Retiree Benefits Guide

2025 – 2026

Certificated Retirees

Contents

Think Benefits

Dear Valued Retiree:

Buena Park School District takes pride in offering a comprehensive and competitive benefit program to all eligible past employees.

This brochure highlights all plans that are available to you and your dependents for the 2025-2026 plan year. The benefits in this summary are effective October 1, 2025 – September 30, 2026.

Thank you again for your past work with BPSD!

Sincerely,
Your Employee Benefits Technician

Contents

3 | Enrollment Information
- Who May Enroll
- When You Can Enroll
- Changes To Enrollment
- Paying for Your Coverage

4 | Online Benefits Enrollment

7 | Medical Benefits
- Medical Plan Options
- Medical Plan Highlights
  - **Certificated Retiree**
- Extra Benefits Through SISC
- Health Benefit tips

8 | Health Plan Costs
- **Certificated Retiree**

19 | Dental Benefits
- Dental Plan Options

21 | Contact Information

22 | Important Information
- Annual Notices
- The Affordable Care Act and You
- Summary of Benefits and Coverage

Retiree and Dependent Eligibility

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

Your eligible dependents include:

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

Dependent Verification

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

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

Changes To Enrollment

Our benefit plans are effective October 1 through September 30 of each year. There is an annual open enrollment period during which you can make new benefit elections for the following October 1 effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP

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

Online Benefits Enrollment

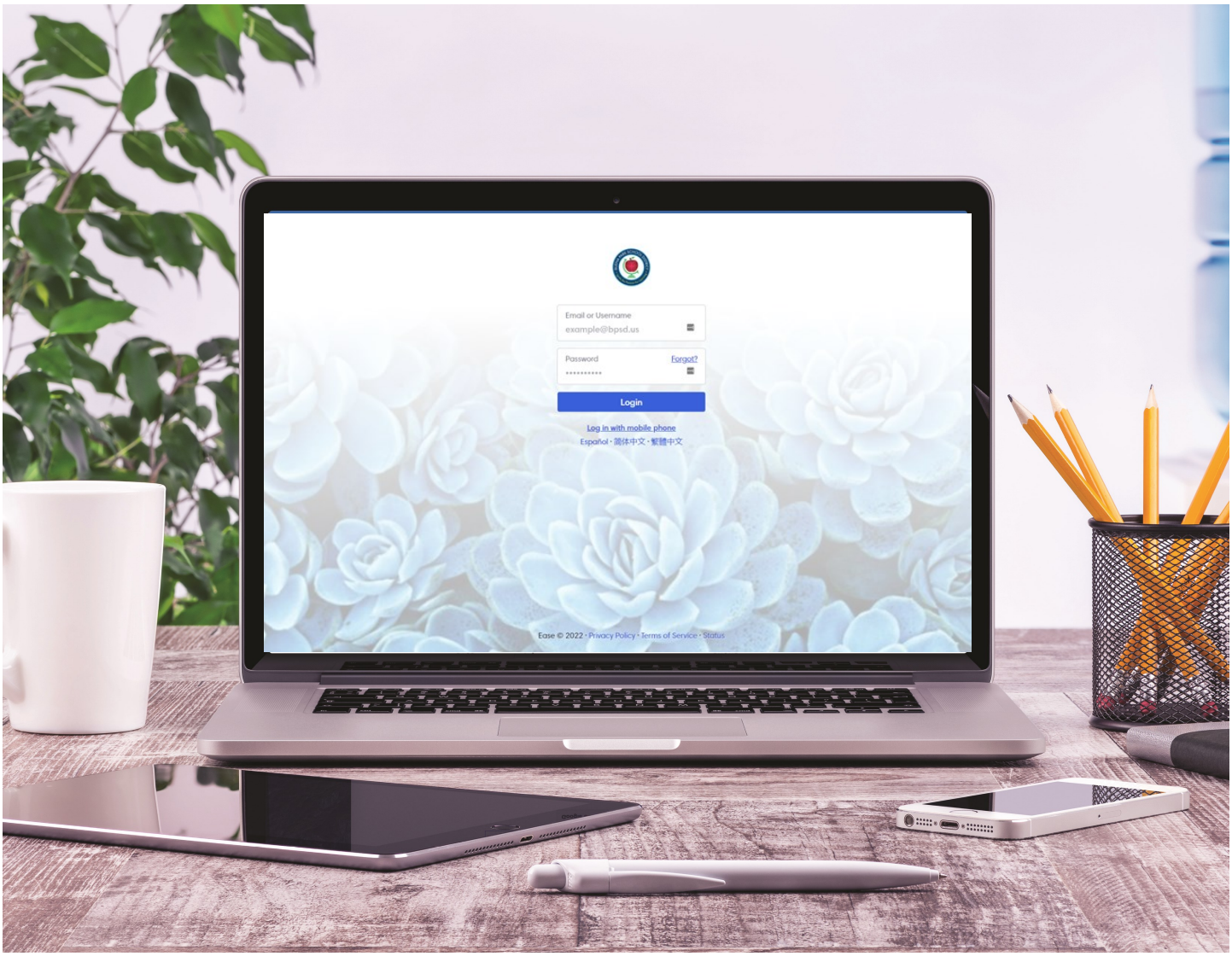
With Ease, you and your family can access your benefits information whenever you want, from home or anywhere you have Internet access. Use Ease to make your benefit elections, update your personal information, and to locate important benefits documents.

