



RETIREE Benefits Guide *2022*



**Retired Oxnard Educators
Association (OEA)**
Under & Over 65

Welcome to Oxnard School District!

This 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 [Risk Management / Benefits Department](#) at (805) 385-1501 ext. 2241, 2442 or 2443.

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Important Information

The Affordable Care Act and You

The Affordable Care Act (ACA) requires applicable large employers to make affordable coverage available to their employees or risk paying a penalty. Although the individual mandate is no longer effective, it is important that you understand your options for health insurance coverage. You may consider these options below:

- Enroll in a medical plan offered by the Oxnard School District or another group plan
- Purchase coverage through a health insurance marketplace
- Enroll in coverage through a government-sponsored program (if eligible)

Because the Oxnard School District's medical plans are considered affordable and meet minimum value under the Affordable Care Act, 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. Please visit the [DOL website](#) for more information.



For More Information
Go to www.healthcare.gov.



Annual Notices

Various state and federal laws, require that employers provide disclosure and annual notices to their plan participants. The Oxnard School District has posted all federally-required annual notices on our intranet in Spanish and English 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)
- Form to Revoke a Personal Representative—(SISC)

Enrollment Information

Who May Enroll

If you are an eligible retiree over or under the age of 65, you and your eligible dependents may participate in the Oxnard School District benefits program. Your eligible dependents include:

- Legally married spouse
- Domestic Partners registered with the state of California
- Children, step children and/or adopted children up to age of 26, regardless of student or marital status
- Legal Guardianship up to age 18
- Disabled dependents over age 26

Required Enrollment Documentation

To enroll your spouse/domestic-partner or dependent children, you will need to provide completed enrollment forms as well as the following supporting documents, as applicable, within thirty (30) calendar days of your date of hire:

- Medicare Part A & B: Provide a copy of each enrollee's Medicare card with the Medicare Beneficiary Identifier (MBI).
- To Enroll a Spouse: Provide the prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out). If taxes were not filed jointly, you can complete an Affidavit of Marriage with a copy of the marriage certificate. A marriage certificate will be accepted for newly married couples when the prior year's tax return is unavailable.
- To Enroll a Domestic Partner: Certificate of Registered Domestic Partnership issued by the state of California.

When You Can Enroll

As a retiree, you may enroll at the following times:

- As a newly eligible retiree, you may participate in the district's benefits program within 30 days of your eligibility date. If you do not enroll for coverage within 30 days of your eligibility, you will lose eligibility.
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see **Changes To Enrollment** below)

Changes to Enrollment

You cannot change or cancel your election(s) outside of the Annual Open Enrollment period unless you have a qualifying event. Examples include but are not limited to the following:

- Marriage, divorce, legal separation or annulment
 - *Note: Ex-spouses are not eligible for insurance through SISC. It is the responsibility of the employee to insure the ex-spouse through a different pool if mandated by the courts.*
- Birth or adoption of a child
- A qualified medical child support order
- Death of a dependent
- Change in your dependent's eligibility status
- Change in your residence or workplace (if your benefit options change)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP
- Becoming eligible for a state premium subsidy (Medi-Cal) or Medicare

Important Note: 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 Risk Management immediately following a qualifying event to complete the appropriate election forms as needed. As a retiree, if you do not update your coverage within 30 days from the qualifying event, you will not be able to add coverage for your spouse or dependent in the future.



Enrollment Information

Plan Eligibility by Retiree Status

Please refer to the chart below to determine which benefits are available to you, depending on if you and/or your dependents are a Retiree Under 65 or a Retiree Over 65. When there are some members is over the age of 65 and the others are under the age of 65, the following enrollment options are available:

- **Retiree or spouse is over 65 and the other is under age 65:**
 - Both members remain enrolled on the Retiree under age 65 until both parties turn 65
 - or the over age 65 person with both parts of Medicare can enroll in any of the Retiree over 65 plans and the under age 65 person can remain on the Retiree under age 65 plan.
- **Both retiree and spouse are over age 65:**
 - Both members enroll in a Retiree over 65 plan
- **Both retiree and spouse are over age 65 and there is a dependent under age 65:**
 - All members remain enrolled on the Retiree under age 65 until all parties turn 65 and the under 65 dependent drops off
 - or the over age 65 person with both parts of Medicare can enroll in any of the Retiree over 65 plans and the under age 65 persons can remain on the Retiree under age 65 retiree plan.

