



Employee Benefits Guide

Certificated



2024 - 2025





Contents

Think Benefits

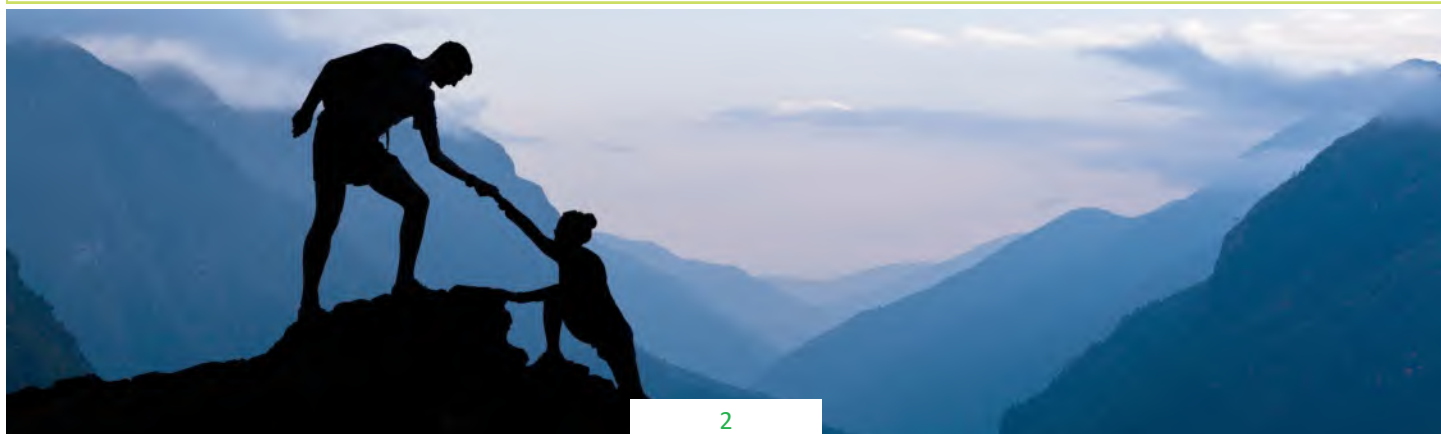
At Buena Park School District, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health—physical, emotional and financial—is the reason Buena Park School District offers you this benefits program. We are providing you with this overview to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. A list of plan contacts is provided at the back of this summary.

While we've made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

The benefits in this summary are effective October 1, 2024 – September 30, 2025.

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Enrollment Information

Who May Enroll

You and your eligible dependents are eligible for Buena Park School District's benefits if you are an active, full-time or part-time employee who is regularly scheduled to work as defined by the current Collective Bargaining Agreement on file with the Bargaining Unit and with us.

Your eligible dependents include:

- Legally married spouse
- California Registered Domestic partner who are members of the same sex or opposite sex (if one or both persons are over the age of 62)
- Child(ren) including biological, adopted, stepchild(ren), child(ren) of eligible Domestic Partner up to the age of 26 regardless of student or marital status
- Child(ren) for whom you are a legal guardian up to age 18
- Child(ren) over age 26 if incapable of self-care and legally dependent

Dependent Verification

Adding dependents is subject to eligibility verification. Please make sure to submit copies of original documents to the Employee Benefits Technician as SISC will need to keep them.

- Marriage Certificate and front page of tax return: Required when adding a spouse
- Birth/Hospital Certificate: Required when adding dependent child(ren)
- Court documents showing legal responsibility: Required when adding adopted children or children covered due to legal guardianship
- Birth Certificate & Physician's Certification: Required when adding children over age 26 incapable of self-support due to disability
- Social Security Numbers: Required when adding all dependents
- Copy of your Declaration of Domestic Partnership with the Secretary of State: Required when adding a domestic partner

Important! All eligible BPSD employees are **REQUIRED** to have medical coverage **AND** submit a SISC medical enrollment form to enroll.

The only exception to this rule is if you and your spouse both work for BPSD. You then are able to cover one spouse as a dependent on your plan, so your spouse does not have to enroll as an individual.



Enrollment Information

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 that shows the couple was married (financial information may be blocked out and just the first page is required showing the employee and spouse’s name) • For newly married couples where prior year’s tax return is not available, a marriage certificate will be accepted. • Affidavit of Marriage Form (must be notarized) and marriage certificate required if not able to provide the tax form.
Domestic Partner	<ul style="list-style-type: none"> • Certificate of Registered Domestic Partnership issued by State of California (AB 205 Compliant) • SISC Affidavit of Domestic Partnership (when applicable)
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>Anthem Blue Cross (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 Anthem Disabled Dependent Certification Form <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 Kaiser Disabled Dependent Enrollment Application • Most recent Kaiser Certification Notice (if available) • * Proof of (6) months of creditable coverage under the employer’s plan. There can be no break in coverage. District may require additional documentation but may not require less.

Enrollment Information

When You Can Enroll

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

- As a new hire, you may participate in the company's benefits program on the first day of the month following your date of hire; you must enroll within 31 days from your date of hire
- Each year, during open enrollment
- Within 31 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)

Changes To Enrollment

Our benefit plans are effective October 1 through September 30 of each year. There is an annual open enrollment period during which you can make new benefit elections for the following October 1 effective date. 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
- 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

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 31 days to update your coverage. Please contact Amanda Smith at (714) 994-9237 or ASmith@bpsd.us immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 31 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

Paying For Your Coverage

- BPSD's Dental, Basic Life and AD&D Insurance and Employee Assistance Program benefits are provided at no cost to full time employees. BPSD also pays the full cost of employee-only Vision coverage.
- You and the district share in the cost of the Medical benefits you elect, along with dependent coverage for Vision benefits.
- Any Supplemental Life Insurance or Voluntary Accident, Disability Income, Cancer or Life benefits you elect will be paid by you at discounted group rates.
- Your Medical and Vision contributions are deducted before taxes are withheld which saves you tax dollars. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you.



