



Retiree Benefits Guide

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MEMBERS, PERSONNEL COMMISSION
UNDER & OVER 65 RETIREES

2024 - 2025

Welcome to Your Oxnard School District Retiree Benefits!

This guide provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact **Risk Management / Benefits Department** at **(805) 385-1501 ext. 2241 (last name alpha A-L), or 2442 (last name alpha M-Z)**.

3 | Enrollment Information

- Who May Enroll
- Required Enrollment Documentation
- When You Can Enroll
- Changes to Enrollment
- 75% Medical Premiums
- Plan Eligibility by Retiree Status

5 | Medicare Requirements

- Important Medicare Guidelines
- Important Carrier Information
- Missing Medicare Surcharge
- Options for Retiree and/or Spouse/ Domestic Partner

6 | Medical Benefits

- Retirees Under Age 65
 - Anthem Blue Cross Plans
 - Kaiser Permanente Plans
- Retirees Over Age 65
 - Anthem Blue Cross PPO
 - Kaiser Permanente Senior Advantage Plan
 - CompanionCare Medicare Supplement Plan

11 | Health Plan Perks

- “Benefit Extras” for **All SISC** Retirees
 - SISC: Quest Wellness Screening
 - SISC: Teladoc: Expert Second Opinion
 - SISC: Active & Fit
 - SISC: Anthem Employee Assistance Program
- Benefit Extras” for **CompanionCare** Retirees Age 65+
 - SISC: Silver&Fit
- “Benefit Extras” for **Anthem** Retirees Under Age 65 Only
 - SISC: Vida Digital Coaching
- “Benefit Extras” for **Anthem PPO** Retirees Under Age 65
 - SISC: Eden Health App
 - SISC: MDLive
 - SISC: Contigo Health Cancer Benefit
 - SISC: Lower Pricing for Certain Surgical Procedures
 - SISC: Lark Diabetes Prevention Program
 - SISC: Hinge Health
 - SISC: Carrum Health—N-Cost Hip, Knee, and Spine Surgical Options
 - SISC: Maven Maternity and Postpartum Support

18 | Health Plan tips

- *Tips on Getting the Most from Your Health Plan Benefits*

19 | Dental Benefits

- **Delta Dental** PPO Dental Plan
- **Delta Dental** PPO Dental Incentive Plan
- Additional Dental Benefits

22 | Vision Benefits

- **Vision Service Plan (VSP)** PPO Vision Plan

23 | Hearing Aid Benefit

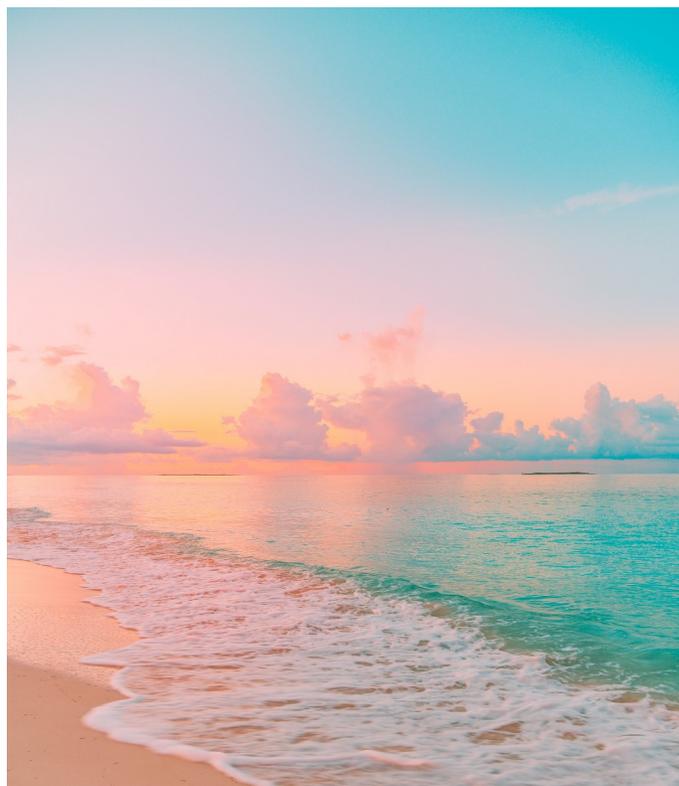
- **Kaiser KPSA:** HEARx
- **Delta Dental:** Amplifon
- **VSP:** TruHearing