	Retiree Under 65 Plans available if anyone enrolled is under age 65	Retiree Over 65 Plans available if <u>everyone</u> enrolled is over age 65
Medical Benefits		
SISC Anthem Blue Cross PPO 90-G Plan	Eligible	N/A
SISC Anthem Blue Cross PPO 80-G Plan	Eligible	N/A
SISC Anthem Blue Cross PPO 80-K Plan	Eligible	N/A
SISC Anthem Blue Cross PPO 80-M Plan	Eligible	N/A
SISC Kaiser Traditional HMO \$30 Plan	Eligible	N/A
SISC Kaiser Deductible \$1,000 HMO Plan	Eligible	N/A
SISC Anthem Blue Cross PPO 100-A Plan	N/A	Eligible
Kaiser Permanente Senior Advantage (KPSA)	N/A	Eligible
CompanionCare Medicare Supplement Plan	N/A	Eligible
Dental Benefits		
Delta Dental PPO	Eligible	Eligible
Delta Dental Incentive PPO	Eligible (New for 2022-2023!)	Eligible (New for 2022-2023!)
Vision Benefits		
VSP Vision Plan	Eligible	Eligible

All of the above scenarios require the person who is age 65 or older to provide proof of Medicare enrollment to SISC. A separate enrollment form completed by the spouse/domestic partner is required if they are enrolling in a separate group number, as they then become a subscriber. If the spouse/domestic partner is age 65 and actively working elsewhere and does not enroll in Medicare, SISC will require proof of other coverage. In certain circumstances a surcharge may be avoided if the spouse/domestic partner is employed and enrolled in other coverage.

Medicare Requirements

Important Medicare Guidelines

Retirees and their spouses/domestic partners that are age 65 or older are required to provide proof of Medicare Parts A and B. A copy of the Medicare card for the retiree and the spouse/domestic partner must be sent to SISC prior to the first of the month in which they turn 65 (or the first of the prior month if the birthdate falls on the first of the month), or when first enrolled in a SISC plan. Retirees must have continuous enrollment in Medicare while enrolled in a SISC retiree plan. Your benefits will remain with Anthem Blue Cross or Kaiser Permanente, and Medicare will continue to be the primary insurance for those enrolled that are age 65 or older.

Retirees and covered dependents should contact Social Security three months in advance of their 65th birthday or retirement, and provide the district proof of Medicare Parts A and B enrollment to avoid surcharges*. This non-refundable surcharge will be passed along to the retiree for failure to comply with requirements to provide proof of Medicare Part A and/or B enrollment card. As a courtesy, SISC will notify employees turning age 65 by mailing a letter to them. This letter will have an explanation on Medicare and when they must enroll.

If proof of Medicare is not provided to SISC, a non-refundable penalty surcharge will be applied to the monthly premium. The surcharge will be applied the first of the month in which the member turns 65 until the Medicare card is produced.

Important Carrier Information

SISC does not allow retirees to waive coverage and re-enroll at a later date. **IMPORTANT: If you do not enroll in a plan now, you will lose coverage eligibility indefinitely.** This policy also applies to your dependents. If you do not enroll your spouse or your dependents now, they cannot be added at a future date or during a future open enrollment. This is designated by the carriers. It is your responsibility to enroll yourself and your dependents by submitting an enrollment form and any required documentation as proof of dependent status.

*2022-2023 Missing Medicare Surcharge

Missing Part A	\$625
Missing Part B	\$625
Missing Parts A and B	\$1,250



Medical Benefits

Medical Insurance

Anthem Blue Cross | PPO Medical Plan

The Anthem Blue Cross Preferred Provider Organization (PPO) plan allows 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 a non-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.

Kaiser Permanente | HMO Medical Plan

With the Kaiser Permanente Health Maintenance Organization (HMO) plan, all of your care must be directed through a Kaiser Permanente facility, including any specialty care. You will receive benefits only if you use the doctors, clinics, and hospitals that belong to the Kaiser medical group, except in the case of an emergency.