To Enroll or Make Changes to Your Benefits

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

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

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



Online Benefits Enrollment—Ease Step-by-Step

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

1. Log in to Ease by clicking on the link you receive in your email from the Employee Benefit Technician.
   For optimal performance it is recommended that you use
   Chrome or Firefox as your browser.

2. Click Start Enrollment to begin your enrollment.

3. Follow the prompts on each page to complete your benefit enrollment.
   Click Continue to proceed to the next section.

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

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

6. Please select ✓ ✗ your benefit by selecting Enrolled ☑ ✗ or Waived ✓ ☒ for each plan.
   Click Continue to proceed to the next benefit.

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

8. Before you review your forms

type your name.

THEN

Sign your signature

and follow prompts to finish.

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

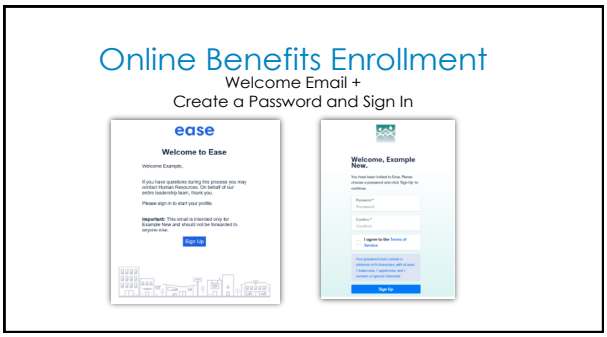
To UPLOAD Supporting Documents, Select:

- ☐ **VIEW PROFILE**, then select
- ☐ **DOCUMENTS**, then click **ACTIONS**
- ☐ Click **ADD DOCUMENT,** then click **BROWSE FILES** to find & upload supporting documentation.
- ☐ To add additional documents, please repeat the process
- ☐ **You can also drag the document from your desktop**
- ☐ **Please enter the DISPLAY NAME using your LAST NAME, FIRST NAME and the DESCRIPTION of the document ex, TAX RETURN or BIRTH CERTIFICATE**

