



HealthConnect is a program brought to you by the Joint Health Management Board of Fresno Unified School District. For more information about your health benefits, visit www.JHMBHealthConnect.com.

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Announcements for This Year's Open Enrollment

October 1 – November 30, 2026

To: Ed Code Participants under the Fresno Unified School District's Employee Health Care Plan
Re: Annual Open Enrollment
Date: September 11, 2026

This year's annual Open Enrollment for 2027 benefits occurs from October 1 to November 30, 2026. **If you wish to make any changes to your existing coverage, you must complete the enclosed Enrollment Form and return it to the District Benefits Office by no later than Monday, November 30, 2026.** All changes will be effective January 1, 2027.

Please review the following highlights to understand your benefits in 2027. The letter below includes:

- Information on PPO Plans A & B
- Update on retiree prescription coverage under Aetna Medicare Advantage
- Information on The Kaiser Permanente Senior Advantage Plan Option

As a Medicare-eligible retiree, you have different options regarding your medical and prescription coverage. *Please review the different options in this letter. If you are choosing a different option than what you had last year, please complete the enclosed Enrollment Form with your selection.*

If you do not wish to make any changes to your existing coverage for the upcoming year, no action is required on your part during this Open Enrollment period.

Sign Up For the Latest Updates to Your Benefits

JHMBHealthConnect.com/email-sign-up

As a District employee, you can now be updated on critical changes to your health care plan by signing up for the Joint Health Management Board's email list. The JHMB's updates will keep you informed about provider changes, new benefits, and more through email.

Sign up for updates by scanning this code.



Customer Service Survey

If you were enrolled in PPO Plan A or PPO Plan B last year, please complete an anonymous satisfaction survey on the prescription drug benefit by scanning the code below or visiting this web address: <https://bit.ly/rxsurvey2026>

Complete the survey by scanning this code.



Rate Changes for Ed Code Participants

Please note that COBRA and Ed Code rates for Dental and Vision coverage will be changing as of January 1, 2027. For retirees on automatic premium deduction for Dental and/or Vision through CalPERS/CalSTRS, premiums update automatically. No action is needed. For enrollees who are on a monthly bill pay through their bank, or writing checks to FUSD, premium payments will need to be adjusted accordingly. You will receive a separate notice regarding the rate change for your plan.

Changes in Prescription Drug Coverage

Prescription benefits have been modified for PPO Plans A & B and Plan C/Kaiser.

PPO Plan A	PPO Plan B	Plan C/Kaiser
- Individual/Family Out-of-Pocket Max: \$500/\$1,000 - Elimination of \$0 tier for certain generic Rx - Generic 30-Day Retail: \$15 Copay - Preferred Brand 30-Day Retail: \$45 Copay - Non-Preferred Brand 30-Day Retail: \$75 Copay <i>90-day retail and mail-order supplies require two 30-day copays</i>	- Individual/Family Out-of-Pocket Max: \$1,125/\$2,250 - Elimination of \$0 tier for certain generic Rx - Generic 30-Day Retail: \$15 Copay - Preferred Brand 30-Day Retail: \$45 Copay - Non-Preferred Brand 30-Day Retail: \$75 Copay <i>90-day retail and mail-order supplies require two 30-day copays</i>	Retail Prescription Drugs (Up to 30-day supply): - Most Generic: \$15 Copay - Most Brand-Name: \$45 Copay - Most Specialty: \$75 Copay Mail Order Prescription Drugs (Up to 100-Day supply): - Most Generic: \$30 Copay - Most Brand-Name: \$90 Copay - Most Specialty: Not Available



Please note: for PPO Plans A and B, coverage has been eliminated for GLP-1 drugs for weight loss. They will still be covered when prescribed for diabetes. The Kaiser plan covers GLP-1 drugs for obesity for members with BMI equal to or greater than 40.

New Medical Plan Options

Your available plans now include two new options—PPO Plan A and PPO Plan B—alongside the Kaiser Permanente Senior Advantage HMO Plan and the Aetna Medicare Advantage PPO Plan.

If you are a retiree eligible for Medicare, then Medicare will serve as your primary option for coverage. PPO Plans A and B will be available to then act as secondary coverage, helping cover additional eligible healthcare costs after Medicare pays its portion.

In the case of the Medicare Advantage and Kaiser Senior Advantage plans, the plan functions as both your primary and secondary coverage.

Prescription coverage for Medicare retirees is now separate from medical coverage, and will be administered by SilverScript. Medicare retirees will receive new, separate ID cards for medical and Rx coverage.

