



Date: June 1, 2024

To: DUSD Staff

From: Rosemary Romero  
Benefits Technician  
559-595-7320

Subject: **INSURANCE OPEN ENROLLMENT**

Open enrollment has begun. The 2024-25 health plans are now available. You may now make changes to your health insurance plan. Please visit the district website under open ENROLLMENT and your classification at <https://www.dinuba.k12.ca.us/departments/business-services/employee-benefits>.

*You do not need to complete any forms if you are **not** making any changes to your health insurance plan.*

If you would like to make changes, please submit the Offer of Health Insurance Form on or before **4:00 p.m. on August 16, 2024**. Plan changes become effective on October 1, 2024. You can find all forms on our website.

The following are some reminders:

- Please register at <https://www.anthem.com/ca/login/> to verify ALL covered dependents. If there is a spouse or dependent missing from coverage, please complete a SISC Membership Change Form. The form is found on the district website under CHANGE IN BENEFITS (Qualify Life Event) at <https://www.dinuba.k12.ca.us/departments/business-services/employee-benefits> and is due on or **before 4:00 p.m. on August 16, 2024**.
- Download the **Sydney** mobile app that is available to all Anthem members. With this app, you can use your smart phone to view your digital ID cards, view claims, check your benefits and more at <https://www.anthem.com/ca/member-resources/sydney-app>
- Dependents are eligible to remain on your coverage until the end of the month in which they turn the age of 26.
- You may only make changes during the year if you experience a qualifying life event. Examples include marriage, divorce, birth or adoption of a child or a spouse/domestic partner loses or gains health coverage. SISC must be notified **within 30 days** of a qualifying event and documentation must be provided.
- Coordination of Benefits- Your insurance is your primary. If your spouse has insurance, their insurance is their primary for him/her. Eligible dependent children are covered as primary under the parent whose Birth Month is first. *Note: For plans with a deductible, co-insurance applies after the deductible has been met unless otherwise noted.*

For any questions or concerns please contact Rosemary Romero at the District Office at (559) 595-7320.

	Option #1/40553E	Option #2/40564G	Option #3/40564C	Option #4/40553B	Option #5/40564D	Option#6/40564A
<b>PPO PLANS</b>	<b>80% J \$30</b>	<b>80% G \$20</b>	<b>80% E \$20</b>	<b>90% - C \$20</b>	<b>100% - D \$20</b>	<b>100% - A \$ 10</b>
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
Individual/Family Deductibles	\$750/\$1,500	\$500/\$1,000	\$300/\$600	\$200/\$500	\$300/\$600	\$0/\$0
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$3,000/\$6,000	\$2,000/\$4,000	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000

**PROFESSIONAL SERVICES**

Office Visit (OV) co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-H S A PPO plans)	\$30	\$20	\$20	\$20	\$20	\$10
Urgent Care co-pay	\$30	\$20	\$20	\$20	\$20	\$10
Specialists/Consultants co-pay	\$30	\$20	\$20	\$20	\$20	\$10
Prenatal, postnatal office visit co-pay	\$30	\$20	\$20	\$20	\$20	\$10
Scans: CT, CAT, MRI, PET etc.	20%	20%	20%	10%	0%	0%
Diagnostic X-ray & Laboratory Procedures	20%	20%	20%	10%	0%	0%
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Care Services (includes physical exams & screenings)	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived

**HOSPITAL & SKILLED NURSING FACILITY SERVICES**

Emergency Room visit co-pay (waived if admitted)	20% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	10% \$100 co-pay	0% \$100 co-pay	0% \$100 co-pay
Inpatient Hospital co-pay (preauthorization required)	20%	20%	20%	10%	0%	0%
Outpatient Hospital co-pay	20%	20%	20%	10%	0%	0%
Surgery, Outpatient (performed in an Ambulatory Surgery Center)	20%	20%	20%	10%	0%	0%
Surgery, Outpatient (performed in a Hospital) - limits may apply	20%	20%	20%	10%	0%	0%

**MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT**

<b>INPATIENT CARE:</b> Facility based care (preauthorization required)	20%	20%	20%	10%	0%	0%
<b>OUTPATIENT CARE:</b> Facility based care (preauthorization required)	Deductible waived office visit co-pay applies	Deductible waived office visit co-pay applies	Deductible waived office visit co-pay applies	Deductible waived office visit co-pay applies	Deductible waived office visit co-pay applies	Deductible waived office visit co-pay applies

