SAN JOAQUIN COUNTY OFFICE OF EDUCATION
Troy A. Brown, Ed.D., County Superintendent of Schools

P.O. Box 213030
Stockton, CA 95213-9030
(209) 468-4800
www.sjcoe.org

Date: July 28, 2025

To: SJCOE Retirees (CSEA, Classified, Confidential, Management and Unrepresented Teachers)

From: Jenny Barros, Coordinator, Payroll Services

Subject: **SISC 2025-2026 Open Enrollment – Changes Effective October 1, 2025**

The SISC Health & Welfare Open Enrollment period begins NOW and **ends on Wednesday, August 20, 2025 at 5:00 pm**. **Payroll Services will be hosting the annual Health Benefits Fair on Tuesday, August 5, 2025, from 3:00 pm-5:00 pm** located at the Nelson Center Auditorium, 2922 Transworld Drive, Stockton**.** Enrollment/Change forms will be available electronically, please email SJCOEPayroll@sjcoe.net to request an electronic form.

Benefit Cap Increase - Effective July 1, 2025

- The benefit cap increased to $1,375.00 per month and is pro-rated based on employees FTE.

***SISC Plans Changes – Effective October 1, 2025**

- New XP Health Vision Plan – This plan provides members with access to wholesale pricing for frames and lenses through their **online** marketplace. Kaiser members are also able to enroll in the plan in addition to their Kaiser vision benefit. Additional features include:
  - High quality lens upgrades are included in all XP lenses at no additional cost: polycarbonate lens, UV protection, advanced anti-glare & blue-violet filtering, dust, smudge, water and scratch resistance coating
  - Two pairs of frames and lenses each calendar year
  - Lenses can be prescription, non-prescription, blue light, and/or sunglasses (limit one pair non-Rx sunglasses/year)
  - $10 copays on eye exams
  - Unlimited access to wholesale contact lens purchasing
  - Online Rx renewal available for <55 members with only minor Rx changes
  - Virtual try-on available for 3,000+ frames, with 800+ frames with coatings available at no cost

***SISC PPO Plan Reminders**

- Medicare Supplement Plan – Companion Care (see additional information on page 2).
- Split Plan Coverage – If a retiree (or dependent) at least 65 years old and enrolled in Medicare and covers a dependent spouse (or retiree) who is under age 65 and not enrolled in Medicare, the enrollment may be split – one Medicare single rate and one non-Medicare single rate of same or differing benefit plans. Splitting the plans may result in a lower total family cost.
- All out-of-network claims must be submitted for reimbursement within 180 days after the date of service.
- There is no cost *($0 copay)* for the first three visits to a primary care provider each calendar year (January-December).
- All Inpatient Hip/Knee Replacement & Certain Spine procedures must be performed in a designated Blue Distinction Plus Facility.
- Maintenance Medication Requirement – Members with new maintenance medications must first fill three 30-day prescriptions before transitioning to 90-day fills.
- MIDI HEALTH – Offers in-network, virtual perimenopause and menopause care (standard cost-sharing applies). Specializes in treating symptoms and health concerns that can arise with hormonal changes. Visits are available 7 days a week including evening hours. Learn more at joinmidi.com/sisc.
- CENTIVO CARE (formerly Eden Health) – Offers expanded primary care access through a smart phone application. This benefit enables eligible members to access care from a primary care provider using their cell phone. This benefit is 100% no cost to eligible members.
- MDLIVE – Allows members to visit with a doctor 24/7 by phone, secure video or MDLive App for urgent care services and appointment-based mental health services. This benefit is changing to a $0 copay for each visit.
- HINGE HEALTH – Join for your back, knee, hip, neck, or shoulder pain. On average, participants reduce their pain by over 60%.
- CARRUM HEALTH – Helps eligible members get surgical care from top hospitals and surgeons in the country. They cover over 100 procedures, including hip/knee replacements and certain spine procedures.

Additional information/flyers are provided in the on-line packet by visiting the following link: https://www.sjcoe.org (under *Careers* select *Benefits)

Medicare Eligible Retirees on SISC PPO Plans

- Retirees and dependents who both become eligible for Medicare Parts A & B and are covered on SISC PPO plans or that may elect PPO coverage, the prescription drug coverage through SISC will require enrollment into the Medicare Part D Rx plan directly through SISC. The prescription drug plans on the 65+ PPO Retiree groups (commonly referred to as Employer Group Waiver Plans or EGWP) will allow for generally broader coverage and discounted premiums. Our Pharmacy Benefit Manager (PBM) Navitus will coordinate with Medicare Part D. Members will be issued two new ID cards: one from Anthem for the medical portion of the benefits and one from Navitus.

- Companion Care (Medicare Supplement plan). Retirees and dependents who both become eligible for Medicare Parts A & B may elect a new SISC Medicare Supplement plan, Companion Care. The prescription drug coverage through SISC is also an EGWP and provides copays similar to the PPO plans and will require enrollment into the Medicare Part D Rx plan directly through SISC. The Pharmacy Benefit Manager (PBM) is also Navitus and will coordinate with Medicare Part D. (Flyer attached).

- If a retiree (or dependent) is age 65 or over and enrolled in Medicare and covers a dependent spouse (or retiree) who is under age 65 and not enrolled in Medicare, the enrollment may be split – one Medicare single rate and one non-Medicare single rate of same or differing benefit plans. Splitting the plans may result in a lower total family cost.

You may access the packet electronically by visiting the following link: ***https://www.sjcoe.org*** (under *Careers* select *Benefits)*. Again, Enrollment/Change forms are available electronically, please email SJCOEPayroll@sjcoe.net to request an electronic form. **You must submit the required forms by the deadline, Wednesday, August 20, 2025 (no exceptions).** Any changes made during the Open Enrollment period will be effective October 1, 2025 through September 30, 2026. If you are not making any changes to your medical, dental and/or vision coverage, no action is required.

If you have any questions and/or need assistance in accessing the open enrollment packet electronically from website, please contact **Payroll Services** at SJCOEPayroll@sjcoe.net.

Attachments

2025-2026 SISC Retiree Plans Rates:

Retiree Status ~ Non-Medicare	PPO 90% Plan E	PPO 80% Plan G	PPO Base Plan L	Kaiser HMO- Includes Vision	
Retiree Only – under 65 no Medicare	$1,632.00	$1,425.00	$1,248.00	$1,369.00	
Retiree + One - both under 65 no Medicare	$2,290.00	$2,001.00	$1,758.00	$2,054.00	
Retiree + One – one over 65 w/Medicare, one w/out	$2,290.00	$2,001.00	$1,758.00	$1,720.00	
Retiree + Family – under 65 no Medicare	$2,911.00	$2,543.00	$2,234.00	$2,711.00	
Retiree Status ~ with Medicare A & B (Enrollment in Part D directly through SISC)	**PPO 100% Plan A Rx 0-35 EGWP**	**PPO 100% Plan A Rx 200/0-35 EGWP**	**N/A**	***Kaiser HMO Senior Advantage -Includes Vision**	**Anthem BC Companion Care Medicare Supplement**
Retiree Only – over 65 w/ Medicare Part A & B	$ 641.00	$ 622.00	N/A	$ 351.00	$ 469.00
Retiree + One – both over 65 w/ Medicare Part A & B	$1,282.00	$1,244.00	N/A	$ 702.00	$ 938.00
Retiree + One – both over 65 w/ Medicare Part A & B plus Family w/Medicare Part A & B	$1,682.00	$1,640.00	N/A	N/A	N/A
Delta Dental Plans	**Premier (Incentive)**	**Preferred (PPO)**			
Retiree Only	$ 58.00	$ 53.00			
Retiree + One	$116.00	$106.00			
Retiree + Family	$153.00	$139.00			
Vision Plan	**EyeMed/ Eye Med Plus**	**XP Health Vision**			
Retiree Only	$ 6.40	$10.60			
Retiree + One	$12.80	$21.20			
Retire + Family	$19.20	$31.80			

*Retiree over 65 on Kaiser Senior Advantage covering a dependent that is under 65, the dependent will have a reduced vision benefit.

ESTIMATE YOUR MONTHLY OVER-CAP AMOUNT Insert the premium from your plan selection in the lines below.	
Medical Plan	$
Dental Plan	$
Vision Plan	$
Total Premium	$
Insurance Cap	$ - 1,375.00
Monthly Amount Due by 15th	$

San Joaquin County Office of Education - **Non-Medicare Retiree**

This is a **limited** summary of Medical Plan Benefits for Plan Year October 2025. For detailed coverage refer to the Plan Document and SBC

