

Classified



**LOMPOC UNIFIED
SCHOOL DISTRICT**

Teach • Learn • Succeed

**2023
EMPLOYEE
BENEFITS
GUIDE**



Welcome to Your Lompoc Unified School District Benefits!

This guide provides a summary of your benefit options. It 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 and Benefits Department.



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Online Carrier Resources

Take advantage of the online resources available through our insurance carriers. You can locate network providers, manage your claims, obtain health and wellness information, and much more! Insurance carrier websites are located on [page 17](#) of this guide.

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 the opposite sex, where you and your domestic partner are both under the age of 62; a notarized affidavit will be required
- Your child(ren), child(ren) of your spouse/domestic partner, stepchild(ren) or legally adopted child(ren), up to the age of 26

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- As a new hire, you may participate in the district's benefits program on the first day of the month following your date of hire
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment section on the next page)

District Benefits Allowance

- If you were hired prior to 1994 and work less than eight hours per day or you waive a district medical plan:
 - You receive a benefits allowance of \$393.60 per month (tenthly)
 - This allowance may be used toward Voluntary Plans and Flexible Spending Accounts. Note: this amount is pro-rated by the number of hours you work.
- If you enroll in a District medical plan, you receive the following monthly allowance to use towards your medical and dental premiums:
 - Single: \$1,192.80 (tenthly)
 - Two-Party: \$1,192.80 (tenthly)
 - Family: \$1,192.80 (tenthly)
- If you are a full-time employee, you are required to enroll in a medical plan. Note: benefit amounts are pro-rated for part-time employees.

Note On Medical and Dental Coverage When Planning for Retirement

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 HSA \$5,000 Plan (formerly known as the Anchor Bronze Plan). If you wish to continue voluntary benefits through American Fidelity, please contact American Fidelity directly and make an appointment with a benefits counselor to discuss your options.



Enrollment Information



Changes to Enrollment

Our 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. Vision benefits are effective December 1st. 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 Benefits

Medical Plans

Anthem Blue Cross PPO Medical Plans

The Anthem Blue Cross Preferred Provider Organization (PPO) plans allow you to direct your own care. 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. However, you are not limited to the physicians within the network and you may self-refer to specialists. If you obtain services using an out-of-network provider, please note that you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims.



How to Find an In-Network Medical Provider

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

Medical Plan Options

	Anthem/SISC 100% PPO Plan	Anthem/SISC 90% PPO Plan	Anthem/SISC 80% PPO Plan	Anthem/SISC Base PPO Plan	Anthem/SISC HSA \$5,000 <i>(formerly Anchor Bronze)</i>
Eligible Employees					
Classified	Eligible	Eligible	Eligible	Eligible	
District Employees – Variable Hour – Temporary – Seasonal Employees					Eligible Eligible Eligible

Prescription Drug Coverage

Anthem Blue Cross 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 pain 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.

