



Employee Benefits Guide

OXNARD EDUCATORS ASSOCIATION
2025 - 2026



Welcome to Your Oxnard School District Benefits!

This guide provides a summary of your benefit options. It is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact Risk Management / Benefits Department at **(805) 385-1501**, extensions **2441 (last name alpha A-L)**, or **2442 (last name alpha M-Z)**.

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Enrollment Information

Who May Enroll

If you are a regular full-time employee working at least 30 hours per week, you and your eligible dependents may participate in the Oxnard School District's benefits program, including the Waiver Anchor Bronze (WABE) option. Your eligible dependents include:

- Legally married spouse
- All Domestic Partners must be registered with the State of California in order to be eligible for the SISC plans.
- Children under the age of 26, regardless of student or marital status

100% Participation Requirements

Employees working 36+ hours per week (90% or more of the full-time equivalent) are required to participate in Self-Insured Schools of California's (SISC) benefits.

Employees working 36+ hours a week may decline coverage as an opt out for the following reasons. Proof of enrollment must be provided annually.

- Employees enrolled in Medi-Cal must submit proof of documentation reflecting the effective date of enrollment in Medi-Cal
- Employees enrolled in Medicare Parts A and B must show proof of enrollment
- Employees enrolled in TRICARE must submit proof of documentation reflecting the effective date of enrollment in TRICARE
- Employees enrolled in Covered California medical plan and receiving a related subsidy must show proof of enrollment and subsidy

Employees working 36+ hours per week who don't qualify to opt-out of benefits must enroll in the Waiver of Anchor Bronze Enrollment (WABE) to comply with SISC's mandatory 100% participation requirement. This option is available to employees enrolled in their spouse's parents (for those under 26) or domestic partner's or parents (for those under 26) insurance plan; proof of enrollment must be provided annually.

WABE is mandatory for those employees working 36+ hours per week and declining medical coverage for the reason of being insured under another employer's plan. An employee utilizing WABE must enroll in dental and vision insurance. Employees enrolled in WABE are considered to be SISC members and can access the following services for the 2025-2026 plan year:

- MDLIVE — 24/7 physician line
- EAP—Employee Assistance Program
- Vida Health— One-on-one health coaching, therapy, chronic condition management, health trackers and other resources.
- Expert Medical Opinion- Get answers to health care questions and second opinions from experts.
- Biometric Screenings

Required Enrollment Documentation

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

- Most recent 1040 Tax Form
- Marriage Affidavit (If married, filing separately)
- Marriage Certificate (only for new marriages)
- Birth Certificate (for children)
- Declaration of Domestic Partnership issued by the State of California

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 district's benefits program on the first day of the month following your date of full-time employment
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)
- As a new hire, you may enroll in Voluntary Life and AD&D. Amounts over the guarantee issue will be subject to medical questions.
- Becoming a Board Member

Medical, Dental and Vision Insurance Enrollment Deadline

You have (30) calendar days from date of hire to enroll for your health benefits (this includes submitting enrollment forms and supporting documentation.)

Employees working 36+ hours per week (90% or more of the full-time equivalent) are required to comply with SISC 100% participation requirement and participate in SISC benefits. Employees may be eligible to opt-out of benefits if enrolled in Medi-Cal, Medicare, Covered California or Tricare (proof of enrollment will be required). Employees working 36+ hours per week who don't qualify to opt-out of benefits and do not wish to enroll in the district benefits must enroll in the Waiver of Anchor Bronze Enrollment (WABE) to comply with SISC's mandatory 100% participation requirement. Risk Management will follow-up with employees who do not complete enrollment or declination of coverage within 30 days to ensure compliance. **If you do not elect a medical plan during your initial enrollment period, you will automatically be enrolled in WABE.**

Changes to Enrollment

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

- Marriage, divorce, legal separation or annulment
 - **Ex-spouses are ineligible for insurance through SISC. It is the responsibility of the employee to insure the ex-spouse through a different pool if mandated by the courts.**
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- Following an approved unpaid leave of absence status
- Loss of coverage from another health plan
- 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
- Becoming eligible for State premium subsidy (MediCal) or Medicare



Enrollment Information

Pre-Tax Payments– Section 125

The employee contribution for health benefits is automatically deducted from your paycheck each month. You are automatically enrolled in the Section 125 plan for health insurance premiums that will allow you to pay your monthly contribution on a pre-tax basis.

Enrollment in the Section 125 plan for health insurance premiums allows employees to pay their premium portion on a pre-tax basis. Enrollment must occur at the same time as enrollment of the health insurance plan and remains in effect for the duration of the Plan Year (October-September). Limited changes during the Plan Year are permitted for qualifying events as described on page 4.

The Section 125 plan will also minimize the impact of your insurance premium deduction on your net take-home pay, and your tax obligation will be slightly reduced because the premium will not be reflected as taxable income. **YOU ARE AUTOMATICALLY ENROLLED IN SECTION 125. TO UNENROLL AND HAVE YOUR HEALTH INSURANCE PREMIUM TAXED, PLEASE CONTACT RISK MANAGEMENT.**

75% Medical Premiums for SISC Dual Coverage

Oxnard School District will reduce an employee's medical premiums by 25% for those that have dual coverage with a SISC enrolled spouse. In order to qualify for the 25% reduction in medical premiums both the employee and employee's spouse/domestic partner must:

Both husband and wife/domestic partners must be:

1. Employees of a participating SISC District; and
2. Both enrolled in each other's SISC medical plan with a composite rate; and
3. Eligible to participate according to SISC Eligibility Guidelines.

Please contact Risk Management to view your specific rates in the ease portal.



Medical Benefits

Medical Insurance Plans

Anthem Blue Cross PPO Medical Plans

The Anthem Blue Cross Preferred Provider Organization (PPO) plans allow you to direct your own care. If you receive care from a physician who is a member of the PPO network, a greater percentage of the entire cost will be paid by the insurance plan. However, you are not limited to the physicians within the network and you may self-refer to specialists. If you obtain services using a non-network provider, please note that you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims.

Kaiser Permanente HMO Medical Plans

With a Kaiser Permanente Health Maintenance Organization (HMO) plan, you must obtain services at a Kaiser Permanente facility, except in the case of emergency. All of your care must be directed through your selected doctor, but 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, pharmacy, and administration in one convenient facility. In addition, Kaiser Permanente offers online tools so you can email your doctor's office, make appointments, refill prescriptions, and more.



Understand Benefits Terminology

Check out this quick video and learn the basics of how our medical plans work: <http://video.burnhambenefits.com/terms>.



How to Find an In-Network Medical Provider

- Anthem PPO participants: go to www.anthem.com/ca/sisc or call (800) 322-5709
- Kaiser Permanente HMO participants: go to www.kp.org or call (800) 464-4000.