24 | Resources and Contacts

- Carrier Contact Information

25 | Important Information

- The Affordable Care Act and You
- Annual Notices



Enrollment Information

Who May Enroll

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

- Legally married spouse
- Surviving spouse/domestic partner. Domestic partners must be registered with the state of California in order to be eligible for the SISC plans
- Legal Guardianship up to age 18
- Children, step children and/or adopted children up to age of 26, regardless of student or marital status

Required Enrollment Documentation

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

- 1040 Tax Form (most recent year)
- 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

When You Can Enroll

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

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

Changes to Enrollment

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

- Marriage, divorce, legal separation or annulment
 - *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 dependent
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP
- Becoming eligible for State premium subsidy (MediCal) care

Retirees must maintain continuous enrollment or forfeit future enrollment rights permanently with SISC.

Important Note: Please note that coverage for a new dependent is not automatic. If you experience a qualifying event, you have **30 days** to update your coverage. Please contact Risk Management immediately following a qualifying event to complete the appropriate election forms as needed. As a retiree, if you do not update your coverage within 30 days from the qualifying event, you will not be able to add coverage for your spouse or dependent in the future.

Enrollment Information

Plan Eligibility by Retiree Status

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

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

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

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

Medicare Requirements

Important Medicare Guidelines

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

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

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

Important Carrier Information

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

2024-2025 Missing Medicare Surcharge	
Missing Part A	\$650
Missing Part B	\$650
Missing Parts A and B	\$1,300



Medical Benefits

Medical Insurance

Anthem Blue Cross PPO Medical Plan

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

Kaiser Permanente HMO Medical Plan

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



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 requests a brand name drug when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand name drug and the generic drug. In addition, the difference in cost between the brand name drug and generic drug will not count toward your annual out-of-pocket maximum.

Costco Retail Pharmacy and Mail Order Program

Costco makes it easy for SISC Anthem Blue Cross PPO members to receive a 90 day supply of your long-term or maintenance medications. In addition, when you use the Costco pharmacy, your generic medications will be free of charge. Visit any Costco retail location or use the mail order feature and benefit by having your prescriptions delivered to your door, saving you a trip to the pharmacy. Here's how it works:

- Take your prescription to any Costco pharmacy. You do not need to be a Costco member.
- Present your insurance card to the pharmacist.
- Get your generic medications (excluding some narcotic pain medications and some cough medications) for free. You will pay \$35 for a 30 day supply of brand name drugs or \$90 for a 90 day supply of brand name drugs.

Kaiser Permanente | Pharmacy Benefits

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

Medical Benefits (Retirees Under Age 65)

	Anthem PPO 90-G \$20, Rx 9-35	Anthem PPO 80-K \$30, Rx 9-35
	In-Network	In-Network
Lifetime Maximum Benefit	Unlimited	Unlimited
Calendar Year Deductible - Individual / Family	\$500 / \$1,000	\$1,000 / \$2,000
Co-Insurance (Plan Pays)	90%	80%
Out-of-Pocket Maximum - Individual / Family	\$1,000 / \$3,000	\$3,000 / \$6,000
Health Benefits		
Office Visit Copay - Primary Care Physician - Specialist Office Visit	\$20 Copay*	\$30 Copay*
Hospitalization - Inpatient / Outpatient	Ded, 10%	Ded, 20%
Lab and X-Ray	Ded, 10%	Ded, 20%
Emergency Services	\$100 Copay, then Ded, 10%	\$100 Copay, then Ded, 10%
Urgent Care	\$20 Copay	\$30 Copay
Preventive Care (annual exams, flu shots etc.)	100% covered	100% covered
Chiropractic (subject to medical necessity)	Ded, 10%	Ded, 20%
Pharmacy Benefits		
Pharmacy Deductible - Individual / Family	\$0	\$0
Out of Pocket Maximum	\$2,500 / \$3,500	\$2,500 / \$3,500
Retail Pharmacy - Generic Formulary - Brand Name Formulary - Costco (30 day) - Generic-Brand	\$9 Copay \$35 Copay \$0 / \$35	\$9 Copay \$35 Copay \$0 / \$35
Mail Order Pharmacy - Generic Formulary—Costco - Brand Name Formulary-Costco - Specialty Copay (Navitus Mail-In)	\$0 Copay \$90 Copay \$35 Copy / 30 days	\$0 Copay \$90 Copay \$35 Copy / 30 days
12-Month Rates		
Option 1: Delta Dental PPO, Vision Employee / Employee +1 / Family Rate	\$1,648.30 / \$1,713.00 / \$1,764.10	\$1,448.30 / \$1,513.00 / \$1,564.10
Option 2: Delta Dental Incentive, Vision Employee / Employee +1 / Family Rate	\$1,652.50 / \$1,721.00 / \$1,768.50	\$1,452.50 / \$1,521.00 / \$1,568.50