Online Benefits Enrollment—Ease Screenshots

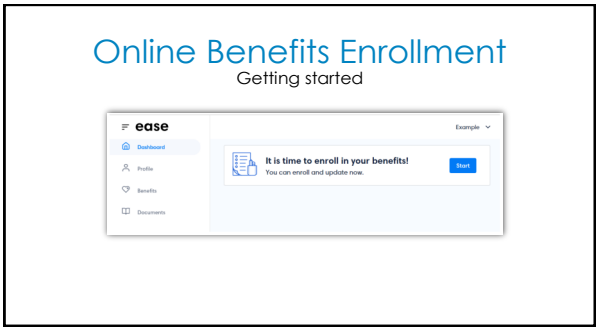
Welcome Email Create a Password and Sign In

Step 1



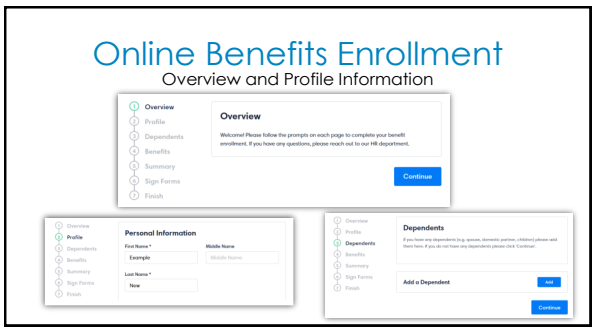
Getting started

Step 2



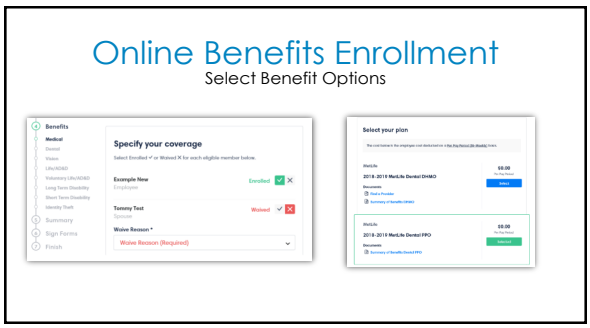
Overview and Profile Information

Step 3



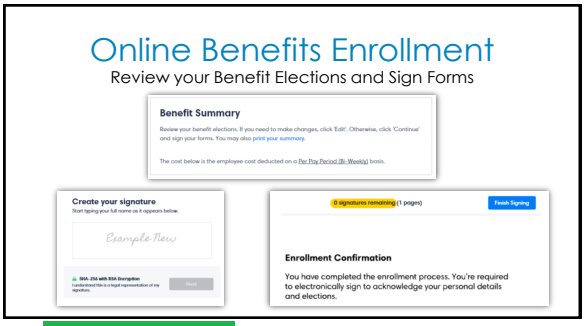
Select Benefit Options

Step 4



Review your Benefit Elections and Sign Forms

Step 5



Medical Plan Options

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

Kaiser Permanente HMO (Through SISC)

- All services must be obtained at a Kaiser facility except in the case of emergency.
- While all of your care must be directed through your selected physician, you can choose and change your doctor at any time, for any reason.
- Kaiser Permanente integrates all elements of healthcare such as physicians, medical centers, pharmacies and specialist administration in one convenient facility.

Anthem HMO (Through SISC)

- You must choose a Primary Care Physician (PCP) or medical group that participate in the HMO network. All of your care must be directed through your PCP or medical group.
- You can change your PCP or medical group at any time. The change will be effective on the first day of the month following the day you submit your change request. A new Anthem HealthCare ID will be issued with your new PCP's designation.
- Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization.
- You will receive benefits only if you use the doctors, clinics and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.

Anthem PPO / Anthem MEC 9000 (Through SISC)

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

Online, Mobile and Phone Access

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

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

For customer service call:

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

Health Plan Contributions—CERTIFICATED RETIREE

Health premium contributions are shared between BPSD and retirees. Your cost for coverage will vary depending on the option and level of coverage you choose.