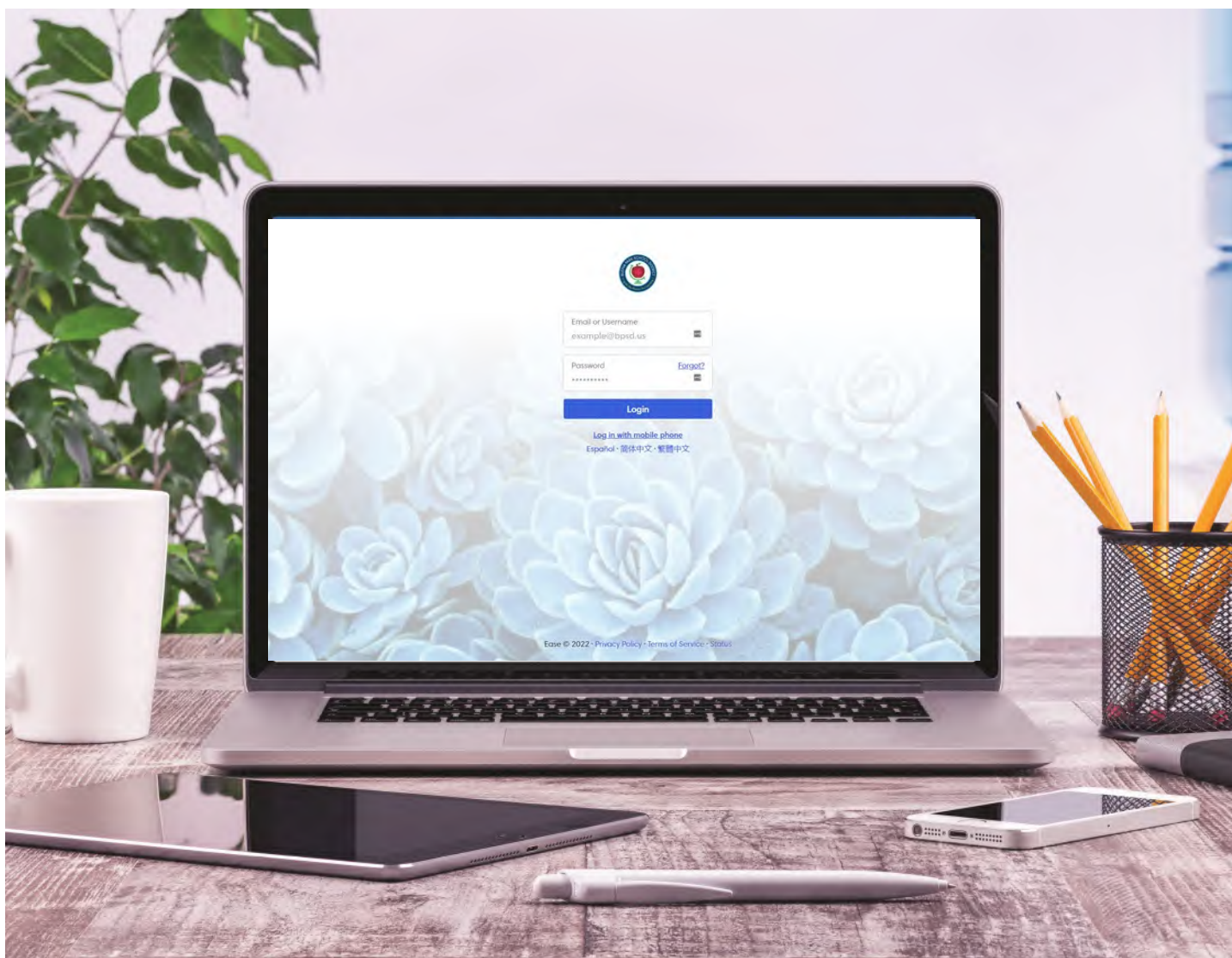
With Ease, you and your family can access your benefits information whenever you want, from home or anywhere you have Internet access. Use Ease to make your benefit elections, update your personal information, and to locate important benefits documents.

To Enroll or Make Changes to Your Benefits

Log in to <https://bpsd.ease.com> using your District email address, you'll be asked to enter your username (BPSD email address) and your password:

- User Name: For first time users, your User Name is your BPSD email address.
- Password. For first time users, you will automatically be prompted to create your password.
- If you forgot your password, click on [Forgot?](#) Link and request login assistance,

Once you are logged into the website, follow the prompts on each page to complete your benefits enrollment. You will be asked to verify that your personal information is correct and enter in any of your dependent information. It is very important that you login to Ease and verify your personal information, elect or decline coverage for you and/or your dependents, and upload your documents.



Enrollment Guide At A Glance (<http://bpsd.ease.com>)

1. Log in to Ease by clicking on the link you receive in your email from the Employee Benefits Technician.

For optimal performance it is recommended that you use

Chrome  or Firefox  as your browser.

2. Click  to begin your enrollment.

3. Follow the prompts on each page to complete your benefit enrollment.


Click  to proceed to the next section.

4. Verify your personal information is correct and enter your dependents information.

5. If requested during the enrollment process, provide any emergency contacts or Medicare status.

6. Please select your benefit by selecting or for each plan.

Click  to proceed to the next benefit.

7. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device. 

8. Before you review your forms



type your name.

THEN

Sign your signature



and follow prompts to finish.

9. If you have any questions, contact Employee Benefits Technician .

To UPLOAD Supporting Documents, Select:

VIEW PROFILE, then select

DOCUMENTS, then click **ACTIONS**

Click **ADD DOCUMENT**, then click **BROWSE FILES** to find & upload supporting documentation.

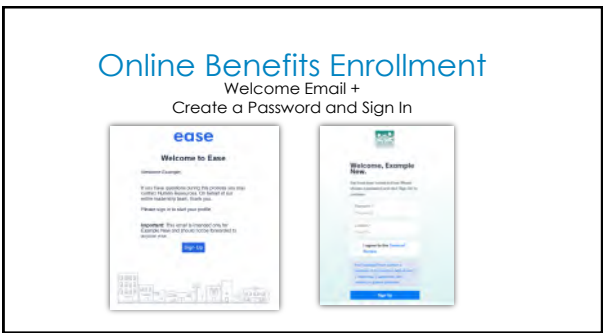
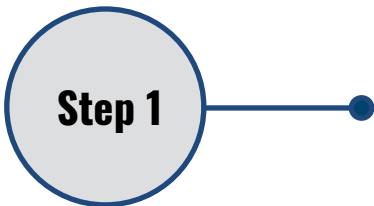
To add additional documents, please repeat the process