Medical Benefits: Plan Highlights

Medical Plan Highlights	Option 1 Anthem Blue Cross 100% PPO Plan	Option 2 Anthem Blue Cross 90% PPO Plan	Option 3 Anthem Blue Cross 80% PPO Plan
	In-Network	In-Network	In-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Annual Deductible			
– Individual	\$100	\$100	\$200
– Family	\$300	\$300	\$500
Out of Pocket Maximum			
– Individual	\$1,000	\$1,000	\$1,000
– Family	\$3,000	\$3,000	\$3,000
Co-insurance (Plan Pays)	100%	90%	80%
Medical	You Pay	You Pay	You Pay
Doctor's Office Visit			
– Physician	\$20 copay	\$20 copay	\$20 copay
– Specialist	\$20 copay	\$20 copay	\$20 copay
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Urgent Care	\$20 copay	\$20 copay	\$20 copay
Emergency Room (<i>waived if admitted</i>)	\$100 copay, ded	\$100 copay + 10%, ded	\$100 copay + 20%, ded
Hospitalization			
-Inpatient Hospital	0%, after ded	10%, after ded	20%, after ded
-Outpatient Surgery	0%, after ded	10%, after ded	20%, after ded
X-Ray and Lab			
-Diagnostic	0%, after ded	10%, after ded	20%, after ded
-Complex Imaging	0%, after ded	10%, after ded	20%, after ded
Prescription Drug	You Pay	You Pay	You Pay
Rx Deductible (EE / Fam)	N/A	N/A	N/A
Rx Out of Pocket Maximum (EE / Fam)	\$2,500 / \$3,500	\$2,500 / \$3,500	\$2,500 / \$3,500
Retail Rx			
– Generic	30-Day Supply \$9 copay	30-Day Supply \$9 copay	30-Day Supply \$9 copay
– Brand	\$35 copay	\$35 copay	\$35 copay
– Non-preferred Brand	\$35 copay	\$35 copay	\$35 copay
Mail Order			
– Generic	90-day Supply \$0 copay	90-day Supply \$0 copay	90-day Supply \$0 copay
– Brand	\$90 copay	\$90 copay	\$90 copay
– Non-preferred Brand	\$90 copay	\$90 copay	\$90 copay
1. The first three visits with a primary care provider for each calendar year will be no charge.			
Health Plan Contributions	Anthem Blue Cross 100% PPO Plan	Anthem Blue Cross 90% PPO Plan	Anthem Blue Cross 80% PPO Plan
Employee Pays (10thly)			
Employee	\$0.00	\$0.00	\$0.00
Employee + 1	\$1,147.20	\$1,068.00	\$922.80
Employee + 2 or more	\$2,100.00	\$1,987.20	\$1,779.60
District Cap (10thly)			
Employee	\$1,192.80	\$1,192.80	\$1,192.80
Employee + 1	\$1,192.80	\$1,192.80	\$1,192.80
Employee + 2 or more	\$1,192.80	\$1,192.80	\$1,192.80

Medical Benefits: Plan Highlights

Medical Plan Highlights	Option 4 Anthem Blue Cross Base PPO Plan	Option 5 Anthem Blue Cross HSA \$1,500	Option 6 Anthem Blue Cross HSA \$5,000 <i>(formerly Anchor Bronze)</i>
	In-Network	In-Network	In-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Annual Deductible			
– Individual	\$2,000	\$1,500	\$5,000
– Family	\$4,000	\$3,000	\$10,000
Out of Pocket Maximum			
– Individual	\$4,000	\$3,000	\$6,350
– Family	\$8,000	\$6,000	\$12,700
Co-insurance (Plan Pays)	80%	90%	70%
Medical	You Pay	You Pay	You Pay
Doctor's Office Visit			
– Physician	\$30 copay	10%, after ded	\$60 copay (1 st 3 visits), then
– Specialist	\$30 copay	10%, after ded	30%, after ded
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Urgent Care	\$30 copay	10%, after ded	\$60 copay (1 st 3 visits), then
			30%, after ded
Emergency Room (waived if admitted)	\$100 copay + 20%, ded	\$100 copay + 10%, ded	\$100 copay + 30%, ded
Hospitalization			
-Inpatient Hospital	20%, after ded	10%, after ded	30%, after ded
-Outpatient Surgery	20%, after ded	10%, after ded	30%, after ded
X-Ray and Lab			
-Diagnostic	20%, after ded	10%, after ded	30%, after ded
-Complex Imaging	20%, after ded	10%, after ded	30%, after ded
Prescription Drug	You Pay	You Pay	You Pay
Rx Deductible (EE / Fam)	\$200 / \$500	N/A	N/A
Rx Out of Pocket Maximum (EE / Fam)	\$2,500 / \$3,500	N/A	N/A
Retail Rx	30-Day Supply	30-Day Supply	30-Day Supply
– Generic	\$10 copay	\$9 copay	\$9 copay
– Brand	\$35 copay	\$35 copay	\$35 copay
– Non-preferred Brand	\$35 copay	\$35 copay	\$35 copay
Mail Order	90-day Supply	90-day Supply	90-day Supply
– Generic	\$0 copay	\$0 copay	\$0 copay
– Brand	\$90 copay	\$90 copay	\$90 copay
– Non-preferred Brand	\$90 copay	\$90 copay	\$90 copay

1. The first three visits with a primary care provider for each calendar year will be no charge for all plans except the HSA \$5,000 Plan.

