



EMPLOYEE BENEFITS: 2017 – 2018

FOR CLASSIFIED EMPLOYEES



Teach · Learn · Succeed

**LOMPOC UNIFIED
SCHOOL DISTRICT**

Welcome to Lompoc Unified School District!

This Employee Benefits Guide provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact the Payroll & Benefits Department.

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Important Information

The Affordable Care Act and You

The Affordable Care Act (ACA) requires nearly every American to be enrolled in medical coverage or pay a penalty. This is referred to as the individual mandate. You have several options to satisfy this requirement:

- Enroll in a medical plan offered by Lompoc Unified School District or another group plan
- Purchase coverage through a health insurance marketplace
- Enroll in coverage through a government sponsored program
- Have no coverage and incur a tax penalty

Because Lompoc Unified School District's medical plans are considered affordable and meet minimum value under Health Care Reform, you will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For more information on your coverage options, please visit www.healthcare.gov.

Annual Notices

Various state and federal laws require that employers provide disclosure and annual notices to their plan participants. The following is a brief summary of the annual notices:

- 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. This new regulation is designed to help you better understand and evaluate your health insurance choices.
- 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 a Certificate of Creditable Coverage.
- HIPAA Notice of Privacy Practices: This notice is intended to inform employees of the privacy practices followed by your 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 the 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, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by Lompoc Unified School District. Please refer to the SBC and carrier contracts provided by Anthem Blue Cross for additional plan details.

Enrollment Information

Who May Enroll

If you are a medical benefit eligible employee (working 50% or more, 20 or more hours per week), you may enroll in or change your medical plan, as well as add any eligible dependents not previously enrolled under your coverage (documentation will be required for all dependents). Your dependents are defined as:

- Your legally valid married spouse of the opposite sex
- Your registered domestic partner of the same sex - between the ages of 18 and 62
- Your registered domestic partner of the opposite sex provided one of the partners is over the age of 62
- Your domestic partner of opposite sex both under the age of 62, a notarized affidavit will be required
- Your child, a child of your spouse/domestic partner, stepchild or legally adopted child - to the age of 26

Benefits Enrollment

Voluntary products offered through American Fidelity and Aflac are effective September 1st. All other benefit plans are effective October 1st through September 30th of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following October 1st effective date.

Eligibility / Enrollment	District Benefit Allowance
If you work less than eight hours per day or you waive a District Medical plan (Hired prior to 1994)	\$393.60 per month (tenthly) This allowance may be used toward Voluntary plans and Flexible Spending Accounts (please note this amount is pro-rated by the number of hours you work)
If you enroll in a District Medical plan	\$969.60 per month (tenthly) This allowance may be used for Medical and Dental premiums only. If you are a full-time employee, you are required to enroll in a Medical plan (please note that benefit amounts are pro-rated for part-time employees).

Future Retiree: To continue Medical and/or Dental insurance as a retiree, you must have been enrolled in a District plan for the five years immediately preceding retirement. If you work less than 50%, you may only elect the Bronze Plan.

If you wish to enroll in Voluntary benefits through American Fidelity, call at 800.365.9180, ext. 0 to make an appointment with a benefits counselor.

Changes To Enrollment

Once you make your benefit elections, you cannot change them during the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to the following:

- Marriage, divorce, legal separation 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
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP

Please note that coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please contact the Payroll & Benefits Department immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

Medical Insurance

PPO Medical Plans

The Anthem Blue Cross Preferred Provider Organization (PPO) plans allow you to direct your own care. You are not limited to the physicians within the 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. The percentage copay for non-emergency services from non-network providers is based on the scheduled amount.

Eligible Employees	Medical Plan Options				
	SISC 100% PPO Plan	SISC 90% PPO Plan	SISC 80% PPO Plan	SISC Base PPO Plan	Anchor Bronze PPO Plan
	★	★	★	★	
District Employees - Variable Hour - Temporary/Classified					★ ★ ★

Pharmacy Benefits

Navitus Health Solutions is the Pharmacy Benefits Manager (PBM) for our Medical plans. You are urged to use generic drugs when they are available. If you or your physician requests a brand name drug when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand name drug and the generic drug. In addition, the difference in cost between the brand name drug and generic drug will not count toward your annual out-of-pocket maximum.

