

# October 1, 2025 Renewal Presentation

Presented on: May 6, 2025

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# Agenda

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2. Renewal Cost Summary
3. Medical Renewal
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9. Renewal/OE Timeline
10. Appendix

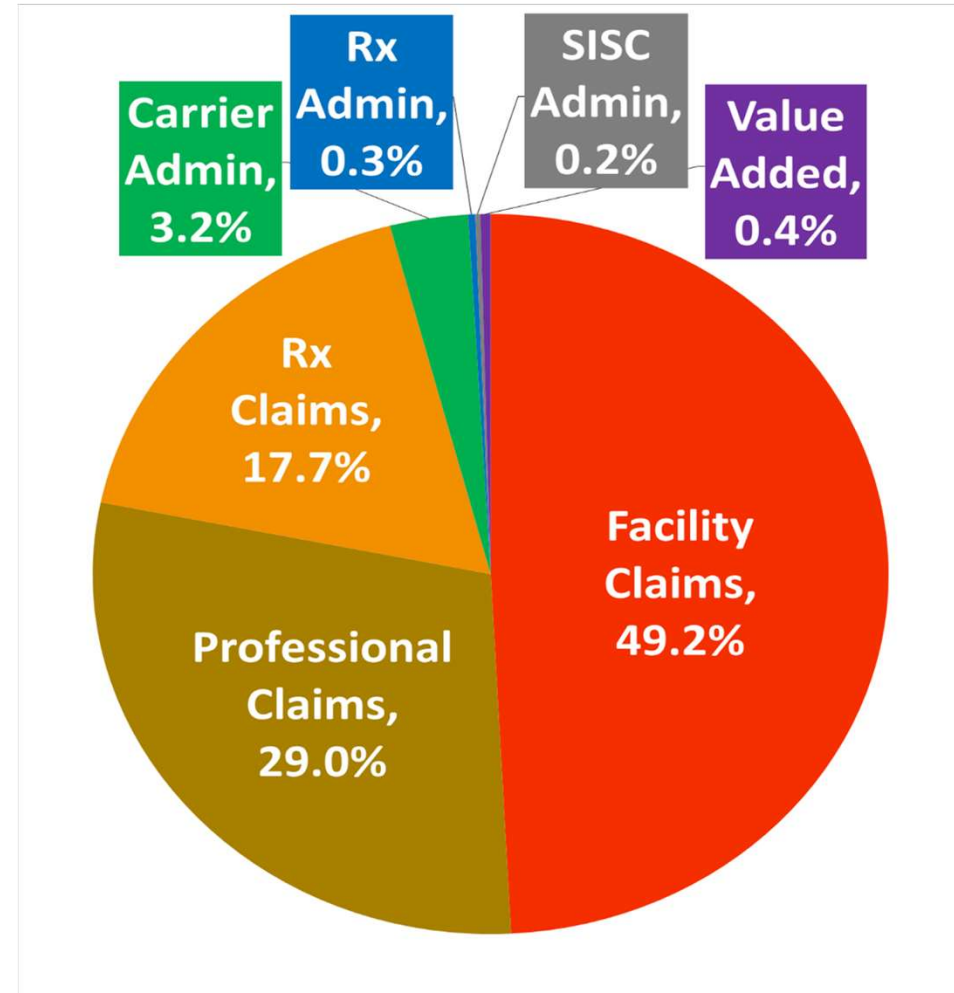


# SISC Health Benefits

SISC is a coalition of over **475 California school districts** joining together to reduce costs and spread risk . . . Schools Helping Schools. More than **404,057 California school employees** and their families are covered by our medical plans.

We are committed to serving the needs of our members. **Providing value is our top priority – never perks, politics, or profits.**

**Almost every dollar SISC collects goes to pay directly for healthcare services**

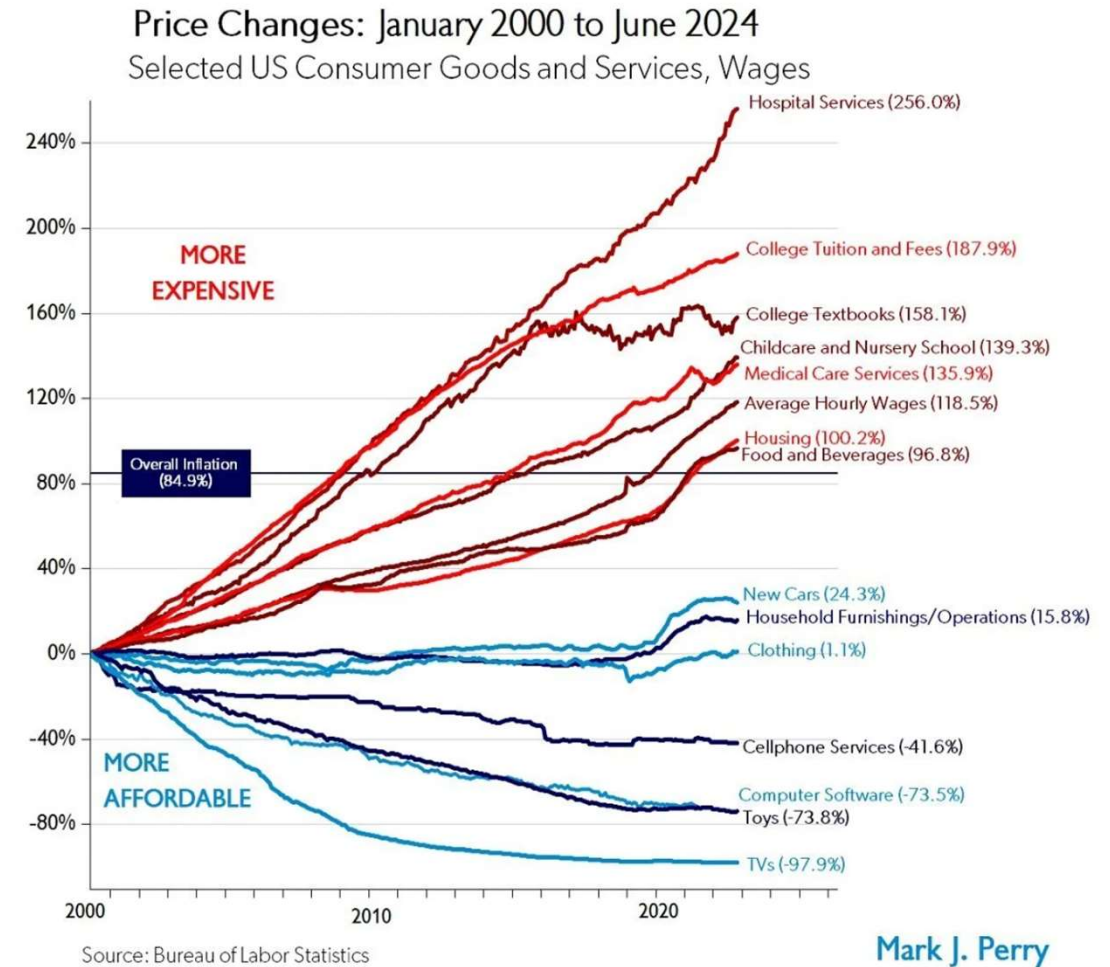


# Medical Renewal

In developing the premiums needed to fund the program, SISC considers **several factors**, including:

- Price Inflation
- Utilization and Shifts in Care
- Delayed Care
- Government Mandated Benefits

## Price Inflation



# Summary of Large Claimants

2024 was a substantial year for high-cost claimants.

2024			2023		
Rank	Paid	Most Common Issues	Rank	Paid	Most Common Issues
1	\$7,168,527				
2	\$6,161,070	Birth			
3	\$5,296,690	Birth	1	\$5,292,499	
4	\$4,808,409	Birth			
5	\$4,483,324		2	\$4,237,688	
6	\$4,439,929		3	\$4,207,517	Circulatory
7	\$3,905,460	Circulatory	4	\$3,771,659	Circulatory
8	\$2,823,228	Cancer			
9	\$2,761,858				
10	\$2,717,534	Cancer			
11	\$2,469,238	Birth			
12	\$2,434,635	Cancer			
13	\$2,423,669				
14	\$2,334,136	Birth			
15	\$2,309,972	Birth			
16	\$2,174,364	Circulatory	5	\$2,239,683	
17	\$2,165,446		6	\$2,167,423	Birth
18	\$2,032,698	Cancer	7	\$1,998,817	Circulatory
19	\$2,010,733	Birth	8	\$1,961,217	Circulatory
20	\$1,896,847	Birth	9	\$1,889,488	

# Summary of Large Claimants

	2023	2024
Claims above \$2.3M	4	15
Claims above \$1.3M	19	41
Highest Paid Claim	\$5.3M	\$7.2M
Top Issues	Circulatory	Birth/Cancer

The increased costs associated with the 22 additional claimants over \$1.3M added 1.7% to the funding calculation for the medical renewal.

2024			2023		
Rank	Paid	Most Common Issues	Rank	Paid	Most Common Issues
21	\$1,867,524	Birth			
22	\$1,809,508	Cancer	10	\$1,810,258	
23	\$1,787,481				
24	\$1,770,409	Cancer			
25	\$1,765,651		11	\$1,753,206	
26	\$1,680,135		12	\$1,705,008	Birth
27	\$1,639,809				
28	\$1,635,957	Birth			
29	\$1,623,944	Cancer			
30	\$1,594,009	Cancer	13	\$1,548,545	Cancer
31	\$1,554,403	Cancer	14	\$1,548,395	Birth
32	\$1,506,768				
33	\$1,500,047				
34	\$1,464,331	Birth	15	\$1,453,795	
35	\$1,433,478	Cancer	16	\$1,434,541	Circulatory
36	\$1,389,326	Cancer	17	\$1,398,568	Circulatory
37	\$1,381,742		18	\$1,350,110	Birth
38	\$1,328,698	Cancer	19	\$1,332,451	Birth
39	\$1,321,896				
40	\$1,312,560	Cancer			
41	\$1,308,466				



# Medical Renewal

## Cancer Treatment Example

### Keytruda

**Keytruda** treats multiple types of cancer, including lung, head, neck, bladder, and certain types of breast and colorectal cancers. It is **among the most expensive cancer drugs**, with a list price of between \$10,000 and \$15,000 per dose. Annual treatment costs an average of **\$150,000 to \$200,000 per patient**.

Keytruda has significantly **improved survival rates** in several cancers and has replaced chemotherapy as a first-line treatment in many cases.