You can also drag the document from your desktop

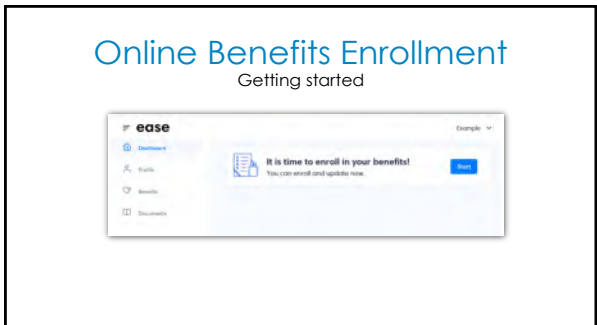
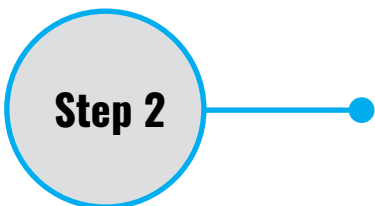
Please enter the **DISPLAY NAME** using your **LAST NAME**, **FIRST NAME** and the **DESCRIPTION** of the document ex, **TAX RETURN** or **BIRTH CERTIFICATE**



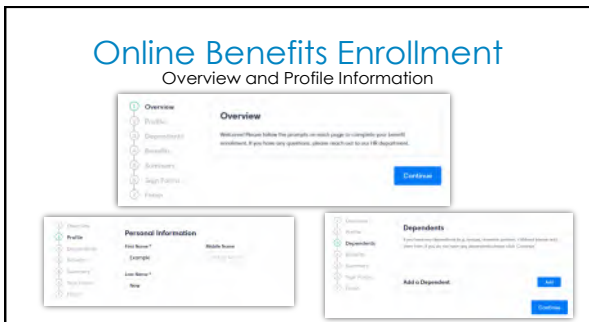
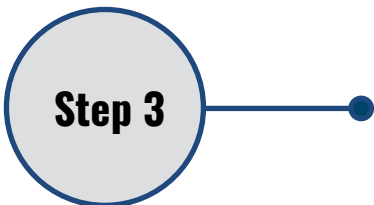
Welcome Email Create a Password and Sign In



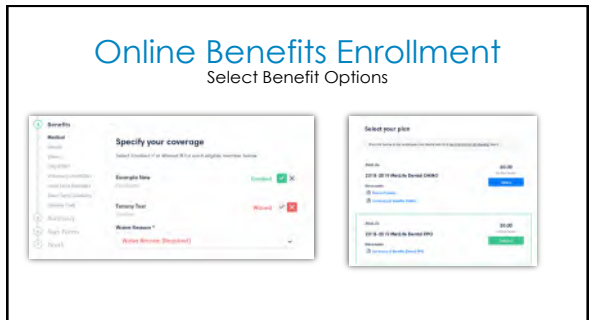
Getting started



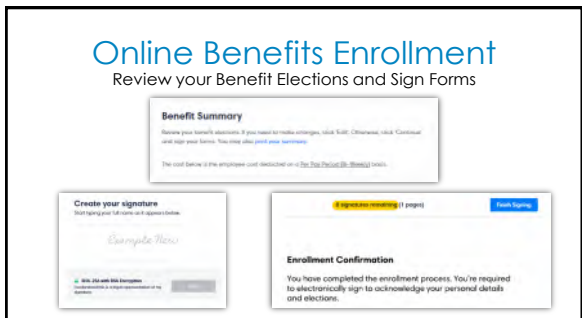
Overview and Profile Information



Select Benefit Options



Review your Benefit Elections and Sign Forms





Health Plan Costs—Certificated Full Time Employee

Health Plan Contributions—CERTIFICATED FULL TIME 10THLY DEDUCTIONS

Health premium contributions are shared between BPSD and employees. This chart shows the per paycheck contributions (deducted ten times per year), **after** District paid share is applied for our Employee Benefit plans. Your cost for coverage will vary depending on the option and level of coverage you choose. Employee contributions for Medical coverage is deducted from your paycheck with pre-tax dollars unless specified by the Employee. This means that contributions are taken from your earnings before taxes, resulting in lower taxes and increased take home pay.

	Employee 10thly Cost
Kaiser Permanente HMO	Employee Pays
Employee Only	\$123.12
Employee + One Dependent	\$254.16
Employee + Family	\$350.82
Anthem HMO	Employee Pays
Employee Only	\$142.92
Employee + One Dependent	\$296.10
Employee + Family	\$409.32
Anthem HMO Select	Employee Pays
Employee Only	\$134.10
Employee + One Dependent	\$276.66
Employee + Family	\$381.96
Anthem HMO Priority Select	Employee Pays
Employee Only	\$126.18
Employee + One Dependent	\$259.56
Employee + Family	\$358.02
Anthem PPO	Employee Pays
Employee Only	\$156.60
Employee + One Dependent	\$327.78
Employee + Family	\$454.50
Delta Care HMO/Delta Dental PPO	Employee Pays
Employee Only	\$0.00
Employee + One Dependent	\$0.00
Employee + Family	\$0.00
Vision Service Plan (VSP) Choice	Employee Pays
Employee Only	\$0.00
Employee + One Dependent	\$13.86
Employee + Family	\$26.18
Basic Life/AD&D	Employee Pays
Employee Only	\$0.00

To comply with IRS regulations, any portion of an insurance premium that is paid to insure a domestic partner and/or a domestic partner's dependent child(ren) is included in the employee's gross income for the calculation of Federal income taxes and FICA employment taxes.



Health Plan Costs—50% / 60% /70% Employee

Health Plan Contributions—CERTIFICATED 10THLY DEDUCTIONS (50%/60%/70%)

Health premium contributions are shared between BPSD and employees. This chart shows the per paycheck contributions (deducted ten times per year), **after** District paid share is applied for our Employee Benefit plans. Your cost for coverage will vary depending on the option and level of coverage you choose. Employee contributions for Medical coverage is deducted from your paycheck with pre-tax dollars unless specified by the Employee. This means that contributions are taken from your earnings before taxes, resulting in lower taxes and increased take home pay.