Finding a Medical Provider

Anthem PPO participants should go to www.anthem.com/ca/sisc or call (800) 322-5709.

Kaiser Permanente HMO participants should go to www.kp.org or call (800) 464-4000.

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 SISC Anthem Blue Cross PPO members 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 your insurance card to the pharmacist.
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.

Kaiser Permanente | Pharmacy Benefits

You must obtain covered items at a Kaiser Plan Pharmacy or Kaiser mail-order service (unless you obtain the item as part of covered Emergency Services, Post-Stabilization Care, or Out-of-Area Urgent Care). Please refer to the facility directory on Kaiser Permanente's website at kp.org for a list of Plan Pharmacies in your area (note that plan pharmacies are subject to change at any time without notice). Mail-order services vary by item and are also subject to change at anytime without notice. For the current locations of Plan Pharmacies, please call the Member Service Contact Center at **800-464-4000**.



Medical Benefits (Under 65)

Plan Name	Anthem PPO 90-G \$20, Rx 10-35 \$200	Anthem PPO 80-G \$30, Rx 10-35 \$200
	In-Network	In-Network
Health Benefits		
Lifetime Maximum Benefit	Unlimited	Unlimited
Deductible (Annual) - Individual / Family	\$500 / \$1,000	\$500 / \$1,000
Co-Insurance (Plan Pays)	90%	80%
Office Visit Copay - Primary Care Physician - Specialist Office Visit	\$20 Copay*	\$30 Copay*
Out-of-Pocket Maximum - Individual / Family	\$1,000 / \$3,000	\$2,000 / \$4,000
Hospitalization - Inpatient / Outpatient	Ded, 10%	Ded, 20%
Lab and X-Ray	Ded, 10%	Ded, 20%
Emergency Services	\$100 Copay, then Ded, 10%	\$100 Copay, then Ded, 20%
Urgent Care	\$20 Copay	\$30 Copay
Preventive Care (annual exams, well woman exams, flu shots, etc.)	100% covered	100% covered
Chiropractic (subject to medical necessity)	Ded, 10%	Ded, 20%
Pharmacy Benefits		
Pharmacy Deductible - Individual / Family	\$200 / \$500	\$200 / \$500
Out of Pocket Maximum	\$2,500 / \$3,500	\$2,500 / \$3,500
Retail Pharmacy - Generic Formulary - Brand Name Formulary - Costco (30 day) - Generic/ Brand	\$10 Copay \$35 Copay \$0 / \$35	\$10 Copay \$35 Copay \$0 / \$35
Mail Order Pharmacy - Generic Formulary—Costco - Brand Name Formulary—Costco - Specialty Copay (Navitus Mail-In)	\$0 Copay \$90 Copay \$35 Copy / 30 days	\$0 Copay \$90 Copay \$35 Copy / 30 days
Employer Contribution 12 months		
Option 1: Delta Dental PPO, Vision		
• Employee / Employee +1 / Family Rate	\$1,478.60 / \$1,553.80 / \$1,615.60	\$1,347.60 / \$1,422.80 / \$1,484.60
Option 2: Delta Dental Incentive, Vision		
• -Employee / Employee +1 / Family Rate	\$1,485.60 / \$1,567.80 / \$1,634.60	\$1,354.60 / \$1,436.80 / \$1,503.60

*PPO plans feature \$0 copay for the first three primary care visits each calendar year.

Annual deductible and out-of-pocket maximums are based on a calendar year (January 1st –December 31st)

Medical Benefits (Under 65)