SISC saw a significant increase in the total paid for Keytruda in 2024:

2023	2024
\$8,374,134	\$14,054,831
Increase	68%



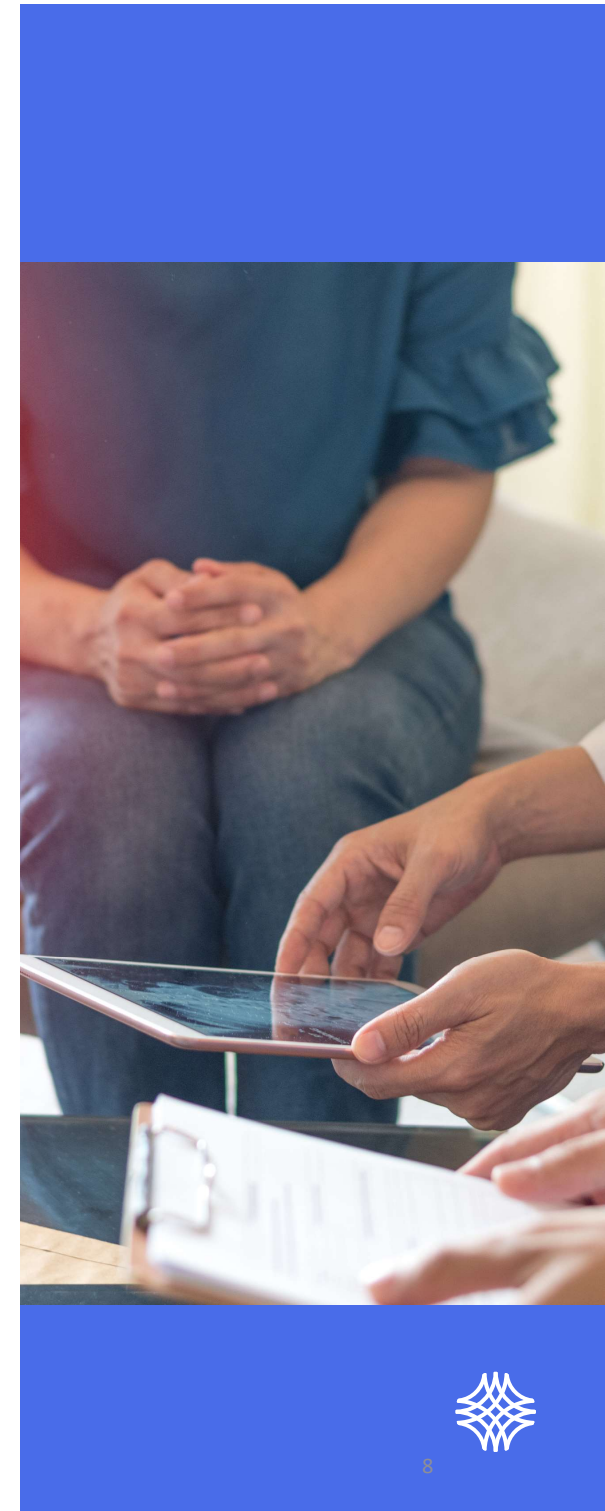
# Medical Renewal

## Ongoing Concerns of Delayed Care

Advanced-stage cancers are associated with **lower survival rates** and are more **complex and costly** to treat. They require more **intensive** interventions such as complex surgeries, advanced chemotherapy regimens, and extended hospital stays.

For example, the **5-year relative survival rates and average treatment costs** for colorectal cancer:

- Stage 1: Cancer is Localized  
Cost: \$110,882 | Survival Rate: 90%
- Stage 2: Cancer has Grown, No Lymph Node Spread  
Cost: \$127,692 | Survival Rate: 65-87% (varies by substage)
- Stage 3: Cancer has Spread to Nearby Lymph Nodes, Not to Distant Sites  
Cost: \$144,559 | Survival Rate: 52-75% (varies by substage)
- Stage 4: Metastatic Cancer, Spread to Distant Organs like Liver or Lungs  
Cost: \$255,666 | Survival Rate: 13-15%



# Medical Renewal

## Key Observations

The SISC data shows that those **without a Primary Care visit** had lower compliance rates for early detection cancer screenings.

- 28% lower compliance rate of Breast Cancer screenings
- 15% lower compliance rate for Cervical Cancer screenings
- 33% lower compliance rate for Colon Cancer screenings

Additionally, **65% of cancer claimants have a diagnosis that could have been prevented or diagnosed at an earlier stage.** Primary care and early detection screenings can significantly affect a future cancer diagnosis.



# We Can Make A Difference

## Promote awareness of the SISC Added Value Programs!

### ✓ Colorectal Cancer Screening Kit *Free, at-home kit*

- **PPO Members over age 45** are eligible for a **free at-home colorectal cancer screening kit**. The research shows **compliance increases by 31%** when employees are given a convenient **at-home option for screening**. When caught early, colorectal cancer has a **5-year survival rate of over 90%**.

### ✓ Lantern Cancer Care

- **Lantern Cancer Care** delivers personalized guidance and support to **PPO members** at any point in their cancer journey, from **initial diagnosis to remission**.

### ✓ Maven

- **Maven** offers **24/7 virtual care access** to one-on-one maternity and postpartum support for **SISC PPO members at no cost**.

### ✓ Centivo Care

- **Centivo Care** (formerly Eden Health) offers eligible **PPO members** access to a **primary care team** through a smart phone visits and live chat.



# Medical Renewal

## Government Mandated Benefits

California Governor Gavin Newsom signed [SB 729](#) into law on September 29, 2024. This state law requires large group insured plans to **cover infertility services** including up to **three cycles of egg retrievals and unlimited embryo transfers for IVF purposes**.

*(a) (1) A large group health care service plan contract, except a specialized health care service plan contract, that is issued, amended, or renewed on or after July 1, 2025, shall provide coverage for the diagnosis and treatment of infertility and fertility services, including a maximum of three completed oocyte retrievals with unlimited embryo transfers in accordance with the guidelines of the American Society for Reproductive Medicine (ASRM), using single embryo transfer when recommended and medically appropriate.*

SISC is still waiting for **additional clarification** from the State in order to understand how this new benefit will be implemented. We will keep our districts updated as SISC receive more information.

**SISC HMO and Kaiser Permanente plans are subject to this mandate effective 10/1/2025** unless legislation is delayed or modified. SISC PPO plans are self-funded and therefore not subject to CA state regulations.



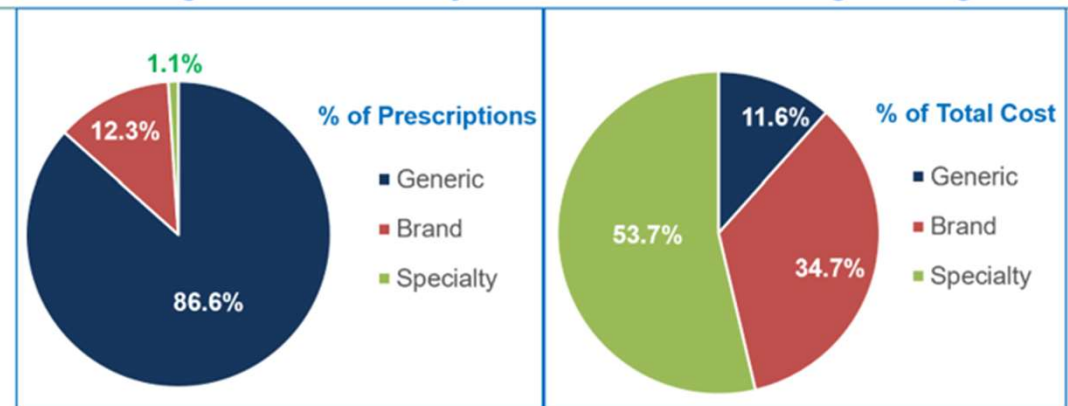
# Pharmacy Renewal

A **specialty medication** is a high-cost drug that is typically used to **treat chronic, rare, or complex conditions**. They are often indicated for **autoimmune diseases, cancers, and other complex conditions**. Many of them are **injectables**, requiring special handling and close monitoring.

## 2024 Average Paid Amount per 30-Day Supply

Generic	Brand	Specialty
\$13	\$309	\$4,764

The High Cost of Pharmacy is Due to a Small Percentage of Drugs



# Pharmacy Renewal

**GLP-1s** are a type of brand name drugs covered for the treatment of **type 2 diabetes**. The average cost for these drugs is around **\$1,000** per 30-day supply.

**GLP-1s** are **highly effective** in controlling blood sugar, often outperforming other diabetes medications in lowering HbA1c levels.

SISC saw a **significant increase** in prescriptions for GLP-1s in **2024**:

	2023	2024
<b>Number of Claims</b>	48,205	71,686
<b>Total Paid</b>	\$48,006,841	\$71,778,981
<b>Increase</b>		<b>50%</b>



# Pharmacy Renewal

**Paxlovid** is a **brand name drug** for treating mild-to-moderate **COVID-19** in high-risk patients. Although the Federal government initially funded this drug, **health plans took over payments in December 2023**. The average cost for Paxlovid is around **\$1,100 per dose**.

Clinical trials showed Paxlovid **reduces hospitalization and death by 89%** in high-risk patients when taken within five days of symptoms.

SISC saw a significant increase in the total paid for Paxlovid in 2024 due to the cost-shifting to health plans:

2023	2024
\$261,533	\$7,120,932
<b>Increase</b>	<b>2623%</b>

The increased costs associated with **GLP-1s** and **Paxlovid** add **8.7%** to the funding calculation for the pharmacy component of the renewal.



# Renewal Cost Summary

			10/1/2024	10/1/2025		
<b>12-Month Rates</b>			<b>Current</b>	<b>Renewal</b>		
<b>Combined monthly premium</b>			<b>\$406,447</b>	<b>\$435,075</b>		
<b>Combined annual premium</b>			<b>\$4,877,369</b>	<b>\$5,220,899</b>		
<i>Annual relationship to current \$</i>				<b>\$343,530</b>		
<i>Annual relationship to current %</i>				<b>7.0%</b>		
<b>Medical</b>	<b>Carrier</b>	<b>Enroll.</b>	<b>Annual Total</b>	<b>Annual Total</b>	<b>% diff</b>	<b>\$ diff</b>
Certificated	SISC (Anthem/Kaiser)	100	\$2,977,560	\$3,233,952	8.6%	\$256,392
Classified	SISC (Anthem/Kaiser)	65	\$1,473,024	\$1,595,112	8.3%	\$122,088
<b>Medical Total</b>		<b>165</b>	<b>\$4,450,584</b>	<b>\$4,829,064</b>	<b>8.5%</b>	<b>\$378,480</b>
<b>Dental</b>						
Certificated	SCCSIG (Delta Dental)	114	\$233,455	\$210,107	-10.0%	(\$23,348)
Classified	SCCSIG (Delta Dental)	70	\$120,488	\$108,438	-10.0%	(\$12,050)
<b>Dental Total</b>		<b>184</b>	<b>\$353,943</b>	<b>\$318,545</b>	<b>-10.0%</b>	<b>(\$35,398)</b>
<b>Vision</b>						
Certificated	SCCSIG (VSP)	110	\$45,848	\$45,848	0.0%	\$0
Classified	SCCSIG (VSP)	65	\$22,514	\$22,514	0.0%	\$0
<b>Vision Total</b>		<b>175</b>	<b>\$68,362</b>	<b>\$68,362</b>	<b>0.0%</b>	<b>\$0</b>
<b>LIFE/AD&amp;D RENEWAL PENDING; ESTIMATE ONLY</b>						
<b>Life and AD&amp;D</b>	The Hartford	<b>193</b>	<b>\$4,480</b>	<b>\$4,928</b>	<b>10.0%</b>	<b>\$448</b>

Notes:

1. Medical enrollment is as of April 2025 provided by SISC. Includes Active employees only. COBRA & Retirees (Plan A / Plan B / Plan C / Pre-65/ Post-65) are NOT included in the above enrollment counts.
2. Dental and vision enrollment are as of April 2025 based on EASE system. Includes Active employees only. COBRA & Retirees (Plan A / Plan B / Plan C / Pre-65 / Post-65) are not included in the above enrollment counts.