**OTHER SERVICES**

Acupuncture - Limits apply	20%	20%	20%	10%	0%	0%
Ambulance (Ground or Air)	\$100 Co Pay + 20%	\$100 Co Pay + 20%	\$100 Co Pay + 20%	\$100 Co Pay + 10%	\$100 co Pay	\$100 co Pay
Chiropractic - Limits apply	20%	20%	20%	10%	0%	0%
Durable Medical Equipment (DME)	20%	20%	20%	10%	0%	0%
Physical and Occupational Therapy - Limits apply	20%	20%	20%	10%	0%	0%

**PRESCRIPTION DRUG PLANS**

Generic co-pay/days supply	\$10/30-Days	\$10/30-Days	\$10/30-Days	\$10/30-Days	\$10/30-Days	\$9/30-Days
Brand Deductible Individual/Family	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	Not Applicable
Brand co-pay/days supply	\$35/30-Days	\$35/30-Days	\$35/30-Days	\$35/30-Days	\$35/30-Days	\$35/30-Days
Mail Order (Generic-Brand co-pay/days supply)	\$0-\$90/90-Days	\$0-\$90/90-Days	\$0-\$90/90-Days	\$0-\$90/90-Days	\$0-\$90/90-Days	\$0-\$90/90-Days
Individual/Family RX Out-of-pocket (OOP) Max (Includes Rx deductibles and co-pays)	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500
<b>Vision Service Plan (www.vsp.com)</b>	Plan C, \$5 Exam/\$25 Materials co-pay Exam, frames & lenses	Plan C, \$5 Exam/\$25 Materials co-pay Exam, frames & lenses	Plan C, \$5 Exam/\$25 Materials co-pay Exam, frames & lenses	Plan C, \$5 Exam/\$25 Materials co-pay Exam, frames & lenses	Plan C, \$5 Exam/\$25 Materials co-pay Exam, frames & lenses	Plan C, \$5 Exam/\$25 Materials co-pay Exam, frames & lenses
<b>Delta Dental Plan: (www.deltadentalca.org)</b>	Premier Incentive Plan, Unlimited cal yr max. Ortho up to \$1,000 lifetime	Premier Incentive Plan, Unlimited cal yr max. Ortho up to \$1,000 lifetime	Premier Incentive Plan, Unlimited cal yr max. Ortho up to \$1,000 lifetime	Premier Incentive Plan, Unlimited cal yr max. Ortho up to \$1,000 lifetime	Premier Incentive Plan, Unlimited cal yr max. Ortho up to \$1,000 lifetime	Premier Incentive Plan, Unlimited cal yr max. Ortho up to \$1,000 lifetime
<b>Life</b>	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000

**RATES**

	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25
<b>Medical</b>	\$1,144.00	\$1,118.00	\$1,144.00	\$1,161.00	\$1,214.00	\$1,231.00	\$1,302.00	\$1,319.00	\$1,345.00	\$1,363.00	\$1,508.00	\$1,526.00
<b>Dental</b>	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20
<b>Life Insurance</b>	\$20.70	\$20.70	\$20.70	\$20.70	\$20.70	\$20.70	\$20.70	\$20.70	\$20.70	\$20.70	\$20.70	\$20.70
	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25
<b>TOTAL PER EMP/MO ANNUAL PREMIUM</b>	<b>\$1,304.15</b>	<b>\$1,278.15</b>	<b>\$1,304.15</b>	<b>\$1,321.15</b>	<b>\$1,374.15</b>	<b>\$1,391.15</b>	<b>\$1,462.15</b>	<b>\$1,479.15</b>	<b>\$1,505.15</b>	<b>\$1,523.15</b>	<b>\$1,668.15</b>	<b>\$1,686.15</b>
	\$15,415.80		\$15,802.80		\$16,642.80		\$17,698.80		\$18,223.80		\$20,179.80	
<b>DISTRICT CONTRIBUTION</b>	\$15,649.80		\$15,649.80		\$15,649.80		\$15,649.80		\$15,649.80		\$15,649.80	
<b>DIFFERENCE PER EMP/MO (9)</b> (Monthly cost does not include May deduction)	<b>0 (-\$26)</b>		<b>\$17.00</b>		<b>\$110.33</b>		<b>\$227.67</b>		<b>\$286.00</b>		<b>\$503.33</b>	

**NOTATIONS:**

This sheet is only a brief summary of benefits that reflects In-Network benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions. Benefits may be subject to change due to mid-year legislative changes.

OOP maximum on Anthem plans with a Navitus pharmacy carve out does not include prescription drug co-pays.

Coinsurance and co-pays do NOT carryover to the next calendar year.

Plans with a deductible all have 4th quarter carryover (October 1 - December 31)

For plans with a deductible, co-insurance applies after the deductible has been met unless otherwise noted.

<b>Plan Benefit Highlights for:</b>	<b>PPO Incentive Unlimited with Orthodontic</b>
<b>Group No:</b>	<b>Active, Retirees, and COBRA</b>
<b>Network:</b>	<b>PPO/Premier</b>

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 visits 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%.