Premiums for health coverage are district paid for retirees who are under the age of 65/69 provided they meet the retiree employment requirements.

Medical Benefits (Retirees Under Age 65)

	Kaiser Permanente HMO \$30, RX \$10-30	Kaiser Permanente DHMO \$1,000
	In-Network	In-Network
Lifetime Maximum Benefit	Unlimited	Unlimited
Calendar Year Deductible		
- Individual	\$0	\$1,000
- Family	\$0	\$2,000
Co-Insurance (Plan Pays)	100%	80%
Out-of-Pocket Maximum		
- Individual	\$1,500	\$3,000
- Family	\$3,000	\$6,000
Health Benefits		
Office Visit Copay		
- Primary Care Physician	\$30 Copay	\$20 Copay
- Specialist Office Visit	\$30 Copay	\$20 Copay
Hospitalization		
- Inpatient	100% covered	Ded, 20%
- Outpatient	\$30 Copay	Ded, 20%
Lab and X-Ray	100%	\$10
Emergency Services	\$100 Copay	Ded, 20%
Urgent Care	\$30 Copay	\$20 Copay
Preventive Care (annual exams, flu shots, etc.)	100% covered	100% covered
Chiropractic & Acupuncture Benefit	\$10 Copay Max 30 Visits/Year	\$10 Copay Max 30 Visits/Year
Pharmacy Benefits		
Pharmacy Deductible		
- Individual	\$0	\$0
- Family	\$0	\$0
Retail Pharmacy		
- Generic Formulary	\$10 Copay	\$10 Copay
- Brand Name Formulary	\$30 Copay	\$30 Copay
- Specialty Items	\$30 Copay	\$30 Copay
- Costco	n/a	n/a
12-Month Rates		
Option 1: Delta Dental PPO, Vision		
Employee / Employee +1 / Family Rate	\$1,648.30 / \$1,713.00 / \$1,764.10	\$1,448.30 / \$1,513.00 / \$1,564.10
Option 2: Delta Dental Incentive, Vision		
Employee / Employee +1 / Family Rate	\$1,652.50 / \$1,721.00 / \$1,768.50	\$1,452.50 / \$1,521.00 / \$1,568.50

Premiums for health coverage are district paid for retirees who are under the age of 65/69 provided they meet the retiree employment requirements.

Medical Benefits (Retirees Over Age 65)