	90% Plan E-20 9-35	**80% Plan G-30** 200/10-35	**80% Plan L-30** 200/10-35	**KAISER Vision - 30** 10-30
Monthly SINGLE Premium Rate	$1,632	$1,425	$1,248	$1,369
Monthly DEPENDENT Premium Rate	$2,290	$2,001	$1,758	$2,054
Monthly FAMILY Premium Rate	$2,911	$2,543	$2,234	$2,711
	MEMBER PAYS	**MEMBER PAYS**	**MEMBER PAYS**	**MEMBER PAYS**
PREVENTATIVE CARE ***(Includes Physical Exams & Screenings)***	**$0**	**$0**	**$0**	**$0**
MEDICAL - CALENDAR YEAR Deductibles & Maximums				
Individual/Family Deductibles **** Includes RX***	$300/$600	$500/$1,000	$2,000/$4,000	$0/$0
Individual/Family Out-of-Pocket (OOP) Max ***(Includes Medical Deductibles, Co-insurance & Co-pays)***	$1,000/$3,000	$2,000/$4,000	$4,000/$8,000	$1,500/$3,000
PROFESSIONAL SERVICES				
Office Visit - Urgent Care - Specialists/Consultants Pre & Post Natal Care **** Primary Care Provider Office Visit Copayment***	$20	$30 ***$0 Copay for the 1st three office visits with PCP in Calendar Year***	$30	$30
Scans: CT - CAT - MRI - PET	10%	20%	20%	$0
Diagnostic X-ray & Laboratory Procedures	10%	20%	20%	$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES				
In-Patient Hospital ***(Prior Authorization Required)***	10%	20%	20%	$0
Outpatient Hospital	10%	20%	20%	$30
Outpatient Surgery ***(Performed in Hospital or Surgery Center)***	10%	20%	20%	$30
Emergency Room Visit ***(Waived if Admitted)***	$100	$100; then 20%	$100; then 20%	$100
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT				
In-Patient: Facility Based Care ***(Prior Authorization Required)***	10%	20%	20%	$0
Out-Patient: Facility Based Care ***(Prior Authorization Required)***	10%	20%	20%	$30
OTHER SERVICES				
Acupuncture ***(Limits Apply)***	10%	20%	20%	$10/30 visits combined with Chiropractic
Ambulance ***(Ground or Air)***	$100	$100; then 20%	$100; then 20%	$50
Chiropractic ***(Limits Apply)***	10%	20%	20%	$10/30 visits combined with Acupuncture
Durable Medical Equipment (DME)	10%	20%	20%	$0
Physical and Occupational Therapy ***(Limits Apply)***	10%	20%	20%	$30
PHARMACY BENEFITS				
Individual/Family Brand & Specialty Rx Deductibles	None	$200/$500	$200/$500	None
Individual/Family Rx Out-of-Pocket (OOP) Max ***(Includes Rx Deductibles & Co-pays)***	$2,500/$3,500	$2,500/$3,500	$2,500/$3,500	Included with Medical OOP Max
Generic - 30 days supply	Free at Costco $9 Other Network	Free at Costco $10 Other Network	Free at Costco $10 Other Network	$10-100 day supply
Brand - 30 days supply	$35	$35	$35	$30-100 day supply
Specialty - 30 days supply	$35 Navitus Mail ONLY	$35 Navitus Mail ONLY	$35 Navitus Mail ONLY	$30-30 day supply
Mail Order ***(Generic & Brand - 90 days supply)*** **New maintenance medications require first fill three 30-day prescriptions prior to 90-days**	$0-$90	$0-$90	$0-$90	$10-$30/100 day supply

**** Primary Care Providers are: Family or General Practitioner, Internist, Gynecologist, Obstetrician, Pediatrician or Nurse Practitioner***

Prepared: 7/26/2025

San Joaquin County Office of Education **Non-Medicare Retiree**

This is a **limited** summary of Dental Plan Benefits for Plan Year October 2025. For detailed coverage refer to the Plan Document and SBC. All benefits shown assume In-Network coverage only.

	Delta Dental Plan Premier-Incentive Plan	Delta Dental Plan Preferred-PPO Plan
Monthly SINGLE Premium Rates	$58	$53
Monthly DEPENDENT Premium Rates	$116	$106
Monthly FAMILY Premium Rates	$153	$139
CALENDAR YEAR Deductibles & Maximums	**MEMBER PAYS**	**MEMBER PAYS**
Individual/Family Deductibles	$0/$0	$0/$0
Individual/Family Maximum-**Delta Dental PPO dentists**	$1,700	$1,500
Individual/Family Maximum-**Non-Delta Dental PPO dentist**	$1,500	$1,000
Covered Service	**PLAN PAYS**	**PLAN PAYS**
Diagnostic & Preventive Services Exams, X-rays, 2 Cleanings Per Calendar Year	70-100%	100%
Basic Services Fillings, Simple Tooth Extractions, Sealants	70-100%	100%
Endodontics Root Canals Covered Under Basic Services	70-100%	100%
Oral Surgery Covered Under Basic Services	70-100%	100%
Major Services Crowns, Inlays, Onlays & Cast Restorations	70-100%	100%
Prosthodontics Bridges, Dentures & Implants	50%	50%
Orthodontics Adult & Dependent Children	Not Covered	Not Covered
Dental Accident Benefits	100% Additional $1,000 Benefits	100% Additional $1,000 Benefits

NOTE: The annual maximum for the Delta Incentive (Premier) plans increases by $500 when members use a Delta PPO (Preferred) dentist.

Prepared: 7/26/2025

San Joaquin County Office of Education **Non-Medicare Retiree**

This is a **limited** summary of Vision Plan Benefits for Plan Year October 2025. For detailed coverage refer to the Plan Document and SBC

	EyeMed **Plan - A-$0**	**XP Health Vision** XP Vision $10 **68544AALN**
Monthly SINGLE Premium Rates	$6.40	$10.60
Monthly DEPENDENT Premium Rates	$12.80	$21.20
Monthly FAMILY Premium Rates	$19.20	$31.80
CALENDAR YEAR Deductibles & Maximums	**MEMBER PAYS**	**MEMBER PAYS**
Individual Copayments	$0.00	$10.00
FREQUENCY OF SERVICE	**PLAN PAYS**	**PLAN PAYS**
Comprehensive Vision Exam	Once Every Calendar Year	Once Every Calendar Year
Lenses	One Pair Every Other Calendar Year	Two Pairs Every Calendar Year
Frames	One Pair Every Other Calendar Year	Two Pairs Every Calendar Year
Contact Lenses - Non-Elective	One Pair Every Other Calendar Year	Benefit limits apply for Non-elective
Contact Lenses - Elective	One Pair Every Other Calendar Year	Unlimited access to wholesale contact lens purchasing
BENEFIT ALLOWANCE	**PLAN PAYS**	**PLAN PAYS**
Comprehensive Examination	100% - Participating Provider	100% - Participating Provider
Single Vision Lenses	100% - Participating Provider	100% - Participating Provider
Bifocal Lenses	100% - Participating Provider	100% - Participating Provider
Trifocal Lenses	100% - Participating Provider	100% - Participating Provider
Progressive Lenses	Up to $89.50 - Participating Provider	Up to $95.00 - Participating Provider
Aphakic Monofocal	100% - Participating Provider	100% - Participating Provider
Aphakic Multifocal	100% - Participating Provider	100% - Participating Provider
Frames	Up to $180 (Eff. 1/1/26) - Participating Provider	3,000+ Frames with over 800 at $0 Member Fee
Contact Lenses - Non-Elective	100% - Participating Provider	Benefit limits apply for Non-elective
Contact Lenses - Elective	Up to $180 - Participating Provider	Unlimited access to wholesale contact lens purchasing

Prepared: 7/26/2025

San Joaquin County Office of Education - **Medicare Retirees**

This is a **limited** summary of Medical Plan Benefits for Plan Year October 2025. For detailed coverage refer to the Plan Document and SBC

	100% Plan A-0 0-35 EGWP	**100% Plan A-0** 200/0-35 EGWP
Monthly SINGLE with Medicare Premium Rate	$641	$622
Monthly DEPENDENT with Medicare Premium Rate	$1,282	$1,244
Monthly FAMILY with Medicare Premium Rate	$1,682	$1,640
	MEMBER PAYS	**MEMBER PAYS**
PREVENTATIVE CARE ***(Includes Physical Exams & Screenings)***	**$0**	**$0**
MEDICAL - CALENDAR YEAR Deductibles & Maximums		
Individual/Family Deductibles **** Includes RX***	$0/$0	$500/$1,000
Individual/Family Out-of-Pocket (OOP) Max ***(Includes Medical Deductibles, Co-insurance & Co-pays)***	$1,000/$3,000	$1,000/$3,000
PROFESSIONAL SERVICES		
Office Visit - Urgent Care - Specialists/Consultants Pre & Post Natal Care **** Primary Care Provider Office Visit Copayment***	$0 ***$0 Copay for the 1st three office visits with PCP in Calendar Year***	$20
Scans: CT - CAT - MRI - PET	0%	0%
Diagnostic X-ray & Laboratory Procedures	0%	0%
HOSPITAL & SKILLED NURSING FACILITY SERVICES		
In-Patient Hospital ***(Prior Authorization Required)***	0%	0%
Outpatient Hospital	0%	0%
Outpatient Surgery ***(Performed in Hospital or Surgery Center)***	0%	0%
Emergency Room Visit ***(Waived if Admitted)***	$100	$100
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT		
In-Patient: Facility Based Care ***(Prior Authorization Required)***	0%	0%
Out-Patient: Facility Based Care ***(Prior Authorization Required)***	0%	0%
OTHER SERVICES		
Acupuncture ***(Limits Apply)***	0%	0%
Ambulance ***(Ground or Air)***	$100	$100
Chiropractic ***(Limits Apply)***	0%	0%
Durable Medical Equipment (DME)	0%	0%
Physical and Occupational Therapy ***(Limits Apply)***	0%	0%
PHARMACY BENEFITS - NOW INCLUDES WALGREENS		
Individual/Family Brand & Specialty Rx Deductibles	None	$200/$500
Individual/Family Rx Out-of-Pocket (OOP) Max ***(Includes Rx Deductibles & Co-pays)***	$2,500/$3,500	$2,500/$3,500
Generic - 30 days supply	$0	$0
Brand - 30 days supply	$35	$35
Specialty - 30 days supply	$35 Navitus Mail ONLY	$35 Navitus Mail ONLY
Mail Order ***(Generic & Brand - 90 days supply)*** **New maintenance medications require first fill three 30-day prescriptions prior to 90-days**	$0-$90	$0-$90

**** Primary Care Providers are: Family or General Practitioner, Internist, Gynecologist, Obstetrician, Pediatrician or Nurse Practitioner***

Prepared: 7/26/2025

San Joaquin County Office of Education **Medicare Retirees**

This is a **limited** summary of Dental Plan Benefits for Plan Year October 2025. For detailed coverage refer to the Plan Document and SBC. All benefits shown assume In-Network coverage only.

	Delta Dental Plan Premier-Incentive Plan	Delta Dental Plan Preferred-PPO Plan
Monthly SINGLE Premium Rates	$58	$53
Monthly DEPENDENT Premium Rates	$116	$106
Monthly FAMILY Premium Rates	$153	$139
CALENDAR YEAR Deductibles & Maximums	**MEMBER PAYS**	**MEMBER PAYS**
Individual/Family Deductibles	$0/$0	$0/$0
Individual/Family Maximum-**Delta Dental PPO dentists**	$1,700	$1,500
Individual/Family Maximum-**Non-Delta Dental PPO dentist**	$1,500	$1,000
Covered Service	**PLAN PAYS**	**PLAN PAYS**
Diagnostic & Preventive Services Exams, X-rays, 2 Cleanings Per Calendar Year	70-100%	100%
Basic Services Fillings, Simple Tooth Extractions, Sealants	70-100%	100%
Endodontics Root Canals Covered Under Basic Services	70-100%	100%
Oral Surgery Covered Under Basic Services	70-100%	100%
Major Services Crowns, Inlays, Onlays & Cast Restorations	70-100%	100%
Prosthodontics Bridges, Dentures & Implants	50%	50%
Orthodontics Adult & Dependent Children	Not Covered	Not Covered
Dental Accident Benefits	100% Additional $1,000 Benefits	100% Additional $1,000 Benefits

NOTE: The annual maximum for the Delta Incentive (Premier) plans increases by $500 when members use a Delta PPO (Preferred) dentist.