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age <b>26</b>	
<b>Deductibles</b>	N/A	
Deductibles waived for D & P?	N/A	
<b>Maximums</b>	The maximum benefit paid per calendar year is <b>Unlimited</b> per person out-of-network	
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-Delta Dental dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, 2 cleanings per cal year, x-rays	70-100 %	70-100%
<b>Basic Services</b> Fillings, simple tooth extractions, sealants	70-100 %	70-100%
<b>Endodontics</b> (root canals) Covered Under Basic Services	70-100 %	70-100%
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	70-100 %	70-100%
<b>Oral Surgery</b> Covered Under Basic Services	70-100 %	70-100%
<b>Major Services</b> Crowns, inlays, onlays, and cast restorations	70-100 %	70-100%
<b>Prosthodontics</b> Bridges and dentures	60 %	50%
<b>Implants</b>	60% with separate \$2000 annual maximum	50% with separate \$2000 annual maximum
<b>Orthodontic Benefits</b> Adults and dependent children	100 %	100%
<b>Orthodontic Maximums</b>	Separate <b>\$1,000</b> Lifetime maximum per person	
<b>Dental Accident Benefits</b>	100% (separate \$1,000 maximum per person per calendar year)	

- \* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.
- \*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for out-of-network dentists.

Delta Dental of California  
100 First St.  
San Francisco, CA 94105

**Customer Service**  
**866-499-3001**

**Claims Address**  
P.O. Box 997330  
Sacramento, CA 95899-7330

**deltadentalins.com**

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

# A Look at Your VSP Vision Coverage

With VSP and SELF-INSURED SCHOOLS  
OF CALIFORNIA, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

**vsp**  
vision care



## Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

## Provider choices you want.



Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

## Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

## Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

## Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

## More Ways to Save

**Extra  
\$20  
to spend on  
Featured Brands†**

bebe CALVIN KLEIN  
COLE HAAN DRAGON.  
FLEXON LACOSTE  
NIKE and more

See all brands and offers  
at **vsp.com/offers**.



**Up to  
40%  
Savings on  
lens enhancements‡**

Enroll through your employer today.  
Contact us: **800.877.7195** or **vsp.com**



Your VSP Vision Benefits Summary

SELF-INSURED SCHOOLS OF CALIFORNIA and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:  
VSP Signature  
EFFECTIVE DATE:  
01/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li></ul>	\$5	Every calendar year
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"><li>Retinal screening for members with diabetes</li><li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li><li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li></ul>	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$25	
FRAME*	<ul style="list-style-type: none"><li>\$170 featured frame brands allowance</li><li>\$150 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$150 Walmart*/Sam's Club*/Costco* frame allowance</li></ul>	Included in Prescription Glasses	Every calendar year
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li></ul>	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>Standard progressive lenses</li><li>Tints/Light-reactive lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Average savings of 40% on other lens enhancements</li></ul>	\$0 \$0 \$80 - \$90 \$120 - \$160	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$150 allowance for contacts and contact lens exam (fitting and evaluation)</li><li>15% savings on a contact lens exam (fitting and evaluation)</li></ul>	\$0	Every calendar year
EXTRA SAVINGS	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li><li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li></ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li><li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li></ul>		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to [vsp.com](https://vsp.com) to find an in-network provider.

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.  
†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.  
+Coverage with a retail chain may be different or not apply.  
VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.  
To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](https://vsp.com).  
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Classification: Restricted

# Take advantage of no cost benefits to help you get and stay healthy



## BENEFIT HIGHLIGHTS



## AVAILABILITY AND HOW TO GET STARTED

### 24/7 Help with Personal Concerns

#### *SISC Employee Assistance Program*

Access free, confidential resources for help with emotional, marital, financial, addiction, legal, or stress issues.

All employees at member districts

**Call** 800-999-7222

**Visit** [anthemEAP.com/SISC](https://anthemEAP.com/SISC)



### 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 and Blue Shield PPO members

**Scan the QR code to download the Eden Health app, and register for your Eden Health membership.**



### Personal Health Coaching

#### *Vida Health*

Get one-on-one health coaching, therapy, chronic condition management, health trackers and other tools and resources online or via phone.

Anthem and Blue Shield members

**Call** 855-442-5885

**Visit** [vida.com/sisc](https://vida.com/sisc)



### 24/7 Physician Access—Anytime, Anywhere

#### *MDLive*

Access to virtual visits with psychiatrists and therapists for members age 10 and up. Virtual urgent care services are available to all members. Physicians can prescribe medication when appropriate. \*copays may apply

Anthem and Blue Shield members

**Call** 800-657-6169

**Visit** [mdlive.com/sisc](https://mdlive.com/sisc)



### Free Generic Medications

#### *Costco*

Access most generic medications at no cost through Costco retail and mail order pharmacies. You don't need to be a Costco member.