# Medical Renewal – Certificated

### 12-Month Rates

Combined monthly premium

Combined annual premium

*Annual relationship to current \$*

*Annual relationship to current %*

Total medical enrollment 100

#### PPO 80-G \$20 (40945A)

Deductible (individual / family)

Out of pocket max (individual / family)

Office visit copay (PCP / specialist)

Inpatient hospitalization

Prescription drugs

Employee 8

2-Party 4

Employee + family 11

**Annual premium 23**

*Annual relationship to current \$*

*Annual relationship to current %*

#### PPO 80-K \$30 (40945B)

Deductible (individual / family)

Out of pocket max (individual / family)

Office visit copay (PCP / specialist)

Inpatient hospitalization

Prescription drugs

Employee 1

2-Party 1

Employee + family 3

**Annual premium 5**

*Annual relationship to current \$*

*Annual relationship to current %*

10/1/2024 10/1/2025

SISC (Anthem/Kaiser)	
Current	Renewal
\$248,130	\$269,496
\$2,977,560	\$3,233,952
	\$256,392
	8.6%

#### Anthem PPO 80-G \$20

\$500 / \$1,000

\$2,000 / \$4,000

\$20 / \$20

ded, 20%

\$9 / \$35

\$1,484.00 \$1,616.00

\$2,969.00 \$3,231.00

\$4,204.00 \$4,576.00

**\$839,904 \$914,256**

*\$74,352*

*8.9%*

#### Anthem PPO 80-K \$30

\$1,000 / \$2,000

\$3,000 / \$6,000

\$30 / \$30

ded, 20%

\$9 / \$35

\$1,405.00 \$1,530.00

\$2,809.00 \$3,058.00

\$3,976.00 \$4,329.00

**\$193,704 \$210,900**

*\$17,196*

*8.9%*

Combined monthly premium

Combined annual premium

*Annual relationship to current \$*

*Annual relationship to current %*

Total medical enrollment 100

#### HMO \$20 (57ARHA)

Deductible (individual / family)

Out of pocket max (individual / family)

Office visit copay (PCP / specialist)

Inpatient hospitalization

Prescription drugs

Employee 5

2-Party 6

Employee + family 18

**Annual premium 29**

*Annual relationship to current \$*

*Annual relationship to current %*

#### HMO \$20 (606394-0097ABN)

Deductible (individual / family)

Out of pocket max (individual / family)

Office visit copay (PCP / specialist)

Inpatient hospitalization

Prescription drugs

Employee 11

2-Party 6

Employee + family 19

**Annual premium 36**

*Annual relationship to current \$*

*Annual relationship to current %*

10/1/2024 10/1/2025

SISC (Anthem/Kaiser)	
Current	Renewal
\$248,130	\$269,496
\$2,977,560	\$3,233,952
	\$256,392
	8.6%

#### Anthem HMO \$20

none

\$2,000 / \$4,000

\$20 / \$40

\$250 / admit

\$9 / \$35

\$1,235.00 \$1,345.00

\$2,464.00 \$2,682.00

\$3,483.00 \$3,792.00

**\$1,003,836 \$1,092,876**

*\$89,040*

*8.9%*

#### Kaiser HMO \$20

none

\$1,500 / \$3,000

\$20 / \$20

Covered 100%

\$10 / \$30

\$932.00 \$1,007.00

\$1,865.00 \$2,014.00

\$2,639.00 \$2,850.00

**\$858,996 \$927,732**

*\$68,736*

*8.0%*



# Medical Renewal – Certificated, *continued*

## 12-Month Rates

10/1/2024                      10/1/2025

SISC (Anthem/Kaiser)	
Current	Renewal
\$248,130	\$269,496
\$2,977,560	\$3,233,952
	<b>\$256,392</b>
	<b>8.6%</b>

Combined monthly premium

Combined annual premium

*Annual relationship to current \$*

*Annual relationship to current %*

Total medical enrollment

100

### Deductible HMO \$1000 (606394-0098ABN)

Deductible (individual / family)

Out of pocket max (individual / family)

Office visit copay (PCP / specialist)

Inpatient hospitalization

Prescription drugs

Employee

0

2-Party

0

Employee + family

1

**Annual premium**

**1**

*Annual relationship to current \$*

*Annual relationship to current %*

### WABE (WABE99119B)

Employee

6

**Annual premium**

**6**

*Annual relationship to current \$*

*Annual relationship to current %*

### Kaiser DHMO \$1000

\$1,000 / \$2,000

\$3,000 / \$6,000

\$20 / \$20

ded, 20%

\$10 / \$30

\$850.00	\$918.00
\$1,699.00	\$1,835.00
\$2,404.00	\$2,597.00
<b>\$28,848</b>	<b>\$31,164</b>
	<b>\$2,316</b>
	<b>8.0%</b>

### WABE

\$726.00	\$792.00
<b>\$52,272</b>	<b>\$57,024</b>
	<b>\$4,752</b>
	<b>9.1%</b>



# Medical Renewal – Classified

	10/1/2024	10/1/2025
<b>SISC (Anthem/Kaiser)</b>		
	<b>Current</b>	<b>Renewal</b>
<b>Combined monthly premium</b>	<b>\$122,752</b>	<b>\$132,926</b>
<b>Combined annual premium</b>	<b>\$1,473,024</b>	<b>\$1,595,112</b>
<i>Annual relationship to current \$</i>		<i>\$122,088</i>
<i>Annual relationship to current %</i>		<i>8.3%</i>

	10/1/2024	10/1/2025
<b>SISC (Anthem/Kaiser)</b>		
	<b>Current</b>	<b>Renewal</b>
<b>Combined monthly premium</b>	<b>\$122,752</b>	<b>\$132,926</b>
<b>Combined annual premium</b>	<b>\$1,473,024</b>	<b>\$1,595,112</b>
<i>Annual relationship to current \$</i>		<i>\$122,088</i>
<i>Annual relationship to current %</i>		<i>8.3%</i>

**Total medical enrollment** 65

**PPO 80-G \$20 (40945A)**

Deductible (individual / family)  
 Out of pocket max (individual / family)  
 Office visit copay (PCP / specialist)  
 Inpatient hospitalization  
 Prescription drugs

**Anthem PPO 80-G \$20**

\$500 / \$1,000  
 \$2,000 / \$4,000  
 \$20 / \$20  
 ded, 20%  
 \$9 / \$35

Employee	2
2-Party	1
Employee + family	0
<b>Annual premium</b>	<b>3</b>

\$1,484.00	\$1,616.00
\$2,969.00	\$3,231.00
\$4,204.00	\$4,576.00
<b>\$71,244</b>	<b>\$77,556</b>
	<b>\$6,312</b>
	<b>8.9%</b>

*Annual relationship to current \$*  
*Annual relationship to current %*

**PPO 80-K \$30 (40945B)**

Deductible (individual / family)  
 Out of pocket max (individual / family)  
 Office visit copay (PCP / specialist)  
 Inpatient hospitalization  
 Prescription drugs

**Anthem PPO 80-K \$30**

\$1,000 / \$2,000  
 \$3,000 / \$6,000  
 \$30 / \$30  
 ded, 20%  
 \$9 / \$35

Employee	2
2-Party	0
Employee + family	2
<b>Annual premium</b>	<b>4</b>

\$1,405.00	\$1,530.00
\$2,809.00	\$3,058.00
\$3,976.00	\$4,329.00
<b>\$129,144</b>	<b>\$140,616</b>
	<b>\$11,472</b>
	<b>8.9%</b>

*Annual relationship to current \$*  
*Annual relationship to current %*

**Total medical enrollment** 65

**HMO \$20 (57ARHA)**

Deductible (individual / family)  
 Out of pocket max (individual / family)  
 Office visit copay (PCP / specialist)  
 Inpatient hospitalization  
 Prescription drugs

**Anthem HMO \$20**

none  
 \$2,000 / \$4,000  
 \$20 / \$40  
 \$250 / admit  
 \$9 / \$35

Employee	4
2-Party	4
Employee + family	2
<b>Annual premium</b>	<b>10</b>

\$1,235.00	\$1,345.00
\$2,464.00	\$2,682.00
\$3,483.00	\$3,792.00
<b>\$261,144</b>	<b>\$284,304</b>
	<b>\$23,160</b>
	<b>8.9%</b>

*Annual relationship to current \$*  
*Annual relationship to current %*

**HMO \$20 (606394-0097ABN)**

Deductible (individual / family)  
 Out of pocket max (individual / family)  
 Office visit copay (PCP / specialist)  
 Inpatient hospitalization  
 Prescription drugs

**Kaiser HMO \$20**

none  
 \$1,500 / \$3,000  
 \$20 / \$20  
 Covered 100%  
 \$10 / \$30

Employee	16
2-Party	11
Employee + family	17
<b>Annual premium</b>	<b>44</b>

\$932.00	\$1,007.00
\$1,865.00	\$2,014.00
\$2,639.00	\$2,850.00
<b>\$963,480</b>	<b>\$1,040,592</b>
	<b>\$77,112</b>
	<b>8.0%</b>

*Annual relationship to current \$*  
*Annual relationship to current %*



# Medical Renewal – Classified, *continued*

## 12-Month Rates

**Combined monthly premium**  
**Combined annual premium**  
*Annual relationship to current \$*  
*Annual relationship to current %*