	Anthem Blue Cross 100-A \$0 PPO Network	Kaiser Permanente Senior Advantage HMO Network
Calendar Year Deductible	None	None
Out-of-Pocket Maximum ¹	\$1,000 Individual / \$3,000 Family	\$1,500
Health Benefits		
Office Visits	\$0 Copay	\$25 Copay
Inpatient Hospitalization ²	Deductible, 0%	\$500 per admission
Ambulatory Surgery Center ²	Deductible, 0%	\$25 per procedure
Diagnostic Lab and X-Ray	Deductible, 0%	No Charge
Emergency Services	\$100 Copay,	\$50 Copay per visit
Urgent Care	\$0 Copay	\$25 Copay
Preventive Care (annual exams, well woman exams, flu shot, etc.)	100% covered	100% covered
Physical Therapy, Occupational Therapy, Chiropractic Services ²	Deductible, 0%	\$25 Copay
Acupuncture (12 Visits/Year)	Deductible, 0%	\$10 Copay
Durable Medical Equipment ²	Deductible, 0%	
Mental Health / Substance Abuse - Inpatient ² - Outpatient	Deductible, 0% Deductible, 0%	\$500 per admission \$25 Copay per procedure
Pharmacy Benefits*		
Pharmacy Deductible	None	None
Out-of-Pocket Maximum	\$2,500 Individual / \$3,500 Family	None
Pharmacy Copay (Retail)		
- Generic Drug	\$0 Copay	\$10 / \$20 / \$30 Copay
- Brand Name Drug	\$35 / \$105 Copay	\$25 / \$50 / \$75 Copay
- Supply Limit	30-90 Days	30-100 Days
- Mail Order — 30-90 day supply	\$0 / \$90	
12-Month Rates		
Option 1: Medical, Delta Dental PPO, Vision		
- Single	\$643.30	\$230.30
- Two-Party	\$1,287.00	\$461.00
- Family	\$1,703.10	\$960.10
Option 2: Medical, Delta Dental Incentive, Vision		
- Single	\$647.50	\$234.50
- Two-Party	\$1,295.00	\$469.00
- Family	\$1,707.50	\$964.50

Premiums for health coverage are district paid for retirees who are under the age of 65/69 provided they meet the retiree employment requirements.

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

² Subject to utilization review or medical necessity.

Medical Benefits (Retirees Over Age 65)

CompanionCare Medicare Supplement Plan

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

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

	CompanionCare Medicare Supplement Plan	
	2024 Medicare	2024 CompanionCare
Health Benefits		
Inpatient Hospital (Part A)	Pays all but first \$1,632 for 1st 60 days	Pays \$1,632
	Pays all but \$408/day for the 61st-90th day	Pays \$408 a day
	Pays all but \$816 a day Lifetime Reserve for 91st to 150th day	Pays \$816 a day
	Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage)	Pays 100% after Medicare and Lifetime reserve are exhausted up to 365 days per lifetime
Skilled Nursing Facilities (must be approved by Medicare)	Pays 100% for 1st 20 days	Pays nothing
	Pays all but \$204/day for 21st—100th day	Pays \$204 a day for 21st—100th day
	Pays nothing after 100th day	Pays nothing after 100th day
Deductible (Part B)	\$240 Part B deductible per year	Pays \$240
Basis of Payment (Part B)	80% Medicare Approved (MA) charges after Part B deductible	20% MA charges including 100% of Medicare Part B deductible
Medical Services (Part B) - Doctor, x-ray, appliances and ambulance - Laboratory	80% MA charges 100% MA charges	20% MA charges Pays nothing
Physical/Speech Therapy (Part B)	80% MA charges up to the Medicare annual benefit amount	20% MA charges up to the Medicare annual benefit amount (PT & ST combined)
Blood (Part B)	80% MA charges after 3 pints	Pays 1st 3 pints un-replaced blood and 20% MA charges
Travel Coverage (when outside the US for less than 6 consecutive months)	Not covered	Pays 80% inpatient hospital, surgery, anesthesiologist and in-hospital visits for medically necessary services for 90 days of treatment per lifetime
Pharmacy Benefits	Navitus Health Solutions	
Outpatient Prescription Drugs - Retail Pharmacy (30 day supply) - Mail Order / Costco (90 day supply)	\$9 generic / \$35 brand-name \$18 generic / \$90 brand-name	
12 Months Rates		
- Delta Dental PPO, Vision - Delta Dental Incentive, Vision	\$ 483.30 Employee Only / \$967.00 Employee + 1 \$ 487.50 Employee Only / \$975.00 Employee + 1	

Premiums for health coverage are district paid for retirees who are under the age of 65/69 provided they meet the retiree employment requirements.

Medical Benefits: Health Plan Perks

All SISC Medical Plan Retirees

New for 2024! Quest Wellness Screening: All SISC Retirees

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



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

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

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

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



Teladoc Expert Second Opinion: All SISC Retirees

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

All SISC Medical Plan Retirees

Active & Fit Direct Discounted Gym Memberships: All SISC Retirees

Active and Fit Direct allows you to enroll in 12,000+ participating fitness centers and YMCAs nationwide for only \$25/month (plus \$25 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>.