	50% Certificated	60% Certificated	70% Certificated	90% Certificated
	Employee 10thly Cost	Employee 10thly Cost	Employee 10thly Cost	Employee 10thly Cost
Kaiser Permanente HMO	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Employee Only	\$471.96	\$402.19	\$332.42	\$192.89
Employee + One Dependent	\$974.28	\$830.26	\$686.23	\$398.18
Employee + Family	\$1,344.81	\$1,146.01	\$947.21	\$549.62
Anthem HMO	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Employee Only	\$547.86	\$466.87	\$385.88	\$223.91
Employee + One Dependent	\$1,135.05	\$967.26	\$799.47	\$463.89
Employee + Family	\$1,569.06	\$1,337.11	\$1,105.16	\$641.27
Anthem HMO Select	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Employee Only	\$514.05	\$438.06	\$362.07	\$210.09
Employee + One Dependent	\$1,060.53	\$903.76	\$746.98	\$433.43
Employee + Family	\$1,464.18	\$1,247.74	\$1,031.29	\$598.40
Anthem HMO Priority Select	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Employee Only	\$483.69	\$412.19	\$340.69	\$197.68
Employee + One Dependent	\$994.98	\$847.90	\$700.81	\$406.64
Employee + Family	\$1,372.41	\$1,169.53	\$966.65	\$966.65
Anthem PPO	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Employee Only	\$600.30	\$511.56	\$422.82	\$245.34
Employee + One Dependent	\$1,256.49	\$1,070.75	\$885.01	\$513.52
Employee + Family	\$1,742.25	\$1,484.70	\$1,227.15	\$712.05
Delta Care HMO	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Employee Only	\$33.86	\$27.09	\$20.31	\$6.77
Employee + One Dependent	\$33.86	\$27.09	\$20.31	\$6.77
Employee + Family	\$33.86	\$27.09	\$20.31	\$6.77
Delta Dental PPO	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Employee Only	\$68.95	\$55.16	\$41.37	\$13.79
Employee + One Dependent	\$68.95	\$55.16	\$41.37	\$13.79
Employee + Family	\$68.95	\$55.16	\$41.37	\$13.79
Vision Service Plan (VSP) Choice	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + One Dependent	\$13.86	\$13.86	\$13.86	\$13.86
Employee + Family	\$26.18	\$26.18	\$26.18	\$26.18
Life Insurance \$20,000	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Employee Only	\$0.68	\$0.54	\$0.41	\$0.14



Medical Benefits

Medical Plan Options

Buena Park School District offers healthcare benefits that give you both choice and affordability.

Kaiser Permanente HMO (Through SISC)

- All services must be obtained at a Kaiser facility except in the case of 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 specialist administration in one convenient facility.

Anthem HMO (Through SISC)

- You must choose a Primary Care Physician (PCP) or medical group that participate in the HMO network. All of your care must be directed through your PCP or medical group.
- You can change your PCP or medical group at any time. The change will be effective on the first day of the month following the day you submit your change request. A new Anthem HealthCare ID will be issued with your new PCP's designation.
- Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization.
- You will 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.

Anthem PPO / Anthem MEC 9000 (Through SISC)

- You have the freedom to choose any doctor you wish for your care, including specialists.
- When you access care from PPO providers, you receive richer levels of benefits and claim forms are filed by the providers.
- You may also obtain care using out-of-network providers; however, you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims.



Online, Mobile and Phone Access

Manage your care online by registering at www.kp.org or www.anthem.com/ca/sisc. You can locate network providers, manage your claims, obtain health and wellness information and much more.

Once you've registered, download the app for your plan, available on the App Store and Google Play, for on-the-go convenience.

For customer service call:

- Kaiser Permanente HMO plan: (800) 464-4000
- Anthem HMO and PPO plans: (800) 825-5541

Medical Benefits: Medical Plan Highlights

	Kaiser Permanente HMO	Anthem HMO 20/200A	Anthem HMO 20/200A Select	Anthem HMO 20/200A Priority Select
Network	Kaiser Providers and Facilities Only	CACare (Full) Providers	Select Providers	Priority Select Providers
- SAME BENEFITS FOR ANTHEM HMO PLAN - (3) PROVIDER NETWORK OPTIONS				
Annual Deductible – Individual / Family	None / None	None / None	None / None	None / None
Annual Out-of-Pocket Max – Individual / Family	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Health Benefits	You Pay	You Pay	You Pay	You Pay
Office Visit	\$20	\$20	\$20	\$20
Specialist Visits	\$20	\$20	\$20	\$20
Preventive Care	No charge	No charge	No charge	No charge
Urgent Care	\$20	\$20	\$20	\$20
Emergency Room Facility	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)
Lab and X-Ray	No charge	No charge	No charge	No charge
Complex Imaging	No charge	\$100	\$100	\$100
Inpatient Hospital	No charge	\$200	\$200	\$200
Outpatient Surgery	\$20	\$100	\$100	\$100
Chiropractic	\$10 (up to 30 visits/year combined with acupuncture)	\$10 (up to 30 visits/year combined with acupuncture)	\$10 (up to 30 visits/year combined with acupuncture)	\$10 (up to 30 visits/year combined with acupuncture)
Acupuncture	\$10 (up to 30 visits/year combined with chiropractic)	\$10 (up to 30 visits/year combined with chiropractic)	\$10 (up to 30 visits/year combined with chiropractic)	\$10 (up to 30 visits/year combined with chiropractic)
Prescription Drug Benefits	You Pay	You Pay	You Pay	You Pay
Annual Out-of-Pocket Max – Individual / Family	Medical out-of-pocket max applies	\$1,500 / \$2,500	\$1,500 / \$2,500	\$1,500 / \$2,500
Retail Pharmacy – Generic	\$10	\$7 (no charge for Costco)	\$7 (no charge for Costco)	\$7 (no charge for Costco)
– Brand	\$20	\$25	\$25	\$25
– Supply Limit	100 days	30 days	30 days	30 days
Costco Mail Order – Generic	\$10	No charge	No charge	No charge
– Brand	\$20	\$60	\$60	\$60
– Supply Limit	100 days	90 days	90 days	90 days

Medical Benefits: Medical Plan Highlights

	Anthem PPO 80-G/20	Anthem MEC \$9,000 PPO
Provisions	In-Network ¹	In-Network ¹
Annual Deductible – Individual / Family	\$500 / \$1,000	\$9,000 / \$18,000
Annual Out-of-Pocket Max – Individual / Family	\$2,000 / \$4,000	\$9,000 / \$18,000
Lifetime Maximum Benefit	Unlimited	Unlimited
Health Benefits	You Pay	You Pay
Office Visit	\$20 ²	0% ¹
Specialist Visits	\$20 ²	0% ¹
Preventive Care	No charge ²	0% ²
Urgent Care	\$20 ²	0% ¹
Emergency Room Facility	20% after \$100 copay (copay waived if admitted)	0% ¹
Lab and X-Ray	20% ¹	0% ¹
Complex Imaging	20% ¹	0% ¹
Inpatient Hospital	20% ¹	0% ¹
Outpatient Surgery	\$20 ¹	0% ¹
Chiropractic	20% ¹	0% ¹ Limits apply
Acupuncture	Not covered	0% ¹ Limits apply
Prescription Drug Benefits	You Pay	You Pay
Annual Out-of-Pocket Max – Individual / Family	\$2,500 / \$3,500	Medical out-of-pocket max applies
Retail Pharmacy – Generic – Brand – Supply Limit	\$9 (no charge for Costco) \$35 30 days	\$0 after ded \$0 after ded 30 days
Costco Mail Order – Generic – Brand – Supply Limit	No charge \$90 90 days	\$0 after ded \$0 after ded 90 days

¹ When using Non-Network PPO providers, members are responsible for any difference between the maximum allowed and actual charges, as well as any deductible & coinsurance costs.

