

EMPLOYEE

BENEFITS GUIDE

JULY 1, 2023 — JUNE 30, 2024

CERTIFICATED



Welcome!

Victor Elementary School District is proud to offer comprehensive, high-quality benefits at a reasonable cost. We've designed our benefits to give you choices so you can pick the benefits that are best for you and your family.

Victor Elementary School District covers 100% of Core Benefits for all Full-Time Employees

VESD benefits are broken into two major categories:

Core Benefits	Benefit Choices
Plans and programs automatically available to you at no cost	Plans and programs you can elect to join or purchase



This package contains 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 Personnel Department—Veronica Taylor vtaylor@vesd.net

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Eligibility & Enrollment

Who may enroll

VESD Employees

- Certificated employees working 6 hours or more / 30 hours or more per week

Dependents

- Your legally married spouse
- Your registered domestic partner (as defined by the state of California)
- Your children, stepchildren or children of your registered domestic partner to age 26, regardless of marital or student status
- Any children for whom you are required to provide coverage under a Qualified Medical Child Support Order
- Your unmarried children, step-children or children of your registered domestic partner of any age, if they are incapable of self-care due to a physical or mental disability

When you may enroll

As an Eligible Employee

- As a new hire, you may participate in VESD's benefits 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
-

Your spouse, domestic partner and children can be enrolled in our Medical, Dental, Vision and Voluntary Supplemental Life AD&D insurance plans.



Benefits Plan Year :
July 1 - June 30 (Dental, Vision & Vol. Life)
October 1—September 30 (Medical)

**Victor Elementary School
District covers 100% of Core
Benefits for All Full-Time
Employees**

Eligibility & Enrollment

Changes to enrollment

Open Enrollment

During our annual open enrollment period, you may make new benefit elections.

- Changes made to Dental, Vision, and Voluntary Supplemental Life AD&D insurance have an effective date of July 1st
- Changes made to Medical Plans have an effective date of October 1st

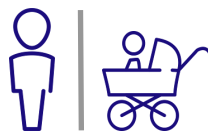
Qualifying Event

Once you make your benefit elections, you cannot change them throughout the year unless you experience a qualifying event as defined by the IRS.

Examples include, but are not limited to:



Marriage, divorce, legal separation, or annulment



Birth, adoption, or death of a child or spouse



Qualified Medical Child Support Order (QMCSO)



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)



Eligibility for a federal or state premium assistance program under Medicare, Medicaid, or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. If you do not update your coverage within 30 days of the qualifying event, you must wait until the next annual open enrollment period to update your coverage. For questions, please contact the Personnel Department.

Eligibility & Enrollment

Dependent Eligibility Required Documents

The following verification documents are required to enroll a dependent in health benefit plans. SISC requires the Social Security Numbers for all Dependents to be covered on the plans and reserves the right to request additional documentation to substantiate eligibility.

Dependent Type	Required Documentation
Spouse	<ul style="list-style-type: none"> • Prior year's Federal Tax Form page that shows the couple filed married and jointly (financial information may be blocked out). • Notarized SISC Affidavit of Marriage Form with Marriage Certificate needed for couples who do not file married and jointly.
Domestic Partner	<ul style="list-style-type: none"> • Certificate of Registered Domestic Partnership issued by State of California (AB 205 Compliant)
Children, Stepchildren, and/or Adopted Children up to age 26	<ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Legal Adoption Documentation
Legal Guardianship up to age 18	<ul style="list-style-type: none"> • Legal Court Documentation establishing Guardianship
Disabled Dependents over age 26	<p>Blue Shield (All items listed below are required)</p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Completed Declaration of Disability for Overage Dependent Child <p>Kaiser (All items listed below are required)</p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS Dependent (Income information may be blocked out.) • Completed Disabled Dependent Enrollment Application • Most recent Kaiser Certification Notice (if available)

District may require additional documentation but may not require less.

Understanding Your Medical Benefits

Medical plans for certificated employees are through Self-Insurance Schools of California (SISC) with plan effective dates of October 1st through September 30th.