Anthem and Blue Shield members

**Call** 800-774-2678 (press 1)

**Visit** [costco.com](https://costco.com)





## BENEFIT HIGHLIGHTS



## AVAILABILITY AND HOW TO GET STARTED

### Expert Medical Opinions

*Teladoc Medical Experts*

Get answers to health care questions and second opinions from world-leading experts.

Anthem, Blue Shield, and Kaiser Permanente members

**Call** 855-380-7828

**Visit** [teladoc.com/SISC](https://teladoc.com/SISC)



### 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 and Blue Shield PPO members

**Call** 855-902-2777

**Visit** [hingehealth.com/sisc](https://hingehealth.com/sisc)



### 24/7 Access to Virtual Maternity and 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 and Blue Shield PPO members

**Visit** [mavenclinic.com/join/SISC](https://mavenclinic.com/join/SISC)



### Hip, Knee, and Spine Surgical Benefit

*Carrum Health*

Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel and medical bills.

Anthem and Blue Shield PPO members

**Call** 888-855-7806

**Visit** [info.carrumhealth.com/sisc](https://info.carrumhealth.com/sisc)



### Enhanced Cancer Benefit

*Contigo Health*

Consult experts on initial diagnosis and development of a care plan. Benefit includes care coordination services with at home provider, transportation, and more.

Anthem and Blue Shield PPO members

**Call** 877-220-3556

**Visit** [sisc.contigohealth.com](https://sisc.contigohealth.com)



# Benefit Extras

Available through your SISC health plan



## Get Started

## Program Details

## Who Is Eligible

### Active & Fit Direct

**Anthem PPO/HMO members** log into [anthem.com/ca/sisc](https://anthem.com/ca/sisc), click "Discounts" and visit "Special Offers".

**Kaiser HMO members** must visit [kp.org/choosehealthy](https://kp.org/choosehealthy), select region, click "Choose Healthy," then click "Learn More" next to the ASH Active & Fit logo.

### Discounted Gym Memberships

#### Active & Fit Direct

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

Anthem PPO/HMO and Kaiser HMO members

Low Cost

### Fitness Your Way

**Go to** [fitnessyourway.tivityhealth.com/bsc](https://fitnessyourway.tivityhealth.com/bsc)  
Click "Enroll".

OR

**Call** 833-283-8387

### Fitness Your Way

#### Tivity

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

Blue Shield PPO and HMO members

Low Cost

### TruHearing

**Call** 866-754-1607

OR

**Go to** [truhearing.com](https://truhearing.com)

### Discounted Hearing Aids

#### TruHearing

Go to a TruHearing provider to be fitted and adjusted for a wide variety of the latest digital hearing aids. You will save about \$980 per hearing aid compared to national average prices. PPO members may even be able to use their plan benefits in coordination with TruHearing discounts.

VSP members

Low Cost

### Amplifon

**Go to** [amplifonusa.com/deltadentalins](https://amplifonusa.com/deltadentalins)  
OR

**Call** 888-779-1429

### Discounted Hearing Aids

#### Amplifon

Get an average savings of 62% off the latest retail hearing aid price. See an Amplifon network provider to be fitted. PPO members may even be able to use their plan benefits in coordination with Amplifon discounts.

Delta Dental members

Low Cost

### QualSight

**Go to** [qualsight.com/-delta-dental](https://qualsight.com/-delta-dental)  
OR

**Call** 855-248-2020

### Discounted LASIK Eye Surgery

#### QualSight

Receive 40-50% off the national average price of traditional LASIK eye surgery when you use an experienced QualSight LASIK surgeon.