Plan Name	Anthem PPO 80-K \$30, Rx 10-35 \$200	Anthem PPO 80-M \$40, Rx 10-35 \$200
	In-Network	In-Network
Health Benefits		
Lifetime Maximum Benefit	Unlimited	Unlimited
Deductible (Annual) - Individual / Family	\$1,000 / \$2,000	\$3,000 / \$6,000
Co-Insurance (Plan Pays)	80%	80%
Office Visit Copay - Primary Care Physician - Specialist Office Visit	\$30 Copay*	\$40 Copay*
Out-of-Pocket Maximum - Individual / Family	\$3,000 / \$6,000	\$4,000 / \$8,000
Hospitalization - Inpatient / Outpatient	Ded, 20%	Ded, 20%
Lab and X-Ray	Ded, 20%	Ded, 20%
Emergency Services	\$100 Copay, then Ded, 20%	\$100 Copay, then Ded, 20%
Urgent Care	\$30 Copay	\$40 Copay
Preventive Care (annual exams, well woman exams, flu shots, etc.)	100% covered	100% covered
Chiropractic (subject to medical necessity)	Ded, 20%	Ded, 20%
Pharmacy Benefits		
Pharmacy Deductible - Individual / Family	\$200 / \$500	\$200 / \$500
Out of Pocket Maximum	\$2,500 / \$3,500	\$2,500 / \$3,500
Retail Pharmacy - Generic Formulary - Brand Name Formulary - Costco (30 day) - Generic-Brand	\$10 Copay \$35 Copay \$0 / \$35	\$10 Copay \$35 Copay \$0 / \$35
Mail Order Pharmacy - Generic Formulary—Costco - Brand Name Formulary-Costco - Specialty Copay (Navitus Mail-In)	\$0 Copay \$90 Copay \$35 Copy / 30 days	\$0 Copay \$90 Copay \$35 Copy / 30 days
Employer Contribution 12 months		
Option 1: Delta Dental PPO, Vision - Employee / Employee +1 / Family Rate	Premium Cost \$1,297.60 / \$1,372.80 / \$1,434.60	Premium Cost \$1,082.60 / \$1,157.80 / \$1,219.60
Option 2: Delta Dental Incentive, Vision - Employee / Employee +1 / Family Rate	\$1,304.60 / \$1,386.80 / \$1,453.60	\$1,089.60 / \$1,171.80 / \$1,238.60

*PPO plans feature \$0 copay for the first three primary care visits each calendar year.

Annual deductible and out-of-pocket maximums are based on a calendar year (January 1st –December 31st)

Medical Benefits (Under 65)

Plan Name	Kaiser Permanente HMO \$30, RX \$10-30	Kaiser Permanente DHMO \$1,000
	In-Network	In-Network
Health Benefits		
Lifetime Maximum Benefit	Unlimited	Unlimited
Deductible (Annual)		
- Individual	\$0	\$1,000
- Family	\$0	\$2,000
Co-Insurance (Plan Pays)	100%	ded, 20%
Office Visit Copay		
- Primary Care Physician	\$30 Copay	\$20 Copay
- Specialist Office Visit	\$30 Copay	\$20 Copay
Out-of-Pocket Maximum		
- Individual	\$1,500	\$3,000
- Family	\$3,000	\$6,000
Hospitalization		
- Inpatient	100% covered	Ded, 20%
- Outpatient	\$30 Copay	Ded, 20%
Lab and X-Ray	100% covered	\$10 Copay
Emergency Services	\$100 Copay	Ded, 20%
Urgent Care	\$30 Copay	\$20 Copay
Preventive Care (annual exams, well woman exams, flu shots, etc.)	100% covered	100% covered
Chiropractic & Acupuncture Benefit	\$10 Copay	\$10 Copay
	Max 30 Visits/Year	Max 30 Visits/Year
Pharmacy Benefits		
Pharmacy Deductible		
- Individual	\$0	\$0
- Family	\$0	\$0
Retail Pharmacy		
- Generic Formulary	\$10 Copay	\$10 Copay
- Brand Name Formulary	\$30 Copay	\$30 Copay
- Specialty Items	\$30 Copay	\$30 Copay
- Costco	n/a	n/a
Employer Contribution 12 months	Premium Cost	Premium Cost
Option 1: Delta Dental PPO, Vision		
- Employee / Employee +1 / Family Rate	\$1,419.60 / \$1,494.80 / \$1,556.60	\$1,292.60 / \$1,367.80 / \$1,429.60
Option 2: Delta Dental Incentive, Vision		
- Employee / Employee +1 / Family Rate	\$1,426.60 / \$1,508.80 / \$1,575.60	\$1,299.60 / \$1,381.80 / \$1,448.60

Annual deductible and out-of-pocket maximums are based on a calendar year (January 1st –December 31st)