Prescription Drug Coverage

Anthem Blue Cross Pharmacy Benefits

Navitus Health Solutions is the Pharmacy Benefits Manager (PBM) for our Medical plans. You are urged to use generic drugs when they are available. If you or your physician request to have a brand name drug dispensed when it is not medically necessary, the member will pay the difference in the cost of the brand and generic medication plus the generic copay. In addition, the difference in cost between the brand name drug and generic drug will not count toward your annual out-of-pocket maximum.

Kaiser Permanente Pharmacy Benefits

You must obtain covered items at a Plan Pharmacy or through Kaiser Permanente's mail-order service unless you obtain the item as part of covered Emergency Services, Post-Stabilization Care, or Out-of-Area Urgent Care. Please refer the facility directory on Kaiser Permanente's website at kp.org for a list of Plan Pharmacies in your area. Mail-order services vary by item and are subject to change at anytime without notice. For the current locations of Plan Pharmacies, please call our Member Service Contact Center 24 hours a day, seven days a week (except closed holidays) at (800) 464-4000.

Medical Benefits: Plan Highlights

	Kaiser Permanente HMO \$30, RX \$10-30	Kaiser Permanente DHMO \$1,000
	In-Network Only	In-Network Only
Deductible (Calendar Year) – Individual / Family	\$0 / \$0	\$1,000 / \$2,000
Out-of-Pocket Maximum – Individual / Family	\$1,500 / \$3,000	\$3,000 / \$6,000
Co-Insurance (Plan Pays)	100%	20% after deductible
Health Benefits	You Pay	You Pay
Office Visit Copay	\$30 copay	\$20 copay
Kaiser Phone and Video Visits	No charge	No charge
Urgent Care	\$30 copay	\$20 copay
Preventive Care (annual exams, well woman exams, flu shots, etc.)	100% covered	100% covered
Lab and X-Ray	100% covered	\$10 Copay
Chiropractic	\$10 copay Max 30 visits/year	\$10 copay Max 30 visits/year
Hospitalization – Inpatient / Outpatient	100% covered / \$30 copay	20% after deductible
Emergency Services	\$100 copay	20% after deductible
Prescription Drugs	You Pay	You Pay
Pharmacy Deductible – Individual / Family	\$0 / \$0	\$0 / \$0
Out-of-Pocket Maximum – Individual / Family	N/A	N/A
Prescription Drug Copays		
Retail Pharmacy – Generic Formulary – Brand Name Formulary – Specialty Items (30 Day Supply)	<i>30 Day Supply</i> \$10 copay \$30 copay \$30 copay	<i>30 Day Supply</i> \$10 copay \$30 copay \$30 copay
Mail Order Pharmacy – Generic Formulary – Brand Name Formulary	<i>100 Day Supply</i> \$10 copay \$30 copay	<i>100 Day Supply</i> \$20 copay \$60 copay

Medical Benefits: Plan Highlights

	Anthem PPO 90-G \$20, Rx 200, 10-35	Anthem PPO 80-G \$30, Rx 200, 10-35	Anthem PPO 80-L \$30, Rx 200, 10-35	Anthem PPO 80-M \$40, Rx 200, 10-35
	In-Network	In-Network	In-Network	In-Network
Deductible (Calendar Year) – Individual / Family	\$500 / \$1,000	\$500 / \$1,000	\$2,000 / \$4,000	\$3,000 / \$6,000
Out-of-Pocket Maximum – Individual / Family	\$1,000 / \$3,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$4,000 / \$8,000
Co-Insurance (Plan Pays)	90%	80%	80%	80%
Health Benefits	You Pay	You Pay	You Pay	You Pay
Office Visit Copay	No charge for first 3 visits: \$20 copay/visit after	No charge for first 3 visits: \$30 copay/visit after	No charge for first 3 visits: \$30 copay/visit after	No charge for first 3 visits: \$40 copay/visit after
MDLiveTelemedicine Visits	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Urgent Care	\$20 copay	\$30 copay	\$30 copay	\$40 copay
Preventive Care (annual exams, well woman exams, flu shots, etc.)	100% covered	100% covered	100% covered	100% covered
Lab and X-Ray	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Chiropractic	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Hospitalization – Inpatient / Outpatient	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Emergency Services	\$100 copay + 10 % after deductible	\$100 copay + 20% after deductible	\$100 copay + 20% after deductible	\$100 copay + 20% after deductible
Prescription Drugs	You Pay	You Pay	You Pay	You Pay
Brand Name Deductible – Individual / Family	\$200 / \$500	\$200 / \$500	\$200 / \$500	\$200 / \$500
Out-of-Pocket Maximum – Individual / Family	\$2,500 / \$3,500	\$2,500 / \$3,500	\$2,500 / \$3,500	\$2,500 / \$3,500
Prescription Drug Copays				
Retail Pharmacy	30 Day Supply	30 Day Supply	30 Day Supply	30 Day Supply
– Generic Formulary	\$10 copay	\$10 copay	\$10 copay	\$10 copay
– Brand Name Formulary	\$35 copay	\$35 copay	\$35 copay	\$35 copay
– Generic-Brand: Costco	\$0 / \$35	\$0 / \$35	\$0 / \$35	\$0 / \$35
Mail Order Pharmacy	90 Day Supply	90 Day Supply	90 Day Supply	90 Day Supply
– Generic Formulary: Costco	No charge	No charge	No charge	No charge
– Brand Name Formulary: Costco	\$90 copay	\$90 copay	\$90 copay	\$90 copay
– Specialty Copay: Navitus Mail-In	\$35 copay / 30 days	\$35 copay / 30 days	\$35 copay / 30 days	\$35 copay / 30 days

Medical Benefits: Plan Highlights

New Plan

	*ProActive Platinum In-Network
Deductible (Calendar Year) – Individual / Family	\$0
Out-of-Pocket Maximum – Individual / Family	\$2,000 / \$4,000
Co-Insurance (Plan Pays)	100%
Health Benefits	You Pay
Office Visit Copay	\$0 PCP / \$70 Specialist
MDLiveTelemedicine Visits	\$0 copay
Urgent Care	\$0 copay
Preventive Care (annual exams, well woman exams, flu shots, etc.)	100% covered
Lab and X-Ray	Copay Structure \$0 Center/ \$100 Hospital \$50 Center/ \$150 Hospital \$200 Center/ \$500 Hospital
Chiropractic	\$0
Hospitalization – Inpatient – Outpatient Surgery	\$400/ Day ASC: \$400/Hospital: \$1,200
Emergency Services	\$600 copay
Prescription Drugs	You Pay
Pharmacy Deductible – Individual / Family	\$0
Out-of-Pocket Maximum – Individual / Family	\$2,500 / \$3,500
Prescription Drug Copays	
Retail Pharmacy – Generic Formulary – Brand Name Formulary – Generic-Brand: Costco	30 Day Supply \$9 copay \$35 copay \$0 / \$35
Mail Order Pharmacy – Generic Formulary: Costco – Brand Name Formulary: Costco – Specialty Copay: Navitus Mail-In	90 Day Supply No charge \$90 copay \$35 copay / 30 days