Kaiser Permanente | \$10 HMO Plan

With the Kaiser HMO plan, you must obtain services at a Kaiser facility, except in the case of an emergency. While all of your care must be directed through your selected physician, you can choose and change your doctor at any time, for any reason. Kaiser Permanente integrates all elements of healthcare such as physicians, medical centers, pharmacies and administration in one convenient facility.

Chiropractic benefits are provided through American Specialty Health (ASH). For more information, go to www.ashlink.com/ash/kp or call (800) 678-9133.

Blue Shield | \$10 HMO Plan Rx \$7-\$25

With the Blue Shield HMO plan, you must choose a primary care physician (PCP) or medical group within the plan's network. All care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You 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.

Chiropractic benefits are provided through American Specialty Health (ASH). For more information, go to www.ashlink.com/ash/kp or call (800) 678-9133.

Blue Shield | PPO 90-C \$20 Rx \$5-\$20

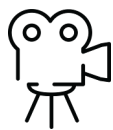
With the Blue Shield PPO plans, you may see any physician you wish. For the highest level of coverage, it is recommended you see physicians that participate in the Blue Shield network. You may obtain services from out-of-network providers, but the coinsurance will be higher and you will be responsible for the difference between the covered amount and the actual charges. You may also be responsible for filing claims.

The Pharmacy Benefit Manager for SISC Blue Shield PPO and HMO plans is **Navitus Health Solutions**. See page 8 for more details.



Finding a Medical Provider

- **Kaiser Permanente HMO:** Call 800-464-4000 or visit <https://my.kp.org/sisc>
- **Blue Shield HMO and PPOs:** Call 855-256-9404 or visit <https://myoptions.blueshieldca.com/sisc> and refer to the plan network (see the plan summaries on pages 8-9 for the network name for each plan)



Educational Video

Health Insurance Terms

<http://video.burnhambenefits.com/terms>

Summary of Benefits and Coverage

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 VESD. Please refer to the SBC and carrier contracts provided by VESD's medical plans for additional plan details.

Understanding Your Medical Benefits

To understand how your medical plan works, read the medical plan term definitions below and take a few minutes to watch the quick benefit videos shown below.

- **Coinsurance:** The percentage of the charges the member is required to pay for a medical or dental service in a plan. For example, with the Blue Shield PPO 90-C plan, Blue Shield pays 90% of the covered claim and the member pays 10% of the remaining amount after the deductible has been met.
- **Copay:** The flat fee paid by the member when a medical or dental service is received. This is usually associated with doctors office visits, prescription drugs or certain dental services under the DeltaCare plan.
- **Deductible:** The set dollar amount a member must pay before insurance coverage for medical or dental expenses can begin. For medical plans with a deductible (not including the HSA plan), there is a 4th-Quarter Carryover. This means that any money you pay toward the deductible between October 1 and December 31 will be credited toward your deductible for the following year.
- **Out-of-Pocket Maximum:** The maximum amount the member will have to pay in a calendar year for eligible expenses in the medical plan. After reaching the Out-of-Pocket Maximum, the plan pays 100% of the allowable charges for covered services for the remainder of the calendar year.

What Expenses Apply to the Out-of-Pocket Maximum?				
Plan	Coinsurance	Copay: Medical Care	Copay: Rx	Deductible
Kaiser Plan	N/A	Yes	Yes	N/A
Blue Shield HMO Plan	N/A	Yes	Yes	N/A
Blue Shield PPO Plans	Yes	Yes	Yes	Yes

Accessing Care Out-of-Network

A network provider is a hospital, doctor, medical group, dentist or other health care provider contracted to provide services to members at a contracted or discounted rate. Health care providers who are not contracted are considered to be Out-of-Network providers.

For the Blue Shield HMO plan, there is no coverage outside the network except in case of an emergency. While access to Out-of-Network providers is allowed for the Blue Shield PPO and HSA plans, the coinsurance you pay for benefits is higher and you are subject to **balance billing**. Out-of-Network providers can charge any amount they wish for a service. However, if that amount is higher than what the insurance company says is "Reasonable & Customary," the member is responsible for paying the difference.

Before seeking care with an Out-of-Network provider, it is recommended that you find out what their charges are and check with the insurance company to make sure they are considered "Reasonable & Customary."