Medical Benefits (Over 65 Only)

	Anthem Blue Cross 100-A \$0	Kaiser Permanente Senior Advantage
	PPO Network	HMO Network
Health Benefits		
Calendar Year Deductible	None	None
Out-of-Pocket Maximum ¹	\$1,000 Individual / \$3,000 Family	\$1,500 per member
Office Visits	\$0 Copay	\$25 Copay
Inpatient Hospitalization ²	0%	\$500 per admission
Ambulatory Surgery Center ²	0%	\$25 per procedure
Diagnostic Lab and X-Ray	0%	No Charge
Emergency Services	\$100 Copay	\$50 Copay per visit
Urgent Care	\$0 Copay	\$25 Copay
Preventive Care (annual exams, flu shots, etc.)	\$0 Copay	\$0 Copay
Physical Therapy, Occupational Therapy ²	0%	\$25 Copay
Chiropractic Services ²	0%	\$10 Copay (30 combined visits/year)
Acupuncture	\$0 Copay (12 Visits/Year)	20% Coinsurance
Durable Medical Equipment ²	0%	
Mental Health / Substance Abuse - Inpatient ² - Outpatient	0% \$0 Copay	\$500 per admission \$25 Copay
Pharmacy Benefits*	In-Network Only	In-Network Only
Pharmacy Deductible	\$200	None
Out-of-Pocket Maximum	None	None
Pharmacy Coverage 1-30 day supply 1-30 day supply 31-60 day supply 61-90 day supply KPSA Plan: 61-100 day supply	<u>Retail</u> \$0 generic / \$35 Brand \$0 generic / \$70 Brand \$0 generic / \$105 Brand n/a	<u>Retail</u> \$10 generic / \$25 brand \$20 generic / \$50 brand n/a \$30 generic / \$75 brand
1-30 day supply 31-90 day supply KPSA Plan: 31-100 day supply	<u>Mail Order</u> \$0 generic / \$35 Brand \$0 generic / \$90 Brand n/a	<u>Mail Order</u> \$10 generic / \$25 brand n/a \$20 generic / \$50 brand
Employer Contribution 12 months—District Paid Retirees Under 69	Premium Cost	Premium Cost
Option 1: Medical, Delta Dental PPO, Vision	\$590.60	\$220.60
- Single	\$1,181.80	\$441.80
- Two-Party	\$1,580.60	\$872.60
- Family		
Option 2: Medical, Delta Dental Incentive, Vision	\$597.60	\$227.60
- Single	\$1,195.80	\$455.80
- Two-Party	\$1,599.60	\$891.60
- Family		

¹ When using the non-network tier, you are responsible for all amounts exceeding the fee schedule. Non-covered expenses do not apply to Out-of-Pocket maximum. Member copayments and coinsurance for Emergency Medical Care with a Non-PPO provider also apply to the Out-of-Pocket maximums.

² Subject to utilization review or medical necessity.

***Important Note:** The 65+ PPO Retiree Prescription Plans are EGWP Medicare Part D Rx Plans. Your Medicare Part D plan and will have a separate ID card from your medical plan. Medicare Part D Income Related Monthly Premium Adjustment Amount (IRMAA) will apply. High income earners must pay a monthly amount to Medicare.

Medical Benefits (Over 65 Only)

CompanionCare Medicare Supplement Plan

CompanionCare is for retirees over the age of 65 and is a supplement to Medicare. Retiree must have Medicare Parts A & B in order to participate. Medicare is billed as the primary insurance and CompanionCare is billed as the secondary insurance. It is to your advantage to use a participating Anthem Blue Cross provider who accepts assignment of Medicare benefits. If you use a provider who does not accept assignment of Medicare benefits, the provider or member must file the claim twice, once for the Medicare payment and then again for the plan payment. Vision benefits is covered through VSP (Vision Service Plan). Prescription coverage is through Navitus. SISC will automatically enroll CompanionCare members in Medicare Part D for prescription medications.

IMPORTANT NOTE: If you are enrolled in CompanionCare, you may not move back to a District-sponsored plan (Anthem Blue Cross PPO). The exception to this rule is if you move outside of California, in which case you will be permitted to enroll in a District-sponsored plan.