	10/1/2024	10/1/2025
<b>SISC (Anthem/Kaiser)</b>		
	<b>Current</b>	<b>Renewal</b>
	<b>\$122,752</b>	<b>\$132,926</b>
	<b>\$1,473,024</b>	<b>\$1,595,112</b>
		<b><i>\$122,088</i></b>
		<b><i>8.3%</i></b>

## Total medical enrollment

65

### Deductible HMO \$1000 (606394-0098ABN)

Deductible (individual / family)  
 Out of pocket max (individual / family)  
 Office visit copay (PCP / specialist)  
 Inpatient hospitalization  
 Prescription drugs

### Kaiser DHMO \$1000

\$1,000 / \$2,000  
 \$3,000 / \$6,000  
 \$20 / \$20  
 ded, 20%  
 \$10 / \$30

Employee	1	\$850.00	\$918.00
2-Party	1	\$1,699.00	\$1,835.00
Employee + family	0	\$2,404.00	\$2,597.00
<b>Annual premium</b>	<b>2</b>	<b>\$30,588</b>	<b>\$33,036</b>
<i>Annual relationship to current \$</i>			<b><i>\$2,448</i></b>
<i>Annual relationship to current %</i>			<b><i>8.0%</i></b>

### WABE (WABE99119B)

### WABE

Employee	2	\$726.00	\$792.00
<b>Annual premium</b>	<b>2</b>	<b>\$17,424</b>	<b>\$19,008</b>
<i>Annual relationship to current \$</i>			<b><i>\$1,584</i></b>
<i>Annual relationship to current %</i>			<b><i>9.1%</i></b>



# Full-Time Employee Waiver (WABE)

SISC requires **100% participation** of full-time employees (FTE 90% and above) in SISC sponsored **medical plans or WABE**.

**WABE** is available for employees working **36+ hours per week and decline 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 who do not elect a medical plan before their new hire election window expires, will automatically be enrolled in WABE.**

**WABE includes** the following **value-added** benefits at no charge:

- **MDLIVE:** 24/7 physician line
- **EAP:** Employee Assistance Program
- **Teladoc Medical Experts:** Expert Second Opinion
- **Health Smarts:** Biometric Screenings & Flu Shots
- **Vida Health:** Personal Health Coaching



# SISC PPO Updates

## SISC Proactive Care Plan \*NEW\*

SISC's experience tells us that **traditional PPO plans** featuring **deductibles** and **percentage coinsurance** are **poorly** understood by the vast majority of members. In an effort to address this problem, SISC is developing **three new plans** that **eliminate deductibles and percentage coinsurance** in favor of co-pays. SISC's existing PPO plans are **not changing**.

A key feature of these plans will be **zero co-pays** for **essential** services like **primary care, urgent care, outpatient mental health, physical medicine, most lab work, and certain covered prescription drugs**.

### Plan Features:

- Predictable costs
- Encourages preventive and routine care



# SISC PPO Updates

## SISC Proactive Care Plan **\*NEW\***

Many **commonly used prescriptions** will be available **without** any member **copay** when prescribed by a primary care physician such as the covered medicines for the following conditions:

- **Asthma Inhalers:** Qvar, Arnuity Ellipta, Albuterol
- **Diabetic medications:** Ozempic, Jardiance, Mounjaro, Rybelsus, Trulicity
- **Insulins:** insulin lispro, Humalog, Semglee
- **Anticoagulants:** Xarelto, Eliquis
- **Specialty Medicines:** Dupixent, Xolair
- **Biosimilars:** Adalimumab-adaz, Hadlima

SISC is adding **one** of these plans to **each bargaining unit** based on **current** plan enrollment. The **new option** will **not** count against the district's **maximum number** of plans.

**More information** about these plans will be available in a dedicated **webinar in April.**



# Proactive Care Plans \*NEW\*

Medical Benefits	SISC Renewal Option	SISC Renewal Option	SISC Current/Renewal	SISC Current/Renewal
<b>PPO</b>	<b>Platinum</b>	<b>Gold</b>	<b>80-G \$20</b>	<b>80-K \$30</b>
<b>Deductible</b>	In-Network	In-Network	In-Network	In-Network
Individual	none	none	\$500	\$1,000
Family	none	none	\$1,000	\$2,000
<b>Out of pocket maximum</b>				
Individual	\$2,000	\$3,000	\$2,000	\$3,000
Family	\$4,000	\$6,000	\$4,000	\$6,000
<b>Coinsurance (member pays)</b>	none	none	20%	20%
<b>Office visit copay (PCP / Specialist)</b>	\$0 / \$70	\$0 / \$100	\$20 / \$20	\$30 / \$30
<b>Hospital copay</b>				
Inpatient	\$400 / day	\$600 / day	20%, after ded	20%, after ded
Outpatient surgery	asc: \$400 hospital: \$1,200	asc: \$600 hospital: \$1,800	20%, after ded	20%, after ded
<b>Lab and X-ray</b>	<b>Lab</b> center: \$0; hosp: \$100	<b>Lab</b> center: \$0; hosp: \$150	<b>Lab</b> 20%, after ded	<b>Lab</b> 20%, after ded
	<b>X-ray</b> center: \$50; hosp: \$150	<b>X-ray</b> center: \$75; hosp: \$225	<b>X-ray</b> 20%, after ded	<b>X-ray</b> 20%, after ded
	<b>Complex</b> center: \$200; hosp: \$500	<b>Complex</b> center: \$300; hosp: \$750	<b>Complex</b> 20%, after ded	<b>Complex</b> 20%, after ded
<b>Emergency services copay</b>	\$600	\$700	\$100, 20% after ded	\$100, 20% after ded
<b>Durable medical equipment</b>	\$0	\$0	20%, after ded	20%, after ded
<b>Urgent care copay</b>	\$0	\$0	\$20	\$30
<b>Chiropractic (copay / visits)</b>	\$0	\$0	20%, after ded	20%, after ded
<b>Prescription drugs</b>				
Deductible	none	none	none	none
Tier 1 / generic	\$9	\$9	\$9	\$9
Tier 2 / brand name	\$35	\$35	\$35	\$35
Tier 3 / specialty	\$35	\$35	\$35	\$35

Plans are subject to change



# All SISC PPO Plans – Certificated & Classified (12-Month Rates)

100% PPO Options	PPO 100 B	PPO 100 C	PPO 100 D	PPO 100 G
Deductible (ind / fam)	\$100 / \$300	\$200 / \$400	\$300 / \$600	\$500 / \$1,000
Out of pocket max (ind / fam)	\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000
Office visit copay (PCP)	\$20	\$20	\$20	\$20
Inpatient hospitalization	ded, 0%	ded, 0%	ded, 0%	ded, 0%
Prescription drugs	\$9 / \$35	\$9 / \$35	\$9 / \$35	\$9 / \$35
<i>Single</i>	<b>\$1,976</b>	<b>\$1,957</b>	<b>\$1,917</b>	<b>\$1,873</b>
<i>2-Party</i>	<b>\$3,963</b>	<b>\$3,924</b>	<b>\$3,843</b>	<b>\$3,754</b>
<i>Family</i>	<b>\$5,621</b>	<b>\$5,566</b>	<b>\$5,450</b>	<b>\$5,322</b>

90% PPO Options	PPO 90 A	PPO 90 G
Deductible (ind / fam)	\$100 / \$300	\$500 / \$1,000
Out of pocket max (ind / fam)	\$1,000 / \$3,000	\$1,000 / \$3,000
Office visit copay (PCP)	\$20	\$20
Inpatient hospitalization	ded, 10%	ded, 10%
Prescription drugs	\$9 / \$35	\$9 / \$35
<i>Single</i>	<b>\$1,907</b>	<b>\$1,774</b>
<i>2-Party</i>	<b>\$3,822</b>	<b>\$3,552</b>
<i>Family</i>	<b>\$5,421</b>	<b>\$5,035</b>

80% PPO Options	PPO 80 E	PPO 80 G \$20	<b>New!</b> Platinum*	PPO 80 J	PPO 80 K	<b>New!</b> Gold*	PPO 80 L	PPO 80 M
Deductible (ind / fam)	\$300 / \$600	\$500 / \$1,000	none	\$750 / \$1,500	\$1,000 / \$2,000	none	\$2,000 / \$4,000	\$3,000 / \$6,000
Out of pocket max (ind / fam)	\$1,000 / \$3,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$4,000 / \$8,000
Office visit copay (PCP)	\$20	\$20	none	\$30	\$30	none	\$30	\$40
Inpatient hospitalization	ded, 20%	ded, 20%	\$400/Day	ded, 20%	ded, 20%	\$600/Day	ded, 20%	ded, 20%
Prescription drugs	\$9 / \$35	\$9 / \$35	\$9 / \$35	\$9 / \$35	\$9 / \$35	\$9 / \$35	\$9 / \$35	\$9 / \$35
<i>Single</i>	<b>\$1,721</b>	<b>\$1,616</b>	<b>\$1,616</b>	<b>\$1,552</b>	<b>\$1,530</b>	<b>\$1,530</b>	<b>\$1,399</b>	<b>\$1,243</b>
<i>2-Party</i>	<b>\$3,445</b>	<b>\$3,231</b>	<b>\$3,231</b>	<b>\$3,103</b>	<b>\$3,058</b>	<b>\$3,058</b>	<b>\$2,791</b>	<b>\$2,474</b>
<i>Family</i>	<b>\$4,881</b>	<b>\$4,576</b>	<b>\$4,576</b>	<b>\$4,393</b>	<b>\$4,329</b>	<b>\$4,329</b>	<b>\$3,947</b>	<b>\$3,495</b>
<b>Enrollment Count</b>		26			9			

\*Plans subject to change

HSA-compatible Options	HSA 1700	HSA 3400	HSA 5000	2 Tier HSA
Deductible (ind / fam)	\$1,700 / \$3,400	\$3,400 / \$6,800	\$5,000 / \$10,000	\$5,000 / \$10,000
Out of pocket max (ind / fam)	\$3,400 / \$6,800	\$6,000 / \$12,000	\$6,350 / \$12,700	\$6,350 / \$12,700
Office visit copay (PCP)	ded, 10%	ded, 10%	ded, 30%	ded, 30%
Inpatient hospitalization	ded, 10%	ded, 10%	ded, 30%	ded, 30%
Prescription drugs	\$9 / \$35	\$9 / \$35	\$9 / \$35	\$9 / \$35
<i>Single</i>	<b>\$1,382</b>	<b>\$1,185</b>	<b>\$1,074</b>	<b>\$792</b>
<i>2-Party</i>	<b>\$2,758</b>	<b>\$2,359</b>	<b>\$2,134</b>	<b>\$1,547</b>
<i>Family</i>	<b>\$3,900</b>	<b>\$3,333</b>	<b>\$3,012</b>	<b>\$1,547</b>

