Employee Benefits Guide

Management

2025 - 2026

BUENA PARK SCHOOL DISTRICT
Ignite the Passion for Learning

Contents

Think Benefits

At Buena Park School District, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health—physical, emotional and financial—is the reason Buena Park School District offers you this benefits program. We are providing you with this overview to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. A list of plan contacts is provided at the back of this summary.

While we've made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

The benefits in this summary are effective October 1, 2025– September 30, 2026.

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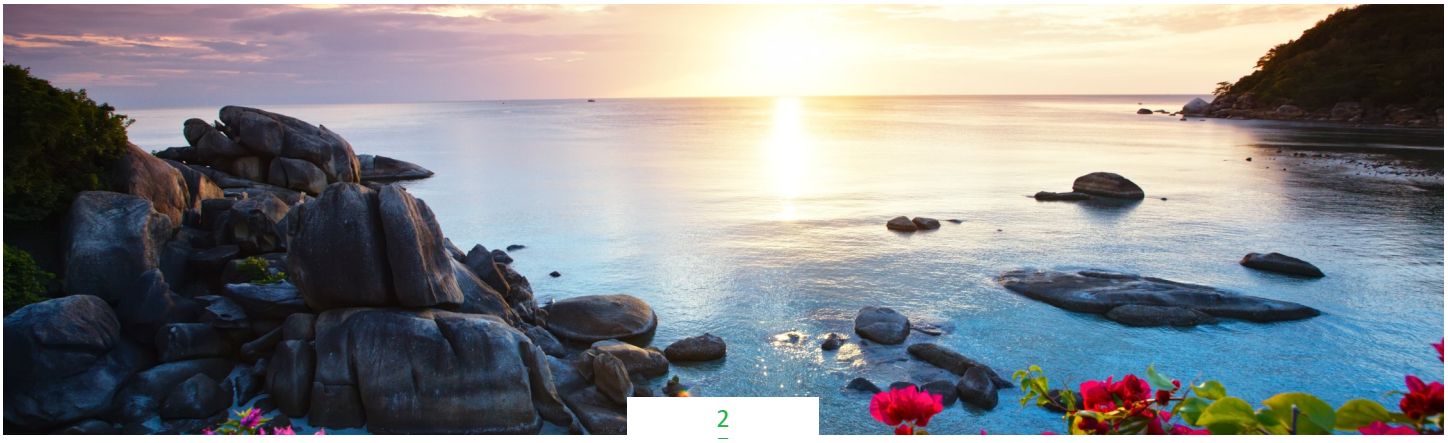


Enrollment Information

Who May Enroll

You and your eligible dependents are eligible for Buena Park School District's benefits if you are an active, full-time or part-time employee who is regularly scheduled to work as defined by the current Collective Bargaining Agreement on 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

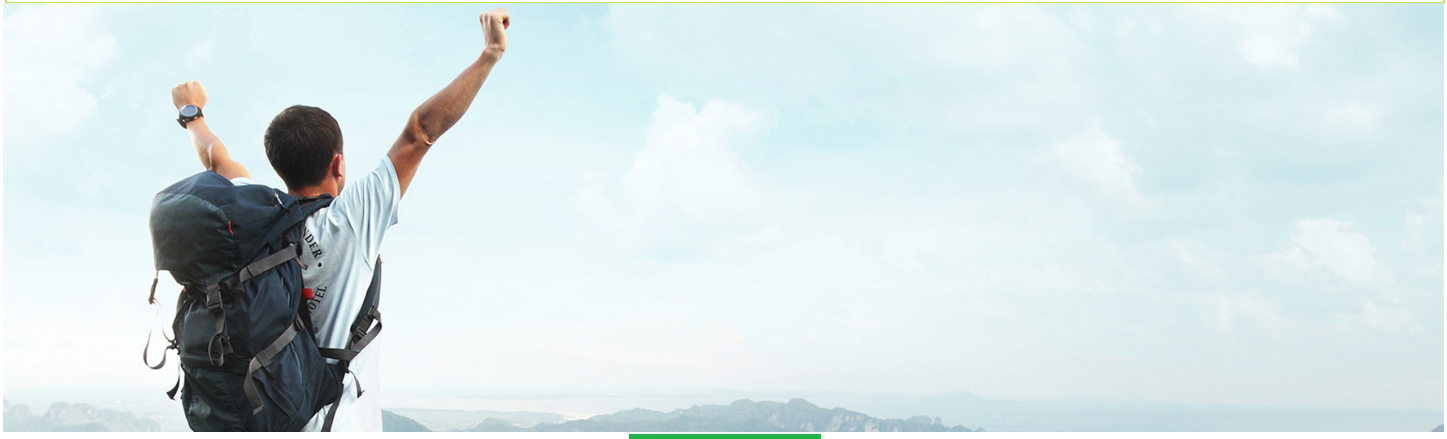
Documents Needed for Dependent Verification (see page 4)