Costco Retail Pharmacy and Mail Order Program

Costco makes it easy for you to receive a 90 day supply of your long-term or maintenance medications. In addition, when you use the Costco pharmacy, your generic medications will be free of charge! Visit any Costco retail location or use the mail order feature and benefit by having your prescriptions delivered to your door, saving you a trip to the pharmacy.

Here's how it works:

1. Take your prescription to any Costco pharmacy, You do not need to be a Costco member.
2. Present the pharmacist with your insurance card.
3. Get your generic medications (excluding some narcotic plan medications and some cough medications) for free. You will pay \$35 for a 30 day supply of brand name drugs or \$90 for a 90 day supply of brand name drugs.

Due to Medicare Part D restrictions, this program does not apply to the CompanionCare pharmacy benefit.



Finding a Medical Provider

Go to www.anthem.com/ca/sisc or call the number provided on your ID card.

Benefits

Medical Insurance

Eligible Employee Groups
Classified Employees

Plan Features	Anthem Blue Cross SISC 100% PPO Plan		Anthem Blue Cross SISC 90% PPO Plan			
	PPO Network	Non-Network ¹	PPO Network	Non-Network ¹		
Health Benefits						
Lifetime Maximum	Unlimited		Unlimited			
Calendar Year Deductible	\$100 Individual / \$300 Family		\$100 Individual / \$300 Family			
Out-of-Pocket Maximum	\$1,000 Individual / \$3,000 Family		\$1,000 Individual / \$3,000 Family			
Office Visits	\$20 Copay	Deductible, 0%	\$20 Copay	Deductible, 0%		
Inpatient Hospitalization ²	Deductible, 0%	Deductible, 0% Max \$600/Day Benefit	Deductible, 10%	Deductible, 0% Max \$600/Day Benefit		
Ambulatory Surgery Center ²	Deductible, 0%	Deductible, 0% Max \$350/Day Benefit	Deductible, 10%	Deductible, 0% Max \$350/Day Benefit		
Diagnostic Lab and X-Ray	Deductible, 0%	Not Covered	Deductible, 10%	Not Covered		
Emergency Services	Deductible, \$100 Copay, 0%		Deductible, \$100 Copay, 10%			
Urgent Care	\$20 Copay	Deductible, 0%	\$20 Copay	Deductible, 0%		
Preventive Care	0%	Not Covered	0%	Not Covered		
Physical Therapy, Occupational Therapy, Chiropractic Services ²	Administered by ASH		Administered by ASH			
	Deductible, 0%	Not Covered	Deductible, 10%	Not Covered		
Acupuncture (12 Visits/Year)	Deductible, 0%	Deductible, 50%	Deductible, 10%	Deductible, 50%		
Durable Medical Equipment ²	Deductible, 0%	Not Covered	Deductible, 10%	Not Covered		
Mental Health / Substance Abuse - Inpatient ²	Deductible, 0%	Deductible, 0% Max \$600/Day Benefit	Deductible, 10%	Deductible, 0% Max \$600/Day Benefit		
- Outpatient	\$20 Copay	Deductible, 0%	\$20 Copay	Deductible, 0%		
Pharmacy Benefits						
Pharmacy Deductible	\$0 Individual / \$0 Family		\$0 Individual / \$0 Family			
Out-of-Pocket Maximum	\$2,500 Individual / \$3,500 Family		\$2,500 Individual / \$3,500 Family			
Pharmacy Copay - Generic Drug - Brand Name Drug - Supply Limit	<u>Retail (30 Days)</u> \$9 Copay \$35 Copay 30 Days	<u>Costco (90 Days)</u> \$0 Copay \$90 Copay 90 Days	<u>Retail (30 Days)</u> \$9 Copay \$35 Copay 30 Days	<u>Costco (90 Days)</u> \$0 Copay \$90 Copay 90 Days		
Employee Contributions						
Employee Tier	Medical Tenthly	District CAP Tenthly	SISC EE Cost Tenthly	Medical Tenthly	District CAP Tenthly	SISC EE Cost Tenthly
Single	\$969.60	\$969.60	\$0.00	\$938.40	\$969.60	\$0.00
Two-Party	\$1,899.60	\$969.60	\$930.00	\$1,836.00	\$969.60	\$866.40
Family	\$2,670.00	\$969.60	\$1,700.40	\$2,580.00	\$969.60	\$1,610.40

¹ When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.