MEC Options	MEC 9000	2-Tier MEC 9000
Deductible (ind / fam)	\$9,000 / \$18,000	\$9,000 / \$18,000
Out of pocket max (ind / fam)	\$9,000 / \$18,000	\$9,000 / \$18,000
Office visit copay	ded, 100%	ded, 100%
Inpatient hospitalization	ded, 100%	ded, 100%
Prescription drugs	ded, 100%	ded, 100%
<i>Single</i>	<b>\$942</b>	<b>\$698</b>
<i>2-Party</i>	<b>\$1,870</b>	<b>\$1,361</b>
<i>Family</i>	<b>\$2,637</b>	<b>\$1,361</b>



# All SISC HMO Plans – Certificated & Classified (12-Month Rates)

<b>Anthem HMO Options</b>	<b>Premier 10</b>	<b>Premier 20</b>	<b>Classic 20</b>	<b>Value 30</b>
Deductible (ind / fam)	\$0	\$0	\$0	\$0
Out of pocket max (ind / fam)	\$1,000 / 23,000	\$1,500 / \$3,000	\$2,000 / 4,000	\$2,500 / \$5,000
Office visit copay (PCP)	\$10 / \$10	\$20 / \$20	\$20 / \$40	\$30 / \$40
Inpatient hospitalization	100%	\$200	\$250	\$500
Prescription drugs	\$9 / \$35	\$9 / \$35	\$9 / \$35	\$9 / \$35
<i>Employee Only</i>	<b>\$1,431</b>	<b>\$1,389</b>	<b>\$1,345</b>	<b>\$1,279</b>
<i>Two Party</i>	<b>\$2,857</b>	<b>\$2,771</b>	<b>\$2,682</b>	<b>\$2,548</b>
<i>Family</i>	<b>\$4,041</b>	<b>\$3,919</b>	<b>\$3,792</b>	<b>\$3,601</b>
<b>Enrollment Count</b>			<b>39</b>	

<b>Kaiser Traditional HMO Options</b>	<b>\$10 OV, \$10 RX</b>	<b>\$15 OV, \$5-\$20 RX</b>	<b>\$20 OV, \$10-\$30 RX</b>	<b>\$30 OV, \$10-\$30 RX</b>
Deductible (ind / fam)	\$0	\$0	\$0	\$0
Out of pocket max (ind / fam)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Office visit copay (PCP)	\$10	\$15	\$20	\$30
Inpatient hospitalization	100%	100%	100%	100%
Prescription drugs	\$10 / \$30	\$5 / \$20	\$10 / \$30	\$10 / \$30
<i>Employee Only</i>	<b>\$1,053</b>	<b>\$1,028</b>	<b>\$1,007</b>	<b>\$996</b>
<i>Two Party</i>	<b>\$2,107</b>	<b>\$2,056</b>	<b>\$2,014</b>	<b>\$1,992</b>
<i>Employee + 2 or more</i>	<b>\$2,981</b>	<b>\$2,910</b>	<b>\$2,850</b>	<b>\$2,819</b>
<b>Enrollment Count</b>			<b>80</b>	

<b>Kaiser Deductible HMO Options</b>	<b>DHMO 500</b>	<b>DHMO 1000</b>
Deductible (ind / fam)	\$500 / \$1,000	\$1,000 / \$2,000
Out of pocket max (ind / fam)	\$3,000 / \$6,000	\$3,000 / \$6,000
Office visit copay (PCP)	\$20	\$20
Inpatient hospitalization	ded, 10%	ded, 20%
Prescription drugs	\$10 / \$30	\$10 / \$30
<i>Single</i>	<b>\$980</b>	<b>\$918</b>
<i>2-Party</i>	<b>\$1,959</b>	<b>\$1,835</b>
<i>Family</i>	<b>\$2,772</b>	<b>\$2,597</b>
<b>Enrollment Count</b>		<b>3</b>

<b>Kaiser HSA Options</b>	<b>HSA 1700</b>	<b>HSA 3400</b>
Deductible (ind / fam)	\$1,700 / \$3,400	\$3,400 / \$6,800
Out of pocket max (ind / fam)	\$3,400 / \$6,800	\$6,800 / \$12,000
Office visit copay (PCP)	ded, 10%	ded, 20%
Inpatient hospitalization	ded, 10%	ded, 20%
Prescription drugs	\$10 / \$30	\$10 / \$30
<i>Single</i>	<b>\$812</b>	<b>\$702</b>
<i>2-Party</i>	<b>\$1,624</b>	<b>\$1,404</b>
<i>Family</i>	<b>\$2,297</b>	<b>\$1,987</b>



# Dental Renewal – Certificated

## 12-Month Rates

**Combined monthly premium**  
**Combined annual premium**  
*Annual relationship to current \$*  
*Annual relationship to current %*

## Rate Guarantee

**Total dental enrollment** **114**

### DPPO Premium - CE/ConfMgmt

Employee	24
Employee + 1	17
Employee + family	60
<b>Annual premium</b>	<b>101</b>
<i>Annual relationship to current \$</i>	
<i>Annual relationship to current %</i>	

### DPPO Indemnity - CE/ConfMgmt

Employee	6
Employee + 1	3
Employee + family	4
<b>Annual premium</b>	<b>13</b>
<i>Annual relationship to current \$</i>	
<i>Annual relationship to current %</i>	

10/1/2024	10/1/2025
SCCSIG / Delta Dental	
Current	Renewal
\$19,455	\$17,509
\$233,455	\$210,107
	(\$23,348)
	-10.0%

**12 Months**  
**(10/1/25-9/30/26)**

DPPO Premium (3200 Annual Max)	
\$67.63	\$60.87
\$135.26	\$121.73
\$228.66	\$205.79
<b>\$211,706</b>	<b>\$190,532</b>
	(\$21,173)
	-10.0%

DPPO Indemnity (2500 Annual Max)	
\$71.01	\$63.91
\$142.02	\$127.82
\$240.09	\$216.08
<b>\$21,750</b>	<b>\$19,575</b>
	(\$2,175)
	-10.0%

Benefit Highlights	Delta Dental "Premium" PPO	SCCSIG Indemnity PPO
<b>Maximum benefit</b>		
Benefits annual maximum	\$3,200	\$2,500
Orthodontia lifetime maximum	\$3,000	\$2,000**
<b>Deductible</b>		
Individual / Family	None	None
<b>Preventive services (plan pays)</b>		
Exams, cleanings, x-rays	70-100%*	100%
<b>Basic services (plan pays)</b>		
Fillings, sealants, gum treatment	70-100%*	100%
<b>Major services (plan pays)</b>		
Crowns, inlays, onlays	70-100%*	90%
<b>Prosthodontics (plan pays)</b>		
Bridges and dentures	<i>Includes Implants</i> 50%	50%
<b>Orthodontia</b>		
Child / Adult	Adult & Children 100%	Adult & Children 100%
<b>Contract provisions</b>		
Cleaning frequency	3X	2X
Network	Delta Dental PPO	<b>Any Licensed Dentist</b>
Reimbursement	PPO Contracted Fees	

\*Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 70% of the PPO contract allowance for major service during the first year of eligibility. The coinsurance % 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 same level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70.

\*\*\$2,000 Lifetime Maximum is in conjunction with previous Delta Dental benefit usage.



# Dental Renewal – Classified

## 12-Month Rates

**Combined monthly premium**

**Combined annual premium**

*Annual relationship to current \$*

*Annual relationship to current %*

## Rate Guarantee

**Total dental enrollment**

**70**

### DPPO Premium - Classified

Employee

27

Employee + 1

16

Employee + family

23

**Annual premium**

**66**

*Annual relationship to current \$*

*Annual relationship to current %*

### DPPO Indemnity - Classified

Employee

1

Employee + 1

0

Employee + family

3

**Annual premium**

**4**

*Annual relationship to current \$*

*Annual relationship to current %*

10/1/2024

10/1/2025

SCCSIG / Delta Dental	
Current	Renewal
<b>\$10,041</b>	<b>\$9,036</b>
<b>\$120,488</b>	<b>\$108,438</b>
	<b>(\$12,050)</b>
	<b>-10.0%</b>

**12 Months**  
**(10/1/25-9/30/26)**

DPPO Premium (3200 Annual Max)	
\$67.63	\$60.87
\$135.26	\$121.73
\$228.66	\$205.79
<b>\$110,992</b>	<b>\$99,892</b>
	<b>(\$11,100)</b>
	<b>-10.0%</b>

DPPO Indemnity (2500 Annual Max)	
\$71.01	\$63.91
\$142.02	\$127.82
\$240.09	\$216.08
<b>\$9,495</b>	<b>\$8,546</b>
	<b>(\$950)</b>
	<b>-10.0%</b>

Benefit Highlights	Delta Dental "Premium" PPO	SCCSIG Indemnity PPO
<b>Maximum benefit</b>		
Benefits annual maximum	\$3,200	\$2,500
Orthodontia lifetime maximum	\$3,000	\$2,000**
<b>Deductible</b>		
Individual / Family	None	None
<b>Preventive services (plan pays)</b>		
Exams, cleanings, x-rays	70-100%*	100%
<b>Basic services (plan pays)</b>		
Fillings, sealants, gum treatment	70-100%*	100%
<b>Major services (plan pays)</b>		
Crowns, inlays, onlays	70-100%*	90%
<b>Prosthodontics (plan pays)</b>	<i>Includes Implants</i>	
Bridges and dentures	50%	50%
<b>Orthodontia</b>	Adult & Children	Adult & Children
Child / Adult	100%	100%
<b>Contract provisions</b>		
Cleaning frequency	3X	2X
Network	Delta Dental PPO	<b>Any Licensed Dentist</b>
Reimbursement	PPO Contracted Fees	

\*Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 70% of the PPO contract allowance for major service during the first year of eligibility. The coinsurance % 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 same level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70.

\*\*\$2,000 Lifetime Maximum is in conjunction with previous Delta Dental benefit usage.