New Proactive Platinum PPO co-play plan

The Proactive PPO plan eliminates deductibles and coinsurance. Some features of these plans:

- \$0 copays for essential services like primary care, urgent care, outpatient mental health, physical medicine, most lab work
- Predictable costs
- Full Anthem PPO Network

Many commonly used prescriptions will be available for a \$0 copay when prescribed by a primary care physician, such as:

- Asthma inhalers like Qvar, Arnuity Ellipta, Albuterol
- Diabetic medications like Ozempic, Jardiance, Mounjaro, Rybelsus, Tulicity
- Insulins like insulin lispro, Humalog, Semglee
- Anticoagulants like Xarelto, Eliquis
- Specialty Medicines like Dupixent, Xoliar
- Biosimilars like Adalimumab-adaz, Hadlima



Medical Benefits: Plan Highlights

	Anthem PPO 2-Tier HSA \$5,000
	In-Network
Deductible (Calendar Year) – Individual / Individual + Child(ren)	\$5,000 / \$10,000
Out-of-Pocket Maximum – Individual / Individual + Child(ren)	\$6,350 / \$12,700
Co-Insurance (Plan Pays)	70%
Health Benefits	You Pay
Office Visit Copay	30% after deductible
MDLiveTelemedicine Visits	\$10 copay after ded
Urgent Care	30% after deductible
Preventive Care (annual exams, well woman exams, flu shots, etc.)	100% covered
Lab and X-Ray	30% after deductible
Chiropractic	30% after deductible
Hospitalization – Inpatient / Outpatient	30% after deductible
Emergency Services	\$100 copay + 30% after deductible
Prescription Drugs	You Pay
Pharmacy Deductible – Individual / Family	Same as medical deductible
Out-of-Pocket Maximum – Individual / Family	Same as medical out-of-pocket maximum
Prescription Drug Copays	
Retail Pharmacy – Generic Formulary – Brand Name Formulary – Specialty Items (30 Day Supply)	<i>30 Day Supply</i> Deductible + \$9 copay Deductible + \$35 copay Deductible + \$35 copay
Mail Order Pharmacy – Generic Formulary – Brand Name Formulary	<i>100 Day Supply</i> Deductible + \$0 copay Deductible + \$90 copay

Medical Benefits: Plan Costs

2025-2026 Employee Cost (Medical, Dental, and Vision included)

12-Month District Contribution: \$1,368.17

11-Month District Contribution: \$1,492.55



		Employee Cost		
			VSP Vision	XP Health Vision
Anthem PPO 90-G \$20, Rx 9-35	Delta Dental PPO Incentive	12-Month 11-Month	\$506.83 \$552.91	\$511.73 \$558.25
	Delta Dental PPO 2000	12-Month 11-Month	\$494.83 \$539.82	\$499.73 \$545.16
Anthem PPO 80-G \$30, Rx 9-35	Delta Dental PPO Incentive	12-Month 11-Month	\$343.83 \$375.09	\$348.73 \$380.44
	Delta Dental PPO 2000	12-Month 11-Month	\$331.83 \$362.00	\$336.73 \$367.35
Anthem PPO 80-L \$30, Rx 9-35	Delta Dental PPO Incentive	12-Month 11-Month	\$159.83 \$174.36	\$164.73 \$179.71
	Delta Dental PPO 2000	12-Month 11-Month	\$147.83 \$161.27	\$152.73 \$166.62
Anthem PPO 80-M \$40, Rx 9-35	Delta Dental PPO Incentive	12-Month 11-Month	\$16.83 \$18.36	\$21.73 \$23.71
	Delta Dental PPO 2000	12-Month 11-Month	\$4.83 \$5.27	\$9.73 \$10.62
Anthem Proactive Platinum	Delta Dental PPO Incentive	12-Month 11-Month	\$395.83 \$431.82	\$400.73 \$437.16
	Delta Dental PPO 2000	12-Month 11-Month	\$383.83 \$418.73	\$388.73 \$424.07
Anthem PPO 2-Tier HSA \$5,000	Delta Dental PPO Incentive	12-Month 11-Month	\$0.00 \$0.00	\$0.00 \$0.00
	Delta Dental PPO 2000	12-Month 11-Month	\$0.00 \$0.00	\$0.00 \$0.00



		Employee Cost		
			VSP Vision	XP Health Vision
Kaiser Traditional HMO \$30	Delta Dental PPO Incentive	12-Month 11-Month	\$406.83 \$443.82	\$411.73 \$449.16
	Delta Dental PPO 2000	12-Month 11-Month	\$394.83 \$430.73	\$399.73 \$436.07
Kaiser Deductible HMO	Delta Dental PPO Incentive	12-Month 11-Month	\$276.83 \$302.00	\$281.73 \$307.35
	Delta Dental PPO 2000	12-Month 11-Month	\$264.83 \$288.91	\$269.73 \$294.25

Contributions subject to change pending 2026-2027 negotiations

Medical Benefits: Health Plan Perks

Anthem
&
Kaiser
Members

Quality and Cost Comparison Tools

Different facilities may charge different amounts for the same service.

The Anthem Blue Cross *Estimate Your Cost for a Procedure* tool at www.anthem.com/ca/sisc allows you to estimate and compare cost and quality for medical procedures and facilities. This tool allows you to estimate your share of the cost before you have a medical procedure.

You can also get a personalized estimate with Kaiser Permanente at <http://info.kaiserpermanente.org/html/estimatingyourtreatmentcosts>.

Quest Wellness Screening

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.
- Use Registration Key: SISC2025.
- 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 Expert Second Opinion

This benefit provides all SISC medical plan members with free support for making clear, informed medical decisions from leading medical experts. Teladoc can help answer medical questions, double-check a diagnosis, provide when help deciding on a treatment plan, or give guidance about surgery. Benefits include:



- 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 healthcare 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.
- You can access Teladoc at **(855) 201-9925** or by visiting teladoc.com/SISC.

Medical Benefits: Health Plan Perks

Anthem
&
Kaiser
Members

Anthem Employee Assistance Program

The District provides employees with support for a wide variety of challenges through the SISC Anthem

Employee Assistance Program (EAP). If you or a family member needs assistance with personal, family or work-life balance issues, you can contact the EAP for confidential assistance.

You can access the EAP by calling **(800) 999-7222** or by visiting www.anthemEAP.com (to log in, enter SISC as the program name). EAP benefits include the following:



Support and Counseling

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

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

Talkspace

You have the option to access your six free counseling sessions through Talkspace. You can also have unlimited messaging with a counselor, including text, voice, and video message. Talkspace's clinical network includes thousands of licensed counselors specializing in stress, anxiety, depression, eating disorders, substance use, sleep, identity struggles, chronic issues, trauma, grief, relationships, healthy living, and more. Self-guided exercises such as journaling and meditation are available to supplement counseling.