² Subject to utilization review or medical necessity.

Benefits

Medical Insurance

Eligible Employee Groups
Classified Employees

Plan Features	Anthem Blue Cross SISC 80% PPO Plan		Anthem Blue Cross SISC Base PPO Plan			
	PPO Network	Non-Network ¹	PPO Network	Non-Network ¹		
Health Benefits						
Lifetime Maximum	Unlimited		Unlimited			
Calendar Year Deductible	\$200 Individual / \$500 Family		\$2,000 Individual / \$4,000 Family			
Out-of-Pocket Maximum	\$1,000 Individual / \$3,000 Family		\$4,000 Individual / \$8,000 Family			
Office Visits	\$20 Copay	Deductible, 0%	\$30 Copay	Deductible, 0%		
Inpatient Hospitalization ²	Deductible, 20%	Deductible, 0% Max \$600/Day Benefit	Deductible, 20%	Deductible, 0% Max \$600/Day Benefit		
Ambulatory Surgery Center ²	Deductible, 20%	Deductible, 0% Max \$350/Day Benefit	Deductible, 20%	Deductible, 0% Max \$350/Day Benefit		
Diagnostic Lab and X-Ray	Deductible, 20%	Not Covered	Deductible, 20%	Not Covered		
Emergency Services	Deductible, \$100 Copay, 20%		Deductible, \$100 Copay, 20%			
Urgent Care	\$20 Copay	Deductible, 0%	\$30 Copay	Deductible, 0%		
Preventive Care	0%	Not Covered	0%	Not Covered		
Physical Therapy, Occupational Therapy, Chiropractic Services ²	Administered by ASH		Administered by ASH			
	Deductible, 20%	Not Covered	Deductible, 20%	Not Covered		
Acupuncture (12 Visits/Year)	Deductible, 20%	Deductible, 50%	Deductible, 20%	Deductible, 50%		
Durable Medical Equipment ²	Deductible, 20%	Not Covered	Deductible, 20%	Not Covered		
Mental Health / Substance Abuse - Inpatient ²	Deductible, 20%	Deductible, 0% Max \$600/Day Benefit	Deductible, 20%	Deductible, 0% Max \$600/Day Benefit		
- Outpatient	\$20 Copay	Deductible, 0%	\$30 Copay	Deductible, 0%		
Pharmacy Benefits						
Pharmacy Deductible	\$0 Individual / \$0 Family		\$200 Individual / \$500 Family			
Out-of-Pocket Maximum	\$2,500 Individual / \$3,500 Family		\$2,500 Individual / \$3,500 Family			
Pharmacy Copay - Generic Drug - Brand Name Drug - Supply Limit	<u>Retail (30 Days)</u> \$9 Copay \$35 Copay 30 Days	<u>Costco (90 Days)</u> \$0 Copay \$90 Copay 90 Days	<u>Retail (30 Days)</u> \$10 Copay Ded, \$35 Copay 30 Days	<u>Costco (90 Days)</u> \$0 Copay Ded, \$90 Copay 90 Days		
Employee Contributions						
Employee Tier	Medical Tenthly	District CAP Tenthly	SISC EE Cost Tenthly	Medical Tenthly	District CAP Tenthly	SISC EE Cost Tenthly
Single	\$878.40	\$969.60	\$0.00	\$684.00	\$969.60	\$0.00
Two-Party	\$1,718.40	\$969.60	\$748.80	\$1,334.40	\$969.60	\$364.80
Family	\$2,412.00	\$969.60	\$1,442.40	\$1,872.00	\$969.60	\$902.40

¹ When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.

² Subject to utilization review or medical necessity.