Delta Dental members

Low Cost

### EPIC Hearing

**Go to** [epichearing.com](https://epichearing.com)  
OR

**Call** 866-956-5400

### Discounted Hearing Aids

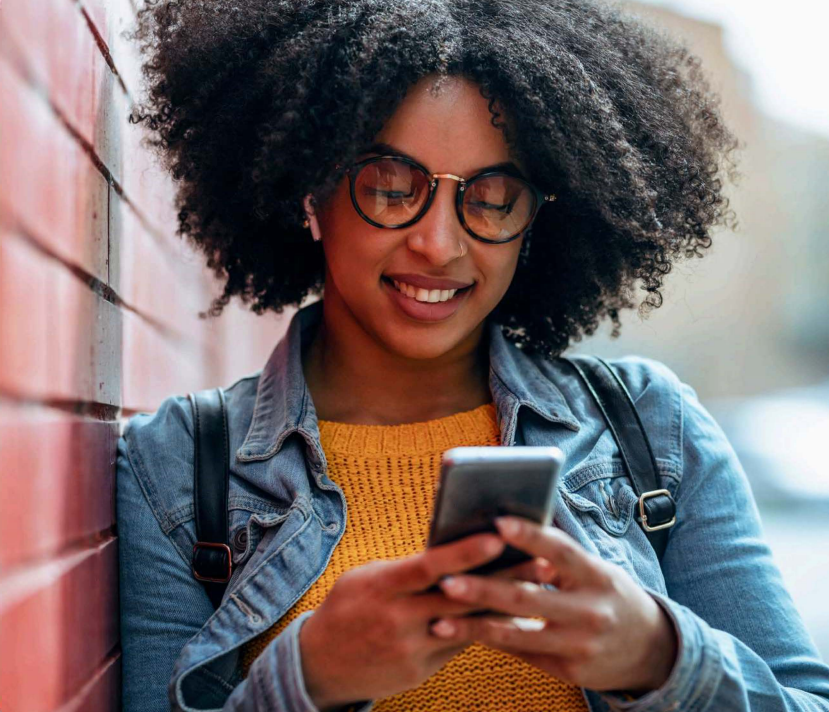
#### EPIC Hearing

Go to an EPIC Hearing network provider to be fitted to receive 30% – 60% off the retail hearing aid price. PPO members may even be able to use their plan benefits in coordination with EPIC Hearing discounts.

MES members

Low Cost





# The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use Sydney<sup>SM</sup> Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

## Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

## My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

## Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

## Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

## Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

## My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.



## Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- **View and use digital ID cards.**
- Check your plan progress.
- Fill prescriptions.



Scan the QR code to download the Sydney Health app.

You can also set up an account at [anthem.com/ca/register](https://anthem.com/ca/register) to access most of the same features from your computer.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare professional in your plan's network. If you receive care from a doctor or healthcare professional not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Cerebral Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health. Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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# Virtual care designed for you and your family

SISC is providing members and their partners with free access to virtual care through Maven for pregnancy, postpartum, and returning to work after parental leave. Use Maven for 24/7 access to doctors, specialists and coaches and trustworthy content tailored to your experience.



## Personalized support for every step of your journey:



## Your membership includes:

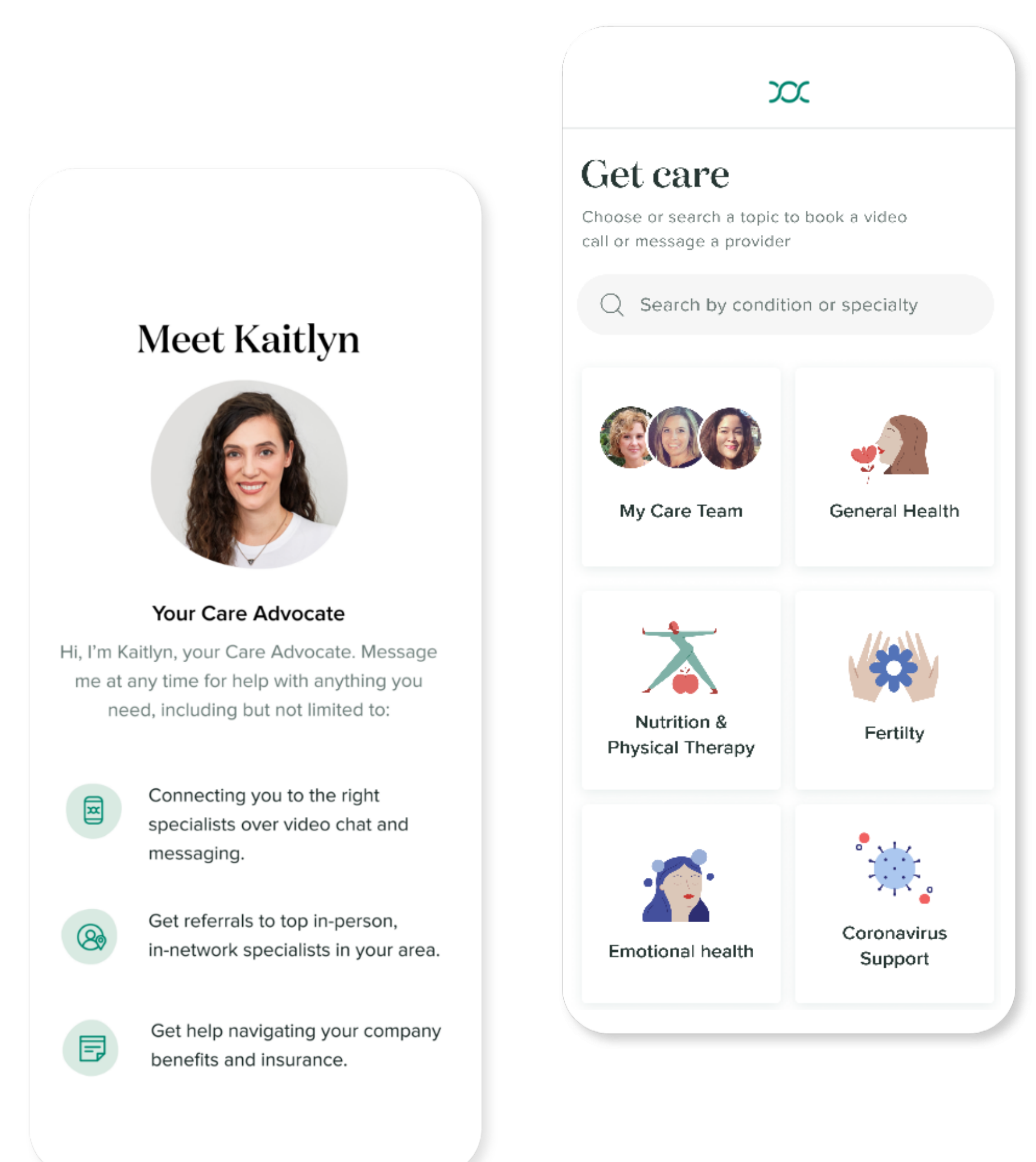
- A personal Care Advocate who serves as a trusted guide to help you navigate the Maven platform and connect you with providers throughout your journey
- Unlimited video chat and messaging with doctors, nurses, and coaches across 35+ specialties, including OB-GYNs, midwives, high-risk obstetricians, nutritionists, lactation consultants, and career coaches
- Provider-led virtual classes and vetted articles—tailored to your journey