Benefit Videos — Medical Plan Terms

Medical plan terms, such as coinsurance, copays, deductibles, and out-of-pocket maximums can be confusing. For a quick video that shows how these work, visit <http://video.burnhambenefits.com/terms>

Pharmacy Benefit Manager for SISC Blue Shield

The Pharmacy Benefit Manager for SISC Blue Shield PPO & HMO plans is **Navitus Health Solutions.**

Reminders for Members

- SISC pharmacy plans do NOT have coordination of benefits.
- Most pharmacies are in-network with the **exception of Walgreen's.**
- SISC pharmacy benefits include cost-saving strategies that are designed to lower drug costs and promote good member health.
- These include step therapy, generic substitution, and quantity limits.
- SISC pharmacy plans will guide members to generics over brand medications.
- If the brand name medication has a generic equivalent available, the pharmacy or mail order facility will automatically fill the prescription with the generic when the brand name is not medically necessary.
- There is a Clinical Review Process through which it is possible to have a determination made as to whether or not a brand name drug is medically necessary.
- The member's physician will need to contact Navitus Customer Care to initiate the review process.
- If approved as medically necessary, the member will pay the brand co-pay.
- In order to obtain additional fills, their physician will need to provide information to Navitus to pass the coverage criteria.
- You can call Navitus Health Solutions at **1-866-333-2757.**
- When the Customer Care Rep answers read this script: "I would like to find out if my medications are covered. **RXPID 5x20 SISC G Formulary**".

Mail Order

- Mail Order is through Costco Mail Order.
- A new prescription is required to set up Mail Order.

****Kaiser members must use Kaiser pharmacies**

Medical Plan Highlights

	Kaiser HMO	Blue Shield HMO 10
	Kaiser Permanente	In-Network Only
Plan Differences		
Network Size	★★	★★★
Access to Providers	Managed by Your PCP	Managed by Your PCP
Calendar Year Deductible - Individual - Family	None None	None None
Out-of-Pocket Maximum - Individual - Family	\$1,500 \$3,000	\$1,000 \$2,000
Coinsurance (Plan Pays)	100%	100%
Lifetime Maximum Benefit	Unlimited	Unlimited
Health Benefits	You Pay	You Pay
Office Visit Copay - Preventive Care - Primary Care Physician - Specialist - Urgent Care - Virtual Visits	No Charge \$10 Copay \$10 Copay \$10 Copay No charge	No Charge \$10 Copay \$10 Copay \$10 Copay \$5 Copay
Hospitalization - Inpatient - Outpatient Surgery	No Charge \$10 Copay	No Charge No Charge
Lab and X-Ray - Diagnostic - Complex	No Charge No Charge	No Charge No Charge
Emergency Services	\$100 Copay	\$100 Copay
Chiropractic/Acupuncture (<i>American Specialty Health</i>)	\$10 Copay 30 Visits Combined	\$10 Copay 30 Visits Combined
Prescription Drugs	Kaiser Pharmacy	Navitus
Out-of-Pocket Maximum - Individual - Family	Included in Medical	\$1,500 \$2,500
Retail - Generic - Brand - Specialty - Supply Limit	\$10 \$10 N/A Up to 100- Day Supply	Network \$7 / \$25 Costco \$0 / \$25 N/A 30 Days
Mail Order - Generic - Brand - Specialty - Supply Limit	\$10 \$10 N/A Up to 100- Day Supply	\$0 \$60 \$20 (30 days) 90 Days