Benefits

Medical Insurance

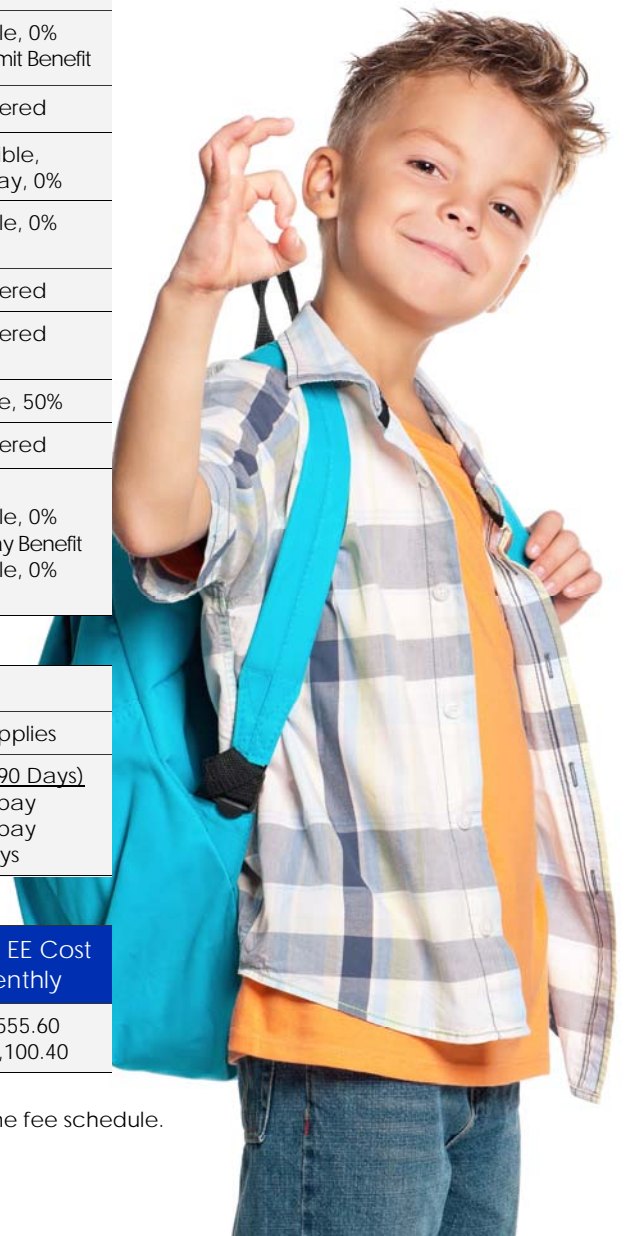
Eligible Employee Groups

Variable Hour, Temporary and Seasonal Employees

Plan Features	Anthem Blue Cross Anchor Bronze PPO Plan		
	PPO Network	Non-Network ¹	
Health Benefits			
Lifetime Maximum	Unlimited		
Calendar Year Deductible	\$5,000 Individual / \$10,000 Family		
Out-of-Pocket Maximum	\$6,350 Individual / \$12,700 Family		
Office Visits	\$60 Copay (3 Visits), Deductible, 30%	Deductible, 0%	
Inpatient Hospitalization ²	Deductible, 30%	Deductible, 0% Max \$600/Day Benefit	
Ambulatory Surgery Center	Deductible, 30%	Deductible, 0% Max \$350/Admit Benefit	
Diagnostic Lab and X-Ray	Deductible, 30%	Not Covered	
Emergency Services	Deductible, \$100 Copay, 30%	Deductible, \$100 Copay, 0%	
Urgent Care	\$60 Copay (3 Visits), Deductible, 30%	Deductible, 0%	
Preventive Care	0%	Not Covered	
Physical Therapy, Occupational Therapy, Chiropractic Services	Deductible, 30%	Not Covered	
Acupuncture (12 Visits/Year)	Deductible, 30%	Deductible, 50%	
Durable Medical Equipment ²	Deductible, 30%	Not Covered	
Mental Health / Substance Abuse - Inpatient ²	Deductible, 30%	Deductible, 0% Max \$600/Day Benefit	
- Outpatient	\$60 Copay (3 Visits), Deductible, 30%	Deductible, 0%	
Pharmacy Benefits			
Pharmacy Deductible	Medical Deductible Applies		
Out-of-Pocket Maximum	Medical Out-of-Pocket Maximum Applies		
Pharmacy Copay	<u>Retail (30 Days)</u>	<u>Mail Order (90 Days)</u>	
- Generic Drug	\$9 Copay	\$18 Copay	
- Brand Name Drug	\$35 Copay	\$90 Copay	
- Supply Limit	30 Days	90 Days	
Employee Contributions			
Employee Tier	Medical Tenthly	District CAP Tenthly	SISC EE Cost Tenthly
Single Employee + Child(ren)	\$555.60 \$1,100.40	\$0.00 \$0.00	\$555.60 \$1,100.40

Note

District Employees, Dependent Children, Spouse, Domestic Partner and Retirees are not eligible



¹ When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.