Health Plan Contributions	Anthem Blue Cross Base PPO Plan	Anthem Blue Cross HSA \$1,500	Anthem Blue Cross HSA \$5,000
Employee Pays (10thly)			
Employee	\$0.00	\$0.00	\$0.00
Employee + 1	\$447.60	\$392.40	\$62.40
Employee + 2 or more	\$1,110.00	\$1,026.00	
District Cap (10thly)			
Employee	\$1,192.80	\$1,192.80	\$1,192.80
Employee + 1	\$1,192.80	\$1,192.80	\$1,192.80
Employee + 2 or more	\$1,192.80	\$1,192.80	\$1,192.80

Additional Benefits Through SISC

Additional Benefits Through SISC

Hinge Health

Hinge Health is a digital interactive physical therapy program available at no cost to Anthem PPO members to help members who are suffering from chronic back or joint pain. Hinge Health provides personalized, interactive therapy using the latest technology. Hinge Health empowers members with tools to help relieve chronic pain, at a convenient time and location of their choosing.

Eligible members receive wearable sensors and a monitoring device to guide them through virtual therapy sessions from home. Members have unlimited access to a personal health coach, links to educational articles as well as information regarding available treatment options. To learn more, go to www.hingehealth.com/sisc or call (855) 902-2777.

Vida Digital Health Coaching

SISC offers Vida Digital Coaching, a virtual care platform that treats lifestyle, chronic and behavior health conditions. Anthem PPO members under the age of 65 will have access to:

- A virtual platform that provides one on one health coaching and therapy
- Digital interventions and programs
- In-app trackers and connected devices that will allow you to track your progress
- Tools and resources such as videos and lessons

Learn more at www.vida.com/sisc or call (855) 442-5885.

City of Hope Oncology Center of Excellence

Anthem Blue Cross members receive an enhanced benefit when facing a cancer diagnosis through the City of Hope Oncology Center of Excellence program. Members have access to:

- In-person evaluation at City of Hope upon confirmation of diagnosis
- Paid travel arrangements for the patient and a companion
- Development of a customized treatment plan
- Access to a personal care nurse to coordinate care
- Clinical trial education and genetic risk education
- Transition of care and collaboration with home oncologist for one year post-evaluation

Visit www.contigohealth.com/sisc or call 877-220-3556.

Maven Maternity and Postpartum Support

- Maven is a virtual care program for pregnancy and postpartum support. Use Maven to get 24/7 access to doctors, specialist, coaches, and trustworthy content tailored to your experience.
- Consult with a care advocate who connects you with content delivered by doctors, specialist coaches and other maternity providers to help deal with pregnancy and postpartum concerns.
- SISC PPO members receive a free 6-month diaper subscription when they:
 - Enroll during the first or second trimester
 - Have an introductory call with a Care Advocate
 - Have two appointments with Maven providers during pregnancy
 - Complete the exit survey when their baby is born

To activate your membership, download the Maven Clinic app or visit mavenclinic.com/join/SISC.

Additional Benefits Through SISC

Additional Benefits Through SISC

Lower Pricing for Certain Surgical Procedures

Listed below are reference pricing for five common procedures that can be performed safely at an Ambulatory Surgery Center (ASC) at costs that are significantly lower than at a hospital.

- If you choose to have one of the procedures below at an in-network outpatient facility, only the amounts below will be paid. The remaining amount will be paid in full by the member.
- There is no limit at an in-network Ambulatory Service Center.
- Members with questions should contact the customer service number on their ID cards.

	Maximum Benefit at an in-network outpatient hospital facility	There is no limit at an in-network Ambulatory Service Center (ASC)
	In-Network	ASC Facility
Arthroscopy	\$4,500	N/A
Cataract Surgery	\$2,000	N/A
Colonoscopy	\$1,500	N/A
Upper GI Endoscopy with Biopsy	\$1,250	N/A
Upper GI Endoscopy without Biopsy	\$1,000	N/A

Enhanced Hip and Knee Replacement and Spine Surgery Benefit—Carrum Health

SISC partners directly with Carrum Health to provide Anthem Blue Cross PPO members with access to select physicians at Scripps Health in San Diego for hip and knee replacements, and many inpatient spine surgeries. Benefits include:

- No medical bills; coinsurance and deductibles are waived
- Travel expenses are covered for the patient and an adult companion
- The Carrum Care Concierge service helps you manage all the details

To access this benefit, visit <https://info.carrumhealth.com/sisc> or call (888) 855-7806.