# Vision Renewal

## 12-Month Rates

**Combined monthly premium**  
**Combined annual premium**  
*Annual relationship to current \$*  
*Annual relationship to current %*

## Rate Guarantee

**Total vision enrollment** **175**

### Vision - CE/ConfMgmt

Employee 28  
 Employee + 1 22  
 Employee + family 60  
**Annual premium** **110**  
*Annual relationship to current \$*  
*Annual relationship to current %*

### Vision - Classified

Employee 26  
 Employee + 1 15  
 Employee + family 24  
**Annual premium** **65**  
*Annual relationship to current \$*  
*Annual relationship to current %*

10/1/2024 10/1/2025

SCCSIG / VSP	
Current	Renewal
\$5,697	\$5,697
\$68,362	\$68,362
	\$0
	0.0%

**12 Months**  
**(10/1/25-9/30/26)**

VSP Premium Plan	
\$12.79	\$12.79
\$25.58	\$25.58
\$48.33	\$48.33
<b>\$45,848</b>	<b>\$45,848</b>
	\$0
	0.0%

VSP Premium Plan	
\$12.79	\$12.79
\$25.58	\$25.58
\$48.33	\$48.33
<b>\$22,514</b>	<b>\$22,514</b>
	\$0
	0.0%

## Benefit Highlights

**Exam**  
**Materials copay**  
**Standard lenses (plan pays)**  
 Single vision  
 Bifocal vision  
 Trifocal vision  
**Frames**  
**Contact lenses - In lieu of frames &**  
**Frequency**  
 Exams  
 Lenses  
 Frames  
**Laser eye surgery**

## VSP Premium Plan

**In-Network** **Non-Network**

\$5 up to \$45  
 \$5 n/a  
 100% up to \$45  
 100% up to \$65  
 100% up to \$85  
 Up to \$150 up to \$47  
 Up to \$150 Up to \$105  
 date of service  
 12 months  
 12 months  
 12 months  
 discounts apply not covered



# Basic Life and AD&D Renewal – All Bargaining Units

## 12-Month Rates

**Combined monthly premium**  
**Combined annual premium**  
*Annual relationship to current \$*  
*Annual relationship to current %*

### Rates

Life rate - per \$1,000  
 AD&D rate - per \$1,000

### All eligible employees

# employees  
 Volume  
 Benefit amount

	10/1/2024	10/1/2025
	The Hartford	
	Current	Renewal
	\$373	\$411
	\$4,480	\$4,928
		\$448
		10.0%
		<b>PROJECTED ONLY</b>
	\$0.115	\$0.127
	\$0.015	\$0.017
		193
		\$2,872,000
		Flat \$15,000

Note:

1. Enrollment and volume are as of March 2025 provided by The Hartford.



# Contributions Analysis – Certificated *with Delta Dental Indemnity*

## Hired Before July 1, 2023

		Medical	Dental (Indemnity)	Vision	Total	District Cap	11-Month EE Pays (Sept - June)
<b>Plan 1</b>							
<b>Kaiser Traditional HMO</b>	Single	\$1,007.00	\$63.91	\$12.79	\$1,083.70	\$975.33	<b>\$116.37</b>
	2-Party	\$2,014.00	\$127.82	\$25.58	\$2,167.40	\$1,950.66	<b>\$232.77</b>
	Family	\$2,850.00	\$216.08	\$48.33	\$3,114.41	\$2,802.97	<b>\$334.65</b>
<b>Plan 2</b>							
<b>Kaiser Deductible HMO</b>	Single	\$918.00	\$63.91	\$12.79	\$994.70	\$895.23	<b>\$106.85</b>
	2-Party	\$1,835.00	\$127.82	\$25.58	\$1,988.40	\$1,789.56	<b>\$213.59</b>
	Family	\$2,597.00	\$216.08	\$48.33	\$2,861.41	\$2,575.27	<b>\$307.55</b>
<b>Plan 3</b>							
<b>Anthem Blue Cross HMO</b>	Single	\$1,345.00	\$63.91	\$12.79	\$1,421.70	\$1,279.53	<b>\$152.29</b>
	2-Party	\$2,682.00	\$127.82	\$25.58	\$2,835.40	\$2,551.86	<b>\$303.76</b>
	Family	\$3,792.00	\$216.08	\$48.33	\$4,056.41	\$3,650.77	<b>\$434.75</b>
<b>Plan 4</b>							
<b>Anthem Blue Cross PPO 80-G \$20</b>	Single	\$1,616.00	\$63.91	\$12.79	\$1,692.70	\$1,523.43	<b>\$181.25</b>
	2-Party	\$3,231.00	\$127.82	\$25.58	\$3,384.40	\$3,045.96	<b>\$362.45</b>
	Family	\$4,576.00	\$216.08	\$48.33	\$4,840.41	\$4,356.37	<b>\$518.55</b>
<b>Plan 5</b>							
<b>Anthem Blue Cross PPO 80-K \$30</b>	Single	\$1,530.00	\$63.91	\$12.79	\$1,606.70	\$1,446.03	<b>\$172.06</b>
	2-Party	\$3,058.00	\$127.82	\$25.58	\$3,211.40	\$2,890.26	<b>\$343.93</b>
	Family	\$4,329.00	\$216.08	\$48.33	\$4,593.41	\$4,134.07	<b>\$492.13</b>
<b>Plan 6</b>							
<b>WABE (Medical Only)</b>	Single	\$792.00			\$792.00	\$712.80	<b>\$84.60</b>

**District Cap:  
90% of Total Premium  
(Med + Den + Vis)**

Due to October 1 effective date, EE deductions consist of 3 months of 2024-2025 rates & 9 months of 2025-2026 rates.



# Contributions Analysis – Certificated *with Delta Dental Indemnity*

## Hired After July 1, 2023

		Medical	Dental (Indemnity)	Vision	Total	District Cap	11-Month EE Pays (Sept - June)
<b>Plan 1</b>							
<b>Kaiser Traditional HMO</b>	Single	\$1,007.00	\$63.91	\$12.79	\$1,083.70	\$975.33	<b>\$116.37</b>
	2-Party	\$2,014.00	\$127.82	\$25.58	\$2,167.40	\$1,950.66	<b>\$232.77</b>
	Family	\$2,850.00	\$216.08	\$48.33	\$3,114.41	<b>\$2,802.97</b>	<b>\$334.65</b>
<b>Plan 2</b>							
<b>Kaiser Deductible HMO</b>	Single	\$918.00	\$63.91	\$12.79	\$994.70	\$895.23	<b>\$106.85</b>
	2-Party	\$1,835.00	\$127.82	\$25.58	\$1,988.40	\$1,789.56	<b>\$213.59</b>
	Family	\$2,597.00	\$216.08	\$48.33	\$2,861.41	\$2,575.27	<b>\$307.55</b>
<b>Plan 3</b>							
<b>Anthem Blue Cross HMO</b>	Single	\$1,345.00	\$63.91	\$12.79	\$1,421.70	\$1,279.53	<b>\$152.29</b>
	2-Party	\$2,682.00	\$127.82	\$25.58	\$2,835.40	\$2,551.86	<b>\$303.76</b>
	Family	\$3,792.00	\$216.08	\$48.33	\$4,056.41	<b>\$2,802.97</b>	<b>\$1,335.56</b>
<b>Plan 4</b>							
<b>Anthem Blue Cross PPO 80-G \$20</b>	Single	\$1,616.00	\$63.91	\$12.79	\$1,692.70	\$1,523.43	<b>\$181.25</b>
	2-Party	\$3,231.00	\$127.82	\$25.58	\$3,384.40	<b>\$2,802.97</b>	<b>\$612.60</b>
	Family	\$4,576.00	\$216.08	\$48.33	\$4,840.41	<b>\$2,802.97</b>	<b>\$2,173.65</b>
<b>Plan 5</b>							
<b>Anthem Blue Cross PPO 80-K \$30</b>	Single	\$1,530.00	\$63.91	\$12.79	\$1,606.70	\$1,446.03	<b>\$172.06</b>
	2-Party	\$3,058.00	\$127.82	\$25.58	\$3,211.40	<b>\$2,802.97</b>	<b>\$427.42</b>
	Family	\$4,329.00	\$216.08	\$48.33	\$4,593.41	<b>\$2,802.97</b>	<b>\$1,909.38</b>
<b>Plan 6</b>							
<b>WABE (Medical Only)</b>	Single	\$792.00			\$792.00	\$712.80	<b>\$84.60</b>

**District Cap:**  
**90% of Total Premium of Kaiser HMO Family Tier w/ Dental Indemnity (Med + Den + Vis)**

Due to October 1 effective date, EE deductions consist of 3 months of 2024-2025 rates & 9 months of 2025-2026 rates.



# Contributions Analysis – Certificated *with Delta Dental “Premium”*

## *Hired Before July 1, 2023*

		Medical	Dental (Premium)	Vision	Total	District Cap	11-Month EE Pays (Sept - June)
<b>Plan 1</b>							
<b>Kaiser Traditional HMO</b>	Single	\$1,007.00	\$60.87	\$12.79	\$1,080.66	\$975.33	<b>\$112.96</b>
	2-Party	\$2,014.00	\$121.73	\$25.58	\$2,161.31	\$1,950.66	<b>\$225.94</b>
	Family	\$2,850.00	\$205.79	\$48.33	\$3,104.12	\$2,802.97	<b>\$323.12</b>
<b>Plan 2</b>							
<b>Kaiser Deductible HMO</b>	Single	\$918.00	\$60.87	\$12.79	\$991.66	\$895.23	<b>\$103.44</b>
	2-Party	\$1,835.00	\$121.73	\$25.58	\$1,982.31	\$1,789.56	<b>\$206.77</b>
	Family	\$2,597.00	\$205.79	\$48.33	\$2,851.12	\$2,575.27	<b>\$296.01</b>
<b>Plan 3</b>							
<b>Anthem Blue Cross HMO</b>	Single	\$1,345.00	\$60.87	\$12.79	\$1,418.66	\$1,279.53	<b>\$148.88</b>
	2-Party	\$2,682.00	\$121.73	\$25.58	\$2,829.31	\$2,551.86	<b>\$296.93</b>
	Family	\$3,792.00	\$205.79	\$48.33	\$4,046.12	\$3,650.77	<b>\$423.21</b>
<b>Plan 4</b>							
<b>Anthem Blue Cross PPO 80-G \$20</b>	Single	\$1,616.00	\$60.87	\$12.79	\$1,689.66	\$1,523.43	<b>\$177.84</b>
	2-Party	\$3,231.00	\$121.73	\$25.58	\$3,378.31	\$3,045.96	<b>\$355.62</b>
	Family	\$4,576.00	\$205.79	\$48.33	\$4,830.12	\$4,348.27	<b>\$513.64</b>
<b>Plan 5</b>							
<b>Anthem Blue Cross PPO 80-K \$30</b>	Single	\$1,530.00	\$60.87	\$12.79	\$1,603.66	\$1,446.03	<b>\$168.65</b>
	2-Party	\$3,058.00	\$121.73	\$25.58	\$3,205.31	\$2,890.26	<b>\$337.10</b>
	Family	\$4,329.00	\$205.79	\$48.33	\$4,583.12	\$4,134.07	<b>\$480.59</b>
<b>Plan 6</b>							
<b>WABE (Medical Only)</b>	Single	\$792.00			\$792.00	\$712.80	<b>\$84.60</b>

**District Cap:**  
**90% of Total Premium**  
*w/ Dental Indemnity*  
**(Med + Den + Vis)**

Due to October 1 effective date, EE deductions consist of 3 months of 2024-2025 rates & 9 months of 2025-2026 rates.