² Subject to utilization review or medical necessity.

Medical Insurance

Tips for Using Your Medical Benefits

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. It is not always easy to determine when you should choose urgent care over the hospital emergency department. The following lists offer some guidance, but are not necessarily all-inclusive.

Examples of URGENT CARE situations	Examples of EMERGENCY situations
<p>Any illness or injury that would prompt you to see your primary care physician</p> <p>INCLUDING BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Accidents and falls • Sprains • Back problems • Breathing difficulties • Abdominal pain • Minor bleeding/cuts • High fever • Vomiting, diarrhea or dehydration • Severe sore throat or cough • Mild to moderate asthma 	<p>Any accident or illness that may lead to loss of life or limb, serious medical complication or permanent disability</p> <p>INCLUDING BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Chest pain* • Seizures • Shock • No pulse • Unconscious or catatonic state • Sudden dizziness, loss of coordination or balance • Severe abdominal pain • Severe or uncontrollable bleeding • Broken bones or compound fractures • Severe difficulty breathing or shortness of breath • Spinal cord or back injury • Severe burns • Major head injuries • Ingestion of poisons or obstructive objects • Animal, snake or human bites

*Do not drive if you believe you may be experiencing a heart attack, call 911 immediately!

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. When you use generic medications, you will pay the lowest copay. Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established medications that do not require expensive advertising. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

4 Use the Costco retail pharmacy or mail-order program for maintenance medications.

The Costco retail or mail order service is a fast, easy and convenient way to save time and money on your maintenance medications. You can order additional supplies of medication, and generic drugs are free of charge. Additional information is located on page 5 of this guide.

Dental Insurance

PPO Dental Plan

With the Delta Dental Preferred Provider Organization (PPO) dental plan, you may visit a PPO Dentist, a Premier Dentist, or a non-network Dentist. When you utilize a PPO or Premier Dentist, your out-of-pocket expenses will be less, however, you will usually pay the lowest amount for services when you visit a Delta Dental PPO Dentist. If you obtain services using a non-network Dentist, you will incur much higher out-of-pocket expenses and you may be responsible for filing claims.

Plan Features	Delta Dental PPO Plan		
	PPO Best Value / No Balance Billing	Premier Slight Discount / No Balance Billing	Non-Network ¹ Discount / Providers May Balance Bill
Dental Benefits			
Calendar Year Maximum	\$1,700		\$1,500
Calendar Year Deductible	\$25 Individual / \$75 Family Waived for Preventive Services		
Preventive Services Oral Exams, Two Routine Cleanings, X-Rays, Fluoride Treatments, Space Maintainers, Specialist Consultations	0%	0%	0%
Basic Services Fillings, Root Canals, Periodontics (Gum Treatment), Space Maintainers, Specialist Consultations	Deductible, 20%	Deductible, 20%	Deductible, 20%
Crowns, Inlays, Onlays, Cast Restorations	Deductible, 50%	Deductible, 50%	Deductible, 50%
Prosthetic Services Bridges, Partial and Dentures, Implants	Deductible, 50%	Deductible, 50%	Deductible, 50%
Dental Accident Services	Deductible, 0% \$1,000 Maximum	Deductible, 0% \$1,000 Maximum	Deductible, 0% \$1,000 Maximum
Orthodontia	Not Covered		

Note

We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

Employee Contributions

Employee Tier	Dental Tenthly
Single	\$56.75
Two-Party	\$116.76
Family	\$160.54

¹ When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.



Finding a Dental Provider

Go to www.deltadentalins.com or call 866.499.3001. Refer to the PPO or Premier networks when prompted.

Benefits

Vision Insurance

PPO Vision Plan

The VSP Vision plan 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.