Prepared: 7/26/2025

San Joaquin County Office of Education Retiree **Medicare Retirees**

This is a **limited** summary of Vision Plan Benefits for Plan Year October 2025. For detailed coverage refer to the Plan Document and SBC

	EyeMed Plan - A-$0	**XP Health Vision** XP Vision $10 **68544AALN**
Monthly SINGLE Premium Rates	$6.40	$10.60
Monthly DEPENDENT Premium Rates	$12.80	$21.20
Monthly FAMILY Premium Rates	$19.20	$31.80
CALENDAR YEAR Deductibles & Maximums	**MEMBER PAYS**	**MEMBER PAYS**
Individual Copayments	$0.00	$10.00
FREQUENCY OF SERVICE	**PLAN PAYS**	**PLAN PAYS**
Comprehensive Vision Exam	Once Every Calendar Year	Once Every Calendar Year
Lenses	One Pair Every Other Calendar Year	Two Pairs Every Calendar Year
Frames	One Pair Every Other Calendar Year	Two Pairs Every Calendar Year
Contact Lenses - Non-Elective	One Pair Every Other Calendar Year	Benefit limits apply for Non-elective
Contact Lenses - Elective	One Pair Every Other Calendar Year	Unlimited access to wholesale contact lens purchasing
BENEFIT ALLOWANCE	**PLAN PAYS**	**PLAN PAYS**
Comprehensive Examination	100% - Participating Provider	100% - Participating Provider
Single Vision Lenses	100% - Participating Provider	100% - Participating Provider
Bifocal Lenses	100% - Participating Provider	100% - Participating Provider
Trifocal Lenses	100% - Participating Provider	100% - Participating Provider
Progressive Lenses	Up to $89.50 - Participating Provider	Up to $95.00 - Participating Provider
Aphakic Monofocal	100% - Participating Provider	100% - Participating Provider
Aphakic Multifocal	100% - Participating Provider	100% - Participating Provider
Frames	Up to $180 (Eff. 1/1/26) - Participating Provider	3,000+ Frames with over 800 at $0 Member Fee
Contact Lenses - Non-Elective	100% - Participating Provider	Benefit limits apply for Non-elective
Contact Lenses - Elective	Up to $180 - Participating Provider	Unlimited access to wholesale contact lens purchasing

Prepared: 7/26/2025

COMPANIONCARE MEDICARE SUPPLEMENT PLAN

Benefit Summary

(As of 1/1/2025—Medicare benefits based on Calendar Year)

Services	Medicare 2025 Benefits	CompanionCare Based on 2025 Medicare Benefits
Inpatient Hospital (Part A)	• Pays all but first $1,676 for 1st 60 days • Pays all but $419 a day for the 61st–90th day • Pays all but $838 a day Lifetime Reserve for 91st to 150th day • Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage)	• Pays $1,676 • Pays $419 a day • Pays $838 a day • Pays 100% after Medicare and Lifetime Reserve are exhausted, up to 365 days per lifetime
Skilled Nursing Facilities (must be approved by Medicare)	• Pays 100% for 1st 20 days • Pays all but $209.50 a day for 21st to 100th day • Pays nothing after 100th day	• Pays nothing • Pays $209.50 a day for 21st to 100th day • Pays nothing after 100th day
Deductible (Part B)	• $257 Part B deductible per year	• Pays $257
Basis of Payment (Part B)	• 80% Medicare-approved (MA) charges after Part B deductible	• Pays 20% MA charges Including 100% of Medicare Part B deductible
Medical Services (Part B) • Doctor, X-Ray, Appliances, and Ambulance • Lab	• 80% MA charges • 100% MA charges	• Pays 20% MA charges • Pays nothing
Physical/Speech Therapy (Part B)	• 80% MA charges up to the Medicare annual benefit amount	• Pays 20% MA charges up to the Medicare annual benefit amount (PT and ST combined)
Blood (Part B)	• 80% MA charges after 3 pints	• Pays 1st 3 pints unreplaced blood and 20% MA charges
Travel Coverage (when outside the US for less than 6 consecutive months)	• Not covered	• Pays 80% inpatient hospital, surgery, anesthetist and in-hospital visits for medically necessary services for 90 days of treatment per hospital stay. For details call Anthem customer service at 1-800-825-5541.

Outpatient Prescription Drugs	Medicare Part D Prescription Drug Plan Through Navitus Health Solutions
Retail Pharmacy **Mail Order**	• 30-day supply $9 Generic co-pay, $35 Brand co-pay • 90-day supply $18 Generic co-pay, $90 Brand co-pay
Due to Medicare restrictions the following programs are not available with CompanionCare: • $0 generic co-pay at Costco • Diabetic supplies for generic co-pay	• Pharmacy benefits are administered through Navitus Health Solutions Medicare Rx using a Medicare D formulary. Some exclusions and prior authorizations may apply. Members that have questions regarding their medication coverage can call Navitus Health Solutions Medicare Rx at 1-866- 270-3877 or TYY users please call 711.

CompanionCare is a Medicare Supplement plan that pays for medically necessary services and procedures that are considered a Medicare Approved Expense. SISC will automatically enroll CompanionCare Members into Medicare Part D. No additional premium required. SISC plans are NOT subject to the "doughnut hole"

Eligibility: Member must be retired and enrolled in Medicare Part A (hospital) and Medicare Part B (medical) coverage. Retirees under age 65 with Medicare for the disabled (Parts A and B) may enroll in CompanionCare.

Enrollment: Enrollment forms and a copy of the Medicare card must be received by SISC 45 calendar days in advance of requested effective date—NO exceptions. SISC will automatically enroll members in Medicare Part D for outpatient prescription medications. Members already enrolled in non-SISC Medicare Part D plans will be automatically disenrolled from those plans.

Disenrollment: Disenrollment throughout the year requires submission of a disenrollment form to SISC with a 45-calendar day advance notice of requested effective date. During the annual Medicare D Open Enrollment members can enroll into Medicare Part D plans outside of SISC with a January 1 effective date. Enrollment in a Medicare D plan outside of SISC will terminate the SISC medical and Rx benefits.

Provider Network: Physicians who accept Medicare Assignment. The plan does not cover excess Medicare Part B charges. Excess charges may occur when receiving services from a provider who does not accept the Medicare Assignment amount.

For additional Medicare benefit information, please go to www.medicare.gov or call 1-800-medicare (1-800-633-4227) For additional Navitus Medicare Rx prescription drug information, please go to www.navitus.com or call 1-866-270-3877.

Statewide Rate Effective October 1, 2025	Total Cost Per Person
Retirees with Medicare Parts A and B (SISC will enroll members in Part D)	$469.00

KAISER, NORTHERN REGION—SENIOR ADVANTAGE HMO MEDICARE PLAN

Benefit Summary 2025-2026

Services	Benefits
Ambulance	• $50 per trip
Annual Physical Examination	• No Charge
Acupuncture/Chiropractic	• $10 co-pay, 30 combined visits
Dental Care (Delta Care)	• Not Covered
Durable Medical Equipment (DME) (Kaiser DME formulary guidelines apply)	• 100%
Hearing Examination	• $10 co-pay per visit
Hospitalization • Inpatient • Emergency Room	 • $0/Admit • $50 co-pay/waived if admitted
Immunizations (includes flu injections and all Medicare-approved immunizations)	• No charge • Office visit co-pay may apply if administered as part of a physician office visit
Laboratory Services	• No charge
Manual Manipulation of the Spine	• $10 co-pay per visit (subject to medical necessity)
Mental Health—Inpatient	• No charge
Mental Health—Outpatient unlimited visits	• $10 co-pay per individual visit • $5 co-pay per group visit
Physician Services/Basic Health Services • Office visits • Consultation, diagnosis and treatment by a specialist	 • $10 co-pay per visit • $10 co-pay per visit
Prescription Drugs • Using Kaiser pharmacies • Not subject to doughnut hole	 • Generic: $10 co-pay for up to a 100-day supply • Brand: $20 co-pay for up to a 100-day supply
Skilled Nursing Facility	• Covered in full for 100 days per benefit period
Hospice	• Covered in full from a Medicare certified hospice
Vision Care • Examination for eyeglasses • Glaucoma testing • Standard frame/lenses every 24 months	 • $10 per visit • $10 co-pay per visit • $150 frame and lens allowance every 24 months
X-ray Services	• No charge

Rate Effective October 1, 2025	Total Cost Per Person
Retirees with Medicare Parts A and B	Northern Region: $351.00

A school district's geographic location will determine the applicable rate. Northern Region includes Monterey, Kings, Tulare, Inyo and all other counties to the north.

Requires continuous enrollment in Medicare Parts A and B

Members *must* live in an approved zip code of the Kaiser California Service Area. www.kp.org

SISC
Self-Insured Schools of California
Schools Helping Schools



Take advantage of no cost benefits to help you get and stay healthy

BENEFIT HIGHLIGHTS

AVAILABILITY AND HOW TO GET STARTED

24/7 Help with Personal Concerns

SISC Employee Assistance Program

Access free, confidential resources for help with emotional, marital, financial, addiction, legal, or stress issues.

Free to all employees at SISC member districts

Call 800-999-7222

Visit anthemEAP.com and enter SISC

24/7 Virtual Primary Care Doctor

Centivo Care

Virtually connect 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.

Free to Anthem and Blue Shield PPO members
HSA excluded

Scan the QR code to download the Centivo Care app, and register for your Centivo Care membership.

Personal Health Coaching and Therapy

Vida Health

Get access to one-on-one health coaching, therapy, chronic condition management, health trackers and other tools in one convenient smart phone app.