**Free diaper subscription from SISC once your baby is born and you complete the Maven Maternity program!**



Activate your free membership by scanning the QR code, downloading the Maven Clinic app, or visiting [mavenclinic.com/join/SISC](https://mavenclinic.com/join/SISC).

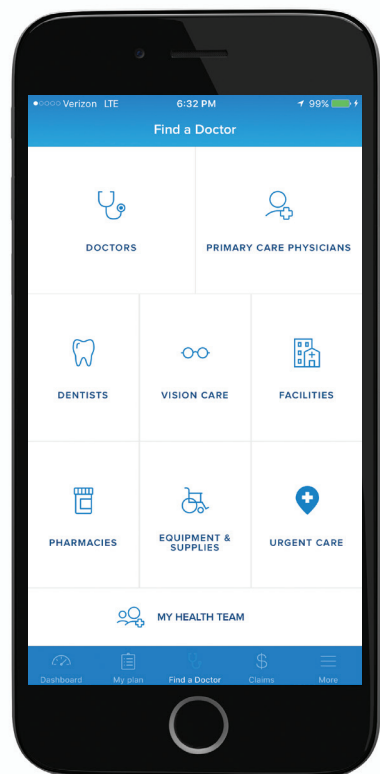
*Enrollment in Maven is confidential.*





# Manage your health care anytime, anywhere from your phone, tablet, or computer

Get 24/7 access to your Blue Shield health plan information through our mobile app and website.



## It's easy to get started:

From your phone, download the Blue Shield of California mobile app on the [App Store](#)<sup>SM</sup> or [Google Play](#)<sup>TM</sup> and click register.



From your computer, register for your online account at [blueshieldca.com/godigital](https://blueshieldca.com/godigital).

## Once you register, you'll be able to:

- Find a doctor or urgent care center near you
- View or print your Blue Shield member ID card
- Check your deductible and copayment/coinsurance year-to-date totals
- View your claims
- Review your benefits information
- See your wellness benefits

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Google Play and the Google Play logo are trademarks of Google LLC.

Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.

# Find help today

Receive support when and how you need it.



## Call us

Reach us at **800-999-7222**  
24/7 for free, confidential help



## Visit our website

Go to **anthemEAP.com/SISC**



**Your privacy matters.** If you contact EAP, no one will know, unless you give permission in writing.\* Let us give you a helping hand. Please call **800-999-7222** or go to **anthemEAP.com** and enter **SISC** to log in.

# Feeling overwhelmed, stuck or lost?

Lean on EAP, day or night.



## What is an Employee Assistance Program (EAP)?

It's a no-cost employee program to help you meet life's challenges. Call **800-999-7222** or visit **anthemEAP.com** and enter **SISC** to log in. Everything you share is confidential.