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

Identity Monitoring and Theft Resolution

- 24/7/365 free identity monitoring and theft resolution services through IDnotify.
- 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

- A library of articles on legal topics and issues.
- 100 legal forms for a variety of family and consumer situations, plus State-specific legal forms.
- Articles and resources that address estate planning questions.
- [Financial Calculators](#) that help you to get answers and explore different options regarding home and personal financing, investing, and retirement.

Learn to Live Wellbeing Support

- Access free, customized online programs based on proven principals of Cognitive Behavioral Therapy (CBT) to manage stress, depression, anxiety, substance use and sleep issues

Seminars, Articles, Savings Center

- Online resources for a wide array of topics, including both a library of articles and on-demand seminars.
- Discount shopping program provided through Perks At Work, with discounts of up to 25% on name brand, practical, and luxury items.

Medical Benefits: Health Plan Perks

Anthem
Members

Active & Fit Direct Discounted Gym Memberships

Active and Fit Direct allows you to enroll in 12,000+ participating fitness centers and YMCAs nationwide for only \$28/month (plus \$28 enrollment fee and taxes). There are no annual fees or long-term contracts, and you can switch gyms at any time. In addition:

- You have access to 9,300+ On-Demand Fitness videos.
- 5,700+ Premium Gym Options at exercise studios, outdoor experiences, and others, with 20% - 70% discounts at most locations.
- Use the online fitness tracking feature, which uses a variety of wearable devices and apps.
- To learn more:
 - Anthem plan members: <https://www.anthem.com/ca/sisc/health-wellness>.

Midi

Expert Menopausal Relief Telehealth

Anthem PPO plan members can now get expert menopausal telehealth support. Hormonal changes in midlife can bring on a host of symptoms that are often misunderstood. Midi's expert clinicians can help you find safe, effective solutions menopause-related issues such as:



- | | | |
|-----------------------|---------------------------|------------------------------|
| • Trouble sleeping | • Hot flashes | • Mood issues |
| • Weight changes | • Painful sex, low libido | • Menopause after cancer |
| • Brain fog | • Period problems | • Menopause with cancer risk |
| • Hair & skin changes | • Bone loss | |

Midi connects you to expert clinicians via virtual visits. After discussing your symptoms and health history, they help you get any necessary lab tests and create a personalized care plan. Treatments may include:

- FDA-approved hormonal medications
- Non-hormonal medications
- Supplements and botanicals
- Lifestyle coaching
- Wellness therapies

To start your Midi journey, visit www.joinmidi.com/sisc.

Rula

Support With Helping Find an In-Network Therapist

Rula makes it easy to find and book therapy appointments online.

- Complete a quick questionnaire about your therapy preferences and register.
- Choose a therapist from Rula's recommendations.
- Rula will verify your insurance information and will let you know your payment estimate prior to your first appointment.
- You'll receive an confirmation one to two days before your appointment, along with a video link.
- Learn more at <https://rula.com/SISC>. You can also call (323) 676-7360.



Medical Benefits: Health Plan Perks

Anthem
Members

Vida Therapy and Health Coaching

- Anthem plan members have free access to Vida. This virtual care platform can help with nutrition, weight loss, building healthy habits, mental health, and overall wellbeing.
- With Vida, your coach or therapist will personalize a plan for you, and help guide you every step of the way.
- To learn more, call (855) 442-5885 or visit vida.com/sisc.



Costco Free Generic Medications and 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.
- Per IRS guidelines, HSA members will need to satisfy their deductibles before using this program.
- You can get you and your covered family members' prescription delivered from your local Costco for free with Instacart. You can simply call your local Costco and let the pharmacy staff know that you would like to transfer your prescription.
 - Once a prescription is filled a text is sent with the link to access Instacart for free.
- For more information, call (800) 774-2678 (press 1) or visit costco.com.



MDLive

Anthem plan members have access to MDLIVE visits for a \$0 copay. This telemedicine service provides convenient 24/7 access to board certified doctors, pediatricians, and licensed therapists via online video, phone or secure email. You can use MDLive:

- When you'd like to access mental health support and resources.
- If you're considering a visit to an emergency room or urgent care center for a non-emergency medical issue.
- When your primary care doctor is not available.
- When you are traveling and in need of medical care.
- During or after normal business hours, nights, weekends and holidays.
- To request prescription drugs or to get refills.



To access MDLive, visit www.mdlive.com/sisc or call (888) 632-2738. Be prepared to provide your name, the patient's name, your member identification number and your phone number.

Diabetes Prevention Program

Anthem Blue Cross has partnered with Lark to offer a diabetes prevention program that can help you determine if you're at risk for prediabetes and if needed, take steps to address it.

- You can participate in this program at no extra cost as part of your SISC health plan.
- Track your progress, check in with your coach, and learn more about prediabetes right in Lark's free mobile app. This program is flexible, convenient, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health and decrease your risk over time
- 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.
- Lark will also send you a personal activity tracker, as long as you stay active in the program.
- Go to www.lark.com/anthemBC and take a quick one-minute survey to see if you could benefit from Lark's diabetes prevention program.



Medical Benefits: Health Plan Perks

Anthem
Members

Centivo Care

Anthem PPO plan members have free, 24/7 access to a Care Team who works together to offer you primary care and

answers to follow-up care questions through the Centivo Care app. The app is available to you and your dependents at no cost.

You can receive help with:

- Diagnoses and treatments
- Prescription refills
- Scheduled video visits or live chat with a primary care physician
- In-network specialist referrals
- Answers to follow-up care questions



To learn more, <https://centivocare.com/sisc>.

Note: per IRS regulations, SISC members enrolled on an HSA plan must meet deductible before accessing \$0 visits.

Lantern

If you or a covered family member are diagnosed with cancer, you can receive treatment support through Lantern. This benefit provides:

- **Guided support:** A personal oncology nurse will partner with you through every step of your cancer journey.
- **Access to excellent care:** Cancer Care Direct gives you access to the top national cancer centers if needed.
- **Expert review and advice:** Cancer Care Direct can coordinate expert reviews of your diagnosis and treatment plan, to make sure you're getting the right care, at the right place, at the right time.



To learn more, visit <https://lanterncare.com> or call (855) 961-4533.

Lower Pricing for Certain Surgical Procedures

- Reference pricing for five common procedures that can be performed safely at an Ambulatory Surgery Center (ASC) at costs significantly lower than at a hospital are listed below.
- If you choose to have your procedure at an in-network outpatient facility, only the amounts below will be paid for the procedure. You will be responsible for paying the remaining amount in full.