² Deductible waived.

³ Free generics at Costco will only apply after deductible is satisfied.

Medical Benefits: Extra Benefits Through SISC

Extra Benefits for All BPSD Medical Plan Members

In addition to your medical coverage, you also receive the following benefits when you enroll in any BPSD medical plan (through SISC):



Telemedicine Benefits: All BPSD Medical Plan Members

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. BPSD 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://healthy.kaiserpermanente.org/southern-california/get-care> to schedule care

Anthem Members: MDLIVE

- MDLIVE gives you access to doctors 24/7 via phone or secure video for non-emergency medical conditions.
- MDLIVE doctors have 15 years experience practicing medicine on average.
- Pediatricians are on call and you can access behavioral health therapy and psychiatrist visits through MDLive
- Access MDLIVE at (800) 657-6169, [visit mdlive.com/sisc](http://visit.mdlive.com/sisc) or download the app from the App Store or Google Play



Nurse Support: All BPSD Medical Plan Members

BPSD 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

Anthem Blue Cross:

Call (888) 632-2738 at MDLive or contact your Provider.

Medical Benefits: Extra Benefits Through SISC



New for 2024! Quest Wellness Screening All BPSD Medical Plan Members



All SISC medical plan members are eligible for a free wellness screening through Quest Diagnostics. This biometric screening can provide important insights into your health risks. When you complete this screening, you will know your health numbers and can connect with your doctor to help manage health risks and prevent chronic disease.

Quest Diagnostics has more than 2,250 Patient Service Centers nationwide where you can get your screening. Here's how to schedule an appointment:

- Go to [My.QuestForHealth.com](https://www.myquestforhealth.com).
- Use Registration Key: SISC2024.
- In the **Wellness Screening** section, under Patient Service Center, select **Schedule a Screening**,
- If you schedule as a walk-in, you may be required to make an appointment upon check-in.
- You will receive an email when your results are ready to view online.

If you'd like to speak with Quest, you can reach them at **(855) 623-9355**.

Please note, any member awards will be distributed to the email used at registration within 30 days of the completed appointment.



Teladoc Medical Experts: Expert Medical Opinions All BPSD Medical Plan Members



- A free, 100% confidential benefit available to all BPSD 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 Teladoc Medical Experts at **(855) 380-7828** or visit [Teladoc.com/SISC](https://www.Teladoc.com/SISC)



Discounted Gym Memberships: All BPSD Medical Plan Members

- 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

Kaiser Members

1. Visit kp.org/choosehealthy
2. Select either Northern or Southern California
3. Standard Fitness Membership: \$28/month

Anthem Members

1. Log into www.anthem.com/ca/sisc
2. Click "Gym Membership Discount Programs"
3. Click "FAQ"



Kaiser



Anthem

Medical Benefits: Extra Benefits Through SISC

Extra Benefits for Kaiser Plan Members

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



Healthy Lifestyle Programs: Kaiser Plan Members

- 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: Kaiser Plan Members

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: Kaiser Plan Members

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 or [click](#) here for more information



ChooseHealthy Discounts: Kaiser Plan Members

- 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 (866) 862-4295.

Medical Benefits: Extra Benefits Through SISC

Extra Benefits for Anthem Plan Members

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



24/7 Virtual Primary Care Doctor - *Eden Health*

- Virtually connect with a primary care physician to manage all your physical and mental healthcare needs. Eden providers diagnose conditions, manage prescriptions, refer to specialists, and answer follow up questions using video visits or live chat.

- Anthem PPO members
- Scan the QR code to download the Eden Health app, and register for your Eden Health membership.



The App Store



Google Play



Personal Health Coaching *Vida Health*

- Anthem Blue Cross plan members have access to one-on-one health coaching, therapy, chronic condition management, health trackers and other tools and resources online or via phone.

- Anthem HMO & PPO members
- Call (855) 442-5885
- Visit vida.com/sisc



Free Generic Medications *Costco Prescription Discounts*

- Anthem 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.

- Anthem HMO & PPO members
- Call (800) 774-2678 (press 1)
- Visit Costco.com



Physical Therapy for Back or Joint Pain *Hinge Health*

- Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.

- Anthem PPO members only
- Call (855) 902-2777
- Visit hingehealth.com/sisc



Medical Benefits: Extra Benefits Through SISC

Extra Benefits for Anthem Plan Members

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



24/7 Access to Virtual Maternity & Postpartum Support *Maven*

- Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialists coaches and other maternity providers to help deal with pregnancy and postpartum concerns.

- Anthem PPO members only
- Call (855) 442-5885
- Visit mavenclinic.com/join/sisc



Hip, Knee, and Spine Surgical Benefit *Carrum Health*

- Carrum Health is a special surgery benefit that provides exclusive access to “Centers of Excellence.” These hospitals and doctors provide for an improved patient experience and top quality, more affordable care. Eligible procedures include; hip replacement, knee replacement, cervical spinal fusion and lumbar spinal fusion. **This benefit is exclusive to Scripps Hospital and must be accessed through Carrum Health. This is only for PPO plans.**

- Anthem PPO members only
- Call (888) 855-7806
- Visit carrumhealth.com/sisc



Enhanced Cancer Benefit *Contigo Health*

- 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. Benefit includes care coordination services with at home provider, transportation, and more.

- Anthem PPO members only
- Call (877) 220-3556
- Visit sisc.contigohealth.com



Diabetes Prevention *Lark Diabetes Prevention Program*

Anthem Blue Cross has partnered with Lark to offer a diabetes prevention program that can help PPO members 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 SISC health plan.
- As part of the program, you will also receive a wireless scale that uploads your information to the app automatically so you can easily track your progress and share it with your coach.
- Go to enroll.lark.com/anthem and take a quick one-minute survey to see if you could benefit from Lark's diabetes prevention

- Anthem PPO members only
- Visit enroll.lark.com/anthem



Medical Benefits: Health Benefit Tips

Get the Most From Your Medical Plan

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.

- In-network preventive care benefits are covered at no charge to you. Take advantage of these no cost benefits now to hopefully avoid major illnesses and the costs they bring 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 the best choices 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 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 in-person medical care outside Urgent Care hours.

Get the Most From Your Prescription Drug Benefits

1 Use generic and over the counter drugs when available.

- The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs.