Non-Medicare-eligible dependents will use PPO Plan A and PPO Plan B coverage for both medical and prescription coverage. Dependents under 65 years old will have one ID card for all of their coverage.

Each medical plan option offers different structures for deductibles, copays, provider access, and services. Please review the comparison chart by scanning the code below to help you better understand how these plans differ and what may work best for your healthcare needs.



Understand your retiree medical plan options.

<https://jhmbhealthconnect.com/about-your-upcoming-retiree-medical-plan-options/>

Aetna Medicare Advantage Plan Option

Starting January 1, 2027, your current Aetna® Medicare Advantage plan with prescription drug coverage will become two separate plans, one for medical coverage and one for prescription drug coverage.

Your medical benefits will still be provided by Aetna Medicare, just like today. However, your prescription drug coverage will now be administered by Aetna Medicare Rx® offered by SilverScript. The plan is offered by SilverScript Insurance Company, which, like Aetna, is affiliated with CVS Caremark.

This means that for 2027, you will receive separate ID cards for your medical and prescription plans. Starting January 1, 2027, you will manage your prescription coverage through Caremark.com. This will be separate from managing your medical coverage through Health.Aetna.com.

Please note that consistent with standard Medicare coverages, prescription coverage through the Medicare Part D Plan will no longer include supplemental coverage for:

- Drugs when used for treatment of anorexia, weight loss, or weight gain
- Drugs when used for the treatment of sexual or erectile dysfunction
- Drugs when used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Nonprescription drugs (also called over-the-counter drugs)

Plan dependents under 65 years old will be enrolled in Aetna's Open Choice plan.

Kaiser Permanente Senior Advantage Plan Option

From October 1 to November 30, 2026, Fresno Unified School District is offering an enrollment opportunity for the Kaiser Permanente Senior Advantage plan. This employer-sponsored group coverage is available to Medicare-eligible retirees and spouses.

For 2027, Kaiser Permanente is implementing a CMS-mandated change along with several plan updates to further enhance value and the member experience across Medicare plans:

- CMS has increased the Medicare Part D out-of-pocket maximum from \$2,100 in 2026 to \$2,400 in 2027. Once a member accumulates \$2,400 in out-of-pocket costs for Part D drugs in 2027, they will move to the catastrophic coverage stage and pay \$0 for covered Part D drugs for the remainder of the calendar year.
- Expanded pharmacy supply for eligible prescription medications for up to a 100-day supply (previously 90-day supply) to support medication adherence for Medicare members at retail pharmacies or mail order at no additional cost to the member.
- Non-emergency medical transportation (post-discharge) benefit to support safe transitions of care following hospitalization or facility discharge. There is no cost to the member, but it requires provider referral.

To learn more about the Kaiser Permanente Senior Advantage plan, please contact Kaiser Permanente at the information provided below. Enrollment forms are available for pick up at the District Benefits Office.

Information About the Kaiser Senior Advantage (HMO) Plan

Kaiser Permanente

(855) 843-8390

(TTY 711 for the deaf, hard of hearing, or speech impaired)

Seven days a week, 8 a.m. to 8 p.m.

Opt-Out Option

If you do not want to participate in any of these benefit plans, you have the opportunity to opt out. If you choose to opt out, you will not have medical or prescription coverage through Fresno Unified School District and will not be able to re-enroll until either the next Open Enrollment opportunity or if a special enrollment event occurs.

Other Changes To Plan C/Kaiser Benefits

Non-Emergency Medical Transportation (NEMT) Policy

For plans renewing on or after January 1, 2027, Kaiser Permanente will cover non-emergency medical transportation (NEMT) services such as stretcher-gurney van, or wheelchair van, when medically necessary and ordered by a Plan Physician.

Screening for Cervical Cancer

For plans renewing on or after January 1, 2027, for Affordable Care Act (ACA)-compliant commercial plans and grandfathered plans that have adopted the ACA preventive care package, Kaiser Permanente will expand the cervical cancer screening benefit for average risk women to cover additional testing and follow up after an initial screening when indicated to complete the screening process, at \$0 cost share.

Changes To Emergency Room Copays

Copays for Emergency Room visits have increased under PPO Plans A & B. For PPO Plan A, the copay is now \$150 per visit, while for PPO Plan B, the copay is \$150 plus 20% coinsurance per visit.

Elimination of Virtual SimpleTherapy Program

Support for the virtual physical therapy program under SimpleTherapy has been eliminated; that service will no longer be available. Please note that this service is separate from the Chiropractic and Acupuncture services, which will remain available.