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

Medical Benefits: Health Plan Perks

Anthem
Members

Carrum Health — No-Cost Hip, Knee, and Spine Surgical Options

- Anthem PPO plan members can access top-quality surgeons at Scripps with no out-of-pocket cost through Carrum Health.
- All medical bills, including deductibles, coinsurance and even travel expenses are covered.
- To learn more, call Carrum Health at **(888) 855-7806** or visit info.carrumhealth.com/sisc.

Hinge Health — Physical Therapy for Back and Joint Pain

- Anthem PPO plan members can receive free, personalized, digitally delivered therapy for back and joint pain.
- Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching, and personalized exercise therapy.
- Reduce your back and joint pain in just 15 minutes a day.
- To access your Hinge Health benefit, call **(855) 902-2777** or visit hingehealth.com/sisc.

Maven Maternity and Postpartum Support

Anthem PPO plan members can access virtual care for pregnancy and postpartum support through Maven at no cost. Use Maven for unlimited, on-demand care from doctors, specialists, and coaches.

- 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.
- Maven provides comprehensive support through pregnancy, postpartum, return-to-work transitions, and potential miscarriage.
- Video chat or message with 30+ types of providers at no charge, from OB-GYNs and Pediatricians to Lactation Consultants and Infant Sleep Coaches.
- Free 6-month diaper subscription when you:
 1. Enroll during the first or second trimester
 2. Have an intro call with a Care Advocate
 3. Have two appointments with Maven providers during pregnancy
 4. Complete the exit survey after your baby is born

InsureOne

Free Colorectal Screening for PPO Members Age 45+

Anthem PPO plan members have an annual opportunity to receive a free FIT test. This free, easy-to-use home test screens for lower gastrointestinal (GI) tract bleeding that may be caused by colorectal cancer or other lower GI disorders. Why sign up for this test?

- Colon cancer may start with no symptoms but is highly preventable.
- When caught early, the colorectal cancer 5-year survival rate is 90%. Only 4 of 10 instances are caught early.
- When caught at later states, the 5-year survival rate drops and individuals may have to receive chemotherapy, radiation therapy, and/or surgery.
- Request your free test at <https://my.questforhealth.com>. Register for an account using the registration key SISC2025. You can also call **(855) 623-9355**.



Medical Benefits: Health Plan Perks

Kaiser
Members

Chiropractic and Acupuncture Care

Kaiser members can access chiropractic and acupuncture care by following these simple steps:

- Find an ASH participating provider near you:
 - Go to ashlink.com/ash/kp, or call (800) 678-9133 (TTY711), Monday through Friday, from 5am to 6pm Pacific time
- Schedule an appointment and pay for your office visit when you arrive for your appointment

Mental Health & Wellness Apps

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

- **Calm** is the #1 app for meditation, mental resilience, and sleep — designed to help lower stress, reduce anxiety, and more. Kaiser Permanente members can access all the great features of Calm at no cost, including:
 - More than 100 guided meditations
 - Sleep Stories to soothe you into deeper and better sleep
 - Video lessons on mindful movement and gentle stretching
- **Headspace Care** (formerly known as Ginger) is available to all Kaiser members at no cost for up to 90 days. The Headspace app offers immediate 1 on 1 support for coping with many common challenges such as anxiety, stress, low mood, issues with work or relationships and more. With Headspace, you can:
 - Text with a coach anytime, anywhere, 24/7
 - Discuss goals, share challenges, and create an action plan with your coach
 - Get personalized, interactive skill-building tools from a library of more than 200 activities

Total Health Assessment

The Total Health Assessment can help you learn about health and lifestyle risks such as smoking and lack of exercise. With this confidential, no-cost resource, you'll answer some simple questions about their diet, exercise, and other health habits. After that, you'll get a personalized health summary to help them set and reach their health goals. To access this benefit, visit kp.org/tha.

One Pass Select Affinity from Optum

One Pass Select Affinity is a subscription-based fitness membership to help meet health goals.

- Employees choose the plan that fits their needs, with competitive pricing starting at \$10 a month.
- 19,000 gym locations and boutique studios with unlimited access to all locations within each selected tier.
- 23,000+ on demand and livestreamed fitness classes through web, app, and TB, plus an AI workout builder tool.
- Digital challenges and communities, activity and progress tracking, and digital coaching that adapts to member feedback.
- No contracts, easy cancellation, family options, and the ability to change tiers monthly make signing up smooth for employees.
- Groceries and household essentials delivered directly to your door from Walmart+ and Shipt.

Getting started is easy. You simply need to:

1. Go to healthy.kp.org/health-wellness/fitness-offerings
2. Click "Learn more about One Pass Select Affinity"
3. Sign in to Kp.org
4. Click the link to visit the One Pass Select Affinity website
5. Follow the prompts to set up a new account
6. Choose a membership tier and check out

Subscribers to Classic and higher tiers will bring their One Pass Select Affinity member code to any participating location and the staff will set up their membership for all future visits.

Medical Benefits: Tips

Tips on Getting the Most from Your Health Benefits

1 Ask Questions

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

2 Utilize Your Free Preventive Care Benefits to Stay Healthy

Preventive care benefits are covered at no charge to you. Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and most importantly... potentially save your life! Take advantage of these no cost benefits now to hopefully avoid major illnesses and costs in the future.

3 Get the Right Health Care and Save Money

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

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

4 Use Generic Drugs When Available

Anthem Blue Cross

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

Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established, frequently used medications that do not require expensive advertising. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

Kaiser Permanente

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

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

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

The FSA Can Help You Save Money on Your Health Care Expenses

When you use your Flexible Spending Account (see page 28) to pay for eligible, unreimbursed medical, dental and vision care expenses, you reduce your taxable income and can save money on taxes.

Dental Benefits

Delta Dental | PPO Plan

This plan gives you the freedom and flexibility to use the dentist of your choice. When you access care from a dentist who participates in the Delta Dental PPO network, your out-of-pocket expenses will be less. If you obtain services from a non-network dentist, you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims in order to be reimbursed.

Delta Dental | PPO Incentive Plan

With the PPO 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, coverage will drop back to 70%.

	Delta Dental PPO \$2,000 with Orthodontic		Delta Dental PPO Incentive \$2,000 with Orthodontic	
	PPO/Premier Network	Non-Network	PPO Network	Premier/Non- Network
Calendar Year Maximum	\$2,000	\$1,000	\$2,500	\$2,000
Deductible (Annual) – Individual / Family	N/A	\$25 / \$75	N/A	N/A
Dental Benefits	You Pay	You Pay	You Pay	You Pay
Preventive – Exams, X-Rays, Cleanings	No charge	50%	30%-0%	30%-0%
Basic Services – Fillings, Oral Surgery, Endodontics, Periodontics	No charge	50% after deductible	30%-0%	30%-0%
Major Services – Crowns, Inlays, Onlays, Cast Restorations	No charge	50% after deductible	30%-0%	30%-0%
Prosthodontics – Bridges, Dentures, Implants	50%	50% after deductible	50%	50%
Orthodontia – Covered Members – Lifetime Benefit Maximum	Adults & dependent children covered at 100%. Lifetime Benefit Maximum of \$1,500 per person		Adults & dependent children covered at 100%. Lifetime Benefit Maximum of \$1,500 per person	

Note It is recommended you ask your dentist for a predetermination if total charges are expected to exceed \$300. This enables you and your dentist to know in advance what the payment will be for any service that may be in question.