Free to Anthem and Blue Shield members
HSA excluded

Call 855-442-5885

Visit vida.com/sisc

24/7 Physician Access—Anytime, Anywhere

MDLive

Access 24/7 virtual urgent care services and appointment-based mental health services (psychiatry and therapy available for ages 10 and up). Physicians can prescribe medication when appropriate. *A deductible may apply to HSA members.*

Anthem and Blue Shield members

Call 888-632-2738

Visit mdlive.com/sisc

Free Generic Medications

Costco

Access most generic medications at no cost through Costco retail and mail order pharmacies. You don't need to be a Costco member. *A deductible may apply to HSA members.*

Free to Anthem and Blue Shield members

Call 800-774-2678 (press 1)

Visit costco.com/pharmacy

Per IRS guidelines, SISC HSA Members may not be eligible for these programs.

Continued →

Expert Medical Opinions

Teladoc Medical Experts

Get answers to healthcare questions and receive advice related to any medical issue or concern. Your case can also be reviewed by world-leading experts who will review your diagnosis and treatment plan to provide a formal expert opinion.

Free to Anthem, Blue Shield, and Kaiser Permanente members

Call 800-835-2362

Visit teladoc.com/SISC

Physical Therapy for Back or Joint Pain

Hinge Health

Conquer pain, recover from an injury, or reduce joint stiffness with Hinge Health. You'll get personalized exercise therapy, instant feedback, unlimited one-on-one coaching, and a physical therapist all through a convenient smart phone application.

Free to Anthem and Blue Shield PPO members
HSA excluded

Call 855-902-2777

Visit hingehealth.com/sisc

24/7 Access to Virtual Maternity and 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.

Free to Anthem and Blue Shield PPO members

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. *A deductible may apply to HSA members.*

Free to Anthem and Blue Shield PPO members

Call 888-855-7806

Visit info.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, including a review of your initial diagnosis and development of a care plan.

Free to Anthem and Blue Shield PPO members

Visit https://lanterncare.com/



Per IRS guidelines, SISC HSA Members may not be eligible for these programs.

WHO TO CONTACT

IMPORTANT TELEPHONE NUMBERS

Cristina De Guzman, SISC Benefit Plans	crdeguzman@siscschools.org	661-636-4740
Chelsy Heckmann, SISC Benefit Plans	chheckmann@siscschools.org	661-636-4221
SISC Main Number		661-636-4410
COBRA	SISCCOBRA@siscschools.org	661-636-4410
Employee Assistance Program (EAP)	www.anthemeap.com	800-999-7222
Anthem Blue Cross	www.anthem.com/ca/sisc	800-825-5541 or Back of ID Card
Kaiser Permanente HMO	www.kp.org/sisc	800-464-4000
Navitus (Customer Service & Mail Order)	www.navitus.com	866-333-2757
Delta Dental Plan	www.deltadentalins.com	866-499-3001
David Koop, Delta Dental Plan	Dkoop@delta.org	
EyeMed	www.eyemed.com	866-800-5457
Teladoc Medical Experts	www.teladoc.com/sisc	800-835-2362
Anthem Companion Care Retiree Plan		800-825-5541
Kaiser Senior Advantage Retiree Plan		800-443-0815
MDLive	www.mdlive.com/sisc	800-657-6169
Tangee Franco, American Fidelity	Tangee.Franco@americanfidelity.com	800-365-8306
Misha Bothe, American Fidelity	Misha.Bothe@americanfidelity.com	800 365-8306
Legal Shield – Amy & Todd Doyle	thedoylegroup@outlook.com	
Charles Bailey, TDS	cbailey@omni403b.com	866-446-1072
David McCray, Empower (457)	dmccray@retirementplanadvisors.com	209-640-2898
Charlynn Harless, Legacy Enterprises	charless@legacyconsult.com	209-200-3535

To Order New Identification Cards (ID Cards) See Applicable Plan's Website Above

UPDATED THURSDAY, JULY 24, 2025

Updated: July 24, 2025

Active Employees & Medicare

All employees and their dependents, even those employees and dependents age 65 and older, will be covered under the district's plan with primary coverage. Primary coverage means that the district's medical plan pays claims first.

A dependent that is receiving social security benefits and covered under their spouse's district's coverage is not required to enroll in Medicare Part A if the spouse is still an active employee of the district, because the district's plan is primary.

All American citizens that have paid into Social Security for 40 or more quarters are eligible for Medicare Part A premium free. Meaning they are eligible for Part A at no cost.

All American citizens enrolling in Medicare Part B & Part D, must pay a premium for Part B & D coverage. The amount of the premium is means tested, meaning that the amount of each American citizen's premium is based on the individual's annual income.

Three months prior to your 65th birthday active employees and their dependents should meet with a Social Security retirement planner to ensure that when they do retire, they will not experience a delay in receiving their social security benefits and Medicare coverage. When meeting with the Social Security planner be sure to advise them that you or your spouse is still employed and covered under the district's medical plan so you are not required to enroll in Medicare Part A, B or D. Providing this information when you first meet with Social Security will ensure that you are not charged a penalty for not enrolling in Medicare when you are first eligible.

Retiree & Medicare

Now that you are retired you will be eligible for Medicare and depending on your agreement with the district you may also be eligible to continue coverage under the district's medical plan with coverage that will supplement Medicare. This means that Medicare will pay your claims first; and then the district's coverage will pay the benefits applicable to the medical plan under which you are enrolled, less the amount Medicare paid.

If you are eligible to continue under the district's medical plan, the district will continue to contribute to the cost of the premium up to the district's contribution cap. As was the case when you were an active employee, if the district's contribution does not cover the entire premium you will be required to pay the district for the difference.

If you are not eligible to remain under the district's plan, you are eligible to enroll in a similar SISC medical plan under the San Joaquin County Schools self-pay retiree plan (RSEMP). Under the RSEMP you will be responsible for playing 100% of the premium.

There cannot be a lapse of coverage between your active enrollment and your enrollment as a retiree. For example, if you lose your coverage as an active employee or district paid retiree on September 30 you must enroll as a retiree or (RSEMP) self-pay retiree effective October 1.

Retiree Mandatory Medicare Enrollment

SISC Retiree PPO Medical Plans

If you or your dependent are eligible to enroll in **Medicare Part A** and you are retired, you are **required** to enroll in Medicare Part A. If you do not enroll in Medicare Part A when you are first eligible your SISC premiums will be assessed a large penalty. Effective October 1, 2025 the penalty for not enrolling in **Medicare Part A is $700 a month** plus your monthly premium.

If you or your dependent are eligible to enroll in **Medicare Part B** and you are retired, you are **required** to enroll in Medicare Part B. If you do not enroll in Medicare Part B when you are first eligible your SISC premiums will be assessed a large penalty. Effective October 1, 2025 the penalty for not enrolling in **Medicare Part B is $700 a month** plus your monthly premium.

If you or your dependent are eligible to enroll in **Medicare Parts A & B** and you are retired, you are **required** to enroll in Medicare Parts A & B. If you do not enroll in Medicare Parts A & B when you are first eligible your SISC premiums will be assessed a large penalty. Effective October 1, 2025 the penalty for not enrolling in **Medicare Parts A & B is $1,400 a month** plus your monthly premium.

If you or your dependent are eligible to enroll in **Medicare Parts A & B,** and you are retired, you are **required** to enroll in **Medicare Part D** if you wish to enroll in a SISC medical plan.

SISC Retiree Kaiser Medical Plans

Kaiser's Senior Advantage Plan is a Medicare Risk plan. This means that you sign a form transferring the cost for all your medical treatment from Medicare to Kaiser.

Kaiser also requires that Medicare eligible employees enroll in Medicare.

Medicare Insurance Coverage

Generally, you are eligible for Medicare benefits if you have worked for at least 10 years in Medicare-covered employment and are 65 years old and a citizen or permanent resident of the United States.

You may qualify for Medicare coverage if you are younger than 65 with a disability or with End-Stage Renal disease (permanent kidney failure requiring dialysis or transplant).

Approximately three months prior to your 65th birthday you will receive information on your upcoming Medicare eligibility directly from Medicare by regular mail. We encourage you to **read this information carefully.**

Medicare ~ Parts A & B

Medicare has three parts - levels of coverage:

- Part A ~ Hospital insurance covers inpatient care in hospitals, including critical access hospitals and skilled nursing facilities, hospice, and some home health care (but not for custodial or long-term care).
- Part B ~ Medical insurance covers doctors, outpatient hospital care and other medical services.
- Part D ~ Prescription Drug coverage.

Medicare Enrollment

You may not be required to pay for Medicare Part A (premium-free) if you paid enough Medicare taxes while you were working. You may be eligible for premium-free Medicare Part A if:

- You are under age 65, disabled, and have received benefits from Social Security or the Railroad Retirement Board for at least 24 months based on that disability.
- You are age 65 or over and have worked at least 10 years under Medicare-covered employment.
- You are eligible for Medicare because of End-Stage Renal Disease.

If you or your spouse worked less than 10 years in Medicare-covered employment you may still be eligible to enroll in Medicare. You will have to meet certain requirements and pay a premium; your premium amount will depend on how many years you worked. Medicare premiums are subject to change on January 1 each year.

To be eligible for Medicare you must be age 65 or older, a resident of the U.S., and either:

- A U.S. Citizen, or
- An alien lawfully admitted for permanent residence who has lived in the U.S. without a break for the five-year period immediately before the month you meets all other requirements, and

For more information about enrolling in Medicare, you should contact the Social Security Administration at (800) 772-1213.

There are three separate opportunities to enroll in Medicare: the Initial Enrollment Period, the General Enrollment Period, and the Special Enrollment Period.

- <u>Initial Enrollment Period</u>

  The initial enrollment period for Medicare is a seven-month period that begins three months before the month you turn age 65 and ends three months after you turn age 65.

  If you are disabled and getting benefits from Social Security or the Railroad Retirement Board, the initial enrollment period generally begins three months before the 25th month of entitlement.

If you are not already getting benefits from Social Security or the Railroad Retirement Board and you are turning age 65 in the next three months, you can sign up for Medicare when you apply for retirement benefits.

If you do not sign up for Medicare Part B during your initial enrollment period you may have to pay extra for Medicare Part B premium. The cost of Medicare Part B will go up 10% for each full 12-month period that you were eligible for Medicare Part B but did not enroll. You will have to pay this penalty (called a premium surcharge) as long as you have Medicare Part B.