	CompanionCare Medicare Supplement Plan	
	Medicare	CompanionCare
Health Benefits		
Inpatient Hospital (Part A)	Pays all but first \$1,556 for 1st 60 days	Pays \$1,556
	Pays all but \$389/day for the 61st-90th day	Pays \$389 a day
	Pays all but \$778 a day Lifetime Reserve for 91st to 150th day	Pays \$778 a day
	Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage)	Pays 100% after Medicare and Lifetime reserve are exhausted up to 365 days per lifetime
Skilled Nursing Facilities (must be approved by Medicare)	Pays 100% for 1st 20 days	Pays nothing
	Pays all but \$194.50/day for 21st—100th day	Pays \$194.50 a day for 21st—100th day
	Pays nothing after 100th day	Pays nothing after 100th day
Deductible (Part B)	\$233 Part B deductible per year	Pays \$233
Basis of Payment (Part B)	80% Medicare Approved (MA) charges after Part B deductible	20% MA charges including 100% of Medicare Part B deductible
Medical Services (Part B) - Doctor, x-ray, appliances and ambulance - Laboratory	80% MA charges 100% MA charges	20% MA charges Pays nothing
Physical/Speech Therapy (Part B)	80% MA charges up to the Medicare annual benefit amount	20% MA charges up to the Medicare annual benefit amount (PT & ST combined)
Blood (Part B)	80% MA charges after 3 pints	Pays 1st 3 pints un-replaced blood and 20% MA charges
Travel Coverage (when outside the US for less than 6 consecutive months)	Not covered	Pays 80% inpatient hospital, surgery, anesthetist and in-hospital visits for medically necessary services for 90 days of treatment per lifetime
Pharmacy Benefits	Navitus Health Solutions	
Outpatient Prescription Drugs - Retail Pharmacy (30 day supply) - Mail Order / Costco (90 day supply)	\$9 generic / \$35 brand-name \$18 generic / \$90 brand-name	
Employer Contribution 12 Months—District Paid Retirees Under 69 - Delta Dental PPO, Vision - Delta Dental Incentive, Vision	\$458.60 Employee Only / \$917.80 Employee + 1 \$465.60 Employee Only / \$931.80 Employee + 1	

Important Note: If a spouse/domestic partner qualifies for enrollment in CompanionCare, they would enroll on their own contract.

Medical Benefits

Additional Health Benefits

When you enroll in an OSD retiree medical plan, you receive a number of additional health benefits. These are listed out below.



MDLive

- 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. There is a \$0 copay through September 2023, 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.

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're not calling for yourself), your member identification number and your phone number.



SISC Medical 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 Health Benefits, continued

When you enroll in an OSD medical plan, you receive a number of additional health benefits. These are listed out below.



Health Smarts Health Improvement Program

- Health Smarts is voluntary, confidential and offered to you at no cost when you participate in a district-offered medical plan. This comprehensive program is administered by Anthem Blue Cross and includes an online health assessment, digital health coaching, and condition management. This program is available to both Anthem and Kaiser members.
- Health Smarts also provides benefits in conjunction with OSD; watch for emails for the following events:
 - Free, confidential health screening events held annually between January and March
 - Free flu shots annually in September
 - To access the Health Smarts health improvement program, contact SISC at the number shown on your medical ID card or visit the Health Smarts website at sischealth.com.



Active & Fit DIRECT Discounted Gym Memberships

Choose from over 11,000+ 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 Permanente members are also eligible for the Active & Fit program and can access the program at kp.org/choosehealthy.