For additional medical plan details refer to your Summary of Benefits

Medical Plan Highlights

	SISC Blue Shield PPO 90-C \$20 Rx 5-20	
	In-Network	Out-of-Network
Plan Differences		
Network Size	★★★★	★★★★
Access to Providers	Managed by You	Managed by You
Calendar Year Deductible		
-- Individual	\$200	\$200
-- Family	\$500	\$500
Out-of-Pocket Maximum		
-- Individual	\$1,000	\$1,000
-- Family	\$3,000	\$3,000
Coinsurance (Plan Pays)	90%	50%
Lifetime Maximum Benefit	Unlimited	Unlimited
Health Benefits	You Pay	You Pay
Office Visit Copay		
-- Preventive Care	No Charge	Not covered
-- Primary Care Physician	\$20 Copay	Deductible, 50%
-- Specialist	\$20 Copay	Deductible, 50%
-- Urgent Care	\$20 Copay	Deductible, 50%
-- Virtual Visits	\$5 Copay	Not Covered
Hospitalization		
-- Inpatient	Deductible, 10%	Deductible, charges above \$350
-- Outpatient Surgery	Deductible, 10%	Deductible, charges above \$600
Lab and X-Ray		
-- Diagnostic	Deductible, 10%	Not covered
-- Complex	Deductible, 10%	Not covered
Emergency Services	Deductible, \$100 Copay + 10%	
Chiropractic	Deductible, 10%	Not covered
	Max 20 Visits/Year	
Acupuncture	Deductible, 10%	Deductible, 50%
	Max 12 Visits/Year	
Retail Pharmacy	Navitus	
Out-of-Pocket Maximum		
- Individual	\$1,500	
- Family	\$2,500	
Retail (30-day)		
- Generic	Network \$5 / \$20	Not covered
- Brand	Costco \$0 / \$20	Not covered
- Specialty	N/A	Not covered
Mail Order Pharmacy	You Pay	You Pay
Mail Order (90-day)		
- Generic	\$0	Not covered
- Brand	\$50	Not covered
- Specialty	\$20 (30 days)	Not covered

For additional medical plan details refer to your Summary of Benefits

Mental Health Resources

Kaiser Permanente / Blue Shield | In-Network Mental Health Benefits*

Our medical insurance providers are ready to help you get the support you need. With our medical plans' networks of Behavioral Health providers (therapists, psychologists, psychiatrists), you can access your covered mental health benefits for short or long-term issues.

Medical Plan	Inpatient	Outpatient Visits
Kaiser HMO	No charge	\$10 Copay
Blue Shield HMO	No charge	\$10 Copay
Blue Shield PPO*	Deductible, 10%	\$20 Copay

*Non-network mental health benefits are also available. Refer to the SBCs for details.

Virtual Mental Health Visits

Our VESD plans allow you to receive behavioral and mental health virtual care for those times you'd like to seek counseling from the comfort of your home.

Kaiser Permanente:
Log in to www.kp.org or call 800-464-4000.

Blue Shield:
Log on to www.blueshieldca.com
or call 855-256-9404

Free Mental Health and Wellness Apps

Available to Kaiser Members Only

Kaiser offers three apps to help support your mental/emotional wellbeing at <https://kp.org/selfcareapps>.

- **Calm** is the #1 app for meditation, mental resilience, and sleep — designed to help lower stress, reduce anxiety, and more. Kaiser Permanente members can access all the great features of Calm at no cost, including:
 - The Daily Calm, exploring a fresh mindful theme each day
 - More than 100 guided meditations
 - Sleep Stories to soothe you into deeper and better sleep
 - Video lessons on mindful movement and gentle stretching
- **Ginger** is available to all Kaiser members at no cost for up to 90 days. The Ginger app offers immediate 1 on 1 support for coping with many common challenges such anxiety, stress, low mood, issues with work or relationships and more. With Ginger, you can:
 - Text with a coach anytime, anywhere, 24/7
 - Discuss goals, share challenges, and create an action plan with your coach
 - Get personalized, interactive skill-building tools from a library of more than 200 activities
 - View recaps from each texting session, track progress, and work your coach to adjust your action plans
- The **myStrength** app is a personalized program that helps you improve your awareness and change behaviors. Kaiser Permanente members can explore interactive activities, in-the-moment coping tools, community support, and more at no cost.
 - Mindfulness and meditation activities
 - Tailored programs for managing depression, stress, anxiety, and more
 - Tools for setting goals and preferences, tracking current emotional states and ongoing life events, and viewing your progress

Mental Health Resources

Employee Assistance

Available to all employees:

Anthem | Employee Assistance Program

This coverage is provided by VESD at no cost to you. The Employee Assistance Program (EAP) provides you and your eligible family members with free, confidential assistance to help with problems that may interfere with work or family responsibilities.