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

Important! All eligible BPSD employees are **REQUIRED** to have medical coverage **AND** submit a SISC medical enrollment form to enroll.

The only exception to this rule is if you and your spouse both work for BPSD. You then are able to cover one spouse as a dependent on your plan, so your spouse does not have to enroll as an individual.



Dependent Eligibility Required Documents

The following verification documents are required to enroll a dependent in health benefit plans. SISC requires the Social Security Numbers for all Dependents to be covered on the plans and reserves the right to request additional documentation to substantiate eligibility.

Dependent Type	Required Documentation
Spouse	• Prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out and just the first page is required showing the employee and spouse's name) • For newly married couples where prior year's tax return is not available, a marriage certificate will be accepted. • Affidavit of Marriage Form (must be notarized) ***and*** marriage certificate required if not able to provide the tax form.
Domestic Partner	• Certificate of Registered Domestic Partnership issued by State of California (AB 205 Compliant) • SISC Affidavit of Domestic Partnership (when applicable)
Children, Stepchildren, and/or Adopted Children up to age 26	• Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent (s) name & child's DOB) • Legal Adoption Documentation
Legal Guardianship up to age 18	• Legal Court Documentation establishing Guardianship
Disabled Dependents over age 26*	**Anthem Blue Cross (All items listed below are required)** • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent (s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Completed Anthem Disabled Dependent Certification Form **Kaiser (All items listed below are required)** • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent (s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS Dependent (Income information may be blocked out.) • Completed Kaiser Disabled Dependent Enrollment Application • Most recent Kaiser Certification Notice (if available) • * Proof of (6) months of creditable coverage under the employer's plan. There can be no break in coverage. District may require additional documentation but may not require less.

Enrollment Information

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- As a new hire, you may participate in the company's benefits program on the first day of the month following your date of hire; you must enroll within 31 days from your date of hire
- Each year, during open enrollment
- Within 31 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)

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
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP

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.

Paying For Your Coverage

- BPSD's Dental, Basic Life and AD&D Insurance and Employee Assistance Program benefits are provided at no cost to you. BPSD also pays the full cost of employee-only Vision coverage.
- You and the district share in the cost of the Medical benefits you elect, along with dependent coverage for Vision benefits.
- Any Supplemental Life Insurance or Voluntary Accident, Disability Income, Cancer or Life benefits you elect will be paid by you at discounted group rates.
- Your Medical and Vision contributions are deducted before taxes are withheld which saves you tax dollars. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you.