	Retiree Cost
Kaiser Permanente HMO	Retiree Pays
Retiree Only	$134.46
Retiree + One Dependent	$1,092.06
Retiree + Family	$1,797.66
Anthem HMO	Retiree Pays
Retiree Only	$154.98
Retiree + One Dependent	$1,267.38
Retiree + Family	$2,086.98
Anthem HMO **Select**	Retiree Pays
Retiree Only	$145.44
Retiree + One Dependent	$1,179.84
Retiree + Family	$1,943.04
Anthem HMO **Priority Select**	Retiree Pays
Retiree Only	$136.18
Retiree + One Dependent	$1,104.18
Retiree + Family	$1,816.98
Anthem PPO	Retiree Pays
Retiree Only	$167.76
Retiree + One Dependent	$1,389.36
Retiree + Family	$2,294.16
Delta Care HMO	Retiree Pays
Retiree Only	$67.72
Retiree + One Dependent	$67.72
Retiree + Family	$67.72
Delta Dental PPO	Retiree Pays
Retiree Only	$137.89
Retiree + One Dependent	$137.89
Retiree + Family	$137.89

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

Medical Benefits: Medical Plan Highlights

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

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

Medical Benefits: Medical Plan Highlights

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

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

[2] Deductible waived.

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

Medical Benefits: Extra Benefits Through SISC

Extra Benefits for All BPSD Medical Plan Members

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

Telemedicine Benefits: All BPSD Medical Plan Members

Phone and/or video visits are an excellent option for convenient, accessible care when you don't need a doctor to see you in person. They are also a good choice when away from home or if you need short term prescription drug refills. BPSD provides telemedicine coverage with all medical plans.

Kaiser Members: Phone and Video Visits

- Log in to your Kaiser account at www.kp.org to make a free phone or video appointment with your doctor or call (800) 464-4000
- For phone visits, the doctor will call you at the time of the appointment
- For video visits, go to https://healthy.kaiserpermanente.org/southern-california/get-care to schedule care

Anthem Members: MDLIVE

- MDLIVE gives you access to doctors 24/7 via phone or secure video for non-emergency medical conditions.
- Register under SISC to take advantage of the $0 copay per visit.
- MDLIVE doctors have 15 years experience practicing medicine on average.
- Pediatricians are on call and you can access behavioral health therapy and psychiatrist visits through MDLive
- Access MDLIVE at (800) 657-6169, visit mdlive.com/sisc or download the app from the App Store or Google Play

Nurse Support: All BPSD Medical Plan Members

BPSD provides 24/7/365 Nurse support with all medical plans at no cost to you. Nurses can help:

- Determine if you need to see a doctor either in-person or via telemedicine
- Recommend home health care when appropriate
- Get the answer to health questions for you and your family

Kaiser Advice Nurse:

Call (800) 464-4000 to speak to a Kaiser Advice Nurse at any time

Anthem Blue Cross:

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

Quest Wellness Screening

All BPSD Medical Plan Members

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

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

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

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

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

Teladoc Medical Experts: Expert Medical Opinions

All BPSD Medical Plan Members

- A free, 100% confidential benefit available to all BPSD health plan members
- Unlimited access to a top physician if you or a family member receive a difficult diagnosis
- Your Physician Case Manager is backed by a team of leading doctors around the world, and the team collaborates to determine/confirm the correct diagnosis and the optimal plan for treatment
- Your Physician Case Manager helps navigate the ins and outs of the health care system, making care more efficient and helping ease stress
- Receive on-demand support in understanding the course of treatment, what to expect and what the likely results are
- Access Teladoc Medical Experts at (855) 380-7828 or visit Teladoc.com/SISC

Discounted Gym Memberships: All BPSD Medical Plan Members

- With the Active & Fit Direct program, you can choose from over 9,000 participating fitness centers and YMCAs nationwide for a much lower cost than you would pay on your own
- Use the online fitness tracking feature, which uses a variety of wearable devices and apps

Kaiser

Kaiser Members

- Visit healthy.kaiserpermanente.org
- Kaiser HMO members and their family members can choose a plan starting at just $10 a month.