## Employee Assistance Program

**800-999-7222**

**anthemEAP.com**

Enter **SISC** to log in for free, confidential help, any time, day or night



\* In accordance with federal and state law, and professional ethical standards.

Language Access Services - (TTY/TDD: 711)

Spanish - Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.

Chinese - 您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。

Anthem complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.








Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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## We're here for your everyday problems and questions, big or small.

### The EAP can help you:

-  Find child, elder, or pet care.
-  Work on achieving work-life balance.
-  Parent a child with special needs.
-  Deal with addiction and recovery.
-  Set retirement goals.
-  Find mental health resources and information.
-  Address financial or legal issues.

## What our clients say



*"Every single person that I have spoken to with our EAP has been so very nice and supportive. You have a great staff of caring individuals."*





*"This is a priceless benefit. I am so thankful to have access to EAP. It means a lot to me and my family."*

*"It is very helpful to be able to obtain assistance to get over life's bumps now and then. Much appreciated."*

*"Good to know there are resources out there for everyone who needs assistance and this really helps – just wonderful!"*

*"I am so glad my employer has this program and I'm able to use it. It is a lifesaver for my family, which does help me perform better at work."*

## Connect with us by phone, in-person or online. You can:

-  Use our toll-free number to speak with an EAP professional.
-  Meet with a professional face-to-face.
-  Have up to 6 free counseling visits per issue per year.
-  Ask us about online visits with LiveHealth Online.

## Learn more about how EAP can help you at [anthemEAP.com](https://anthemEAP.com).



### Emotional Well-being Resources

These no-cost digital tools can teach you how to manage stress, anxiety, depression, substance use, and sleep issues.



## Contact us 24/7.

The EAP is here to make sure you and your household members have the support you need for emotional well-being.

Simply call 800-999-7222 or visit [anthemEAP.com](https://anthemEAP.com) to find help right away – at no cost to you.

This document is for general informational purposes. Check with your employer for specific information about benefits, limitation and exclusions.





HANFORD



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SCHEDULE AN  
APPOINTMENT TODAY  
[WWW.HEALTHWISE.CLINIC](http://WWW.HEALTHWISE.CLINIC)

# YOUR PRIVATE HEALTHCARE CLINIC



## FREE TO ALL INSURED EMPLOYEES, SPOUSES, AND DEPENDENTS.

Some HSA Plans May Require A Small Fee For Visits

### ACUTE & EPISODIC MEDICAL CARE

Abrasions	Depression & Anxiety	Nebulizer treatments
Acid Reflux	Dizziness/Fainting	Pneumonia
Allergies	Fever	Pregnancy test
Arthritis	Ear Infections	Rashes
Asthma	Gout	Shingles
Bites (Insect & Animal)	Infections	Strep culture
Bronchitis/Laryngitis	Injections	Sprains & Strains
Colds & Flu	Migraines	Urinary Tract Infections
Constipation & Diarrhea	Nausea & Vomiting	Viral Infections

### ON-GOING CARE

Diabetes  
COPD  
Hyperlipidemia  
Hypertension  
Thyroid  
Stress & Depression  
Blood Draws  
A1c Test

### PREVENTION

Flu Vaccination  
Heart Health  
Diabetes Prevention  
Risk Screenings  
Routine Physicals  
Yearly, Pap smear  
Sports Physicals  
Weight Management

### PROCEDURES

Drainage of abscess  
Wound Care  
Ear irrigation  
Laceration repair  
Removal of skin tags  
Skin biopsy  
Suture/staple removal  
Wart removal

# Your School District's Private Medical Clinic



## HEALTHWISE MEDICAL CLINIC

Exclusive Healthcare for  
District Members & Insured Dependents



- ☒ \$0 Co-Pays
- ☒ In House Labs
- ☒ Onsite Pharmacy
- ☒ Flu Vaccinations
- ☒ COVID-19 Testing

This is a Private Clinic & Not Open To The General Public  
HealthWise Medical Clinics Provide Exemplary Healthcare  
Call To Schedule An Appointment Today

**Hanford**  
740 N. Irwin St.  
Hanford, CA 93230  
559.272.9551

  
**HEALTHWISE**  
MEDICAL CLINIC  
[www.HealthWise.clinic](http://www.HealthWise.clinic)

**Visalia**  
4004 S. Demaree St #A  
Visalia, CA 93277  
559.272.9549

Policyholder/Employer	Policy Number(s)
Employee Name	Employee Social Security or Certificate Number
Employee Address (Street, City, State)	Employee Telephone Number

