805380	Ext. 4805379	Ext. 4805381
rbrunelle@psusd.us	baponte@psusd.us	mvelazquez@psusd.us	mmunozvillela@psusd.us	tgarcia@psusd.us	jsotelo@psusd.us

View more Benefits information at www.psusd.us/benefits



150 District Center Drive. Palm Springs, CA 92264
Telephone: (760) 883-2700
www.psusd.us

We would like to acknowledge and thank the PSUSD staff and students who provided artwork for the 2025-2026 Employee Benefits Guides. We appreciate your contribution.



Formerly Burnham Benefits

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

Learn more at www.baldwin.com

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

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

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