Anthem



Kaiser

MDLive: All SISC Retirees

Anthem plan members have access to MDLIVE visits for a \$10 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.
 - Kaiser members: kp.org/choosehealthy.



Medical Benefits: Health Plan Perks

CompanionCare Members (Retirees Age 65+)

Silver&Fit: CompanionCare Retirees Age 65+ Only

The Silver&Fit HealthyAging and Exercise program is available to all CompanionCare retirees age 65+. You may participate in any of the following at no cost to you (unless specified otherwise):



- **Get Started Program:** Answer a few online questions about your fitness level and goals to receive a personal exercise plan, including suggested workout videos.
- **8,000+ Digital Workout Videos:** Go to www.SilverandFit.com or download the Silver&Fit mobile app to view workout videos, perfect for all fitness levels.
- **Standard and Premium Fitness Network Choices:** participating fitness centers or select YMCAs, many with exercise classes for older adults. You also have access to 4,000+ Premium locations including fitness centers, studios, and unique fitness experiences for a buy-up price.
- **Healthy Aging Coaching:** Coaches will help you meet your fitness, nutrition, and lifestyle goals during scheduled phone sessions. You can create your own Healthy Aging Life Plan, choose areas to focus on, set goals and stay motivated!
- **Home Fitness Kits:** Pick your favorite kit once every benefit year (note: once selected, Home Fitness Kits cannot be exchanged)).
 - Fitbit Wearable Fitness Tracker Kit
 - Garmin Wearable Fitness Tracker Kit
 - Pilates Kit
 - Beginner Strength Kit
 - Intermediate Strength Kit
 - Advanced Strength Kit
 - Beginner Swim Kit
 - Advanced Swim Kit
 - Beginner Yoga Kit
 - Intermediate/Advanced Yoga Kit

To get started with Silver&Fit, visit www.silverandfit.com or call (877) 427-4788.



Medical Benefits: Health Plan Perks

Anthem PPO Retirees Under Age 65 Only

Vida Therapy and Health Coaching: Anthem Retirees Under Age 65 Only

- 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](https://www.vida.com/sisc).



Eden Health App: Anthem PPO Retirees Under Age 65 Only

Anthem PPO plan members have free, 24/7 access to a Care Team who works together to offer you primary care, mental health support, and answers to follow-up care questions through the Eden Health 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
- Special referrals
- Mental health support

Simply download the Eden Health app from the App Store or Google Play and register.



The App Store



Google Play

Medical Benefits: Health Plan Perks

Anthem PPO Retirees Under Age 65 Only



Contigo Health — Enhanced Cancer Benefit:

Anthem PPO Retirees Under Age 65 Only

- Anthem PPO plan members can access the highest level of cancer specialists and obtain expert comprehensive care throughout the process.
- Benefit includes care coordination services with at home provider, transportation, and more.
- To access your Enhanced Cancer Benefit, call **(877) 220-3556** or visit sisc.contigohealth.com.

Lower Pricing for Certain Surgical Procedures:

Anthem PPO Retirees Under Age 65 Only

- 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.
- There is no benefit limit when you obtain these procedures at an in-network Ambulatory Service Center.
- For questions, please contact the customer service number on your medical ID card.

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

Lark Diabetes Prevention Program:

Anthem PPO Retirees Except CompanionCare

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 PPO Retirees Under Age 65 Only

Hinge Health — Physical Therapy for Back and Joint Pain:

Anthem PPO Retirees Under Age 65 Only

- 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.



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

Anthem PPO Retirees Under Age 65 Only

- 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.



Maven Maternity and Postpartum Support:

Anthem PPO Retirees Under Age 65 Only

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

To activate your membership, download the Maven Clinic app or visit mavenclinic.com/join/SISC.



Medical Benefits: Health Plan Perks

Anthem Retiree Assistance Program

The District provides retirees with support for a wide variety of challenges through the SISC Anthem Retiree Assistance Program (EAP). If you or a family member needs assistance with personal, family or work-life balance issues, you can contact the RAP 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 Retiree Assistance Program (RAP) 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

- 24/7/265 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 and Articles

- Online resources for a wide array of topics, including both a library of articles and on-demand seminars.