# Contributions Analysis – Certificated *with Delta Dental “Premium”*

## Hired After July 1, 2023

		Medical	Dental (Premium)	Vision	Total	District Cap	11-Month EE Pays (Sept - June)
<b>Plan 1</b>							
<b>Kaiser Traditional HMO</b>	Single	\$1,007.00	\$60.87	\$12.79	\$1,080.66	\$975.33	<b>\$112.96</b>
	2-Party	\$2,014.00	\$121.73	\$25.58	\$2,161.31	\$1,950.66	<b>\$225.94</b>
	Family	\$2,850.00	\$205.79	\$48.33	\$3,104.12	<b>\$2,802.97</b>	<b>\$323.12</b>
<b>Plan 2</b>							
<b>Kaiser Deductible HMO</b>	Single	\$918.00	\$60.87	\$12.79	\$991.66	\$895.23	<b>\$103.44</b>
	2-Party	\$1,835.00	\$121.73	\$25.58	\$1,982.31	\$1,789.56	<b>\$206.77</b>
	Family	\$2,597.00	\$205.79	\$48.33	\$2,851.12	\$2,575.27	<b>\$296.01</b>
<b>Plan 3</b>							
<b>Anthem Blue Cross HMO</b>	Single	\$1,345.00	\$60.87	\$12.79	\$1,418.66	\$1,279.53	<b>\$148.88</b>
	2-Party	\$2,682.00	\$121.73	\$25.58	\$2,829.31	\$2,551.86	<b>\$296.93</b>
	Family	\$3,792.00	\$205.79	\$48.33	\$4,046.12	<b>\$2,802.97</b>	<b>\$1,324.03</b>
<b>Plan 4</b>							
<b>Anthem Blue Cross PPO 80-G \$20</b>	Single	\$1,616.00	\$60.87	\$12.79	\$1,689.66	\$1,523.43	<b>\$177.84</b>
	2-Party	\$3,231.00	\$121.73	\$25.58	\$3,378.31	<b>\$2,802.97</b>	<b>\$605.78</b>
	Family	\$4,576.00	\$205.79	\$48.33	\$4,830.12	<b>\$2,802.97</b>	<b>\$2,162.12</b>
<b>Plan 5</b>							
<b>Anthem Blue Cross PPO 80-K \$30</b>	Single	\$1,530.00	\$60.87	\$12.79	\$1,603.66	\$1,446.03	<b>\$168.65</b>
	2-Party	\$3,058.00	\$121.73	\$25.58	\$3,205.31	<b>\$2,802.97</b>	<b>\$420.60</b>
	Family	\$4,329.00	\$205.79	\$48.33	\$4,583.12	<b>\$2,802.97</b>	<b>\$1,897.85</b>
<b>Plan 6</b>							
<b>WABE (Medical Only)</b>	Single	\$792.00			\$792.00	\$712.80	<b>\$84.60</b>

**District Cap:**  
**90% of Total Premium of Kaiser HMO Family Tier w/ Dental Indemnity (Med + Den + Vis)**

Due to October 1 effective date, EE deductions consist of 3 months of 2024-2025 rates & 9 months of 2025-2026 rates.



# Contributions Analysis – Classified *with Delta Dental Indemnity*

		Medical	Dental (Indemnity)	Vision	Total	District Cap	10-Month EE Pays (Sept - June)
<b>Plan 1</b>							
<b>Kaiser Traditional HMO</b>	Single	\$1,007.00	\$63.91	\$12.79	\$1,083.70	\$1,083.70	\$0.00
	2-Party	\$2,014.00	\$127.82	\$25.58	\$2,167.40	\$2,167.40	\$0.00
	Family	\$2,850.00	\$216.08	\$48.33	\$3,114.41	\$3,114.41	\$0.00
<b>Plan 2</b>							
<b>Kaiser Deductible HMO</b>	Single	\$918.00	\$63.91	\$12.79	\$994.70	\$994.70	\$0.00
	2-Party	\$1,835.00	\$127.82	\$25.58	\$1,988.40	\$1,988.40	\$0.00
	Family	\$2,597.00	\$216.08	\$48.33	\$2,861.41	\$2,861.41	\$0.00
<b>Plan 3</b>							
<b>Anthem Blue Cross HMO</b>	Single	\$1,345.00	\$63.91	\$12.79	\$1,421.70	\$1,421.70	\$0.00
	2-Party	\$2,682.00	\$127.82	\$25.58	\$2,835.40	\$2,835.40	\$0.00
	Family	\$3,792.00	\$216.08	\$48.33	\$4,056.41	\$3,114.41	\$1,101.00
<b>Plan 4</b>							
<b>Anthem Blue Cross PPO 80-G \$20</b>	Single	\$1,616.00	\$63.91	\$12.79	\$1,692.70	\$1,692.70	\$0.00
	2-Party	\$3,231.00	\$127.82	\$25.58	\$3,384.40	\$3,114.41	\$305.75
	Family	\$4,576.00	\$216.08	\$48.33	\$4,840.41	\$3,114.41	\$2,022.90
<b>Plan 5</b>							
<b>Anthem Blue Cross PPO 80-K \$30</b>	Single	\$1,530.00	\$63.91	\$12.79	\$1,606.70	\$1,606.70	\$0.00
	2-Party	\$3,058.00	\$127.82	\$25.58	\$3,211.40	\$3,114.41	\$102.05
	Family	\$4,329.00	\$216.08	\$48.33	\$4,593.41	\$3,114.41	\$1,732.20
<b>Plan 6</b>							

**District Cap:**  
**Kaiser HMO Family Tier**  
*w/ Dental Indemnity:*  
**\$3,114.41**

Due to October 1 effective date, EE deductions consist of 3 months of 2024-2025 rates & 9 months of 2025-2026 rates.



# Contributions Analysis – Classified *with Delta Dental “Premium”*

		Medical	Dental (Premium)	Vision	Total	District Cap	10-Month EE Pays (Sept - June)
<b>Plan 1</b>							
<b>Kaiser Traditional HMO</b>	Single	\$1,007.00	\$60.87	\$12.79	\$1,080.66	\$1,080.66	\$0.00
	2-Party	\$2,014.00	\$121.73	\$25.58	\$2,161.31	\$2,161.31	\$0.00
	Family	\$2,850.00	\$205.79	\$48.33	\$3,104.12	\$3,104.12	\$0.00
<b>Plan 2</b>							
<b>Kaiser Deductible HMO</b>	Single	\$918.00	\$60.87	\$12.79	\$991.66	\$991.66	\$0.00
	2-Party	\$1,835.00	\$121.73	\$25.58	\$1,982.31	\$1,982.31	\$0.00
	Family	\$2,597.00	\$205.79	\$48.33	\$2,851.12	\$2,851.12	\$0.00
<b>Plan 3</b>							
<b>Anthem Blue Cross HMO</b>	Single	\$1,345.00	\$60.87	\$12.79	\$1,418.66	\$1,418.66	\$0.00
	2-Party	\$2,682.00	\$121.73	\$25.58	\$2,829.31	\$2,829.31	\$0.00
	Family	\$3,792.00	\$205.79	\$48.33	\$4,046.12	\$3,114.41	\$1,088.31
<b>Plan 4</b>							
<b>Anthem Blue Cross PPO 80-G \$20</b>	Single	\$1,616.00	\$60.87	\$12.79	\$1,689.66	\$1,689.66	\$0.00
	2-Party	\$3,231.00	\$121.73	\$25.58	\$3,378.31	\$3,114.41	\$298.24
	Family	\$4,576.00	\$205.79	\$48.33	\$4,830.12	\$3,114.41	\$2,010.21
<b>Plan 5</b>							
<b>Anthem Blue Cross PPO 80-K \$30</b>	Single	\$1,530.00	\$60.87	\$12.79	\$1,603.66	\$1,603.66	\$0.00
	2-Party	\$3,058.00	\$121.73	\$25.58	\$3,205.31	\$3,114.41	\$94.54
	Family	\$4,329.00	\$205.79	\$48.33	\$4,583.12	\$3,114.41	\$1,719.51
<b>Plan 6</b>							
<b>WABE (Medical Only)</b>	Single	\$792.00			\$792.00	\$792.00	\$0.00

**District Cap:**  
**Kaiser HMO Family Tier**  
*w/ Dental Indemnity:*  
**\$3,114.41**

Due to October 1 effective date, EE deductions consist of 3 months of 2024-2025 rates & 9 months of 2025-2026 rates.

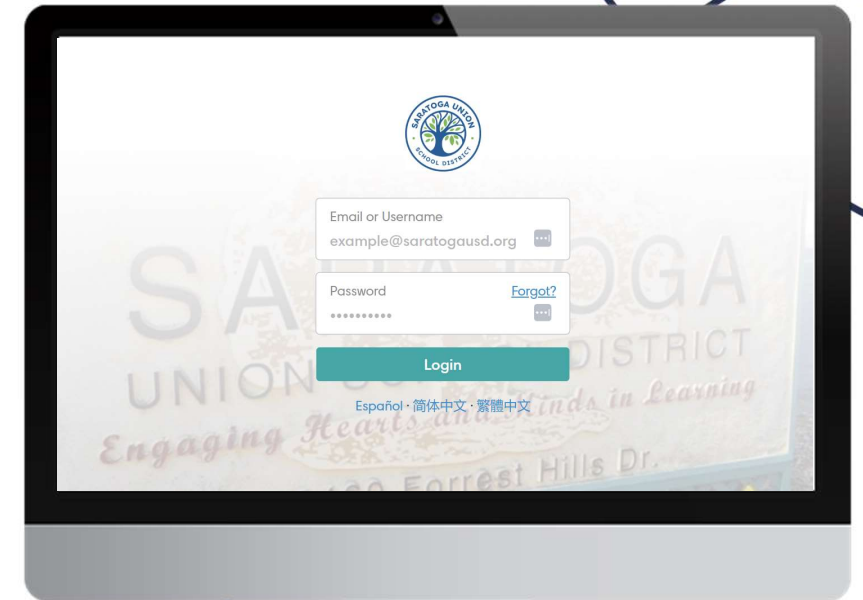


# EASE and Online Enrollment

ease

**The October 1, 2025 Open Enrollment will be the last year through EASE!**

- The EASE online benefits enrollment site is sunsetting in 2026 for **ALL** clients, including Saratoga USD
- **This upcoming October 1, 2025 Open Enrollment will be the last year that employees will be using EASE to elect benefits**
- Baldwin is actively exploring alternative enrollment partners for all of our school district clients
- We will reach out in **Fall 2025** to:
  - Review alternative options for the October 1, 2026 Open Enrollment...and beyond
  - Demo online enrollment sites
  - Determine next steps and timeline
  - Begin transition and implementation



# Renewal/Open Enrollment Timeline

Action Items	Target Date	Responsible Parties
<b>SISC Renewal Released</b>	April 1, 2025	SISC
<b>Benefits Renewal Meeting – HR &amp; Mgmt Only</b>	April 21, 2025	SUSD / Baldwin
<b>Benefits Committee Meeting - Unions</b>	May 6, 2025	SUSD / Baldwin
<b>Final Renewal Decisions</b>	May 9, 2025	SUSD
<b>OE Communication Preparations</b>	April – May 2025	Baldwin
<b>Open Enrollment</b>	<b>May 19 – May 30, 2025</b>	<b>SUSD / Baldwin</b>
<b>Plan Changes Due to SISC</b>	July 1, 2025	SUSD / Baldwin
<b>New Plan Year Begins</b>	October 1, 2025	All



# Appendix



# Quest Screening Programs

Based on Quest's book of business averages and financial savings analysis, **SISC would expect to see the following over 7 years:**

- **6% positivity rate** - 834 positive results
- **28 fewer cases of colorectal cancer** - 4/year
- **14 lives saved** - 2/year
- **Reduced medical spend** - \$1.3mil/year

All members **with positive test results** will receive guidance from a **Lantern case nurse** through next steps in treatment. So far in 2025, **2,274** SISC members have ordered kits and **12** members have had positive results.