2 Use preferred drugs whenever possible.

- If a generic drug is not available, ask your doctor whether there is an effective brand name medication that is on the plan's preferred drug list.

3 Shop Around!

- Even within the same drugstore chain, you may find a better price at a different location. Your medical plan may have an online tool or app to compare prices. Or try websites like goodrx.com or lowestmed.com.

4 Use the mail-order prescription drug benefit for maintenance medications.

- The mail order pharmacy is a fast, easy and convenient way to save time and money on your maintenance medications. You can order additional supplies of medication at a discount. See carrier provisions for details.

Medical Benefits: Health Benefit Tips

Understand the Difference Between Preventive and Diagnostic Care

Annual wellness checkups benefit both your physical health and financial health. Preventive care helps you avoid more serious and costly health problems down the road, and there's no charge for accessing preventive care from an in-network doctor.

With that said, it's important to understand that, depending on the situation, the same test or service can be considered preventive (100% covered in-network) or diagnostic (you share the cost).

Preventive Care Services

Help you stay healthy by checking for disease before you have symptoms or feel sick

Can include flu shots and other vaccinations, physical exams, lab tests and prescriptions

100% covered when delivered by an in-network provider

Diagnostic Services

Check for disease after you have symptoms or because of a known health issue

Can also include physical exams, lab tests and prescriptions

You pay a share of the cost

Examples of Preventive Care Services

Preventive Blood Sugar Test



Pete's doctor orders a blood sugar test to screen for diabetes during Pete's annual checkup, even though he doesn't have symptoms.

Preventive Mammogram



Sophie gets a mammogram as part of her well woman exam to confirm there have been no changes since her last mammogram.

Preventive Cholesterol Check



John's doctor orders lab work during his annual physical, including a cholesterol check.

Examples of Diagnostic Services

Diagnostic Blood Sugar Test



When Lydia tells her doctor she has increased thirst, frequent urination, weight loss, and fatigue, her doctor orders a blood sugar test because these are all symptoms of diabetes.

Diagnostic Mammogram



Tina finds a lump and visits her doctor who then schedules a mammogram and biopsy to check for cancer.

Diagnostic Cholesterol Check



Diagnosed with high cholesterol two years ago, Darnell has blood tests twice a year to check his cholesterol levels and make sure his medication is at the right dose.

Know the Purpose of Your Medical Tests

Avoid financial surprises. If you're don't know why a test is being ordered, ask your doctor. Remember, preventive care tests are covered at 100%, while you share in the cost of diagnostic tests.



Dental Benefits

Dental Plan Options

BPSD provides employees with two dental plans to choose from.

DeltaCare HMO

- You choose a Primary Care Dentist from one of the largest prepaid dental networks in California. Your Primary Care Dentist provides/coordinates all your dental care
- This plan offers the convenience of scheduled copays for specific procedures and eliminates deductibles or annual maximums.

Delta Dental PPO

- You can choose any dentist you wish for your dental care. You may visit an in-network dentist and benefit from the negotiated rate or visit an out-of-network dentist.
- When you utilize an in-network dentist, your out-of-pocket expenses will be less.
- When you obtain covered services from an out-of-network dentist, you are responsible for paying the difference between the covered amount and the actual charges, and you may be responsible for filing claims.

Did You Know...

Not only can regular visits to your dentists help protect your smile; they can help protect your overall health. Studies have shown that gum disease is linked to damage in other parts of the body. Dentists can also screen for oral symptoms of many other diseases such as cancer, diabetes, and heart disease.



Online, Mobile and Phone Access

Manage your dental care online by registering at www.deltadentalins.com. You can locate network Providers, view claims and more.

Once you've registered, download the Delta Dental Mobile app, available on the App Store and Google Play, for on-the-go convenience.

For customer service call:

- DeltaCare HMO: (800) 422-4234
- Delta Dental PPO: (800) 765-6003

Dental Benefits: Dental Plan Highlights

Provisions	DeltaCare HMO	Delta Dental PPO	
	In-Network Only	In-Network	Out-of-Network ¹
Annual Deductible	None	None	\$100/member
Annual Maximum Benefit	Unlimited	\$5,000/member	\$2,000/member
Orthodontia Lifetime Maximum Benefit	Unlimited	\$3,000	
Diagnostic & Preventive Services	You Pay	You Pay	You Pay
Exams	No charge	No charge	Deductible plus any amount above UCR
Cleanings	No charge	No charge	
X-rays	No charge	No charge	
Fluoride Treatment	No charge	No charge	
Sealants	No charge	No charge	
Basic Services	You Pay	You Pay	You Pay
Amalgam Fillings	No charge	No charge	20% ¹
Endodontics			
– Anterior Root Canal	\$40	No charge	20% ¹
– Bicuspid Root Canal	\$80	No charge	20% ¹
– Molar Root Canal	\$120	No charge	20% ¹
Periodontics			
– Gingivectomy / Quadrant	\$20 – \$100	No charge	20% ¹
Oral Surgery			
– Simple Extraction	No charge	No charge	20% ¹
– Impaction	\$45 – \$65	No charge	20% ¹
Major Services	You Pay	You Pay	You Pay
Crowns	\$45 – \$75	20%	50% ¹
Bridges	\$105 – \$160	20%	50% ¹
Complete Dentures	\$95	20%	50% ¹
Orthodontia Services	You Pay	You Pay	You Pay
Child (up to age 19)	\$1,600	50% ¹	
Adult	\$1,800	50% ¹	

¹ After the deductible and payable at Usual, Customary and Reasonable (UCR) rates as determined by Delta Dental.



Vision Benefits

VSP Choice Plan

BPSD provides employees with vision coverage through the VSP Choice Plan.

- VSP provides professional vision care and high quality lenses and frames through a broad network of optical specialists.
- All VSP Choice network providers are independent optometrists or ophthalmologists in private practice who provide full service.
- You will receive greater benefits if you utilize a network provider.
- If you utilize 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.

	VSP Choice Vision Plan	
	In-Network	Out-of-Network
Vision Care	You Pay	You Pay
Exam / Material Copay	\$15	Amount over \$45 allowance
Eyeglasses (In Lieu of Contact Lenses)	You Pay	
Frames	Amount over \$150 allowance; 20% discount on costs above allowance	Amount over \$70 allowance
Lenses		
– Single Vision	No charge	Amount over \$30 allowance
– Bifocals	No charge	Amount over \$50 allowance
– Trifocals	No charge	Amount over \$65 allowance
Contact Lenses (In lieu of Eyeglasses)	You Pay	
Contact Lenses		
– Medically Necessary	No charge	Amount over \$210 allowance
– Elective	Amount over \$150 allowance	Amount over \$105 allowance
Benefit Frequency		
Exam	Every 12 months	
Eyeglasses (Lenses and frames)	Every 12 months	
Contact Lenses	Every 12 months	



Online, Mobile and Phone Access

Manage your dental care online by registering at www.vsp.com. You can locate network providers, view claims and more.