How to Find an In-Network Dental Provider

Go to www.deltadentalins.com or call (866) 499-3001. PPO participants should refer to the PPO network, and PPO Incentive participants should refer to the Premier or PPO network when prompted.

Dental Benefits

Delta Tele-Dentistry Toothpic*

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

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

A virtual dental screening is covered as a diagnostic exam and will count towards diagnostic exam frequency limitations. Toothpic's app is HIPAA-compliant, and all health information stored and sent through the app is encrypted, safe and secure. For more information visit deltadental.toothpic.com.

Delta Dental—Virtual Consultant*

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

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

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

Visit deltadentalvirtualconsult.com for more information and to learn how to download and use Virtual Consult.

* Important Note

These alternative dental care options are available to those enrolled in a Delta PPO plan. They count as one of your in-person annual exams and cost sharing may apply. This coverage is subject to any applicable maximums and deductibles.

SmileWay Program*

Oral health issues can exacerbate other medical conditions, including heart disease. If you have medical conditions that affects your oral health, Delta Dental's SmileWay program can help support your good health with free access to additional teeth and gum cleanings. To be eligible for SmileWay, you must be diagnosed

- | | | | |
|---------------------------------|------------|-----------------------|--------------------------|
| • Amyotrophic lateral sclerosis | • Diabetes | • Cancer | • Chronic kidney disease |
| • Huntington's disease | • Stroke | • Heart Disease | • HIV/AIDS |
| • Opioid misuse and addiction | • Lupus | • Joint replacement | • Rheumatoid Arthritis |
| • Sjogren's syndrome | | • Parkinson's disease | |

SmileWay benefits includes 100% coverage for one scaling and root planning procedure per quadrant and 100% coverage for four of the following in any combination:

- Prophylaxis
- Periodontal maintenance procedure
- Scaling in the presence of moderate or severe gingival inflammation

To learn more about SmileWay, visit www1.deltadentalins.com/members/smileway-wellness-benefits.html.

* This coverage is subject to any applicable maximums and deductibles under the terms and conditions outlined in your plan's Evidence of Coverage.

Vision Benefits - VSP

Vision Service Plan (VSP) PPO Vision Plan

The VSP vision plan provides professional vision care and high-quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you use a non-network provider, you will be responsible for paying all charges at the time of your appointment and will be required to file an itemized claim with VSP Vision.

Vision Service Plan (VSP) PPO	
	In-Network
Examination (Once every 12 months)	No charge
Eyeglasses	You Pay
Lenses (Once every 12 months)	No charge
– Single Vision	No charge
– Bifocal	No charge
– Trifocal	No charge
Frames (Once every 24 months)	You pay any costs above the \$150 allowance*
Contact Lenses	You Pay
Medically Necessary Contact Lenses (Once every 12 Months)	You pay any costs above the \$150 allowance (increases to \$180 allowance on 1/1/26)
In Lieu of Frames and Lenses	Benefits
Other Vision Care Services	<ul style="list-style-type: none"> Covered-in-full retinal screening (digital imaging of the inside of the eye) for members with diabetes who do not have diabetic eye disease. These retinal photographs help your doctor establish a baseline to monitor and track changes in your eyes over time. Treatment for dry eye, pink eye, eye injury and foreign body removal Exams and services to diagnose and monitor glaucoma and cataracts Tests to diagnose sudden vision changes Frame allowance benefit can be used for Non-prescription sunglasses or blue light filtering glasses .
Primary Eyecare Plan	
Laser Vision Correction	Discounts apply

*Frame allowance increases from \$150 to \$180 effective 1/1/26



How to Find an In-Network Vision Provider

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

Discounted Hearing Aids for OSD VSP Plan Members

All members enrolled in the OSD Vision Service Plan (VSP) have access to discounted hearing aids through TruHearing:

- Use your \$700 hearing aid allowance through Anthem Blue Cross or Kaiser Permanente to purchase hearing aids.
- 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.
- Call (866) 754-1607 for more information.

Vision Benefits - XP Health

SISC XP Health Vision Discount Plan

SISC is pleased to offer a NEW vision plan called XP Health Vision Discount Plan. This unique offering provides you significant savings on prescription eyewear and contact lenses.

Step 1: Get an annual exam from an XP Health Vision plan provider to assess your eye health and to receive an eyewear prescription.

Step 2: Go to xp.health.com/sisc to set up a free account and order eyewear online at wholesale prices. Use the websites free tools to help you choose the frames that feel good and help you look your best:

- Face scan and AI recommendation technology,
- Augmented Reality try-on, and
- Home try-on

Frames

You can order up to two frames per year and when you choose frames, your options include:

- 800+ premium frames available at \$0 cost to you
- 1,800+ designer frames available for \$50 - \$125
- 400+ luxury frames available for \$75 - \$225

Lenses

Up to two pairs of single, bi-focal and tri-focal durable polycarbonate lenses are provided at no cost to you. You can upgrade to premium progressive lenses for a \$95 copay. One pair of lenses can be for sunglasses.

Several lenses coatings are provided at no cost to you, including UV protection, advanced anti-glare protection, dust, smudge, water, and scratch resistance, and advanced blue/violet light protection.

You can also purchase lenses upgrades as follows:

- Photochromic lenses (transition): \$75
- Tinted lenses: \$30
- High index lenses (1.67): \$30
- High index lenses (1.74): \$60

Learn more about the XP Health Vision Discount plan and different brands of frames available to you at <https://www.flipsnack.com/burnham/sisc-xp-health-vision-discount-plan/full-view.html>

Contact Lenses

You can purchase an annual supply of contact lenses at wholesale pricing in addition to frames.

[Learn More and Take Advantage of Your XP Health Vision Discount Benefits](#)

Chat and sign up at xp.health.com/sisc. You can also email at concierge@xphealth.com.



Income Protection Benefits

Life and AD&D Insurance

Mutual of Omaha Basic Life and AD&D Insurance

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the OSD. Accidental Death and Dismemberment (AD&D) coverage provides an additional benefit to your beneficiary if your death is due to a covered accident or injury. Oxnard School District pays for Life and AD&D coverage, offered through Mutual of Omaha, to eligible employees to a maximum benefit of \$10,000. Spouse and Dependent Children for 6 months to 26 years of age have a maximum benefit of \$1,500.

Mutual of Omaha Voluntary Life and AD&D Insurance

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

- Employee: You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of \$500,000, not to exceed 5 times your annual salary.
- Spouse: If you buy coverage for yourself, you may also purchase coverage for your eligible spouse. Benefits for your spouse are available in increments of \$5,000 up to a maximum benefit of \$250,000, not to exceed 100% of your employee election.
- Child(ren): If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren) in the following amounts: \$10,000.