Teladoc Expert Opinions

SISC offers a valuable expert second opinion service through Teladoc to Anthem members. 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. Teladoc can help Anthem members when they:

- Are dealing with complex medical conditions
- Are considering surgery or a major procedure
- Have questions about managing a health condition
- Want a second opinion on a documented diagnosis or treatment plan

For more information, visit www.teladoc.com/sisc or call (800) 835-2362.



Additional Benefits Through SISC

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. The providers will ask you 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. Effective October 1, 2023, MDLive visits will have a \$10 copay. HSA members will continue to pay the full cost of the visit until deductible is met.

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.

Common Conditions Treated by MDLive

General Care			Pediatric Care
Allergies	Fever	Respiratory Infections	Cold & Flu
Asthma	Headache	Sinus Infections	Constipation
Bronchitis	Infections	Skin Infections	Ear Infections
Cold & Flu	Insect Bites	Sore Throat	Nausea
Diarrhea	Joint Aches	Urinary Tract Infections	Pink Eye
Ear Infections	Rashes	And More!	And More!

To access MDLive, go to www.mdlive.com/sisc or call (888) 632-2738. Be prepared to provide your name, the patient's name (if you are not calling for yourself), your member identification number and your phone number.

Eden Health Virtual Primary Care (New for 2023!)

Eden Health is a virtual primary care provider available through a smartphone application. Eden Health provides free remote access for Anthem PPO members* to a full healthcare team. Through Eden, SISC Anthem PPO members can connect with a primary care physician to manage all their physical and mental healthcare needs. Eden providers can diagnose conditions, manage prescriptions, refer you to specialists, and answer follow-up questions using video visits or live chat.

It's never been easier to stay on top of your health. Eden Health can provide:



Scheduled video visits or live chat with a primary care physician



Diagnoses and Treatments



Answers to follow-up care questions



Prescription Refills



Specialist Referrals



Mental Health Support

*SISC members enrolled on an HSA plan are not eligible for this benefit.

To access Eden Health, scan the QR code to download the Eden Health app, and register for your free Eden Health membership.



Medical Benefits: Tips

Tips on Getting the Most from Your Health Benefits

1 Ask Questions

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.

2 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... potentially save your life! Take advantage of these no-cost benefits now to hopefully avoid major illnesses and costs in the future.

3 Get the Right Health Care and Save Money

Choosing the right care for your medical situation will help save you money out-of-pocket:

- **Doctor's Office Visit or telemedicine visit:** These are good choices for non-urgent medical issues that don't require a face-to-face visit. Anthem Blue Cross members can access telemedicine through MDLive.
- **Urgent Care:** This is the best choice for non-life threatening medical issues that require immediate, in-person care when you can't get an appointment for a Doctor's Office Visit.
- **Emergency Room:** You should use the Emergency Room for life-threatening emergencies or for other issues that require immediate medical care outside Urgent Care hours.

4 Use Generic Drugs When Available

The best way to save on prescriptions is to use generic medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay (in fact, at Costco, you can obtain many generic drugs for free!)

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 and frequently used 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.

5 Use the Mail-Order Prescription Drug Benefit for Maintenance Medications

If you take medications on a long term basis, the mail order prescription drug benefit can save you money.



Dental Benefits

Delta Dental PPO Plan

With the Delta Dental Preferred Provider Organization (PPO) dental plan, you may visit a PPO dentist and benefit from the negotiated rate or you may also 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, and you may be responsible for filing claims.

Dental Benefits	Delta Dental PPO		
	PPO Network	Premier Network	Out-of-Network
Advantages	Best value/ no balance billing	Slight discount/ No balance billing	No discount/ balance billing may apply
Calendar Year Maximum (per person)	\$1,700		\$1,500
Deductible (Individual / Family)	None		
Dental Benefits	You Pay		
Preventive – Exams, Cleanings, X-Rays	No charge	No charge	No charge
Basic Services – Fillings, Root Canals, Gum Treatments, Oral Surgery	20%	20%	20%
Major Services – Crowns, Inlays, Onlays, Cast Restorations	50%	50%	50%
Prosthodontics – Bridges, Dentures, Implants	50%	50%	50%
Orthodontia	Not covered		

Notes:

- Starting on January 1, 2024, the annual benefits maximum will increase by an additional \$500 when you seek care from an in-network PPO dentist.