EAP Services through Anthem:

- 24/7 phone consultations with licensed mental health professionals and referrals to supportive resources
- Up to five face-to-face counseling sessions per issue per rolling calendar year for you and your household members
- Online programs to offer something different than traditional counseling
- Access to quick and confidential help from legal and financial experts

New! Talkspace for EAP Virtual Mental Health Visits!

The Anthem EAP allows you and your household members (age 13 and older) to use Talkspace to access your five free EAP visits (per issue). Once you choose your licensed counselor, you also have unlimited messaging with them, including text, voice, and video messages.

Talkspace's clinical network includes thousands of licensed counselors specializing in stress, anxiety, depression, eating disorders, substance use, sleep, identity struggles, chronic issues, trauma, grief, relationships, healthy living, and more. The Talkspace counselor network covers 32 different languages. Self-guided exercises such as journaling and meditation are available to supplement counseling.

To access Talkspace, call the Anthem EAP at [800-999-7222](tel:800-999-7222) or visit talkspace.com/associatecare and use "SISC" as your organization name. You can download the Talkspace app on your mobile phone or access it on your desktop computer using a Chrome, Firefox, Safari, or Edge browser.



Accessing the EAP

Call (800) 999-7222 or visit www.anthemEAP.com
(to log in, enter SISC as program name)



Educational Video

Mental Health FAQs
[https://flimp.live/
Burnham_Benefits_HRVideoLibrary](https://flimp.live/Burnham_Benefits_HRVideoLibrary)

Value-Added Services—Through SISC

Telemedicine Benefits



Phone and/or video visits are an excellent option for convenient, accessible care when you don't need a doctor to see you in person. They are also a good choice when away from home or if you need short term prescription drug refills. Victor Elementary provides telemedicine coverage with all medical plans.

Kaiser Members: Phone and Video Visits

- Log in to your Kaiser account at www.kp.org to make a free phone or video appointment with your doctor or call (800) 464-4000
- For phone visits, the doctor will call you at the time of the appointment
- For video visits, go to <https://mydoctor.kaiserpermanente.org/ncal/videovisit/#>, click Join your visit and log in
- There is no copay for phone or video visits

Blue Shield Members: MDLIVE

- MDLIVE gives you access to doctors 24/7 via phone or secure video for non-emergency medical conditions.
- **\$5 copay per visit.** MDLIVE doctors have 15 years experience practicing medicine on average.
- Pediatricians are on call.
- You can access behavioral health therapy and psychiatrist visits through MDLIVE
- Access MDLIVE at (800) 657-6769, visit mdlive.com/sisc or download the app from the App Store or Google Play

Common Conditions Treated by MDLIVE

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!

Nurse Support



Victor Elementary provides 24/7/365 Nurse support with all medical plans at no cost to you. Nurses can help:

- Determine if you need to see a doctor either in-person or via telemedicine
- Recommend home health care when appropriate
- Get the answer to health questions for you and your family

Kaiser: Advice Nurse

Call (800) 464-4000 to speak to a Kaiser Advice Nurse at any time

Blue Shield: 24-Hour Nurse HelpLine

Call (800) 700-9184 to speak to a registered nurse or to access the Blue Shield AudioHealth Library

Value-Added Services—Through SISC

Additional Health Benefits Offered Through SISC



Teladoc Expert Medical Opinion

- Find a leading local physician for you and your family
- Get personalized answers to medical questions, big or small
- Get expert medical guidance if you have been admitted into the hospital
- Have a world-renowned physician review a diagnosis and treatment plan
- Call to get started 1-855-380-7828
- Visit www.teladoc.com/sisc OR Download the app



Advance Medical: Expert Second Opinions

- A free, 100% confidential benefit available to all Victor Elementary health plan members
- Unlimited access to a top physician if you or a family member receive a difficult diagnosis
- Your Physician Case Manager is backed by a team of leading doctors around the world, and the team collaborates to determine/confirm the correct diagnosis and the optimal plan for treatment
- Your Physician Case Manager helps navigate the ins and outs of the health care system, making care more efficient and helping ease stress
- Receive on-demand support in understanding the course of treatment, what to expect and what the likely results are
- Access Advance Medical benefits at (855) 201-9925 or visit advance-medical.net/sisc