If you do not sign up for Medicare Part B when you are first eligible during the initial enrollment period, you may be able to sign up during two other enrollment periods:

- General Enrollment Period

  This period runs from January 1 through March 31 of each year. During this time, you can sign up for Medicare Part B at the local Social Security office. If you get benefits from the Railroad Retirement Board, you should call the local RRB office or (800) 808-0772.

- Special Enrollment Period

  The special enrollment period is available if you are eligible for Medicare based on age 65 or disability but waited to enroll in Medicare Part B because you were working and had group health plan coverage through the district.

CalSTRS

(800) 228-5453 ~ CalSTRS Medicare Premium Payment Program
www.calstrs.com

If you retired prior to January 1, 2001, you are eligible for CALSTRS Medicare Premium Payment Program.

The California State Teachers Retirement System (STRS) offers financial assistance for members that are at least 65 and are not eligible to receive Medicare Part A premium-free. The CalSTRS Medicare Premium Payment Program pays the Medicare Part A premium if the retiree did not pay into Medicare and now is required to pay a monthly premium.

Under the CalSTRS Medicare Premium Payment Program, CalSTRS will pay your Medicare Part A premium if you do not qualify for Medicare Part A without paying a premium and meet the eligibility requirements.

This benefit is not available to your spouse or beneficiary(ies). Federal regulations require that you also enroll in Medicare Part B. You will have to pay the Medicare Part B premium.

As a convenience, CalSTRS can deduct your Medicare Part B premium from your monthly retirement benefit and forward the payment to the Centers for Medicare and Medicaid Services, the federal agency that administers Medicare.

You must meet the following CalSTRS Medicare Premium Payment Program eligibility requirements:

- Be a retired or disabled CalSTRS member receiving a monthly benefit
- Age 65 or older
- Not eligible for premium-free Medicare Part A
- Enrolled in Medicare Part A and Medicare Part B

XP Health | SISC

Did you know that the retail price of eyeglasses is the result of markups over wholesale prices ranging from 250% to 2500%?

Would you keep paying retail if you had access to wholesale pricing? **Probably not.**

 PRADA MSRP $623	Factory cost	Wholesale margin	Retail margin	Member credit	Total cost
Traditional model	$35	$140	$448	-$229	= $394
XP Health	$35	$140	✕	**-$448**	**= $175**

48% lower

That's where XP Health comes in. XP Health provides access to wholesale prices. And that means significantly lower costs for members.

Over 3,000 frames available

800+ premium frames

eckō unltd. · OXFORD LANE · EYESSENTIALS · sydney love

$0 member cost

1800+ designer frames

Ray-Ban · TOMS · OAKLEY · ARMANI · COACH · kate spade

$50-$125 member cost

400+ luxury frames

TOM FORD · GUCCI · PRADA · VERSACE · BURBERRY · GARRETT LEIGHT CALIFORNIA OPTICAL

$75-$225 member cost

With XP Health, you can still go to a provider's office for an eye exam and a prescription. Then, after you leave the provider's office with your prescription, the next step is to go to the XP Health website to choose your frames from a selection of 800 available at $0 and an additional 2,200 available at up to 75% off of retail pricing.

And the savings doesn't end there. Advanced lens options and coatings (valued at over $200) are included for free!

Low to no cost frames



$0 lenses



$0 Lens options & coatings

- Advanced blue/violet light protection
- UV Protection
- Advanced Anti-Glare Protection
- Durable Polycarbonate Material
- Dust, Smudge, Water and Scratch Resistance

Savings of $200 MSRP

Get all three: Rx glasses, sunglasses, and contacts



from $0

+



from $0

+



Wholesale pricing

You are not limited to one pair of glasses! You can purchase a second pair of prescription glasses or use the eyewear credit on non-prescription sunglasses at 75% off retail.

And there is more! You can also purchase contact lenses at wholesale prices of up to $225 off retail.

Your savings are built in, with prices significantly lower than retail—no need for complicated claims or reimbursements. Once you place your order, your new glasses will be delivered straight to your door, hassle-free.

Questions? Email us at **concierge@xphealth.co** or chat with us at **xphealth.co**
Sign up today at **xphealth.co/sisc**

XP Health | How it works at a glance

Finding a vision care provider

In-network vision care provider

Search for an in-network provider by ZIP code or state at:
xphealth.co/nva-search

OR

Browse a PDF of the directory at:
xphealth.co/sisc-directory

Get your comprehensive eye exam for **$10**

Maximize your eyewear savings by shopping online in the XP Health marketplace with your new prescription

If you prefer to shop in-person, there is a 35% discount off the retail price of frames

Out-of-network vision care provider

If you have a preferred provider that is out-of-network

Pay for your comprehensive exam and **submit a reimbursement form for up to $80**

Maximize your eyewear savings by shopping online in the XP Health marketplace with your new prescription

If you prefer to shop in-person, you will not receive any additional discount via your XP Health program

Shopping for eyewear

Online via the XP Health marketplace - Maximize your savings

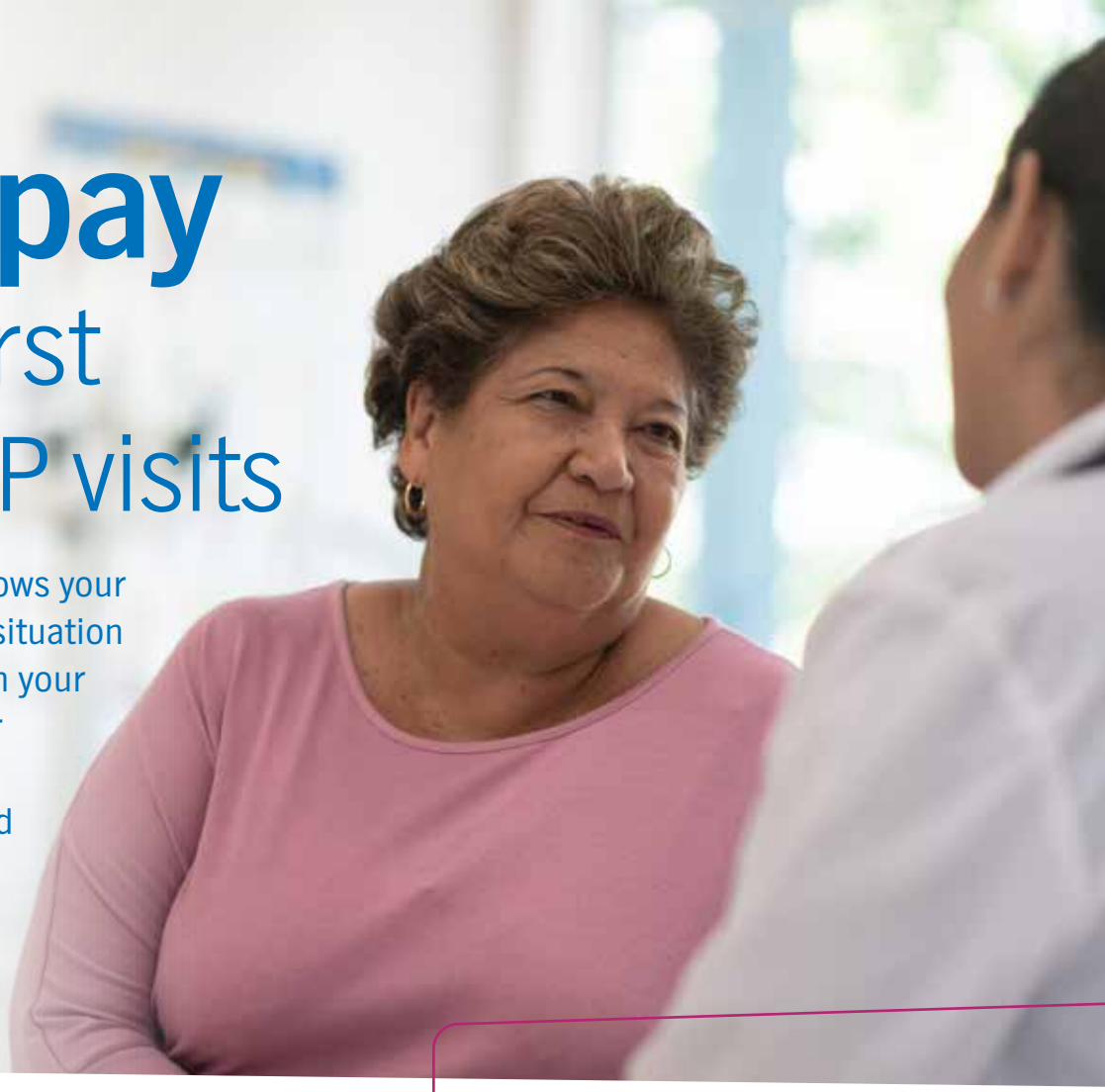
Visit **xphealth.co/SISC**

800+ frames at $0 member cost and **contact lenses at wholesale pricing** is only available via the XP Health online store.

Try before you buy—virtually or at home
Use XP Health's virtual try-on to see how frames look on your face in real time. Or, go hands-on with our home try-on program and test out six frames for six days, all from home.

VISION CARE SUBSCRIPTION DISCOUNT PLAN DISCLAIMER [DISCOUNT ONLY - NOT AN INSURANCE PLAN] - This program provides wholesale pricing or negotiated discounts on behalf of members on certain vision services and products through participating vision care providers and the XP Health Marketplace. The range of the discounts may vary depending on the product and/or clinical provider. XP Health works with organizations and employers who sponsor access to discounted services or products for program members. XP Health does not pay or reimburse participating vision care providers for the cost of vision care services or products purchased by the program member. Program members may be required to pay for the cost of some vision care services or products received as detailed in the subscription plan purchased by your sponsor. You may file a complaint by contacting customer care. This program is administered by XP Health, Inc., 969 Industrial Rd, Suite A, San Carlos, CA 94070, 1-888-974-3020, https://www.xphealth.co.

$0 copay for the first three PCP visits



Having a doctor who knows your family history and your situation can make a difference in your care. When you see your primary care physician (PCP) regularly, you build a relationship that lets your PCP learn more about you and how to take care of your health.