Dependents Eligibility Reminder

Notify the District when your ex-spouses and dependents are no longer eligible for benefits.

As a reminder, you are required to notify the District within 60 days following the date on which any dependent no longer meets the eligibility criteria for dependent coverage (including divorce or legal separation; and the termination, dissolution, or nullification of Domestic Partnership).

Failure to notify the District within the required time period may cause you to be responsible for the reimbursement of any claims paid for ineligible dependents.

Medicare Enrollment Reminder

Enroll in Medicare when you and/or your spouse or dependent become an eligible retiree to minimize your payments.

The Joint Health Management Board wants to remind you of the importance of enrolling in Medicare once you are eligible. The District's Health Care Plan indicates that you must enroll in Medicare Parts A & B as soon as you and/or your spouse or dependent become eligible for Medicare as a retiree.

Your specific Coordination of Benefits (COB) changes once you become eligible for Medicare as a retiree, which may result in reductions of Plan payments and increases in your patient responsibilities if you fail to enroll in Medicare. This requirement only applies to retirees in the Fresno Unified School District Employee Health Care Plan. **Active employees age 65 or over are not required to enroll in Medicare.**

WellPATH Program Update

WellPATH, the Employee Wellness Program for Fresno Unified School District, is pleased to offer a variety of wellness services throughout the year. Below are some highlights of the WellPATH program.

Know Your Numbers With WellPATH

WellPATH offers free onsite biometric wellness screenings at various FUSD locations throughout the year for covered members and their eligible dependents (18+). Wellness screenings include body composition testing, blood pressure screening, cholesterol screening, A1C test for diabetes and blood glucose management, CBC panel, Vitamin D testing, and more. You will also receive an on-site health coaching session and access to additional programs such as free personal training and nutrition coaching for those eligible. Participants receive a \$50 gift card incentive!

**Learn more and
get started by
scanning this
code.**



Participate in Wellness Challenges—Improve Your Health and Win Prizes

Throughout the year, the WellPATH Program serves up wellness challenges to jumpstart and/or cultivate healthy habits among its members. These challenges typically run six to eight weeks and offer individual and work site incentives based on healthy eating, exercising, and educational activities.

Become a WellPATH Champion!

WellPATH Champions are on-site ambassadors for the WellPATH program who are committed to creating a workplace culture of health and wellness. They share wellness-related information with coworkers and help them connect with wellness programs and activities. WellPATH Champions receive program benefits and incentives. Contact WellPATH if you would like to receive information about becoming a WellPATH Champion.

For more information about these programs and other WellPATH offerings, visit www.JHMBHealthConnect.com/wellpath or contact the WellPATH Program at WellPATH@JHMBHealthConnect.com or (833) WELL-PATH.

Employee Assistance Program (EAP)

Available to all benefit-eligible employees, retirees, and dependents, including Kaiser Permanente (Plan C) Members.

The Employee Assistance Program, offered through Claremont EAP, helps you resolve personal issues before they become more serious and difficult to manage. Claremont will support you quickly and confidentially in dealing with the stresses and challenges of everyday life. You and your family members can receive the following professional, confidential counseling services:

- 5 Free Counseling Visits per Incident
- 24-Hour Crisis Help
- Financial Support
- Legal Services
- Child & Parenting Services
- Adult & Elder Care Services
- Online Work-Life Resources Portal

The EAP also provides access to resources that can help you address virtually any personal concern or question. Visit www.ClaremontEAP.com for more information or call Claremont EAP at (800) 834-3773 to discuss your question or issue with an experienced counselor who will refer you to the resources most appropriate for your needs.

Teladoc

Teladoc visits are available to you with a \$0 co-pay under the PPO Plan. Teladoc gives you 24/7 access to licensed, board-certified doctors by phone or video. Many have 20+ years of experience and can diagnose, recommend treatment, and prescribe medications when appropriate. Teladoc serves as an alternative to Urgent Care or ER visits with no waiting rooms, no unexpected bills, and no added strain on your schedule.

Visit jhmbhealthconnect.com/teladoc-vs-urgent-care/ or scan the code for more information on Teladoc and to set up your account so it's ready when you need it.

Learn more and get started by scanning this code.



Review the Enclosed Materials

To assist you in making the best decisions for you and your family, the following information is enclosed:

1. Enrollment Form
2. Retiree Annual Required Legal Notices
3. Health and Welfare Benefits Annual Notices
4. Retiree Medical Plan Options Comparison Chart
5. Kaiser Permanente Service Area ZIP Code List

For additional plan information and/or provider contact information, visit www.JHMBHealthConnect.com.