	2023-2024 Tenthly Rates
Employee Only	\$48.24
Employee + 1	\$99.36
Employee + 2 or More	\$136.56

SmileWay Wellness Benefit

Starting on January 1, 2024, the Delta Dental plans will offer additional dental coverage to support your overall health. If you or a covered family member has been diagnosed with a chronic medical condition like diabetes, cancer or heart disease, you may benefit from additional teeth and gum cleanings. To find out more and opt in, visit www1.deltadentalins.com/smileway.



How to Find an In-Network Dental Provider

Go to www.deltadentalins.com or call 866-499-3001.

Vision Benefits

Vision Service Plan (VSP) PPO 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 use an out-of-network provider, you will be responsible for paying all charges at the time of your appointment and will be required to file an itemized claim with VSP.

Vision Service Plan (VSP) PPO Plan		
Vision Benefits	In-Network	Out-of-Network
Copays		
– Examination	\$15 copay	Up to \$50 Reimbursement
– Materials	No charge (combined with exam)	N/A
Eyeglasses	You Pay	
Lenses		
– Single	No charge (combined with exam)	Up to \$50 Reimbursement
– Bifocal	No charge (combined with exam)	Up to \$75 Reimbursement
– Trifocal	No charge (combined with exam)	Up to \$100 Reimbursement
Frames	Up to \$120 Allowance	Up to \$70 Reimbursement
Contact Lenses	You Pay	
In Lieu of Frames and Lenses		
– Cosmetic/Elective	Up to \$120 Allowance	Up to \$105 Reimbursement
Frequency	From Date of Service	
Examination	Once Every 12 Months	
Lenses	Once Every 12 Months	
Frames	Once Every 24 Months	
Contact Lenses	Once Every 12 Months	
2023-2024 Tenthly Rate		
Employee	\$19.13	
Employee +1	\$19.13	
Employee + 2 or more	\$19.13	
District Pays		
Employee	\$19.13	
Employee +1	\$19.13	
Employee + 2 or more	\$19.13	
Employee Pays		
Employee	\$0.00	
Employee +1	\$0.00	
Employee + 2 or more	\$0.00	



How to Find an In-Network Vision Provider

Go to www.vsp.com or call 800-877-7195.

Employee Assistance Program

Anthem Employee Assistance Program

The District provides employees with support for a wide variety of challenges through the SISC Anthem Employee Assistance Program (EAP). If you or a family member need assistance with personal, family or work-life balance issues, you can contact the EAP for confidential assistance. You can access the EAP by calling **(800) 999-7222** or by visiting www.anthemEAP.com (to log in, enter SISC as the program name). EAP benefits include the following:

Support and Counseling

The Employee Assistance Program (EAP) provides confidential support in balancing a wide array of challenges with up to 6 free counseling sessions per issue per benefit year, plus unlimited phone support for:

- Relationship difficulties
- Marriage, family or parenting concerns
- Managing change and stress
- Depression and anxiety
- Addiction and recovery
- Grief and loss
- Work/life balance
- Personal growth
- And more

Identity Monitoring and Theft Resolution

- Free identity monitoring and theft resolution services through IDnotify
- ID customer care team is available 24/7/365, with robust knowledge in both credit and non-credit restoration, with CITRMS (Certified Identity Theft Risk Management Specialist), FCRA, and FACTA certifications.
- Your IDnotify specialist will help you determine if an identity theft event has occurred and guide you through any necessary restoration activities.

Legal and Financial Resources

- Free Quicken Willmaker & Trust
- Legal Assist: A library of articles on legal topics and issues
- Legal Forms: 100 legal forms for a variety of family and consumer situations
- State Specific Legal Forms: Advanced directives and instructions for each state
- Estate Planning: Articles and resources to address estate planning questions
- Financial Calculators: Will allow you to get answers and explore different options regarding home and personal financing, investing, and retirement
- Pocketsmith Discount: PocketSmith Personal Financial Manager is an online tool that uses an innovative calendar-based approach to help employees quickly and easily manage their personal finances.