## WHO ARE YOUR BENEFICIARIES?

It is very important to clearly indicate your primary beneficiary(ies) and contingent beneficiary(ies). Proceeds are paid to contingent beneficiary(ies) only if there is no surviving primary beneficiary(ies). If multiple primary beneficiaries or contingent beneficiaries are named and no percentage distribution is noted, then any proceeds payable to such beneficiaries will be split equally. If more space is needed to list your beneficiaries please attach a sheet to this form. **The beneficiary(ies) named on this form will be valid for all basic, optional, and/or voluntary group term life and AD&D, Accident and Critical Illness coverages unless otherwise indicated by you. The beneficiary designation may not go into effect until this form is signed and dated by you. Page 2 of this form includes examples of how to complete this form.**

### PRIMARY BENEFICIARY(IES)

Primary Beneficiary's Name and Address	Social Security Number	Relationship to You	Date of Birth	Percentage: Must equal 100%
Name: Address:				
Name: Address:				
Name: Address:				

**CONTINGENT BENEFICIARY(IES):** Contingent beneficiaries will only receive benefit if there are no surviving primary beneficiaries.

Contingent Beneficiary's Name and Address	Social Security Number	Relationship to You	Date of Birth	Percentage: Must equal 100%
Name: Address:				
Name: Address:				
Name: Address:				

**Community Property State Consent for residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.** If you are married, live in a community property state, and name someone other than your spouse as beneficiary, you may have your spouse sign below to waive his or her rights to any community property interest in the benefit. As the Insured's spouse, I do hereby consent to the beneficiary designation(s) indicated on this form and waive any rights that I may have to the proceeds of such insurance under applicable community property laws.

\_\_\_\_\_  
 Signature of Spouse

\_\_\_\_\_  
 Date

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**



## COMPLETING YOUR BENEFICIARY DESIGNATION FORM

1. At the top of the form, fill in the information regarding your employer and yourself.
2. Next complete the information regarding who will be your primary and contingent beneficiaries. A primary beneficiary will be the person/people that you want to receive the life insurance benefit. The contingent beneficiary or beneficiaries will only receive the life insurance benefit if the primary beneficiary(ies) is no longer living. Indicate the percentage of the benefit amount that the beneficiary will receive. Do not use dollar amounts. Percentages must add up to 100%.
3. If you live in a community property state, are married and naming someone other than your spouse as the primary beneficiary, you should have your spouse sign this form to avoid any delays at claim time.
4. Sign and date the form.

Below is an example of how to complete the beneficiary designations:

### PRIMARY BENEFICIARY(IES)

Primary Beneficiary's Name and Address	Social Security Number	Relationship to You	Date of Birth	Percentage: Must equal 100%
Name: Jill Doe Address: 123 Main St, Anytown, NE 00000	XXX-XX-XXXX	Wife	XX/XX/XX	100%
Name: Address:				
Name: Address:				

**CONTINGENT BENEFICIARY(IES):** Contingent beneficiaries will only receive benefit if there are no surviving primary beneficiaries.

Contingent Beneficiary's Name and Address	Social Security Number	Relationship to You	Date of Birth	Percentage: Must equal 100%
Name: John Doe Sr Address: 456 Main Ln, Anytown, NE 00000	XXX-XX-XXXX	Father	XX/XX/XX	50%
Name: Mary Doe Address: 789 Main Rd, Anytown, NE 00000	XXX-XX-XXXX	Sister	XX/XX/XX	25%
Name: Jack Doe Irrevocable Trust, Jill Doe TTEE UTA 1/04 Address: 123 Main St, Anytown, NE 00000	XXX-XX-XXXX	Trust		25%

## FREQUENTLY ASKED QUESTIONS

### Should I name a minor child as a beneficiary?

You may name a minor child as a beneficiary, however please be aware that we cannot make payment of a claim directly to a minor. If a claim is incurred we would need to make payment via UTMA or to the guardian of the minor's financial estate. Or, if guardianship is not obtained and if UTMA does not apply, the benefit will be placed On Hold - Age of Majority and payable once the minor reaches the age of majority.

### How would I name a Charitable Organization as a beneficiary?

A charitable organization that is not your employer may be named as a beneficiary. You will need to indicate the name of the charitable organization, a contact for the organization, their tax identification number, and the percentage of the benefit that would be payable to them.

### How do I name my Estate as the beneficiary?

You may name your estate as a beneficiary. To name your estate as the beneficiary indicate "My Estate" as the beneficiary. If you know who will be the executor or administrator of your estate you should also include that person's name. For example: My Estate, John Doe Executor.

### How do I name a Trust as the beneficiary?

You may designate a trust as a beneficiary. To name a trust as a beneficiary, indicate Trustee (show Name and address) under Trust Agreement Dated (show date). If the trust has a tax identification number that will need to be supplied in place of the social security number. For example: Jack Doe Irrevocable Trust, Jill Doe TTEE UTA 1/1/04.