Guarantee Issue

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

- Employee: The lesser of 5x your annual salary or \$150,000
- Spouse: \$50,000
- Child(ren): Entire benefit amount

If you are no longer in your initial eligibility period, you may enroll in Voluntary Life and AD&D insurance during open enrollment of each year with an effective date of October 1st, if approved. You will need to complete Mutual of Omaha's proof of good health (evidence of insurability). To provide proof of good health, you will be asked to complete a health questionnaire and are subject to insurance carrier approval. Mutual of Omaha may approve or decline coverage based on a review of your health history.

Oxnard School District has an annual increase period during open enrollment of each year with an effective date of October 1 which allows employees already enrolled in voluntary life insurance to increase an additional \$20,000 for the employee without an EOI. This increase CANNOT BE OVER Guaranteed Issue Amount

Choosing a Beneficiary

A beneficiary is a person or entity who you designate to receive your death benefits. Choosing a beneficiary and keeping your beneficiary up to date is an essential part of owning life insurance. Please remember to review your beneficiary designation as new situations arise, such as the birth or adoption of a child, marriage, or divorce.



Voluntary Insurance Plans

You have the opportunity to customize your coverage through voluntary insurance plans provided through American Fidelity.

Short Term Disability (STD) Insurance

Short Term Disability Insurance provides income replacement if you become disabled due to accident, sickness or pregnancy.

Long Term Disability (LTD) Insurance

This plan provides income replacement if you become disabled for an extended period of time.

Group Critical Illness Insurance

This benefit is designed to pay a cash benefit directly to you if diagnosed with a life-altering illness such as a stroke or heart attack.

Accident Only Insurance

Accident Only Insurance provides 24-hour coverage for accidents that occur both on and off the job and can help offset your medical expenses.

Cancer Insurance

This plan makes benefit payments directly to you if you are diagnosed for cancer; you can use cash for copays, hospital stays, or even house and car payments.

Life Insurance,

You can protect your loved ones with either Term Life and Whole Life Insurance or both.

403(b) Plan

You can save money and reduce your taxable income by deducting pre-tax deductions directly from your paycheck to fund your retirement account.

To Learn More About the Voluntary Plans

For information regarding your voluntary insurance plans, please contact your American Fidelity Account Manager, Anthony Magallanes at [\(951\) 200-5573](tel:9512005573).

Tax Savings Benefits

Health Savings Accounts

For 2-Tier HSA \$5,000 Plan Members Only

What is an HSA?

A Health Savings Account, also known as an HSA, is a tax savings account that can be funded with tax-exempt dollars by you, a family member or anyone else on your behalf. When you contribute to an HSA, your taxable income is lowered and your take-home pay may increase. Interest and investment earnings on HSA funds are generally tax-free.

You can open up a HSA bank account with any financial institution of your choice. Money from the HSA can help pay for eligible medical expenses not covered by the Anthem or Kaiser Permanente, including the deductible and coinsurance. See www.irs.gov for a full list of eligible expenses. You can only have this account if you are enrolled in a qualified high deductible plan such as Oxnard School District's Anthem 2-Tier HSA \$5,000 Plan.

Who's Eligible

You're eligible to open an HSA if:

- You enroll in a qualifying high-deductible health plan such as the 2-Tier HSA \$5,000.
- Your **only** coverage is a high-deductible health plan. If you are covered under your spouse's plan and that plan is not a high-deductible plan, you are not eligible to contribute to an HSA.
- You are not covered by a traditional Health Care Flexible Spending Account (FSA) through your spouse.
- You have not signed up for Medicare coverage.

HSA Maximum Contributions

In 2025 the maximum HSA contribution is \$4,300. for an individual and \$8,550 for a family. You can contribute an additional \$1,000 if you are age 55+.

Important HSA Facts

Pay Healthcare Expenses

Each time you have a qualified health expense, you decide whether to:

- Pay out of your pocket and let your HSA grow, earning interest for future eligible expenses (e.g., medical expenses during retirement).
- Use your HSA to pay for eligible medical expenses such as your annual deductible and coinsurance. Your HSA can also help pay for vision care, dental care and prescription drugs. (For a complete list of eligible expenses, visit www.irs.gov.)

HSA Accounts are Portable

Any money in your HSA that you don't spend rolls over from year to year. If you change jobs, switch to another medical plan or even retire, your HSA and the money in it is yours to keep. You can choose to save it to pay for eligible health care expenses tax-free in retirement.



Learn How Health Savings Accounts (HSAs) Work

Watch this quick video to understanding how HSAs work: <http://video.burnhambenefits.com/hdhp>.

Tax Savings Benefits

Health Savings Accounts

Anthem Blue Cross HSA Medical Plan

The 2-Tier HSA \$5,000 plan meets the requirements of a High Deductible Health Plan with the Internal Revenue Code and is designed to be compatible for use with a Health Savings Account (HSA). With the Health Savings Account plan, you can pay for qualified healthcare expenses now and grow your savings for future healthcare needs. This plan combines a High Deductible Health Plan (HDHP) with a special, tax-qualified Health Savings Account (HSA). You can contribute tax-free money to your HSA up to IRS maximums. Unlike a Flexible Spending Account, your account balance carries over from year to year.

	Eligibility, Funding & Taxation	
	Flexible Spending Account	Health Savings Accounts
Description	Created under a 125 Cafeteria Plan to reimburse employees for qualified medical expenses	A tax-exempt employee account established to pay for qualified medical expenses
Who is Eligible?	Any employee who is eligible for health coverage which is not an excepted benefit; subject to employer-designed exclusions	Employee / Individual covered by HDHP & no other non-HDHP coverage
Who Can Create an Account?	Employer	Employer or Individual
Who Funds It?	<ul style="list-style-type: none">Employee salary reduction dollarsEmployer	<ul style="list-style-type: none">IndividualEmployee salary reduction dollarsEmployer
Who Can Contribute?	Employer, Employee, or Both	
Maximum Contribution Level	2025 Maximum Contribution <ul style="list-style-type: none">\$3,300	2025 Maximum Contribution <ul style="list-style-type: none">Individual—\$4,300/ Family—\$8,550
Catch-Up Contributions	Not allowed	Allowed for ages 55 and older until enrolled in Medicare at age 65 — \$1,000
Interest and Earnings	None	Yes; earnings are tax free if used for qualified medical expenses
Distributions for Non-Medical Expenses (Including Cash-Outs)	Not Allowed	Subject to tax & 20% penalty (w/certain exceptions)



Tax Savings Benefits

Flexible Spending Accounts

FSA Plan Year: January 1 - December 31

Flexible Spending Accounts (FSAs) are special tax-advantaged accounts used to pay for eligible out-of-pocket health care and dependent care expenses. If elected, your account(s) will be funded with tax-free dollars using convenient payroll deductions. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. If you are using your debit card, you must save your receipts, just in case American Fidelity needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

American Fidelity | Health Care FSA

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. You may defer up to \$3,400 pre-tax per year.