Online Benefits Enrollment

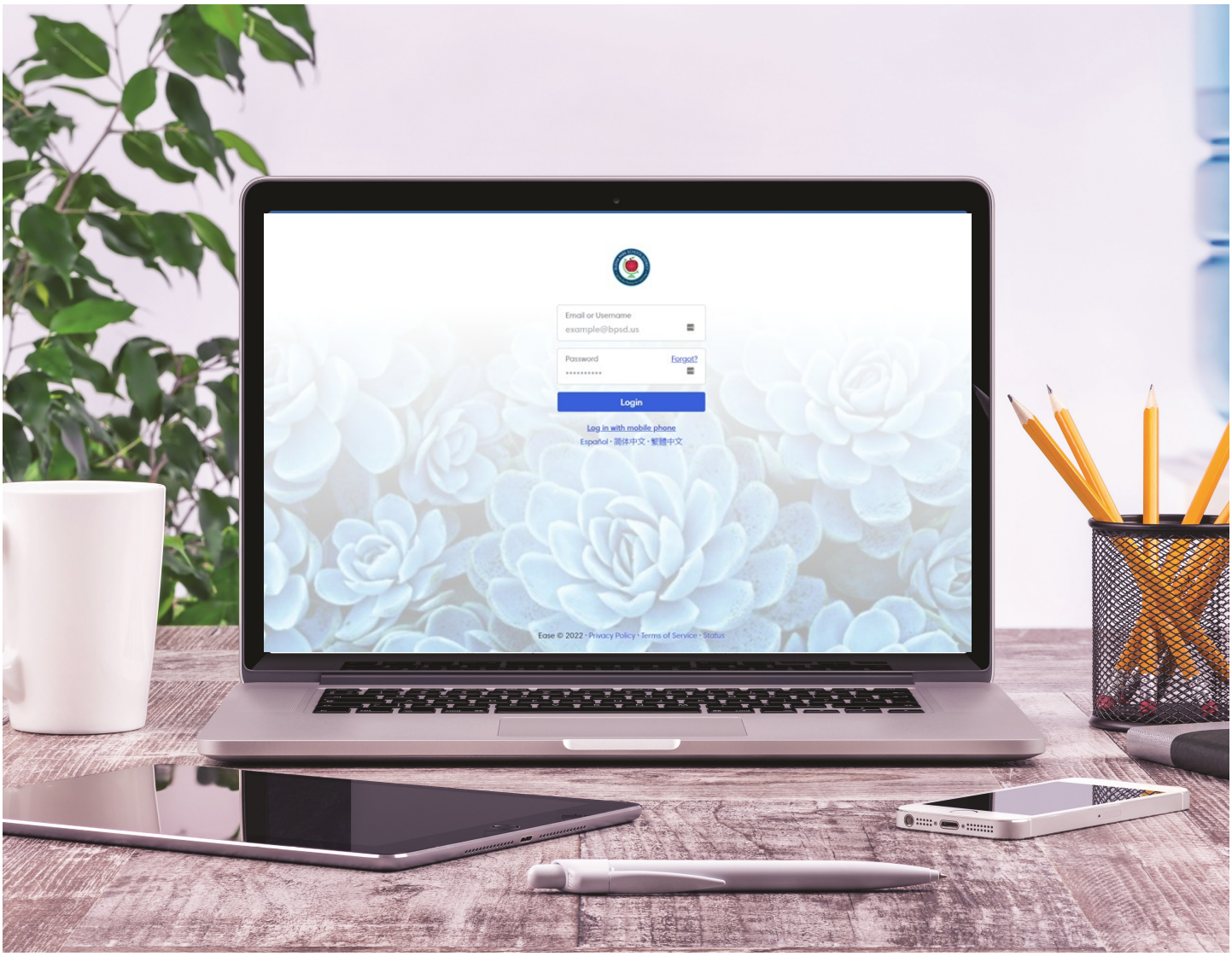
With Ease, you and your family can access your benefits information whenever you want, from home or anywhere you have Internet access. Use Ease to make your benefit elections, update your personal information, and to locate important benefits documents.

To Enroll or Make Changes to Your Benefits

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

- User Name: For first time users, your User Name is your BPSD 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 Benefits 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.

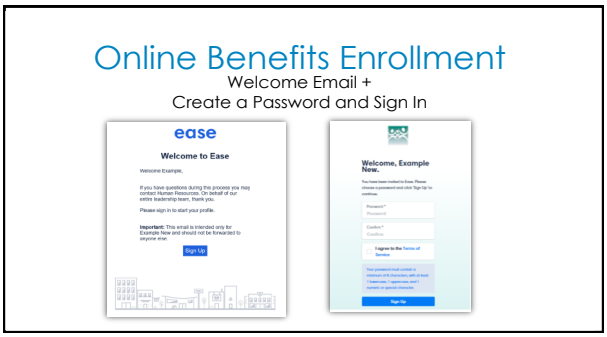
To UPLOAD Supporting Documents, Select:

- ☐ **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

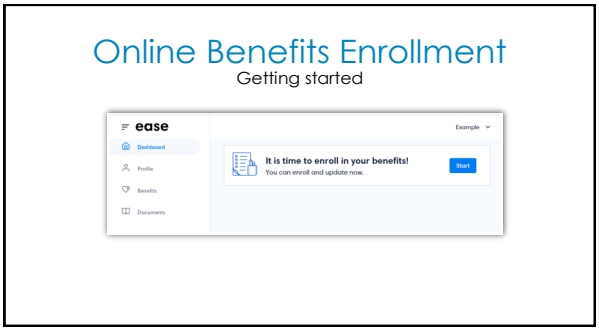
Welcome Email Create a Password and Sign In

Step 1



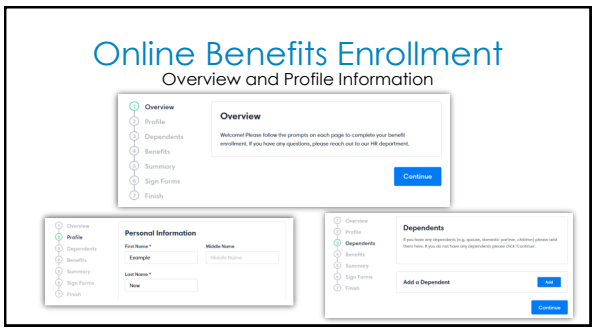
Getting started

Step 2



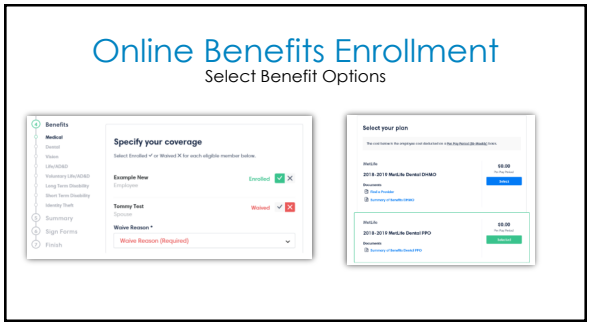
Overview and Profile Information

Step 3



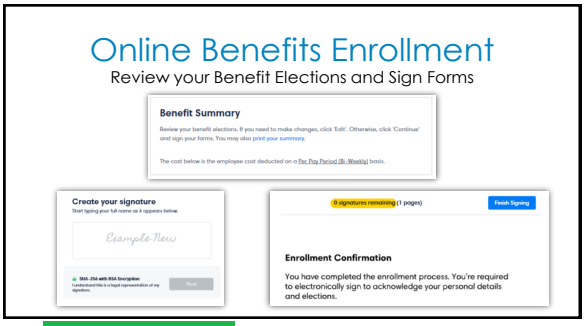
Select Benefit Options

Step 4



Review your Benefit Elections and Sign Forms

Step 5



Health Plan Costs—Management Full Time

Health Plan Contributions—MANAGEMENT 10THLY DEDUCTIONS

Health premium contributions are shared between BPSD and employees. This chart shows the per paycheck contributions (deducted ten times per year), **after** District paid share is applied for our Employee Benefit plans. Your cost for coverage will vary depending on the option and level of coverage you choose. Employee contributions for Medical coverage is deducted from your paycheck with pre-tax dollars unless specified by the Employee. This means that contributions are taken from your earnings before taxes, resulting in lower taxes and increased take home pay.

	Employee 10thly Cost
Kaiser Permanente HMO	Employee Pays
Employee Only	$111.40
Employee + One Dependent	$284.00
Employee + Family	$482.10
Anthem HMO	Employee Pays
Employee Only	$275.80
Employee + One Dependent	$635.60
Employee + Family	$974.10
Anthem HMO **Select**	Employee Pays
Employee Only	$209.80
Employee + One Dependent	$489.20
Employee + Family	$767.70
Anthem HMO **Priority Select**	Employee Pays
Employee Only	$152.20
Employee + One Dependent	$362.00
Employee + Family	$588.90
Anthem PPO	Employee Pays
Employee Only	$333.40
Employee + One Dependent	$770.00
Employee + Family	$1,167.30
Delta Care HMO/Delta Dental PPO	Employee Pays
Employee Only	$0.00
Employee + One Dependent	$0.00
Employee + Family	$0.00
Vision Service Plan (VSP) Choice	Employee Pays
Employee Only	$0.00
Employee + One Dependent	$13.86
Employee + Family	$26.18
Basic Life/AD&D	Employee Pays
Employee Only	$0.00

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 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.