# SISC BenefitsConnect

SISC is excited to introduce our new interactive benefits **education and communication tool called SISC BenefitsConnect** powered by **Airbo**.

Each month, SISC will send out a quick, engaging **campaign** to help SISC members **learn** about their benefits and SISC **added-value** programs. It only takes a **few minutes to participate** and members can **earn** prizes for learning about their benefits!

**SISC BenefitsConnect** makes benefits education **easy and engaging**, which means your employees will be **more informed!**

**Members can earn prizes just for learning about their benefits.**



# SISC BenefitsConnect

Campaign Rating **4.7 Stars**

*Based on 2,144 Responses*

## Member Testimonials

*“Learned a lot of **useful information** and **signed up** for a new resource.”*

*“I learned **new benefits** I didn’t know I had. **Great tool** that I will be using.”*

*“It’s about time that **more online access** to resources are made available to all members.”*

## SISC needs your help!

As part of our effort to gather the most recent contact information for our members, **SISC will ask for your assistance in gathering email addresses and telephone numbers** from your employees. We will provide more information as SISC launch this project this **Spring**.



# SISC PPO Updates

## New Partner - Midi Health

We're excited to share that **Midi Health** is available to **all SISC Anthem and Blue Shield PPO members** as an in-network provider. Midi Health is a **virtual menopause clinic** where members can **access expert care** for **perimenopause** and **menopause** through a **specialized virtual clinic** that offers flexible appointments.

Midi's care team can provide **personalized** care for symptoms **like hot flashes, mood changes, poor sleep, and more**. Midi's care team can give insight on **evidence-based treatments** designed to help employees feel their best.

**Standard plan cost-sharing applies.** Prescribed medications are subject to SISC formulary guidelines.



# SISC PPO Reminders

## Other Important PPO Reminders

- **\$0 copay** for the **first three visits** with an **PCP** each calendar year.
- **\$0 copay** for all virtual primary care received through **Centivo Care** (formerly Eden).
- **Benefit Limits** for common **outpatient** procedures **when performed at hospitals** rather than an ambulatory surgery center.
- Members should contact carrier **customer service** (number on the back of ID card) for assistance with **claims and benefit questions**.



# Other SISC Updates

- **New! MyPlanChoices** is an affordable **decision support tool** with options for streamlining employee open enrollment elections. Districts who select this program can have the **cost added to their SISC monthly invoice**. If your district is interested in more information and a **price quote**, contact your SISC Account Manager. Please keep an eye out for a **webinar invitation later this Spring**. A flyer is attached in the appendix for additional details.
- **Retroactive Terminations:** Effective **10/1/2025**, PPO terminations for **divorce and death** will be processed up to **12 months retroactively** on active and <65 retiree plans.
- **SISCconnect Eligibility Submissions:** Please do **not** use an **underscore** character when naming file submissions. See the Health Benefits Manual for examples.
- **Incorrect Address Report:** SISC will upload a **monthly report** of employees/retirees in need of an **address correction** to the Miscellaneous Reports folder. Districts should **update these addresses** in SISCconnect on a **monthly** basis.



# SISC PPO & HMO Updates

- **\$0 copay**  
MDLive effective **10/1/2025.**

**fast, hassle-free health care. anytime. anywhere.**

Your benefits include reliable 24/7 health care by phone or video. Our national network of board-certified doctors provides personalized care for hundreds of medical and mental health needs. No surprise costs. No hassle. Just create an account to enroll.

**USING MDLIVE IS AS EASY AS 1-2-3:**

- STEP 1: CREATE YOUR SECURE ACCOUNT.**
- STEP 2: REQUEST AN APPOINTMENT.**  
Have an urgent care appointment right away, or schedule a time that works for you.
- STEP 3: FEEL BETTER FASTER.**  
Get a diagnosis, treatment plan, and prescriptions, when appropriate, sent right to your preferred pharmacy.<sup>1</sup>

Your copay is **\$0** per appointment.

**URGENT CARE**  
**On-demand care for illness and injuries.**

- Talk to a board-certified doctor in just minutes when you need care fast, including prescriptions.
- Reliable and affordable alternative to urgent care clinics for more than 80 common, non-emergency conditions like flu, sinus infections, ear pain, and UTIs (Females, 18+).

**MENTAL HEALTH**  
**Talk therapy and psychiatry from the privacy of home.<sup>1</sup>**

- Licensed therapists and board-certified psychiatrists.
- Schedule your appointment in as little as five days with after-hours and flexible sessions available.

Get the app:

Meet Sophie, your personal assistant  
Text SISC to 635483 to create an account.

Create your account today.  
[mdlive.com/SISC](https://mdlive.com/SISC) | 800.657.6169

<sup>1</sup>Prescriptions are available at the physician's discretion when medically necessary.  
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# SISC

## Pharmacy Update

With your **pharmacy coverage** through **Navitus**, many **generic** medications have a **\$0 copay for a 90-day supply** when you fill them at a **Costco pharmacy**.

### New this year!

- Members can get their prescription **delivered** from their **local Costco for free with Instacart**. Members can simply **call** their local Costco and let the pharmacy staff know that they would like to **transfer** their prescription.
- Once a **prescription is filled**, a **text** is sent with the link to access **Instacart for free!** It's that easy.



# Important Reminders

- All requests for **benefit modifications** require **90 days' advance notice**. Requests for renewal benefit modifications received after **July 1<sup>st</sup>** will be delayed to a later effective date.
- The **2025-26 Health Benefits Manual** will be made available on SISCconnect by **March 31<sup>st</sup>**. It is the district's responsibility to review the SISC Health Benefits Manual each year and administer the benefits accordingly. The manual is our administrative guide and catalog of plan options.



# We Can Make A Difference

## Promote awareness of the SISC Added Value Programs!

SISC is pleased to continue our partnership with **Quest Diagnostics** for our 2025 Health Screening Program where SISC members receive a **\$25 Amazon Award** just for learning their health numbers.

### Program Features:

- Onsite events require a minimum of 30 participants
- Quest Patient Service Center (PSC) option is available
- The program is available until **June 30, 2026**

## New this year!

**PPO Members over age 45** are eligible for a **free at-home colorectal cancer screening kit**. The research shows **compliance increases by 31%** when employees are given a convenient **at-home option for screening**. When caught early, colorectal cancer has a **5-year survival rate of over 90%**.



# Lantern Cancer Care

**Lantern Cancer Care** delivers personalized guidance and support to **PPO members** at any point in their cancer journey, from **initial diagnosis to remission**.

- Connects patient to a personal **oncology nurse and care team**
- Provides access to the **top national cancer centers** while keeping care local
- Accelerated access to **top institutions**
- Coordinates expert **medical review** of diagnoses and treatment plans

## The research shows:

- **11%** misdiagnosis rate for top 5 cancers which **delays** appropriate treatment
- **10%** decrease in 5-year **survival** rate with 21+ day delay in time to treatment
- **9%** of cancer treatments are **not concordant** with treatment guidelines

Lantern Cancer Care is included as part of SISC PPO medical benefits at **no cost**.

<https://www.degruyter.com/document/doi/10.1515/dx20190104/html#:~:text=Total%20cancers,PPR%3A%2010.1%E2%80%9320.9>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4858932/>



# Maven

**Maven** offers **24/7 virtual care access** to one-on-one maternity and postpartum support for **SISC PPO members at no cost**.

Maven participants can access **30+ provider types** including doulas. A **doula** is a professional trained in childbirth who provides emotional, physical, and educational **support** to a pregnant mom. Their purpose is to help women have a safe and **empowering** birthing experience.

The research shows the doulas can be very effective in supporting a healthy pregnancy:

- **2x less likely** to have a birth complication
- **57% lower** odds of postpartum depression
- **20% lower** odds of having a C-section with 2 doula appointments

[https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(22\)00261-9/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00261-9/fulltext)

[https://journals.lww.com/greenjournal/fulltext/2024/02000/association\\_between\\_doula\\_use\\_on\\_a\\_digital\\_health.4.aspx](https://journals.lww.com/greenjournal/fulltext/2024/02000/association_between_doula_use_on_a_digital_health.4.aspx)



# Maven

SISC members who have used Maven **reported** these positive outcomes:

- **61%** - Better understood pregnancy and delivery complications
- **40%** - Avoided a trip to the ER or in-person doctor
- **36%** - Managed anxiety and/or depression

Data from the SISC program has already shown a **20% C-section reduction and 6% NICU reduction.**

As a reminder, PPO members who enroll in Maven during the first or second trimester are eligible for a **6-month diaper subscription.**



# Centivo Care

**Centivo Care** (formerly Eden Health) offers eligible **PPO members** access to a **primary care team** through a smart phone app using video visits and live chat.

**Centivo's providers** can **diagnose** conditions, **refill** prescriptions, **refer** to in-network specialists, **order** imaging/labs, and **provide** follow up care.

## Clinical Encounter Insights

Encounter Type	1/1/24-9/30/24
Preventive Care	42.2%
Acute Care	28.6%
Chronic Care	15.4%
Other	13.8%

As a reminder, this benefit is available at **no cost** to **all adult SISC PPO members** enrolled on an active or <65 retiree plan. **HSA members** are **not** eligible for this benefit.



**Thank you!**