Learn to Live Wellbeing Support

- Access free, customized online programs based on proven principals of Cognitive Behavioral Therapy (CBT)
- Programs are confidential, accessible anywhere, and participants learn effective ways to manage stress, depression, anxiety, substance use and sleep issues

Seminars and Articles

- Online resources for a wide array of topics, including both a library of articles and on-demand seminars

Savings Center

- Discount shopping program provided through Perks At Work
- Discounts of up to 25% on name brand, practical, and luxury items



Tax Savings Benefits

American Fidelity Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are special tax-advantaged accounts used to pay for eligible out-of-pocket health care and dependent care expenses. If elected, your account(s) will be funded with tax-free dollars using convenient payroll deductions. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts.

If you are using an FSA debit card, you must save your receipts in case American Fidelity needs a copy for verification. Per IRS guidelines, all receipts must be itemized to reflect what product or service was purchased.

Health Care FSA

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. You may defer up to **\$3,050** pre-tax for the 2023 plan year. Eligible expenses include:

- Coinsurance, Copays and Deductibles
- Medical care and Prescriptions
- Dental care and Orthodontia
- Eye Exams, Eyeglasses and Lasik Eye Surgery
- Eligible over-the-counter medications, COVID-19 PPE, and menstrual products

To shop for FSA-eligible products, and for a list of eligible expenses, go to www.fsastore.com.

Dependent Care FSA

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. You may defer up to **\$5,000** pre-tax for the 2023 plan year. Eligible expenses include:

- Licensed nursery schools, qualified childcare centers, after school programs, summer camps (under age 13), preschool
- Adult daycare facilities

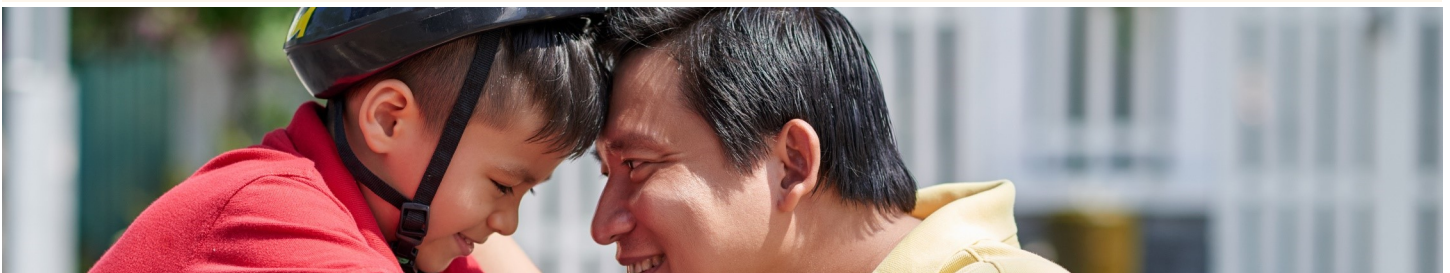
Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **Health Care FSA:** You must forfeit any money left in your account after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year.
- **Dependent Care FSA:** Unused funds will NOT be returned to you or carried over to the following year. You must incur claims by August 31st of each plan year.

Important Note About the FSA

It is important to note that your FSA elections will expire each year on September 30th. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.



Learn How the FSA Works

This quick video is an easy way to see how the FSA can benefit you: <http://video.burnhambenefits.com/fsa>.

Voluntary Benefits



American Fidelity Voluntary Plans

You have the opportunity to customize your coverage through voluntary insurance plans provided through 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 Voluntary Plans

The Aflac voluntary plans are different from health insurance. The plans are for daily living and are designed to protect your income at affordable rates. All Aflac programs are 100% Voluntary—it's your choice whether or not to enroll. If you are interested in learning more about the Aflac voluntary plans, please contact our Aflac representative below.