WABE—Waiver Active Benefit Enrollment (WABE) (Opt-out of Medical)

For Management employees that can provide proof of other insurance coverage, there is now an option to opt-out of Medical Coverage. The District is required to pay SISC the cost of the WABE ($5,772). The employee will not have any out-of-pocket contribution for Medical as this amount is below the Employee Only Cap. To opt-out of medical coverage, the employee must complete the Waiver Election Form and provide proof of other insurance coverage. Eligible forms of proof of coverage are:

- Letter from subscriber's HR or Benefits Department on company letterhead that includes covered person(s), plan name, and the effective day of coverage OR
- Copy of insurance card (only if card has the effective date of coverage.)

Employees selecting WABE will not be able to enroll in coverage until the district's next Open Enrollment period unless they experience a mid-year qualifying event and provide supporting documentation to the district within 30 days

Employees that opted out of medical (WABE) are required to complete a new WABE Form at open enrollment and provide current proof of other medical insurance coverage.

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

Medical Benefits: Medical Plan Highlights

	Kaiser Permanente HMO	Anthem HMO 10/0 CACare	Anthem HMO 10/0 Select	Anthem HMO 10/0 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	$1,000 / $2,000	$1,000 / $2,000	$1,000 / $2,000
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Health Benefits	You Pay	You Pay	You Pay	You Pay
Office Visit	$20	$10	$10	$10
Specialist Visits	$20	$10	$10	$10
Preventive Care	No charge	No charge	No charge	No charge
Urgent Care	$20	$10	$10	$10
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	No charge	No charge	No charge
Outpatient Surgery	$20	No charge	No charge	No charge
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

Medical Benefits: Medical Plan Highlights

	Anthem PPO 80-G/20	Anthem MEC $9,000 PPO
Provisions	In-Network[1]	In-Network[1]
Annual Deductible – Individual / Family	$500 / $1,000	$9,000 / $18,000
Annual Out-of-Pocket Max – Individual / Family	$2,000 / $4,000	$9,000 / $18,000
Lifetime Maximum Benefit	Unlimited	Unlimited
Health Benefits	You Pay	You Pay
Office Visit	$20[2]	0%[1]
Specialist Visits	$20[2]	0%[1]
Preventive Care	No charge[2]	0%[2]
Urgent Care	$20[2]	0%[1]
Emergency Room Facility	20% after $100 copay (copay waived if admitted)	0%[1]
Lab and X-Ray	20%[1]	0%[1]
Complex Imaging	20%[1]	0%[1]
Inpatient Hospital	20%[1]	0%[1]
Outpatient Surgery	$20[1]	0%[1]
Chiropractic	20%[1]	0%[1] Limits apply
Acupuncture	Not covered	0%[1] Limits apply
Prescription Drug Benefits	You Pay	You Pay
Annual Out-of-Pocket Max – Individual / Family	$2,500 / $3,500	Medical out-of-pocket max applies
Retail Pharmacy – Generic – Brand – Supply Limit	$9 (no charge for Costco) $35 30 days	$0 after ded $0 after ded 30 days
Costco Mail Order – Generic – Brand – Supply Limit	No charge $90 90 days	$0 after ded $0 after ded 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 (888) 632-2738, 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: SISC2025.
- In the **Wellness Screening** section, under Patient Service Center, select **Schedule a Screening,**
- If you schedule as a walk-in, you may be required to make an appointment upon check-in.
- You will receive an email when your results are ready to view online.

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

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

Teladoc 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 Members

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

Kaiser

Anthem Members

1. Visit anthem.com/ca/sisc/health-wellness
2. 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.

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 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

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.

VSP Choice Plan

BPSD provides employees with vision coverage through the VSP Choice Plan.

- VSP provides professional vision care and high quality lenses and frames through a broad network of optical specialists.
- All VSP Choice network providers are independent optometrists or ophthalmologists in private practice who provide full service.
- You will receive greater benefits if you utilize a network provider.
- If you utilize an out-of-network provider, you will be responsible for paying all charges at the time of your appointment and will be required to file an itemized claim with VSP.