Health Smarts Program

- Free annual flu shot clinic
- Free, annual confidential health screening event for total cholesterol, HDL cholesterol, blood glucose, blood pressure and other key ratios



Discounted Gym Memberships

- With the Active & Fit Direct program, you can choose from over 9,000 participating fitness centers and YMCAs nationwide for a much lower cost than you would pay on your own
- Use the online fitness tracking feature, which uses a variety of wearable devices and apps
- You pay only \$25 a month (plus \$25 enrollment fee and taxes)

Kaiser Members

- 1) Visit kp.org/choosehealthy
- 2) Select either Northern or Southern California
- 3) Click "Choose Healthy"
- 4) Click "learn more" near the ASH Active & Fit logo at the bottom of the page

Blue Shield PPO and HMO Members—TIVITY

- 1) Visit: fitnessyourway.tivityhealth.com/bsc
- 2) Click "Enroll" - Complete the five easy steps to enrollment
- 3) OR Call (833) 283-8387

This program gives you the flexibility to work out at any participating fitness location. Cost is only \$25 a month per person



Eden Health—Need a primary care doctor?

- With Eden you'll get connected to an entire health Care Team. As part of your SISC PPO Medical Benefits, you have 24/7 access to a Care Team who works together to offer you primary care, mental health support, and answers to follow-up care questions through one app. The answer to most of your health questions is now simple: "Just Ask Eden."
 - Available at no cost to SISC Anthem and Blue Shield PPO members
 - Access for dependents over 18 years old
- *SISC Members enrolled on an HSA plan are not eligible for this benefit.



Value-Added Services—Through SISC

Additional Health Benefits: Kaiser Members

In addition to your medical coverage, you also receive the following benefits when you enroll in a SISC Kaiser plan.



Healthy Lifestyle Programs

- You have access to an array of free programs designed to support you in cultivating good health, fitness and well being.
 - To learn more and/or join any of them, go to kp.org/healthylifestyles.
-



Healthy Lifestyle Programs for Chronic Conditions

These programs are designed to support people living with chronic conditions or health issues. Go to kp.org/healthylifestyles to join them.

- Care for Diabetes: Receive support in managing diabetes to help you lead a healthier, more satisfying life.
 - Care for Your Health: A customized plan to help you handle medications and treatments, and deal with daily challenges
 - Care for Pain: A personalized pain management plan can help you enjoy life to the fullest while dealing effectively with your chronic pain.
-



Wellness Coaching

Partner with a wellness coach (available in both English and Spanish) at no cost to you. Programs are available to help you:

- Manage your weight
 - Quit tobacco
 - Reduce stress
 - Increase activity
 - Eat healthier
 - Call (866) 862-4295 to get started.
-



ChooseHealthy Discounts

- This program offers a directory of complementary care, an online store, fitness club discounts, savings on health products and services, and more.
 - When you register for ChooseHealthy, you'll also receive a free annual Premium Membership (a \$69.95 value). This membership gives you access to online resources and tools to help you achieve your health and fitness goals. You can develop a personalized exercise or meal plan, track your progress, and more.
 - To get started, go to kp.org/choosehealthy or call (877) 335-2746.
-

Value-Added Services—Through SISC

Additional Health Benefits: Blue Shield Members

In addition to your medical coverage, you also receive the following benefits when you enroll in a SISC Blue Shield plan.

Condition Care



- Free support to better understand and manage specific chronic health conditions and improve overall quality of life
- Current, accurate data about Asthma, Diabetes, Congestive Heart Failure (CHF), Coronary Artery Disease (CAD) and Chronic Obstructive Pulmonary Disease (COPD) plus education to help you better manage and monitor your condition. ConditionCare also provides depression screening

Costco Prescription Discounts



- Blue Shield plan members can receive free generic medications at Costco in addition to standard Costco discount pricing on other prescription drugs (narcotics, pain relievers and cough syrup with pain reliever are not eligible for the free generic medication offer)
- 90 day supplies of free generic medications are available through the Costco mail order program; Costco membership is not required

Vida Digital Coaching



- Blue Shield plan members have access to Vida Digital Coaching, a virtual care platform that treats a full range of lifestyle, chronic and behavioral health conditions; simply call 855-442-5885 or visit vida.com/sisc