Anthem Members

- Visit anthem.com/ca/sisc/health-wellness
- Anthem members and their spouses can sign up for ASH Active & Fit for $28 a month with no annual fees or long term contracts

Anthem

Extra Benefits for Kaiser Plan Members

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

Healthy Lifestyle Programs: Kaiser Plan Members

- You have access to an array of free programs designed to support you in cultivating good health, fitness and well being.
- To learn more and/or join any of them, go to kp.org/healthylifestyles.

Healthy Lifestyle Programs for Chronic Conditions: Kaiser Plan Members

These programs are designed to support people living with chronic conditions or health issues. Go to kp.org/healthylifestyles to join them.

- **Care for Diabetes:** Receive support in managing diabetes to help you lead a healthier, more satisfying life.
- **Care for Your Health:** A customized plan to help you handle medications and treatments, and deal with daily challenges
- **Care for Pain:** A personalized pain management plan can help you enjoy life to the fullest while dealing effectively with your chronic pain.

Wellness Coaching: Kaiser Plan Members

Partner with a wellness coach (available in both English and Spanish) at no cost to you. Programs are available to help you:

- Manage your weight
- Quit tobacco
- Reduce stress
- Increase activity
- Eat healthier
- Call (866) 862-4295 to get started or click here for more information

ChooseHealthy Discounts: Kaiser Plan Members

- This program offers a directory of complementary care, an online store, fitness club discounts, savings on health products and services, and more.
- When you register for ChooseHealthy, you'll also receive a free annual Premium Membership (a $69.95 value). This membership gives you access to online resources and tools to help you achieve your health and fitness goals. You can develop a personalized exercise or meal plan, track your progress, and more.
- To get started, go to kp.org/choosehealthy or call (877) 335-2746.

Extra Benefits for Anthem Plan Members

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

24/7 Virtual Primary Care Doctor - *Centivo Care*

- Connect virtually with a primary care team to manage all of your healthcare needs. Centivo Care providers diagnose conditions, manage prescriptions, refer to specialists, and answer follow-up questions using video visits or live chat.

- Anthem PPO members
- Visit centivocare.com/sisc

Personal Health Coaching *Vida Health*

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

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

Free Generic Medications *Costco Prescription Discounts*

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

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

Physical Therapy for Back or Joint Pain *Hinge Health*

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

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

Support With Helping Find an In-Network Therapist *Rula*

- Rula helps you find and book in-network therapy appointments online based on your therapy preferences.

- Anthem members only
- Call **(323) 676– 7360**
- Visit rula.com/sisc

Medical Benefits: Extra Benefits Through SISC

Extra Benefits for Anthem Plan Members

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

24/7 Access to Virtual Maternity & Postpartum Support

Maven

- Connect with a care advocate who will guide you through various tools and resources related to pregnancy and postpartum care. Get private visits with gynecologists, specialists, therapists, and 30 other maternity and postpartum provider types.

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

Hip, Knee, and Spine Surgical Benefit

Carrum Health

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

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

Enhanced Cancer Benefit

Lantern Cancer Care

- Get help from a personal oncology nurse who can partner with you on every step of your cancer journey. You will receive a review of your initial diagnosis, a care plan, and support.

- Anthem PPO members only
- Visit lanterncare.com

Diabetes Prevention

Lark Diabetes Prevention Program

- Learn if you're at risk for prediabetes, and if needed, take steps to address it. You'll receive access to a coach, a wireless scale, and a personal activity tracker.

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

Expert Menopausal Relief Telehealth

Midi

- Midi's expert clinicians can help you find safe, effective solutions for a wide range of menopause related symptoms. They help you get any needed lab tests and create a personalized care plan.