Starting October 1, 2020, if you have a Self-Insured Schools of California (SISC) PPO plan, you may be eligible to have your copays waived for your first three visits to your PCP in a calendar year.

Your PCP can be a family or general practitioner, internist, gynecologist, obstetrician, pediatrician or nurse practitioner who:*

- Sees you for yearly checkups and preventive care.
- Learns about your family medical history.
- Treats minor illnesses and injuries.
- Helps manage your care if you have a chronic condition, like heart disease or diabetes.
- Offers advice to help you make informed decisions about care.

Find out if your SISC PPO plan is eligible

Look at your Benefits Booklet or contact Member Services at the phone number on your Member ID card to see if you qualify for $0 copay for the first three visits. We are here to help you understand your benefits and put your care first.

Choose a PCP

To search for in-network doctors who qualify as PCPs, go to **anthem.com/ca/sisc**. Then log in and select **Find Care.**

See the next page for frequently asked questions about this new benefit.

Anthem

SISC
Self-Insured Schools of California

What is a primary care physician (PCP)?

A PCP is your main doctor or health professional who provides most of your care. He or she coordinates your total care — from preventive checkups and routine medical care to specialized care and hospitalizations. A PCP's job is to provide basic care and to give you someone to reach out to for advice and direction when you have a health problem.

What kind of a doctor does my PCP have to be?

Your PCP can be any of these providers who are generalists, under the following specialties: family doctor, general practice doctor, internist or internal medicine doctor, OB/GYN, pediatrician or nurse practitioner.

Do I need to choose a PCP and obtain a referral to see a specialist?

No. You have the freedom to use any doctor or hospital without being required to choose a PCP or get referrals.

What if I want to use a specialist as my PCP?

Your plan's office visit copay will apply to your specialist visit.

Can I use a provider who is outside of the Anthem network?

Yes, but you will not have a $0 copay for the first three PCP visits. When you see network providers, you only have to pay the copays, deductibles and coinsurance required by your health plan. If you get treatment from a provider outside the network, you may have to pay more for services. Look for more information in your Benefits Booklet. To search for doctors in your plan who qualify as PCPs, go to anthem.com/ca/sisc and log in. Then select **Find Care**.

Does the $0 copay for the three visits apply for each covered member of the family?

You and your enrolled dependents are each eligible to have the copay waived for the first three primary care office visits at an in-network PCP each year.

Does the $0 copay for the first three PCP visits mean that all services performed during the visit will be covered at 100%?

The $0 copay for the first three office visits applies to the actual office visit only. Costs may apply for any other service performed in the office, like an X-ray, lab or treatment, after any deductible.

Does everyone in my family have to share the same PCP?

No. Each member of your family who is enrolled in the plan can choose his or her own PCP or personal doctor.

If I have an HSA-compatible plan, do I get my first three visits with a PCP covered at a $0 copay?

No. The HSA-compatible plans, including HSA-A, HSA-B, Minimum Value and Anchor Bronze PPO plans, do not waive PCP copays.

Do preventive/well exam visits count toward the three $0 copay visits?

No. You will continue to have $0 copay preventive/well exam visits, as well as three additional $0 copay visits for each eligible member in one calendar year.

What if my PCP tries to collect my copay during my office visit?

Kindly notify your doctor's office that your plan waives the copay for the first three visits to a PCP. Your doctor can contact the provider number listed on the back of your Member ID card to verify your benefits.

Anthem

SISC
Self-Insured Schools of California

* National Institutes of Health MedLine Plus: *Choosing a primary care provider* (May 2020): medlineplus.gov/ency/article/001939.htm.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

123804CAMENABC Rev. 06/20

Anthem

SISC
Self-Insured Schools of California

The SISC Physical Medicine Review Program

Q. What are your physical medicine benefits?

A. Your benefit plan allows for in-network physical medicine services. You can enjoy chiropractic, physical and occupational therapy without any plan limits, as long as it's medically necessary. Anthem processes claims according to the medical necessity decisions made by American Specialty Health (ASH).

Q. Who is American Specialty Health (ASH)?

A. ASH is a national health services organization that specializes in the review of physical medicine services and health and wellness provider networks. Anthem contracts with ASH to ensure SISC physical medicine services are medically necessary. The ASH Clinical Staff is made up of a wide variety of experts in the field of physical medicine which includes: chiropractors, physical therapists (including those well-versed in pediatric physical therapy and in rehabilitation of cardio and neuro conditions), occupational therapists, acupuncturists, and medical physicians boarded on physical medicine and pain management. All have extensive backgrounds in utilization review, quality management, and the identification of fraud, waste, and abuse.

Q. Why does SISC want to have a physical medicine review program?

A. SISC wants to ensure you have access to all the physical medicine services you need to treat your specific condition. A review program allows SISC to offer a member as many visits or treatments as needed without pre-determined plan limits.

Reviewing for medical necessity

Q. How does the review work?

A. For in-network providers who perform physical medicine services:

- Your first five visits do not require a medical necessity review to be performed.
- Starting with your sixth visit, participating providers are responsible for obtaining medical necessity reviews through ASH.
- Anthem will deny claims where a medical necessity review is not on file.
- You and your provider will be made aware of all medical necessity review decisions and how claims are processed.
- It's important that ASH gives the OK, because the medical necessity review is needed for the provider to get paid. If ASH denies a service you are not responsible for the cost of the service if you are using an in-network provider.

Q. Do I have to have the medical necessity review done before I can get services?

A. While it is not necessary to obtain pre-service review for these services, the corresponding claim may be rejected or delayed until medical necessity review is complete. In order for such a claim to be considered for payment, the provider will need to request a retrospective review and submit the applicable medical records, if applicable.

64113CAMENABC Rev. 11/19

Q. How long does the review take?

A. If a member has not yet had the treatment, ASH will review it between 2-15 business days. If the member has already had the treatment, ASH will review it within 30 days, as long as all the paperwork has been sent. Please remember the medical necessity review does not have to be completed before services are rendered.

Q. How should information be sent to ASH for review?

A. Participating providers are responsible to work directly with ASH.

Your benefits

Q. How can I find a provider?

A. Go to **anthem.com/ca/sisc/find-care/** to find in-network providers in your area.

You also can call the Member Services number on the back of your member ID card.

If you live and work far away from in-network providers, please contact customer service for an out-of-network referral. This is on a case-by-case basis and must be approved by Anthem before you get treatment.

Q. How does medical necessity review affect coverage?

A. If ASH determines the service is medically necessary then:

- You pay your normal required amount, such as a copay or coinsurance.

If ASH determines the service is not medically necessary then:

- You may not have any additional payment responsibilities when you see an in-network provider.
- If you have used an in-network provider, you may not be responsible for services performed that do not meet ASH's guidelines for medical necessity.

Q. What if I have Medicare or another health plan as primary and my SISC plan is secondary, or if I live out of the state of California or have physical medicine services rendered in a hospital setting?

A. A medical necessity review of physical medicine services is not required.

Q. Do all providers follow this process if they offer physical medicine services?

A. Yes, all physical medicine services starting with the sixth visit must have a medical necessity review.

Handling claims

Q. Where are claims processed?

A. Anthem processes claims and will apply all medical necessity review decisions made by ASH. Members will receive an explanation of benefits from Anthem on how the claim processed.

Q. What if the claim is for a service outside of California?

A. The provider must send claims to the local Blue Cross and Blue Shield plan where you received service and the ASH review program does not apply.

Q. How do I appeal a claim or file a grievance?

A. Just follow the Anthem process on the back of your explanation of benefits or medical necessity letter.

Where to go for more information

Q. Who should I call about a claim or a medical necessity review decision?

A. Call the Member Services number on the back of your member ID card. Our Anthem Member Services representatives can help you.

Anthem Blue Cross Life and Health Insurance Company is an independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Facing a health issue? We can help.

A hospital stay or long-term health problem can turn your life upside down. You may feel overwhelmed and not know where to get help and support.

That's why we have a team of registered nurses, supported by clinical experts, trained to help during these stressful times. They're called nurse care managers, and they're your health care advocates. Their goal is to understand your needs from all angles and help you get the best care possible.

Depending on your needs, a nurse care manager might help you:

- Find out more about your health issue and your treatment options.
- Talk with your doctors and the rest of your health care team — and encourage them to talk with each other.
- Review your health plan to help you save money and get the most value from your plan.
- Connect with resources near you, like home care services and community health programs.
- Take steps to make healthy changes in your life.

Your nurse care manager will probably call you

But if you don't pick up or if you want to reach out to us about the program, you can call the number on the back of your card and ask for Case Management.

Anthem

SISC
Self-Insured Schools of California
Schools Helping Schools



21400CAMENABC VPOD Rev. 04/18



Nearly 9 out of 10 members who use this service say they're "very satisfied" and would recommend the program to another member.[1]

This service doesn't cost anything extra.

Keep in mind that the nurse doesn't provide hands-on care to you. It's up to your doctors and the rest of your health care team to do that. But the nurse can work with you and your team to keep the focus where it belongs — helping you manage your health and feel better. Here's how it works:

- **Get started.** In most cases, someone from this program contacts you directly. You can also call the Customer Service number on your member ID card or the health benefits team where you work. Ask to get in touch with the Case Management team. Your nurse will call you and get to know you. You'll talk about your current health situation and how it affects you. But you'll also talk about your health goals—and how your nurse can help you reach them.
- **Stay in touch.** Your nurse will call you regularly to see how you're doing. You can get support with any health issues. This is important because your needs may change over time. You'll also have your nurse's direct phone number, so you can call if any questions or problems come up.
- **Get better.** If you don't think you need help anymore, just let your nurse know. You can stop participating at any time.
- **See us at home or the hospital.** Sometimes we may offer to send a health professional to your home, to help coordinate your care or connect you with community resources that can support your recovery after a hospital stay.[2]

An extra helping hand is a phone call away. Call Customer Service at the phone number on your ID card and ask for Case Management. To learn about other member programs available to you, visit your health plan's website.