Savings Center

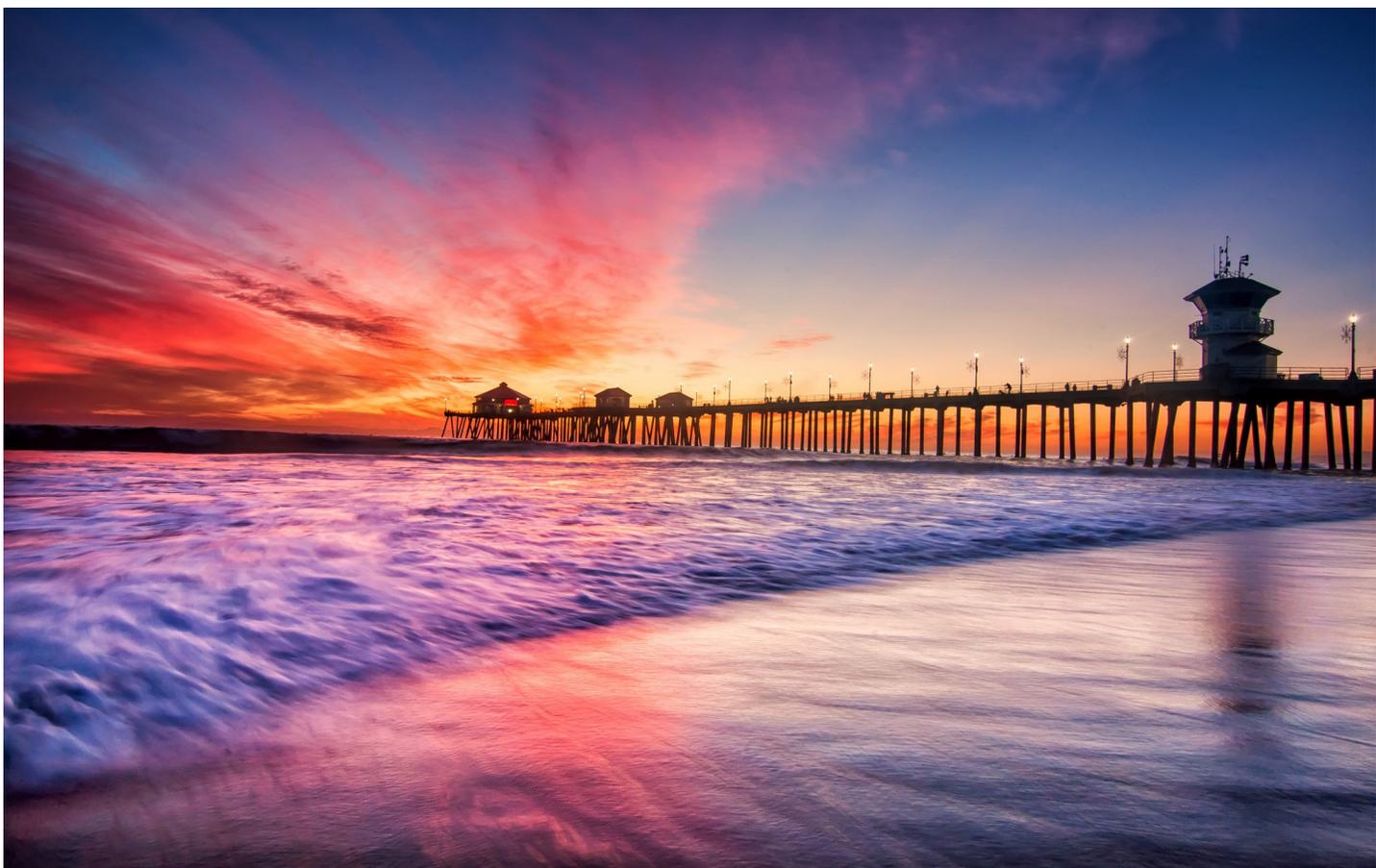
- Discount shopping program provided through Perks At Work, with discounts of up to 25% on name brand, practical, and luxury items.

Medical Benefits: Health Plan Perks

Kaiser Mental Health and Wellness Apps

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

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



Health Plan 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.