Enhanced Hip and Knee Replacement and Spine Surgery Benefit (Under 65 Retirees Only)

SISC partners with Carrum Health to provide Anthem PPO members with exclusive access to top-quality surgeons at Scripps Hospital in San Diego for hip and knee replacements, and many inpatient spine surgeries. Patients receive:

- Personalized “concierge” support
- No medical bills; coinsurance and deductibles are waived
- Travel expenses are covered for the patient and one adult companion

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

For Kaiser Permanente members, when you need chiropractic or acupuncture care, follow these simple steps:

- Find an ASH Plans Participating Provider near you by going to ashlink.com/ash/kp or call 800-678-9133.
- Schedule an appointment
- Pay for your office visit when you arrive for your appointment



Lark Diabetes Prevention Program (Under 65 Retirees Only)

- Anthem Blue Cross has partnered with Lark to offer a diabetes prevention program that can help you determine if you’re at risk for prediabetes and if needed, take steps to address it.
- You can participate in this program at no extra cost as part of your health plan. Track your progress, check in with your coach, and learn more about prediabetes right in Lark’s free mobile app. This program is flexible, convenient, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health and decrease your risk over time

Go to www.lark.com/anthemBC and take a quick one-minute survey to see if you could benefit from Lark’s diabetes prevention program.

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 costs 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 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 MDLive visit: This is a good choice for non-urgent medical issues.
- Urgent Care: This is the best choice for non-life threatening medical issues that require immediate, in-person care when you are not able to 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 of Urgent Care hours.

4 Use Generic Drugs When Available

Anthem Blue Cross

- 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, 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.

Kaiser Permanente

- The best way to save on prescriptions is to use generic medications as opposed to brand name drugs. You may request mail-order service by phone, at your next visit or online at kp.org/rxrefill (you can register for a secure account at kp.org/registernow). Please note not all drugs can be mailed and restrictions and limitations apply.

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.



Educational Video

Benefits terminology can get confusing. Click on the link below to watch a quick video to learn the basics of how our medical plans work: <http://video.burnhambenefits.com/terms/>.

Dental Benefits

Delta Dental | PPO Plan

The Delta Dental PPO 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 that participates in the Delta Dental PPO network. When you utilize a network dentist, your out-of-pocket expenses will be less and 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 also be responsible for filing claims. The chart below provides a high-level overview of your dental benefits.

Delta Dental | PPO Dental Incentive Plan **NEW**

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered basic services and 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 visited the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Plan Name	Delta Dental PPO \$2,000 with Orthodontia		Delta Dental - NEW PPO Incentive \$2,200 with Orthodontia	
	Network	Non-Network	Network	Non-Network
Dental Benefits				
Calendar Year Maximum	\$2,000	\$1,000	\$2,200	\$2,000
Deductible (Annual)				
- Individual	n/a	\$25	n/a	n/a
- Family	n/a	\$75	n/a	n/a
Preventive (Member Pays) Exams, X-Rays, Cleanings	0%	50% after deductible	30-0%	30-0%
Basic Services (Member Pays) Fillings, Oral Surgery, Endodontics, Periodontics	0%	50% after deductible	30-0%	30-0%
Major Services (Member Pays) Crowns, Inlays, Onlays, Cast Restorations	0%	50% after deductible	30-0%	30-0%
Prosthodontics (Member Pays) Bridges, Dentures, Implants	50%	50% after deductible	50%	50%
Orthodontia - Covered Members - Coinsurance - Lifetime Benefit Maximum	Adults & Dependent Children 0% \$1,500 per person		Adults & Dependent Children 0% \$1,500 per person	

Note: Dental benefits are based on a calendar year (January 1st –December 31st).

Note: We strongly recommend that 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.

Dental Benefits

Additional Dental Benefits

When you enroll in a district-sponsored medical plan, you receive a number of additional dental benefits as outlined below.

Delta Tele-Dentistry Toothpic*

An innovative app that offers virtual dental screenings to Delta Dental Members for non-urgent issues from a Delta Dental PPO Dentist right from your smartphone in under 24 hours. Virtual assessments from in-network dentists as a covered benefit for PPO and Premier plan members.

Receive a fast and easy dental screening without an appointment, even when the dentist office is closed – from anywhere in the US. Address non-emergency dental issues to understand the severity of an issue and get treatment options. Save time and experience the convenience of getting a dental checkup without leaving the comfort of their home. Take the first step in getting care for members who don't see a dentist regularly, and proactively get ahead of issues before it worsens.

There are no plan design changes or new contracts for you to sign. There are no additional fees for your group to pay. A virtual dental screening is covered as a diagnostic exam and will count towards diagnostic exam frequency limitations. Toothpic's app is HIPAA-compliant, and all health information stored and sent through the app is encrypted, safe and secure. For more information visit deltadental.toothpic.com!