Carrum Health— Hip, Knee, and Spine Surgical Options (Blue Shield PPO members only)



- Access top-quality surgeons at Scripps with no out-of-pocket cost through Carrum Health
- All medical bills, including deductibles, coinsurance and even travel expenses are covered
- To learn more, call Carrum Health at (888) 855-7806

Hinge Health (Blue Shield PPO members only)



- Personalized, digitally delivered therapy for back and joint pain
- To access your Hinge Health benefit, call 855-902-2777 or visit hingehealth.com/sisc

Enhanced Cancer Benefit (Blue Shield PPO members only)



- If you receive a cancer diagnosis, this benefit provides an in-person evaluation with confirmation of diagnosis and development of a customized treatment plan at no charge. To access, call (877) 220-3556 or go to contigohealth.com/sisc.

24/7 Access to Virtual Maternity & Postpartum Support: Maven (Blue Shield PPO members only)



- Consult with a care advocate who connect you with trustworthy content delivered by doctors, specialists coaches and other maternity providers to help deal with pregnancy and postpartum concerns.
- To access your benefit, visit mavenclinic.com/join/sisc

Dental Plans

CSEBA Delta Dental | PPO Plans

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network. When you utilize a network dentist, your out-of-pocket expenses will be less, however, you will usually pay the lowest amount for services when you visit a PPO dentist. If you obtain services using a non-network dentist, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims. The chart below provides a high-level overview of your dental plan.

In this incentive plan, Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 70% of the PPO 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, there will be a 10% decrease from the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Dental Benefits	Delta Dental PPO (Actives)		Delta Dental PPO (Retirees)	
	Delta Dental PPO	Non-Network	Delta Dental PPO	Non-Network
Calendar Year Max. Benefit	\$2,000 / \$1,500		\$2,000 / \$1,500	
Annual Deductible - Individual - Family	None		None	
D&P Counts Towards Maximum	No		No	
Preventive Services	70% - 100%	70% - 100%*	70% - 100%	70% - 100%*
Basic Services	70% - 100%	70% - 100%*	70% - 100%	70% - 100%*
Major Services	70% - 100%	70% - 100%*	70% - 100%	70% - 100%*
Orthodontia - Child - Adult	50% / \$500 Lifetime Benefit Maximum		50% / \$1,000 Lifetime Benefit Maximum	
Implants	50%		50%	
Smileway	Yes		Yes	
Occlusal Guard Benefits - Lifetime Maximum	100% \$500		100% \$500	

*Dentists who are out-of-network have not agreed to pricing, and may bill you for the difference between what Delta Dental pays them and what the dentist usually charges.

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.



Finding a Dental Provider

Go to www.deltadental.com.

- Refer to the PPO network

Vision Plan

ACSIG Vision Service Plan (VSP) | Vision Plan

VESD provides vision coverage through VSP. You can see a VSP in-network provider or an out-of-network provider; however, your costs will be lower if you visit an in-network provider. If you visit an in-network provider you will be responsible for a copayment at the time of your service. If you receive services from an out-of-network doctor, you will pay all costs at the time of service and submit a claim for reimbursement.

Vision Benefits	Vision Service Plan (VSP) PPO	
	VSP Choice Network	Non-Network
Copay - Examination	\$10 Copay	N/A
Examination (Every 12 Months)	No Charge after Copay	Up to \$45 Reimbursement
Lenses (Every 12 Months) - Single Vision - Bifocal - Trifocal	Included in Prescription Glasses	Up to \$30 Reimbursement Up to \$50 Reimbursement Up to \$65 Reimbursement
Frames (Every 12 Months)	\$150 Benefit	Up to \$70 Reimbursement
Contact Lenses (Every 12 Months) - Cosmetic / Elective	(in lieu of frames and lenses)	
	\$150 Benefit	Up to \$105 Reimbursement
Frequency of Services - Exam/Lenses/Frames/Contacts	12/12/12/12 Months	12/12/12/12 Months



Finding a Vision Provider

Go to www.vsp.com. Refer to the VSP Choice network.