Anthem

SISC
Self-Insured Schools of California
Schools Helping Schools

1 2017 Clinical Satisfaction Study: Case Management Program.
2 Not available for all funding types. Varies by market and geographic area.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Live life to the fullest – without paying full price



Save money with discounts at anthem.com/ca

Saving money is good. Saving money on things that are good for you — that's even better. With SpecialOffers, you can get discounts on products and services that help promote better health and well-being.* It's just one of the perks of being an Anthem member. Check out how much you can save:

Vision, hearing and dental

Glasses.com™ and 1-800-CONTACTS® — Get the latest brand-name frames for just a fraction of the cost at typical retailers — every day. Plus, you get an additional $20 off orders of $100 or more, free shipping and free returns.

EyeMed — Get 30% off a new pair of glasses, 20% off non-prescription sunglasses and 20% off all eyewear accessories.

Premier LASIK — Save $800 on LASIK when you choose any 'featured' Premier LASIK Network provider. Save 15% with all other in-network providers.

TruVision — Save up to 40% on LASIK eye surgery at more than 1,000 locations (over 6.5 million procedures performed in the network).

Nations Hearing — Get hearing screenings and in-home service at no additional cost. All hearing aids start at $599 each, powered by the Beltone network.

Hearing Care Solutions — Digital instruments start at $500. Plus, get a free hearing exam. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, two years of batteries and unlimited visits for one year.

Amplifon — Get 25% off, plus an extra $50 off one hearing aid; $125 off two.

ProClear™ Aligners — Get $1,200 off a set of custom aligners. Improving your smile shouldn't cost a fortune. Now you can get a beautiful, professional smile in the comfort of your own home — all at a 50% savings. No metal braces; no time-consuming dentist visits; no hidden fees. Order now and get a free whitening kit, along with your great-looking smile.

Anthem

Check out more SpecialOffers on the other side.

SpecialOffers on anthem.com/ca

Fitness and health

Active&Fit Direct™ — Active&Fit Direct allows you to choose from more than 9,000 participating fitness centers nationwide for $25 a month (plus a $25 enrollment fee and applicable taxes). Offered through American Specialty Health Fitness, Inc.

FitBit — Get fit your way with Fitbit trackers and smartwatches that fit with your lifestyle, budget and goals. Save up to 22% on select Fitbit devices.

Garmin — Get 25% off select Garmin wellness devices.

Jenny Craig — Take advantage of a free, three-month program (food not included) plus $120 in food savings (purchase required), or save 50% off premium programs (food cost separate).

ChooseHealthy — Get discounts on acupuncture, chiropractic, massage and fitness clubs.

Global Fit — Get discounts on gym memberships, fitness equipment, coaching and more.

Family and home

23andMe — Get $40 off each Health + Ancestry kit. Your DNA says a lot about you. Save 20% on a 23andMe kit and learn about your wellness, ancestry and more.

Safe Beginnings® — Babyproof your home while saving 15% on everything from safety gates to outlet covers.

Nationwide Pet Insurance — Receive an automatic 5% discount when you enroll through your company or organization. Save up to 15% when you enroll multiple pets.

ASPCA Pet Insurance — Get 5% off pet insurance. You can choose from three levels of care, including flexible deductibles and custom reimbursements.

WINFertility® — Save up to 40% on infertility treatment. WINFertility helps make quality treatment affordable.

LifeMart® — Get great deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services and yoga classes, sports gear and vision care.

Medicine and treatment

SelfHelpWorks — Choose one of the online Living programs and save 15% on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep or face an alcohol problem.

Brevena — Enjoy a 41% discount on BREVENA® skin care creams and balms for smooth, rejuvenated skin from face to foot.

Puritan's Pride — Choose from a large selection of discounted vitamins, minerals and supplements from Puritan's Pride.

Allergy Control Products — Save 20% on select doctor-recommended products such as allergy friendly bedding, air purifiers and filters, asthma products and more. Plus enjoy free shipping on all orders over $79 when shipping ground within the contiguous U.S.

National Allergy® supply — Save 20% on select National Allergy® Doctor Recommended Products.

- Allergy bedding
- Air purifiers and filters
- Home allergy products
- Personal care
- Humidifiers and dehumidifiers
- Vacuums and steam cleaners

To find the discounts that are available to you, log in to **anthem.com/ca** and select **Discounts**.

* All discounts are subject to change without notice.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Need your medical ID card quick? Print a temporary one



Haven't received your member medical ID card yet? Or do you need to go to a doctor's appointment before you get it? There's no need to worry – you can always print a temporary ID card. It'll work just as well as the real thing.

Printing your temporary ID card is easy and takes only a few minutes. You can print a temporary ID card online through our website, anthem.com/ca, by following these steps:

- Log in to anthem.com/ca or register online if you do not have an account (call Member Services and request your health care ID number to register).
- Click on the Print Temporary ID card link.
- Select a name from the drop down box of the member you wish to print a temporary ID card for.
- The system will display the Temp ID Card.
- Click the print icon in the upper left hand corner of the PDF to print.

You can print the ID card using your own printer and then use it at your next doctor's appointment.

It's important to remember that your temporary ID card **expires 30 days after its issue date**. The temporary ID card is not meant to replace your permanent ID card, which you will still get, and it may not include all of your benefit information.

If you have any questions, a Customer Service number is on the temporary ID card.

So, if you need an ID card quick, go online and print a temporary one as a backup!

A temporary ID card is also a great option if you ever misplace or lose your regular one!

Anthem BlueCross

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross names and symbols are registered marks of the Blue Cross Association.

18857CAMENABC Rev. 7/12 F0015625

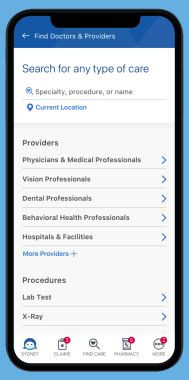
Connect with the care that's right for you

The Find Care tool helps you search for doctors/dentists and compare costs

Choosing a provider you trust is important — and choosing one in your plan's network can help keep your costs down. Finding high-quality, cost-effective care is simple when you use the Find Care tool on the Sydney Health mobile app or **anthem.com/ca.**

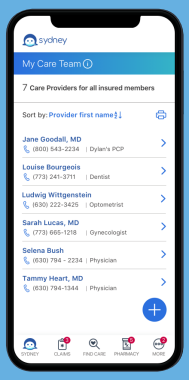
How to use Find Care

The Find Care tool brings together details about doctors, dentists, hospitals, labs, and healthcare facilities in your plan's network. You can easily compare information such as costs, location, and office hours. You can:



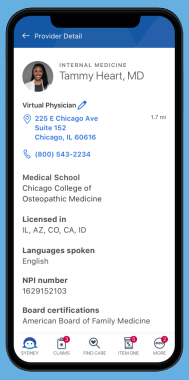
1

Search for providers and facilities in your plan's network by name, specialty, or procedure.



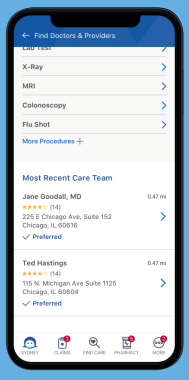
2

Customize the list of providers you see in your search based on factors that are most important to you, such as languages spoken, affiliated hospitals, and location.



3

Review details about doctors/ dentists such as their specialties, gender, educational background, and contact information.



4

Choose a doctor/ dentist from the list to review their patient ratings and compare costs for services.

Choose with confidence

You can start using **Find Care** by downloading the Sydney Health app to your mobile device or logging in to **anthem.com/ca.** Select **Find Care** and the Find Care tool will guide you through the steps.

We're ready to help you

The Find Care tool empowers you to take control of your healthcare by helping you connect with high-quality care options. If you have questions, you can reach us using the interactive chat feature on the Sydney Health app or through the Message Center on **anthem.com/ca.**

Download Sydney Health today to find a provider that's right for you

Use your smartphone camera to scan this QR code.

Anthem

SISC
Self-Insured Schools of California
Schools Helping Schools

Sydney Health is offered through an arrangement with CareMarket, Inc. Sydney and Sydney Health are trademarks of CareMarket, Inc.
Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.
123478CAMENABC VPOD BV Rev 10/20

Digital ID cards — *always current, always accurate*

Make sure we have your email so you can get your digital ID card



Have you ever handed your member ID card to a doctor only to find it's expired, or it isn't even the right one? Your digital ID card always has the latest information, so you can be sure you're giving the right details to your doctor or health care professional.

Your digital ID card can make your life easier

- No need to wait for your ID card to come in the mail — new ID cards are available faster!
- It's easy to use.
  - Print a copy any time.
  - Email or fax it right from your computer or mobile device.
  - Show it to your doctor from your smartphone. Your digital ID card is always there and works just like a printed ID card.

Tip: Download the card to your smartphone, so you'll always have it even if your cell signal or internet connection goes bad.

Be sure you register at anthem.com/ca/sisc

There's only one thing you have to do to get your digital ID card: register on **anthem.com/ca/sisc** or the **Sydney** mobile app. While you're logged in, set your ID card preference to digital.

Anthem

SISC
Self-Insured Schools of California

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

119984CAMENABC 11/19

Online doctor visits 24/7 are part of your health plan

Have consultations with health care professionals using your phone, tablet or computer. Only a $5 copay



ADVANTAGES OF HAVING AN ONLINE DOCTOR VISIT

- Average wait time for MDLIVE doctor visit is less than 15 min!
- Doctors have an average of 15 years of experience
- Prescriptions sent to the pharmacy of your choice
- Saves you time and money
- You can have your visit anytime, from anywhere

MDLIVE IS A GREAT OPTION FOR A WIDE RANGE OF CARE

Medical Conditions	Behavioral Health
Cold / Flu	Depression
Sinus infection	Bipolar disorders
Respiratory problems	Stress
Allergies	Grief and loss
And more	And more

Register now! Be ready whenever you or a family member need quick, convenient access to quality medical care.