Once you've registered, download the VSP app, available on the App Store and Google Play, for on-the-go convenience.

For customer service call (800) 877-7195.



Life Insurance Benefits

Life and Accident Insurance

BPSD gives you the ability to financially protect your family/beneficiaries with Life and Accident Insurance. You have the option to supplement the company-provided plan with life insurance for family members and additional coverage for yourself through Voluntary Life Insurance.

Basic Life and AD&D Insurance	
Carrier	Reliance Standard
Plan Benefits	
– Life Insurance	\$20,000
– AD&D Insurance	Death benefit equals your Life Insurance benefit; partial benefits paid for accidents that result in serious injuries (e.g., loss of limbs or eyesight)
Employee Contribution	BPSD pays the full cost for this coverage for full time employees

Supplemental Life and AD&D Insurance	
Carrier	Reliance Standard
Plan Benefits	
– Employee	You may purchase coverage in increments of \$10,000 to a maximum of \$500,000
– Spouse/Domestic Partner	You may purchase coverage for your spouse/domestic partner in increments of \$10,000 to a maximum of \$500,000
– Child(ren)	Choose from coverage amounts of \$2,500, \$5,000, \$7,500, or \$10,000
Guarantee Issue	
– Employee	Amounts over \$50,000 require proof of good health and approval by Reliance Standard.
– Spouse/Domestic Partner	Amounts over \$50,000 require proof of good health and approval by Reliance Standard.
– Child(ren)	You are not required to provide proof of good health when purchasing coverage for your child(ren)
Employee Contribution	You pay the full cost for this coverage

Important Facts About Beneficiaries

Beneficiaries are individuals or entities that you select to receive benefits from your policy. If you do not have a beneficiary, benefits are paid to your estate. Here's what you need to know about beneficiaries:

- You can change your beneficiary designation at any time
- You may designate a sole beneficiary or multiple beneficiaries to receive payment in the percentage(s) allocated
- To select or change your Life Insurance beneficiary, go to <http://bpsd.ease.com>

Life Insurance Benefits: Rates

Age of Employee or Spouse/ Domestic Partner	Supplemental Life and AD&D Insurance Rates	
	Monthly Cost per \$10,000 of Employee Coverage	Monthly Cost per \$5,000 Spouse/ Domestic Partner Coverage
Under 30	\$0.340	\$0.340
30 – 34	\$0.430	\$0.430
35 – 39	\$0.600	\$0.600
40 – 44	\$0.950	\$0.950
45 – 49	\$1.550	\$1.550
50 – 54	\$2.640	\$2.640
55 – 59	\$4.160	\$4.160
60 – 64	\$5.150	\$5.150
65 – 69	\$7.450	\$7.450
70 – 74*	\$14.440	\$14.440
75+	\$14.440	N/A
Coverage Amounts	Monthly Cost per Coverage Amount	
\$2,500	\$0.44	
\$5,000	\$0.86	
\$7,500	\$1.28	
\$10,000	\$1.72	





Voluntary Benefits

American Fidelity Voluntary Plans

You have the option to purchase additional coverage through American Fidelity.

Accident Insurance

American Fidelity's Limited Benefit Accident insurance plan may help you with the rising costs associated with an accidental injury or death. Benefits include accident emergency treatment, medical imaging, inpatient confinement, ambulance and more. Several benefit plan options are available.

Disability Insurance

If you were suddenly faced without a paycheck, would you be fully prepared? Could you afford your expenses while maintaining your current lifestyle? One of the most important assets a person possesses is the ability to earn an income. Disability Income Insurance is a cost-effective solution designed to help protect you if you become disabled and cannot work due to a covered injury or sickness.

Cancer Insurance

If you are diagnosed with cancer, American Fidelity's Limited Benefit Cancer insurance plan may help you maintain your standard of living. Benefit payments can be used however you'd like, including house payments, utilities, and meals/lodging expenses. This policy is portable, which means that you can keep it should you change jobs or retire, with no increase in premiums. Several benefit plan options are available. Please note, this policy must be in place prior to a cancer diagnosis.

Life Insurance

Helps ensure your family is financially protected in the event of a loss and can help provide peace of mind knowing it can help take care of your family financially after you're gone.





Life Balance Benefits

Anthem Employee Assistance Program

BPSD medical plan enrollees and their family members can receive free, confidential assistance with personal or professional problems that may interfere with family or work responsibilities and obligations through the Anthem Employee Assistance Program (EAP). Examples of areas the EAP offers support with include:

	Anthem Employee Assistance Program
Eligibility	Employees participating in SISC and their household members
Support and Counseling	<p>The Employee Assistance Program (EAP) provides confidential support in balancing a wide array of challenges in areas such as:</p> <ul style="list-style-type: none">• Relationship difficulties• Managing change and stress• Legal and financial problems• Marriage, family or parenting concerns• And more <p>The EAP provides you with up to 6 free counseling sessions for 2 issues per benefit year</p>
Identity Monitoring and Theft Resolution	<ul style="list-style-type: none">• Free identity monitoring and theft resolution services through IDnotify• Your IDnotify customer care team is available 24/7/365, with robust knowledge in both credit and non-credit restoration, with CTRMS (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	<ul style="list-style-type: none">• 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.
myStrength	<ul style="list-style-type: none">• Helps you learn to reduce stress, anxiety, depression or substance abuse• Helps keep you motivated with engaging activities that help you learn new ideas
Seminars and Articles	<ul style="list-style-type: none">• Online resources for a wide array of topics, including both a library of articles and on-demand seminars
Savings Center	<ul style="list-style-type: none">• Discount shopping program that is provided through Perks At Work• Discounts of up to 25% on name brand, practical, and luxury items
How to Access EAP Benefits	<ul style="list-style-type: none">• Call (800) 999-7222• Visit www.anthemEAP.com (to log in, enter SISC as the company name).