Network Name	VSP Vision PPO Plan	
	Network	Non-Network
Vision Benefits		
Copay		
- Examination	\$15 Copay	N/A
- Materials	\$15 Copay	N/A
Examination	0%	\$45 Reimbursement
Lenses		
- Single Vision	0%	\$45 Reimbursement
- Bifocal	0%	\$65 Reimbursement
- Trifocal	0%	\$85 Reimbursement
Frames	\$120 Benefit	\$47 Reimbursement
Contact Lenses	In Lieu of Frames and Lenses	
- Cosmetic / Elective	\$120 Benefit	\$105 Reimbursement
- Medically Necessary	0%	\$210 Reimbursement
Laser Vision Correction	Discounts Apply	Not Covered
Frequency		
- Examination	12 Months	
- Lenses	12 Months	
- Frames	24 Months	
- Contact Lenses	12 Months	

Note

VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes 37,000 access points nationwide. Most of the U.S. population lives within four miles of a VSP provider.

Employee Contributions

Employee Tier	Vision Tenthly
Single	\$0.00
Two-Party	\$0.00
Family	\$0.00

¹ When using the non-network tier, you are responsible for paying all of the charges at the time of your appointment and filing a claim for reimbursement.



Finding a Vision Provider

Go to www.vsp.com or call 800.877.7195.

Voluntary Plans

American Fidelity

You may purchase individual policies from American Fidelity including Disability Income Protection, Cancer Supplement, Life Insurance and Tax-Sheltered Annuity. Speak with an American Fidelity Representative if you are interested in learning more.

Aflac

Aflac is different from health insurance; it's insurance for daily living. Aflac is designed to protect your income and is affordable. All Aflac programs are 100% Voluntary; it's your choice. If you are interested in what Aflac has to offer, please contact Steve Hardy at 805.895.8186 or Stephen_Hardy@us.aflac.com.



Enrolling in Voluntary Plans

- American Fidelity: Contact Tony Orsini at (818) 317-1550 or Kevin Niehus (805) 857-0550
- Aflac: Contact Steve Hardy at (805) 895-8186 or Stephen_Hardy@us.aflac.com

Employee Assistance Program

If you are enrolled in one of our medical plans, you will automatically be enrolled in the Employee Assistance Program (EAP) through Anthem Blue Cross. The EAP provides you and your household members with free, confidential assistance to help with personal/professional problems that may interfere with work or family responsibilities. You are encouraged to utilize services early in the progression of a problem before situations significantly impact your personal life or work. This plan may help in situations such as relationship difficulties, marriage/family situations, stress, managing change, legal and financial problems, work-related concerns, anxiety and depression. The EAP also serves more serious concerns such as alcohol and drug problems, family violence and threats of suicide.

Features of EAP

- As a medical plan participant, this plan is available to you and all of your household members.
- There is no cost for EAP services; no co-pays or forms required.
- You and your household members can receive up to six counseling sessions per problem. If a problem requires more lengthy or specialized treatment than the EAP is intended to provide, the EAP will refer you to Anthem Blue Cross to help you locate a participating Anthem Blue Cross Medical provider.
- Emergencies handled by staff members are available by phone 24/7 on a toll-free basis.
- The EAP will make every effort to see you within 48 hours, but if you are in crisis, you will be provided same-day service.
- Evening appointments are available.



Accessing the EAP

Go to www.anthemeap.com (Program Name: SISC) or call 800.999.7222 to be immediately connected to an EAP counselor.

Flexible Spending Accounts

You can set aside money in Flexible Spending Accounts (FSA) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You choose how you want to receive reimbursement for your eligible expenses. You may use a debit card provided by American Fidelity, sign up for direct deposit to your bank account or you may have a check sent to your home.

Please remember that if you are using your debit card, you must save your receipts, just in case American Fidelity needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

Health Care Spending Account (HCSA)

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. Employees may defer up to \$2,600 pre-tax per year.

Dependent Care Assistance Plan (DCAP)

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to \$5,000 pre-tax per year.

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule. According to this rule, up to \$500 of any unspent funds remaining in your account at the end of the plan year will carry-over to the next plan year, and unspent funds above \$500 will be forfeited. We encourage you to plan ahead to make the most of your FSA dollars. If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.

Example

Dan estimates that he will have approximately \$1,200 in out-of-pocket health care expenses next year and is looking to increase his take-home pay.