	VSP Choice Vision Plan	
	In-Network	Out-of-Network
Vision Care	You Pay	You Pay
Exam / Material Copay	$15	Amount over $45 allowance
Eyeglasses (In Lieu of Contact Lenses)	You Pay	
Frames	Amount over $150 allowance; 20% discount on costs above allowance	Amount over $70 allowance
Lenses – Single Vision – Bifocals – Trifocals	 No charge No charge No charge	 Amount over $30 allowance Amount over $50 allowance Amount over $65 allowance
Contact Lenses (In lieu of Eyeglasses)	You Pay	
Contact Lenses – Medically Necessary – Elective	 No charge Amount over $150 allowance	 Amount over $210 allowance Amount over $105 allowance
Benefit Frequency		
Exam	Every 12 months	
Eyeglasses (Lenses and frames)	Every 12 months	
Contact Lenses	Every 12 months	

Online, Mobile and Phone Access

Manage your vision care online by registering at www.vsp.com. You can locate network providers, view claims and more.

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

For customer service call (800) 877-7195.

Life and Accident Insurance

BPSD gives you the ability to financially protect your family/beneficiaries with Life and Accident Insurance. You have the option to supplement the company-provided plan with life insurance for family members and additional coverage for yourself through Voluntary Life Insurance.

	Basic Life and AD&D Insurance
Carrier	Reliance Standard
Plan Benefits – Life Insurance	$20,000
– AD&D Insurance	Death benefit equals your Life Insurance benefit; partial benefits paid for accidents that result in serious injuries (e.g., loss of limbs or eyesight)
Employee Contribution	BPSD pays the full cost for this coverage for full time employees

	Supplemental Life and AD&D Insurance
Carrier	Reliance Standard
Plan Benefits – Employee	You may purchase coverage in increments of $10,000 to a maximum of $500,000
– Spouse/Domestic Partner	You may purchase coverage for your spouse/domestic partner in increments of $10,000 to a maximum of $500,000
– Child(ren)	Choose from coverage amounts of $2,500, $5,000, $7,500, or $10,000
Guarantee Issue – Employee	Amounts over $50,000 require proof of good health and approval by Reliance Standard.
– Spouse/Domestic Partner	Amounts over $50,000 require proof of good health and approval by Reliance Standard.
– Child(ren)	You are not required to provide proof of good health when purchasing coverage for your child(ren)
Employee Contribution	You pay the full cost for this coverage

Important Facts About Beneficiaries

Beneficiaries are individuals or entities that you select to receive benefits from your policy. If you do not have a beneficiary, benefits are paid to your estate. Here's what you need to know about beneficiaries:

- You can change your beneficiary designation at any time
- You may designate a sole beneficiary or multiple beneficiaries to receive payment in the percentage(s) allocated
- To select or change your Life Insurance beneficiary, go to http://bpsd.ease.com

Life Insurance Benefits: Rates

	Supplemental Life and AD&D Insurance Rates	
Age of Employee or Spouse/ Domestic Partner	Monthly Cost per $10,000 of Employee Coverage	Monthly Cost per $5,000 Spouse/ Domestic Partner Coverage
Under 30	$0.34	$0.34
30 – 34	$0.43	$0.43
35 – 39	$0.60	$0.60
40 – 44	$0.95	$0.95
45 – 49	$1.55	$1.55
50 – 54	$2.64	$2.64
55 – 59	$4.16	$4.16
60 – 64	$5.15	$5.15
65 – 69	$7.45	$7.45
70 – 74*	$14.44	$14.44
75+	$14.44	N/A
Coverage Amounts	Monthly Cost per Coverage Amount	
$2,500	$0.44	
$5,000	$0.86	
$7,500	$1.28	
$10,000	$1.72	

American Fidelity Voluntary Plans

You have the option to purchase additional coverage through American Fidelity.

Accident Insurance

American Fidelity's Limited Benefit Accident insurance plan may help you with the rising costs associated with an accidental injury or death. Benefits include accident emergency treatment, medical imaging, inpatient confinement, ambulance and more. Several benefit plan options are available.