Eligible health care expenses include:



Coinsurance,
Copays and
Deductibles



Medical and
Prescriptions



Dental
and
Orthodontia



Eye Exams,
Eyeglasses and
Lasik Eye
Surgery

American Fidelity | Dependent Care FSA

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to \$5,000 pre-tax per year.

Eligible dependent care expenses include:



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



Adult daycare facilities

Important FSA Rules

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

Your FSA elections will expire each year on December 31st. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.

Health Care FSA

You must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year.

Important Note for HSA Medical Participants:

If you enroll in the HSA Medical Plan and contribute to your HSA account, you may only participate in the Health Care FSA to cover out-of-pocket Dental and Vision expenses through the Limited Purpose Plan.

Dependent Care FSA

Unused funds will NOT be returned to you or carried over to the following year. You must file claims by December 31st of the plan year.

Tip!

If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.



Learn About FSAs

Click to learn more about how Health Care and Dependent Care FSAs work:

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

Retirement Savings Benefits

403(b) and 457(b) Plans

Oxnard School District provides all employees with the opportunity to build savings for long term financial goals, such as retirement. You are eligible to contribute to the 403(b) and 457(b) plans starting at date of hire. To enroll in either or both plans you will contact Schools First Credit Union:

- Visit <https://schoolsfirstfcu.org/> or call for (800)462-8328 for information on establishing a 403(b) and/or 457(b) account, and
- Go to <https://www.schoolsfirstfcu.org/products/just-for-school-employees/retirement-plan-administration/districts-we-serve/ventura-county/> to download a Salary Amendment Agreement Form (SAA). Please fill out the SAA form and take it to the payroll department for processing. Entries completed by the 10th of the month will be processed for that month. Entries completed after the 10th will be processed for the following month.

For additional information with account setup, fund transfers from other districts and help with forms call (800) 462-8328.

Please note: Your account must be open prior to establishing payroll deductions.

	403(b) Plan		457(b) Plan
	Traditional Option	Roth Option	Traditional Option Only
Benefit	Save for your future with pre-tax dollars	Save for your future with after-tax dollars	Save for your future with pre-tax dollars
Tax Advantages	Your contributions are tax-free and lower your taxable income now You pay tax on your contributions and investment earnings when you withdraw your funds during retirement	Your contributions are made with after-tax dollars When you withdraw funds during retirement, you do not pay taxes on your contributions; however investment earnings may be subject to State income tax	Your contributions are tax-free and lower your taxable income now You pay tax on your contributions and investment earnings when you withdraw your funds during retirement
Annual Contribution Limit—Separate IRS Maximum Contribution Limits for the 403(b) and 457(b) Plans	Up to 100% of eligible earnings up to the IRS maximum (Traditional and Roth options combined)		Up to 100% of eligible earnings up to the IRS maximum
Plan Investments	You choose how to invest your retirement savings. The District's third party administrator is TDS. A variety of investment options are available, as well as free investment consultations.		
Rollovers	You have the option to rollover qualified retirement plans.		
Loans	You have the option to take a loan if you wish. Please note that loan payments are made with after-tax money, and when you withdraw 403(b) or 457(b) funds during retirement, they will be subject to tax again at that time.		

Important Note

Separate contribution limits for the 403(b) and 457(b) plans allow you to boost your retirement savings significantly. Key points to consider include:

- The pre-tax options offered under the 403(b) and 457(b) plans help you reduce your taxable income now and pay less in taxes. (You pay taxes on those funds when you withdraw them.)
- When you utilize the Roth option by saving for retirement with after-tax dollars, you will not have to pay Federal income tax on your earnings when you withdraw them. Investment earnings **may** be subject to State income tax.

Resources and Contacts

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact Norma Magana, Risk Manager at nmagana@oxnardsd.org.

Medical	Phone	Website
Anthem Member Services	(800) 825-5541	www.anthem.com/ca/sisc
Navitus Member Services (Pharmacy)	(866) 333-2757	www.navitus.com
Costco-Pharmacy (Anthem plans only)	(800) 774-2678 (find location; press 1)	N/A
Kaiser Member Services	(800) 464-4000	www.kp.org
Additional Health Benefits Provided by SISC		
Quest Wellness Screening	(855) 623-9355	My.QuestForHealth.com Registration Key: SISC2025
Teladoc Expert Medical Opinions (Anthem and Kaiser)	(855) 201-9925	www.teladoc.com/SISC
Vida Therapy and Health Coaching (Anthem)	(855) 442-5885	www.vida.com/sisc
MDLIVE Member Services (Anthem)	(888) 632-2738	www.mdlive.com/sisc
Lark Diabetes Prevention Program (Anthem)	n/a	www.lark.com/anthembc
Lantern Cancer Care	(855) 961-4533.	https://lanterncare.com
Carrum Health (Anthem)	(888) 855-7806	www.my.carrumhealth.com/sisc
Hinge Back and Joint Health (Anthem)	(855) 902-2777	www.hingehealth.com/sisc
Maven Maternity and Postpartum Program (Anthem)	n/a	www.mavenclinic.com/join/sisc
SISC III COBRA Administration (Anthem and Kaiser)	(661) 636-4214	N/A
Dental		
Delta Dental Member Services	(866) 499-3001	www.deltadentalins.com
Vision		
Vision Service Plan (VSP) Member Services	(800) 877-7195	www.vsp.com
Employee Assistance Plan		
Member Services	(800) 999-7222 (program name: SISC)	www.anthemead.com
Basic Term Life, AD&D Insurance, and Voluntary Term Life		
Mutual of Omaha Member Services	(800) 775-8805	www.mutualofomaha.com
Flexible Spending Account & Income Protection Benefits		
American Fidelity Member Services	(800) 365-9180 or (800) 662-1113	www.americanfidelity.com

Important Information

The Affordable Care Act and You

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

You may consider these options below to satisfy this requirement:

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

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



Learn More about the Affordable Care Act

For more information, visit these links:

- www.healthcare.gov
- <https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/model-notice-for-employers-who-offer-a-health-plan-to-some-or-all-employees.pdf>

Annual Notices

Various state and federal laws, require that employers provide disclosure and annual notices to their plan participants. The Oxnard School District has posted all federally-required annual notices on the *ease* portal in Spanish and English for you to download and read at your convenience.

The following is a list of the annual notices:

- Medicare Part D Notice of Creditable Coverage
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program
- HIPAA Notice of Privacy Practices
- Summary of Benefits and Coverage (SBC)
- Form to Revoke a Personal Representative—(SISC)





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

Learn more at www.baldwin.com

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the district's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Risk Management Department.