Contact Information For Assistance

Benefit Plan	Policy #	Phone	Website/Email
Medical Benefits			
Kaiser Permanente HMO	231877	(800) 464-4000	www.kp.org
Anthem HMO	57AMT	(800) 825-5541	www.anthem.com/ca/sisc
Anthem PPO	40777	(800) 825-5541	www.anthem.com/ca/sisc
Anthem PPO Bronze	70777B	(800) 825-5541	www.anthem.com/ca/sisc
Dental Benefits			
DeltaCare HMO	7041-1401	(800) 422-4234	www.deltadentalins.com
Delta Dental PPO	7041-1401	(800) 765-6003	www.deltadentalins.com
Vision Benefits			
VSP Vision Plan	00104565	(800) 877-7195	www.vsp.com
Life Insurance Benefits			
Reliance Standard Basic Life and AD&D	153634	(800) 351-7500	www.reliancestandard.com
Reliance Standard Supplemental Life and AD&D	VG 177148	800) 351-7500	www.reliancestandard.com
Voluntary Benefits			
American Fidelity Accident Only Insurance	N/A	(951) 200-5770	www.americanfidelity.com/info/accident
American Fidelity Disability Insurance	N/A	(951) 200-5770	www.americanfidelity.com/info/disability
American Fidelity Cancer Insurance	N/A	(951) 200-5770	www.americanfidelity.com/info/cancer
American Fidelity Life Insurance	N/A	(951) 200-5770	www.americanfidelity.com/info/life
Life Balance Benefits			
Anthem EAP	N/A	(800) 999-7222 (enter SISC)	www.anthemEAP.com
Flexible Spending Accounts			
American Fidelity Healthcare	N/A		www.americanfidelity.com/info/fsa
American Fidelity Dependent Care Account	N/A		www.americanfidelity.com/info/fsa
Buena Park School District Benefits			
Amanda Smith	N/A	(714) 994-9237	asmith@bpsd.us



Important Information

Annual Notices

Various state and federal laws require that employers provide disclosure and annual notices to their plan participants. BPSD posts all federally required annual notices on www.bpsd.us for you to download and read at your convenience. BPSD distributes all federally required annual notices upon hire and during each annual open enrollment period. Annual notices include the following:

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

The Affordable Care Act and You

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

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

Because BPSD's medical plans are considered affordable and meet minimum value under Health Care Reform, you will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace.

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

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 BPSD. Please refer to the SBCs and carrier contracts provided by our health plan carriers for additional plan details. The SBCs are available at www.bpsd.us. (click on "Divisions—Fiscal Services—Employee Benefits" to access).





Medicare Part D Notice of Creditable Coverage

Important Notice from Buena Park School District About Your Prescription Drug Coverage and Medicare

Please read this Notice carefully and keep it where you can find it. This Notice has information about your current prescription drug coverage with Buena Park School District under the Anthem Blue Cross and Kaiser Permanente medical plan options and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this Notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Buena Park School District has determined that the prescription drug coverage offered under the above plan option(s), on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage with Buena Park School District will not be affected. If you decide to join a Medicare drug plan and drop your current medical plan coverage, be aware that you and your dependents will be able to get this coverage back (for example, at the next annual open enrollment period or upon incurrence of a special enrollment event).

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Buena Park School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About Your Medicare Prescription Drug Coverage Options

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage

- Visit www.medicare.gov;
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help; or
- Call (800) MEDICARE or (800) 633-4227. TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For more information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or you may call them at (800) 772-1213—TTY (800) 325-0778.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact the person listed on **page 2** for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Buena Park School District changes. You also may request a copy of this notice at any time.

Important Plan Notices and Documents

Women's Health & Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the medical plan.

To obtain more information on WHCR benefits, please call or email the person listed on **page 2**.

Newborn and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

To obtain more information, please call or email the person listed on **page 2**.

Special Enrollment Rights

If you are declining enrollment for yourself or your dependent (s) (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents if you or your dependent(s) lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or if the employer stops contributing toward your or your dependents' other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the birth, adoption, or placement for adoption.

To obtain more information, please call or email the person listed on **page 2**.

Important Plan Notices and Documents

Medicaid & Children’s Health Insurance Program

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you are a California resident, please contact the California Department of Health Care Services to see if you may be eligible for premium assistance:

Website: Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Email: hipp@dhcs.ca.gov

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor—Employee Benefits Security Administration

Website..... www.dol.gov/agencies/ebsa

Phone 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services—Center for Medicare & Medicaid Services

Website..... www.cms.hhs.gov

Phone 1-877-267-2323, Menu Option 4, Ext. 61565

In addition, if you live in one of the States listed [on the following pages][below], you may also be eligible for assistance paying your employer health plan premiums. The following list of States is current as of October 01, 2024. Contact your State for more information on eligibility.

Important Plan Notices and Documents

Medicaid & Children's Health Insurance Program

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2024. Contact your State for more information on eligibility.

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:
<https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website:
<http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website:
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone: 1-800-457-4584

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

Important Plan Notices and Documents

Medicaid & Children's Health Insurance Program

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2024. Contact your State for more information on eligibility.

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcnp.nv.gov>
Medicaid Phone: 1-800-992-0900
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

Important Plan Notices and Documents

Medicaid & Children's Health Insurance Program

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2024. Contact your State for more information on eligibility.

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](#)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or
401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](#)
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT– Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](#)
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>
<http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

Important Plan Notices and Documents

HIPAA Notice of Privacy Practices

Your Information | Your Rights | Our Responsibilities

Health Care Flexible Spending Account Benefits

This Notice describes how medical information about you that we receive from your health care flexible spending account may be used and disclosed and how you can get access to this information. Please review it carefully.

Contact the person listed on **page 2** for further information.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

See page 9 for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Tell your family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Market our services and sell your information

See page 10 for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Bill for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

See pages 10 and 11 for more information on these uses and disclosures

Important Plan Notices and Documents

HIPAA Notice of Privacy Practices

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.

Ask us to correct health and claims records

- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Request confidential communications

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.

Ask us to limit what we use or share

- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Get a list of those with whom we’ve shared information

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Get a copy of this privacy notice

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Choose someone to act for you

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

File a complaint if you feel your rights are violated

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

- We will make sure the person has this authority and can act for you before we take any action.

- You can complain if you feel we have violated your rights by contacting us using the information on **Page 2** of this Booklet.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

- We will not retaliate against you for filing a complaint.

Important Plan Notices and Documents

HIPAA Notice of Privacy Practices

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Important Plan Notices and Documents

HIPAA Notice of Privacy Practices

Our Uses and Disclosures (continued)

Help with public health and safety issues

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Do research

- We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.

Comply with the law

- We can use or share your information for health research.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Respond to lawsuits and legal actions

We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date of Notice

This Notice is current as of 10/01/2024.



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 company'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 Employee Benefits Technician.

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