Disability Insurance

If you were suddenly faced without a paycheck, would you be fully prepared? Could you afford your expenses while maintaining your current lifestyle? One of the most important assets a person possesses is the ability to earn an income. Disability Income Insurance is a cost-effective solution designed to help protect you if you become disabled and cannot work due to a covered injury or sickness.

Cancer Insurance

If you are diagnosed with cancer, American Fidelity's Limited Benefit Cancer insurance plan may help you maintain your standard of living. Benefit payments can be used however you'd like, including house payments, utilities, and meals/lodging expenses. This policy is portable, which means that you can keep it should you change jobs or retire, with no increase in premiums. Several benefit plan options are available. Please note, this policy must be in place prior to a cancer diagnosis.

Life Insurance

Helps ensure your family is financially protected in the event of a loss and can help provide peace of mind knowing it can help take care of your family financially after you're gone.

Anthem Employee Assistance Program

BPSD medical plan enrollees and their family members can receive free, confidential assistance with personal or professional problems that may interfere with family or work responsibilities and obligations through the Anthem Employee Assistance Program (EAP). Examples of areas the EAP offers support with include:

	Anthem Employee Assistance Program
Eligibility	Employees participating in SISC and their household members
Support and Counseling	The Employee Assistance Program (EAP) provides confidential support in balancing a wide array of challenges in areas such as: • Relationship difficulties • Managing change and stress • Legal and financial problems • Marriage, family or parenting concerns • And more The EAP provides you with up to 6 free counseling sessions for 2 issues per benefit year
Identity Monitoring and Theft Resolution	• Free identity monitoring and theft resolution services through IDnotify • Your IDnotify customer care team is available 24/7/365, with robust knowledge in both credit and non-credit restoration, with CITRMS (Certified Identity Theft Risk Management Specialist), FCRA, and FACTA certifications. • Your IDnotify Specialist will help you determine if an identity theft event has occurred and guide you through any necessary restoration activities.
Legal and Financial Resources	• **Legal Assist:** A library of articles on legal topics and issues • **Legal Forms:** 100 legal forms for a variety of family and consumer situations • **State Specific Legal Forms:** Advanced directives and instructions for each state • **Estate Planning:** Articles and resources to address estate planning questions • **Financial Calculators:** Will allow you to get answers and explore different options regarding home and personal financing, investing, and retirement • **Pocketsmith Discount:** PocketSmith Personal Financial Manager is an online tool that uses an innovative calendar-based approach to help employees quickly and easily manage their personal finances.
myStrength	• Helps you learn to reduce stress, anxiety, depression or substance abuse • Helps keep you motivated with engaging activities that help you learn new ideas
Seminars and Articles	• Online resources for a wide array of topics, including both a library of articles and on-demand seminars
Savings Center	• Discount shopping program that is provided through Perks At Work • Discounts of up to 25% on name brand, practical, and luxury items
How to Access EAP Benefits	• Call (800) 999-7222 • Visit www.anthemEAP.com (to log in, enter SISC as the company name).

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
Vision Benefits			
VSP Vision Plan	00104565	(800) 877-7195	www.vsp.com
Life Insurance Benefits			
Reliance Standard Basic Life and AD&D	153634	(800) 351-7500	www.reliancestandard.com
Reliance Standard Supplemental Life and AD&D	VG 177148	800) 351-7500	www.reliancestandard.com
Voluntary Benefits			
American Fidelity Accident Only Insurance	N/A	(951) 200-5770	www.americanfidelity.com/info/accident
American Fidelity Disability Insurance	N/A	(951) 200-5770	www.americanfidelity.com/info/disability
American Fidelity Cancer Insurance	N/A	(951) 200-5770	www.americanfidelity.com/info/cancer
American Fidelity Life Insurance	N/A	(951) 200-5770	www.americanfidelity.com/info/life
Life Balance Benefits			
Anthem EAP	N/A	(800) 999-7222 (enter SISC)	www.anthemEAP.com
Flexible Spending Accounts			
American Fidelity Healthcare	N/A		www.americanfidelity.com/info/fsa
American Fidelity Dependent Care Account	N/A		www.americanfidelity.com/info/fsa
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).

Notes

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.

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