Delta Dental Virtual Consultant*

Virtual Consult connects Delta Dental members and dentists for real-time video appointments. It's totally secure and HIPAA-compliant, and is available with your existing Delta Dental PPO or Delta Dental Premier plan. When you have an urgent issue, even if it's after hours, Virtual Consult makes getting a dentist's advice simple.

Virtual Consult is great if you are experiencing an urgent dental issue, don't have a regular dentist, can't take time of work or have difficulty visiting the dentist's office, aren't feeling well or visiting the dentist's office isn't recommended.

Get urgent dental care for issues such as pain or pressure, bumps or swelling, cuts or lesions, chipped teeth and bleeding. You can even get e-prescriptions for pain or infections sent directly to the pharmacy of your choice.

Have a live video consultation with a Delta Dental dentist from the comfort of your own home or anywhere you have a camera and internet-equipped computer.

Visit deltadentalins.com/virtual-consult for more information and to learn how to download and use Virtual Consult.

***These alternative dental care options are available to those enrolled on a Delta PPO plan. They count as one of your in-person annual exams and cost sharing may apply.**



Finding a Dental Provider

Go to www.deltadentalins.com or call (866) 499-3001. Participants should refer to the PPO network when prompted.

Vision Benefits

Vision Service Plan | 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 use a non-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.

Plan Name	Vision Service Plan (VSP) PPO	TruHearing
	Network	VSP members can save 30-60% on a pair of hearing aids with TruHearing pricing discount. Dependents and extended family members are also eligible.
Vision Benefits		
Copay		
- Examination	\$0 Copay	
- Materials	\$0 Copay	
Examination (Every 12 Months)	100%	
Lenses (Every 12 Months)		
- Single Vision	100%	
- Bifocal	100%	
- Trifocal	100%	
Frames (Every 24 Months)	\$150 Allowance	
Contact Lenses (Every 12 Months)	In Lieu of Frames and Lenses	
- Medically Necessary	\$150 Allowance	
Laser Vision Correction	Discounts Apply	

TruHearing

VSP members can save 30-60% on a pair of hearing aids with TruHearing pricing discount. Dependents and extended family members are also eligible.

For more information, visit:

www.TruHearing.com

or call (866) 754-1607.



Finding a Vision Provider

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

Life Balance Benefits

Anthem Blue Cross | Retiree Assistance Program (EAP)

If you are enrolled in one of the district's 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 or professional problems that may interfere with work/life balance.

This plan may help in situations such as relationship difficulties, marriage/family situations, stress, managing change, legal and financial problems, work-related concerns, anxiety, depression and more. The EAP can also address more serious concerns such as alcohol and drug problems, family violence and threats of suicide.

- You and your household members can receive up to **six** counseling session per problem. If a problem requires more length 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 are handled by staff members who 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 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.

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 **Risk Management / Benefits Department** at **(805) 385-1501 ext. 2241, 2442 or 2443**.

Anthem Blue Cross—Medical	
Member Services	See ID Card
Carrier Website	www.anthem.com/ca/sisc
Kaiser Permanente — Medical	
Member Services	(800) 464-4000
Carrier Website	www.kp.org
Delta Dental — Dental	
Member Services	(866) 499-3001
Carrier Website	www.deltadentalins.com
Vision Service Plan—Vision	
Member Services	(800) 877-7195
Carrier Website	www.vsp.com
Navitus—Pharmacy	
Member Services	(866) 333-2757
Carrier Website	www.navitus.com
Costco-Pharmacy (Anthem plans only)	
Member Services.....	(800) 774-2678 (find location; press 1)
Retiree Employee Assistance Plan (EAP)	
Member Services	(800) 999-7222 (program name: SISC)
Carrier Website	www.anthemep.com
Additional Benefits Provided by SISC	
MDLive Member Services	(888) 632-2738
MDLive Website	www.mdlive.com/sisc
Expert Medical Opinion Member Services	(800) 835-2362
Expert Medical Opinion Website	www.teladoc.com/sisc
Carrum Health Member Services	(888) 855-7806
Carrum Health Website.....	https://info.carrumhealth.com/sisc





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 Risk Management.