	Without the Health Care FSA	With the Health Care FSA
Gross Pay (Annual)	\$35,000	\$35,000
Pre-tax Health Care FSA	\$0	\$1,200
Taxable Gross Income	\$35,000	\$33,800
Payroll Taxes (at 30%)	\$10,500	\$10,140
Health Care Cost	\$1,200	\$0
Net Pay	\$23,300	\$23,660
Annual Net Pay Increase	\$0	\$360

Important Note About the FSA

It is important to note that your FSA elections will expire each year on August 31st. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.

Additional Benefits Provided by SISC

Health Smart's Health Improvement Program

Health Smarts is voluntary, confidential and offered to you at no cost if you participate in a District-offered Medical plan. Health Smart is a comprehensive program that includes an online health assessment, digital health coaching, and condition management (administered by Anthem Blue Cross).

MDLIVE

As a Medical plan participant, you have access to MDLIVE, a service that provides 24/7 access to board certified doctors and pediatricians by online video, phone or secure email. Doctors will ask you some questions to help determine your health care needs. Based on the information you provide, advice will include general health care and pediatric care specific to you or your dependent's condition. This service is subject to a \$5 copay regardless of your Medical plan's regular office visit copay.

When to use MDLIVE:

- If you're considering a visit to an emergency room or urgent care center for a non-emergency medical issue.
- When your primary care doctor is not available.
- When you are traveling and in need of medical care.
- During or after normal business hours, nights, weekends and holidays.
- To request prescription drugs or to get refills.

ADVANCE MEDICAL

SISC is now offering a valuable expert second opinion service through **Advance Medical**. This benefit can be used to ensure that you and your family get the best healthcare possible. The service is free, easy and 100% confidential.

ADVANCE MEDICAL matches patients to the leading doctors on their specific conditions. They will work with the patient to be sure of their diagnosis and recommend the best path for treatment. You should use Advance Medical when you:

- Have a documented diagnosis from a doctor and would like an expert's second opinion regarding the diagnosis and treatment plan
- Find yourself confronting a complex medical condition
- Would like your medications or treatment plan reviewed
- Are scheduled for surgery or major procedure

With Advance Medical, members receiving a medical opinion will have unlimited concierge access to a specialist.



Accessing Additional Benefits

- Health Smart's Health Improvement Program: Contact SISC
- MDLIVE: Go to www.mdlive.com/sisc or call 888.632.2738. Be prepared to provide your name, the patient's name (if you're not calling for yourself), your member identification number, and your phone number.
- Advance Medical: Go to advance-medical.net/sisc or call 855.201.9925 to get more information.

Resources and Contacts

Below is a list of insurance carrier contacts, should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact the Payroll & Benefits Department.

Medical - SISC / Anthem Blue Cross

Member Services	Call SISC - See Medical ID Card
Anthem Blue Cross Website	www.anthem.com/ca/sisc
Pharmacy Services - Navitus	866.333.2757
Costco Mail Order Phone	800.607.6861
Costco Mail Order Website	www.pharmacy.costco.com

Dental - Delta Dental

Member Services	866.499.3001
Delta Dental Website	www.deltadentalins.com

Vision - VSP Vision

Member Services	800.877.7195
VSP Vision Website	www.vsp.com

Employee Assistance Program - Anthem Blue Cross

Member Services	800.999.7222
Anthem Blue Cross Website	www.anthem.com/ca/sisc

Voluntary Products - American Fidelity / Aflac

American Fidelity Member Services	800.654.8489
American Fidelity Website	www.afadvantage.com
Aflac Member Services	805.895.8186
Aflac Website	www.aflac.com/businessservices

Flexible Spending Account - American Fidelity

Member Services	800.654.8489
Carrier Website	www.afadvantage.com

Additional Benefits Provided by SISC

Health Smart's Health Improvement Program	Call SISC - See Medical ID Card
MDLIVE Member Services	888.632.2738
MDLIVE Website	www.mdlive.com/sisc
ConditionCare Member Services	800.621.2232
Advance Medical	855.201.9925



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Telephone: (949) 833-2983 | Fax: (949) 833-9549

Learn more at www.burnhambenefits.com

This brochure 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 brochure are subject to change without notice. Continuation of any benefit plan or coverage is at the District's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Payroll & Benefits Department.