To Learn More About Voluntary Plans and Enroll

- American Fidelity: Contact Anthony Magallanes at [951-600-0122](tel:951-600-0122) or Todd Jacobson at [951-397-4820](tel:951-397-4820).
- Aflac: Contact Daniel Vordale at [805-588-0520](tel:805-588-0520) or Daniel_Vordale@us.aflac.com.

Resources and Contacts

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

Medical Benefits	Phone	Website
Anthem Blue Cross	See ID Card	www.anthem.com/ca/sisc
Navitus (Pharmacy)	866-333-2757	www.navitus.com
Costco (Pharmacy)	800-607-6861	www.pharmacy.costco.com
Dental Benefits		
Delta Dental	866-499-3001	www.deltadentalins.com
Vision Benefits		
Vision Service Plan (VSP)	800-877-7195	www.vsp.com
Employee Assistance Program (EAP)		
Anthem Employee Assistance Plan	800-999-7222	www.anthemep.com
Tax Savings Benefits		
American Fidelity Flexible Spending Accounts	800-365-9180	AFES-WildomarBranch@americanfidelity.com
Voluntary Benefits		
American Fidelity Voluntary Benefits	800-365-9180	AFES-WildomarBranch@americanfidelity.com
Aflac Voluntary Benefits	805-895-8186	www.aflac.com/businessservices
Additional Benefits Through SISC		
Hinge Health	855-902-2777	www.hingehealth.com/sisc
Vida Digital Health Coaching	855-442-5885	www.vida.com/sisc
City of Hope Oncology Center of Excellence	877-220-3556	www.contigohealth.com/sisc
Maven Maternity and Postpartum Care	n/a	www.mavenclinic.com/join/SISC
Carrum Health	888-855-7806	https://info.carrumhealth.com/sisc
Teladoc Medical Experts	800-835-2362	www.teladoc.com/sisc
MDLive Telehealth	888-632-2738	www.mdlive.com/sisc



Important Information

The Affordable Care Act and You

The Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Vermont or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2023 tax year – these states have an individual mandate requirement.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by Lompoc Unified School District or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

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



Learn More about the Affordable Care Act

For more information, visit www.healthcare.gov

Annual Notices

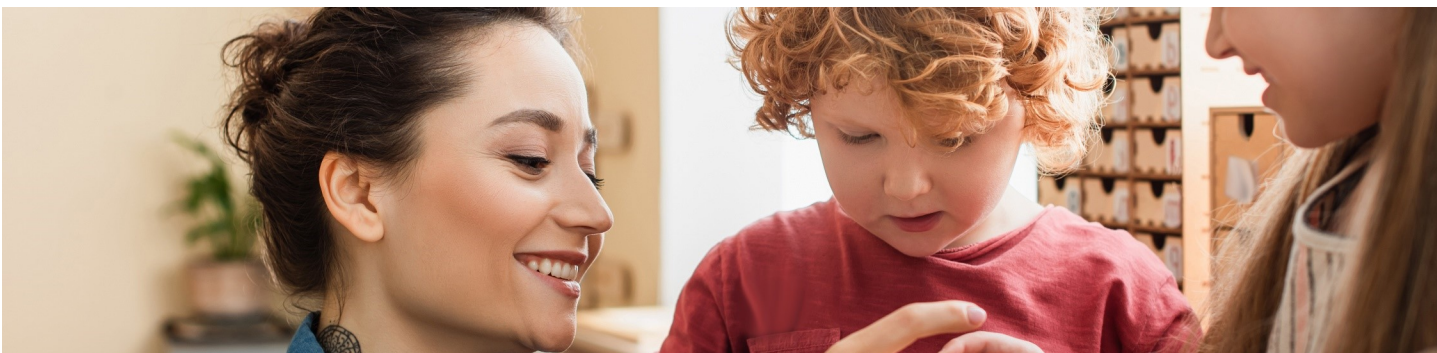
Various state and federal laws, require that employers provide disclosure and annual notices to their plan participants. Lompoc Unified School District has posted all federal-required annual notices on our intranet for you to download and read at your convenience.

The following is a list of the annual notices:

- Medicare Part D Notice of Creditable Coverage
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program
- HIPAA Notice of Privacy Practices

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 for additional plan details.



Notes



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

Learn more at www.burnhambenefits.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 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 Risk Management Department.