Understand Benefits Terminology

Check out this quick video and learn the basics of how our medical plans work:

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

Dental Benefits

Delta Dental PPO Plan

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

Delta Dental PPO Dental Incentive Plan

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered basic services and major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visited the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%. PPO and Premier dentists are considered in-network.

	Delta Dental PPO \$2,000 with Orthodontia	Delta Dental PPO Incentive* \$2,000 with Orthodontia	Delta Dental PPO Incentive* \$1,500 <i>SISC Direct Bill</i>
	In-Network (PPO)	In-Network (PPO and Premier)	In-Network (PPO and Premier)
Calendar Year Maximum	\$2,000	\$2,000*	\$1,500
Deductible (Annual) - Individual / Family	none	none	none
Dental Benefits	You Pay	You Pay	You Pay
Preventive Exams, X-Rays, Cleanings	0%	30-0%	30-0%
Basic Services Fillings, Oral Surgery, Endodontics, Periodontics	0%	30-0%	30-0%
Major Services Crowns, Inlays, Onlays, Cast Restorations	0%	30-0%	30-0%
Prosthodontics Bridges, Dentures, Implants	50%	50%	50%
Orthodontia (Adults & Dependent Children) - Coinsurance (Lifetime Maximum)	0% up to \$1,500 per person	0% up to \$1,500 per person	Not Covered

*Members will receive an additional \$500 when seeking care from a PPO in-network provider.

Note: We strongly recommend that you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.



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

Additional Dental Benefits

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

Delta Tele-Dentistry Toothpic*

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

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

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

Delta Dental Virtual Consultant*

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

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

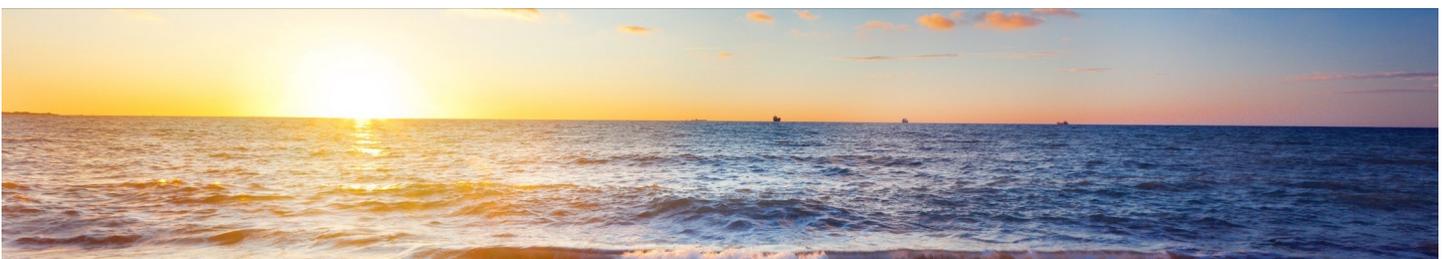
Get urgent dental care for issues such as pain or pressure, bumps or swelling, cuts or lesions, chipped teeth and bleeding. You can even get e-prescriptions for pain or infections sent directly to the pharmacy of your choice.

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

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

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

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



Dental Benefits

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 with one of the following conditions:

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

SmileWay benefits include:

- 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.*

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

* 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

Vision Service Plan PPO Vision Plan

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

	Vision Service Plan (VSP) Signature B \$0 PPO	Vision Service Plan (VSP) Signature C \$20 PPO <i>SISC Direct Bill</i>
Vision Benefits	In-Network	In-Network
Copay		
- Examination	\$0 Copay	\$20 Copay
- Materials	\$0 Copay	\$20 Copay
Examination (Every 12 Months)	100%	100%
Lenses (Every 12 Months)		
- Single Vision	100%	100%
- Bifocal	100%	100%
- Trifocal	100%	100%
Frames (Every 24 Months)	\$150 Allowance	\$150 Allowance
Contact Lenses (Every 12 Months)	In Lieu of Frames and Lenses	In Lieu of Frames and Lenses
- Medically Necessary	\$150 Allowance	\$150 Allowance
Laser Vision Correction	Discounts Apply	Discounts Apply



How to Find an In-Network Vision Provider

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



Hearing Aid Benefits

Hearing Aid Benefits and Discounts

As a SISC member you may be eligible for hearing aid benefit or discount provided you are enrolled in the applicable plans

Kaiser KPSA Members: HEARx

Hearing services for Kaiser Permanente members are provided together with:

- Kaiser Permanente Audiology Department
- HEARx West, a joint venture between Kaiser Permanente and HearUSA. Hear USA works with your health plan to provide a broad range of affordable hearing care products and services.