- Anthem PPO members only
- Visit joinmmidi.com/sisc

Get the Most From Your Medical Plan

1 Ask questions.

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

2 Utilize your free preventive care benefits to stay healthy.

- In-network preventive care benefits are covered at no charge to you. Take advantage of these no cost benefits now to hopefully avoid major illnesses and the costs they bring in the future.

3 Get the right health care and save money

- Choosing the right care for your medical situation will help save you money out-of-pocket:
  - **Doctor's Office Visit** or **Telemedicine** visit**:** These are the best choices for non-urgent medical issues.
  - **Urgent Care:** This is the best choice for non-life threatening medical issues that require immediate in-person care when you can't get an appointment for a Doctor's Office Visit.
  - **Emergency Room:** You should use the Emergency Room for life threatening emergencies, or for other issues that require immediate in-person medical care outside Urgent Care hours.

Get the Most From Your Prescription Drug Benefits

1 Use generic and over the counter drugs when available.

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

2 Use preferred drugs whenever possible.

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

3 Shop Around!

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

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

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

Understand the Difference Between Preventive and Diagnostic Care

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

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

Preventive Care Services	Diagnostic Services
Help you stay healthy by checking for disease before you have symptoms or feel sick	Check for disease after you have symptoms or because of a known health issue
Can include flu shots and other vaccinations, physical exams, lab tests and prescriptions	Can also include physical exams, lab tests and prescriptions
100% covered when delivered by an in-network provider	You pay a share of the cost

Examples of **Preventive Care** Services

Preventive Blood Sugar Test

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

Preventive Mammogram

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

Preventive Cholesterol Check

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

Examples of **Diagnostic** Services

Diagnostic Blood Sugar Test

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

Diagnostic Mammogram

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

Diagnostic Cholesterol Check

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

Know the Purpose of Your Medical Tests

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

Dental Benefits

Dental Plan Options

BPSD provides employees with two dental plans to choose from.

DeltaCare HMO

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

Delta Dental PPO

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

Did You Know...

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

Online, Mobile and Phone Access

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

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

For customer service call:

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

Dental Benefits: Dental Plan Highlights

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

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

Contact Information For Assistance

Benefit Plan	Policy #	Phone	Website/Email
Medical Benefits			
Kaiser Permanente HMO	231877	(800) 464-4000	www.kp.org
Anthem HMO	57AMT	(800) 825-5541	www.anthem.com/ca/sisc
Anthem PPO	40777	(800) 825-5541	www.anthem.com/ca/sisc
Anthem PPO Bronze	70777B	(800) 825-5541	www.anthem.com/ca/sisc
Dental Benefits			
DeltaCare HMO	7041-1401	(800) 422-4234	www.deltadentalins.com
Delta Dental PPO	7041-1401	(800) 765-6003	www.deltadentalins.com
Life Balance Benefits			
Anthem EAP	N/A	(800) 999-7222 (enter SISC)	www.anthemEAP.com
Buena Park School District Benefits			
Amanda Strook	N/A	(714) 994-9237	astrook@bpsd.us

Annual Notices

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

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

The Affordable Care Act and You

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

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

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

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

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by BPSD. Please refer to the SBCs and carrier contracts provided by our health plan carriers for additional plan details. The SBCs are available at www.bpsd.us (click on "Divisions—Fiscal Services—Employee Benefits" to access).

Medicare Part D Notice of Creditable Coverage

Important Notice from Buena Park School District About Your Prescription Drug Coverage and Medicare As a Retiree Participating in Coverage Provided by Anthem Blue Cross or Kaiser Permanente

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

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

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

For More Information About Your Medicare Prescription Drug Coverage Options

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

For More Information About Medicare Prescription Drug Coverage

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

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

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

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

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

2211 Michelson Drive, Suite 1200 | Irvine, California 92612
Telephone: (949) 833-2983 | Fax: (949) 833-9549
Learn more at **www.baldwin.com**

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

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

Copyright © The Baldwin Group - all rights reserved