Additional Discounts Available

- **LASIK Benefit:** Average 15% off of the regular price or 5% off the promotional price, discounts only available from contracted facilities
- **Continued Eyewear Savings:** Extra \$20 to spend on features frame brands, go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements from any VSP provider within 12 months of your last WellVision exam

Life and AD&D

It's never fun to discuss life insurance. But you probably know that life insurance is something that you need to protect your loved ones in the event of your death. Things like funeral expenses, debt, and the cost of living, can all add up. Fortunately, life insurance can help lessen the financial burden and provide coverage to help pay for these types of expenses.

MetLife | Basic Life and AD&D

This coverage is provided by VESD at no cost to you.

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the district.

Accidental Death and Dismemberment (AD&D) coverage provides an additional benefit to your beneficiary if your death is due to a covered accident or injury.

Life benefits will reduce by certain percentages as you age, and will terminate when you leave the district or retire.

Basic Life and AD&D

All Employees:
\$50,000
Reduces by 35% at age 70



Choosing a Beneficiary

A beneficiary is a person or entity who you designate to receive your death benefits. Choosing a beneficiary and keeping your beneficiary up-to-date is an essential part of owning life insurance. Please remember to review your beneficiary designation as new situations arise, such as the birth or adoption of a child, marriage, or divorce. You may call the Personnel Department for a copy of the Beneficiary Designation Form as needed.

MetLife | Voluntary Life and AD&D

In addition to the district provided Basic Life and AD&D benefits, you may elect to purchase additional Term Life and AD&D insurance at discounted group rates provided by MetLife. You pay for this coverage with after-tax dollars through convenient payroll deductions.

Voluntary Life and AD&D

Employee

Coverage may be purchased for yourself in increments of \$10,000 up to a maximum benefit of the lesser of 5x salary or \$300,000.

Spouse or Domestic Partner

If you buy coverage for yourself, you may also purchase coverage for your spouse or domestic partner in increments of \$5,000 up to a maximum benefit of \$150,000, not to exceed 50% of the employee's optional life benefit.

Child(ren)

If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren) - benefits for your child(ren) are available in the amount of \$5,000 for children up to the age of 26.

Rates

Deductions are **tenthly**. Based on your age bracket every July 1st, the rate will stay the same **or increase automatically**.

Life benefits will reduce by certain percentages as you age, and will terminate when you leave the district or retire.

Guarantee Issue

Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you during your initial eligibility period (upon hire). Guarantee issue is available in the following amounts:

- **Employee:** Lesser of \$200,000 or 5x salary or \$300,000
- **Spouse or Domestic Partner:** \$25,000
- **Child(ren):** Entire benefit amount (\$5,000)

If you are no longer in your initial eligibility period, you may enroll in Voluntary Life insurance during open enrollment as long as you provide proof of good health. To provide proof of good health, you will be asked to complete a health questionnaire (Evidence of Insurability) and are subject to insurance carrier approval. MetLife may approve or decline coverage based on a review of your health history.

Annual Notices

VESD plans are partially arranged by VESD and governed by its plan rules and documents. ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. VESD distributes annual notices to new-hires, and each year during open enrollment. You may also request a copy by contacting the Personnel Department.

The following are a list of Annual Notices:

- **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.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by VESD'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):** This act contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** This act 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 VESD'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.

ACA

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, Rhode Island, Vermont, or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay the 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 VESD 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 VESD 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.



For More Information

Go to www.healthcare.gov.

Carrier Contacts

	Phone	Website/Email
Kaiser Permanente		
HMO Member Services	800-464-4000	www.kp.org
Blue Shield		
Member Services	855-256-9404	www.blueshieldca.com/sisc
Navitus Health Solutions (Rx)	866-333-2757	www.navitus.com
MDLive	800-657-6169	www.mdlive.com/sisc
Advance Medical	855-201-9925	www.advance-medical.net/sisc
Health Benefits Offered Through SISC		
Teladoc	855-380-7828	www.teladoc.com/sisc
MetLife		
Basic Life/AD&D	800-438-6388	mybenefits.metlife.com
Delta Dental		
Member Services	888-335-8227	www.deltadentalins.com
VSP		
Member Services	800-877-7195	www.vsp.com



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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 Personnel Department.

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