As a Kaiser Permanente member, you'll get a \$500 allowance toward the purchase of a hearing aid in each ear. This credit is available once every 3 years. If your hearing aids costs more than your allowance, you'll need to pay the difference.

You may use your hearing aid benefit at any of the HEARx West locations in Southern California. To find a location near you, visit hearusa.com or call **(800) 700-3277**. If you don't live near a HEARx West Facility, a HEARx West representative can you find a provider in your area.

Delta Dental: Amplifon

Delta members have access to discounts on hearing aids through Amplifon Hearing Health Care. Amplifon offers access to the nation's leading hearing aid brands featuring the latest technology. With Amplifon you can access a 62% average savings off retail pricing. Amplifon offers a price match on most hearing devices if you find a lower price at another local provider.

With Amplifon you get:

- One year of free follow-up care
- Two years of free batteries and a
- Three year product warranty for all hearing aid purchases

Amplifon has a broad network of hearing clinics across the nation. To get started;

1. Call Amplifon at **(888) 779-1429**. A patient Care Advocate will help you find a hearing care provider near you
2. Your advocate will explain the discount process, ask you a few simple questions, then help you make an appointment
3. Amplifon will send you and your selected provider the necessary information to activate your hearing aid discounts.

You can also visit www.amplifonusa.com/deltadentalins to get started.

VSP: TruHearing

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

For more information, visit: www.TruHearing.com or call **(866) 754-1607**.



Resources and Contacts

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact **Risk Management / Benefits Department** at **(805) 385-1501** ext. **2241** (last name alpha A-L), or **2442** (last name alpha M-Z).

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		
SISC III COBRA Administration (Anthem and Kaiser)	(661) 636-4214	N/A
All SISC Medical Plan Retirees		
Quest Wellness Screening	(855) 623-9355	My.QuestForHealth.com Registration Key: SISC2024
Teladoc Expert Medical Opinions (Anthem and Kaiser)	(855) 201-9925	www.teladoc.com/SISC
Anthem Retiree Assistance Plan	(800) 999-7222 (program name: SISC)	www.anthemeap.com
CompanionCare Members (Retirees Age 65+)		
Silver&Fit	(877) 427-4788	www.silverandfit.com
Anthem Retirees Under Age 65 Only		
Vida Therapy and Health Coaching (Anthem)	(855) 442-5885	www.vida.com/sisc
Anthem PPO Retirees Under Age 65 Only		
MDLIVE Member Services (Anthem)	(888) 632-2738	www.mdlive.com/sisc
Lark Diabetes Prevention Program (Anthem)	n/a	www.lark.com/anthembc
Contigo Enhanced Cancer Program (Anthem)	(877) 220-3556	www.contigohealth.com/sisc
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
Dental		
Delta Dental Member Services	(866) 499-3001	www.deltadentalins.com
Vision		
Vision Service Plan (VSP) Member Services	(800) 877-7195	www.vsp.com
Hearing Aids		
Kaiser KPSA: HEARx	(800) 700-3277	hearusa.com
Delta Dental: Amplifon	(888) 779-1429	www.amplifonusa.com/deltadentalins
VSP: TruHearing	(866) 754-1607	www.TruHearing.com

Important Information

The Affordable Care Act and You

Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2022 tax year. In addition, several other states, including Massachusetts, New Jersey, and Vermont, as well as the District of Columbia, have reinstated an individual mandate requirement, and others are considering doing so. You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by the district or another group medical plan;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.
- Have no coverage and incur a tax penalty;

Because the Oxnard School District's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace, and your portion of medical premiums will no longer be paid. Please visit the [DOL website](#) for more information.



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 our intranet in Spanish and English for you to download and read at your convenience.

The following is a list of the annual notices:

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



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

Learn more at www.burnhambenefits.com

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

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