Text SISC
to MDLIVE (635483)

Go online to
mdlive.com/SISC

Call MDLIVE at
1-800-657-6169

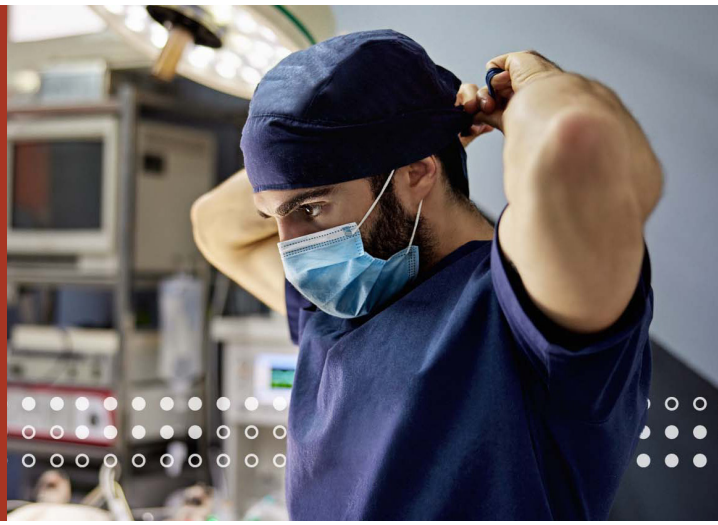
SISC
Self-Insured Schools of California
Schools Helping Schools

MDLIVE®

carrumhealth

SISC
Self-Insured Schools of California
Schools Helping Schools

Putting off surgery? There's something you should know.



During the early days of the pandemic, many hospitals had to pause elective surgeries due to COVID.

Today, COVID continues to challenge hospitals, now faced with staffing issues. Patients rescheduling tests and procedures ***have led to extremely long wait times for surgery***. To beat this backlog and avoid the consequences of waiting, start the process as soon as possible.

If you're ready to prioritize your health, we can't wait to help. Carrum Health is a surgery and medical benefit that provides you and your eligible family members access to some of the top surgeons in the country at little to no cost.*

Sometimes surgery may not be the best answer. If you or your eligible family member has received a recommendation for surgery, this benefit provides a free second opinion from one of the top surgeons in the country. Many consultations can even be conducted virtually.

Get started today to beat the backlog and get the medical care you deserve.

An unmatched healthcare experience

Better care

The doctors in our program achieve better outcomes and have 80% fewer readmissions.

Costs are covered

When you get surgery through Carrum, your company covers most, if not all, of the medical costs.*

Dedicated support

Our team takes care of all the planning and paperwork, so you can focus on your health.

Ready to get started?

Visit: carrum.me/sisc

QR CODE

**Carrum Health is a special surgery benefit for SISC members, early retirees (pre-65), COBRA participants, and dependents who are enrolled in an Anthem Blue Cross or Blue Shield PPO plan.*

Due to IRS regulations, members on an HSA plan must pay their deductible, but coinsurance is waived. Per IRS rules, a portion of any covered travel expenses will be reported as taxable income.



Sign up and start the program today!

SISC | Hinge Health

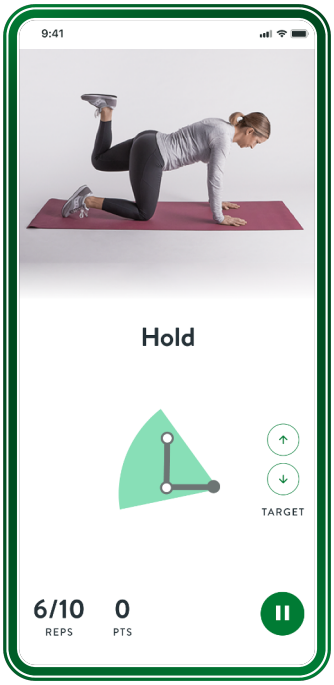
Conquer back and joint pain without drugs or surgery

We provide all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your needs, technology for instant feedback in the app, personal coach and physical therapist. Best of all, **it's free** — 100% covered by SISC for you and eligible family members.

Sign up today for help with any of the following:

- **Conquer pain or limited movement**
- **Recover from a past injury**
- **Reduce stiffness in achy joints**

Join for your **back, knee, hip, neck, or shoulder**. On average, participants cut their pain as much as 68%*!



Scan the QR code to learn more or apply at
hinge.health/sisc
or call (855) 902-2777

¿Tiene dolor o una lesión?
Envíe un correo electrónico a hola@hingehealth.com o marque el número siguiente para obtener más información sobre las soluciones de Hinge Health.

Eligibility: Available for free to employees, dependents 18+, and pre-65 retirees enrolled in an Anthem PPO or Blue Shield PPO medical plan with SISC as their primary insurance. HSA plan members will be subject to additional costs based on deductibles.

*Participants with chronic knee and back pain after 12 weeks. Bailey, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. JMIR. (2020).



Virtual primary care doctors can **diagnose and manage more than 95% of the health conditions** a traditional primary care doctor can.

1044759CAEENABC BV 09/22

Anthem

Virtual care opportunities

Drive down costs, close gaps in care

As care delivery changes, opportunities arise to reduce you and your employees' healthcare costs. Our Sydney℠ Health app is cutting-edge technology that expands access to virtual primary care at low or no-additional cost.

The virtual care options available today are game changers. They make it easier for your employees to focus on their overall health — not just urgent care needs.

When your employees download our Sydney Health app on their smartphone, they can receive:

- Comprehensive primary care, coordinated by a care team.
- Preventive care through wellness visits and lab screenings.
- Urgent or sick care, 24/7.
- A personalized care plan and follow-ups.
- Unlimited access to care for common health concerns, as well as prescription refills and referrals.*

Giving your employees convenient and affordable access to healthcare and resources can help them feel more confident about their health and protected in their time of need.



How to download our Sydney Health app:

sydney

Download on the App Store

GET IT ON Google Play

1. Scan the QR code using the camera on your smartphone.
2. Make sure the QR code is inside the box on your screen.
3. Tap the pop-up notification that appears.



Virtual care options for your employees

Check Symptoms, Chat with a Doctor, Check-ups and Ongoing Care through Sydney Health

Use for:

Primary care

- Wellness visit and other preventive care
- Chronic condition management (diabetes, asthma, etc.)

Urgent care for common health concerns

- Bladder issues
- Chickenpox
- Cold and flu
- Ear infections
- Pink eye
- Minor cuts
- Seasonal allergies
- Sinus infections
- Skin conditions
- Sore throat
- Sprains
- Stomach ailments

Prescriptions

Referrals for specialized care

How to access:

For primary care, preventive care, virtual annual wellness visits, and chronic condition management, set up an appointment through our Sydney Health app. From the homepage, select **Check-ups and Ongoing Care**.

Hours for primary and preventive care:
Monday through Friday, 9 a.m. to 9 p.m. ET
Saturday and Sunday, 9 a.m. to 5 p.m. ET

For urgent or sick care, select **Chat with a Doctor 24/7** or **Check Symptoms**.

Hours for urgent or sick care: 24/7

LiveHealth Online through Sydney Health

Use for:

Mental health

- Anxiety
- Depression

Specialty care

- Dermatology
- Allergies
- Sleep

Urgent care for common health concerns

- Bladder issues
- Chickenpox
- Cold and flu
- Ear infections
- Pink eye
- Minor cuts
- Seasonal allergies
- Sinus infections
- Skin conditions
- Sore or strep throat
- Sprains
- Stomach ailments

How to access:

For mental health and specialty care, set up an appointment through our Sydney Health app. From the homepage, select **Care**, then **Video Visit**.

Hours for mental health:
Monday through Friday, 9 a.m. to 9 p.m. ET

For urgent care, begin a session **at any time** through our Sydney Health app. From the homepage, select **Care**, then **Video Visit**.

Hours for urgent care: 24/7

* Your doctor will determine if a prescription is needed at time of visit.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan ©2020-2022. The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

Virtual annual preventive care (wellness) visits through the Sydney Health app are available starting September 2022.

Your virtual annual preventive care (wellness) visit is covered in full unless your employer has a limit or cap under your benefit plan. Eligible employees are those who have not yet had a wellness visit during the plan year, either virtual or in person, and their organization has chosen to offer the virtual primary care experience without a limit or cap under your benefit plan. If an employer group has a cap on the number of preventive care (wellness) visits and the employee has exceeded the cap but would like to have another wellness visit, they may be responsible for copays and other out-of-pocket costs for the visit. Employees should consult their benefit plan and/or contact Member Services if they have any questions.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare professional in your plan's network. If you receive care from a doctor or healthcare professional not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Anthem

SISC
Self-Insured Schools of California

Hip, Knee and Spine Surgeries
Blue Distinction+ Requirement

Learn more about finding a Blue Distinction+ hospital before scheduling a procedure

In order to be covered by the Preferred Provider Organization (PPO) plan, hip and knee replacements and certain inpatient spine surgeries must be performed at an Anthem Blue Cross Blue Distinction+ center. Read more to find out key details before getting surgery.

The highest quality of care

For particular surgeries, some hospitals deliver better outcomes than others. Hospitals meeting the requirements for the Blue Distinction+ (BD+) designation outperform their peers in the areas that impact patient health care the most — quality, safety and efficiency. BD+ Centers meet affordability criteria and deliver better results — including fewer complications and readmissions — than other hospitals.

For a specific list of hip, knee and spine procedures that are part of the program, please call the Customer Service number on the back of your ID card.

Finding a Blue Distinction+ hospital

- Go to **anthem.com/ca/sisc/find-care/**.
- Scroll down to **Blue Distinction Centers and Centers of Medical Excellence**.

If you need help finding a surgeon who practices at a Blue Distinction+ hospital, you may want to ask your primary care doctor or orthopedic specialist to assist you. There is also often an Orthopedic Program Director at each BD+ hospital that can assist you with finding surgeons that are part of their program, as well as provide you detailed information about what their program offers.

Are you considering a hip, knee or spine surgery?

If you're considering surgery, the SISC Expert Medical Opinion program can provide a second opinion with a top specialist in the field of joint replacement and spine surgery. They'll handle the collection of medical records and provide you an expert consultation on the phone or online.

Call **1-855-380-7828** to start a second opinion, or visit **teladoc.com/sisc** to learn more.

Travel Assistance

If there is no Blue Distinction+ center within 50 miles from where you live, a travel benefit is available to you. It pays for travel for the patient and a companion. It also includes a concierge service called HealthBase that serves as a link between patients and doctors. Anthem Customer Service can connect you with a HealthBase representative who will help with travel arrangements, accommodations and setting up appointments including medical record collection and transfer.

Exceptions

Although rare, there may be times when you may be able to go to a non-Blue Distinction+ center. For example:

- Emergencies.
- Additional complications such as cancer.
- Patient is under the age of 18.
- SISC is secondary to other primary benefits.
- Patient lives outside of California.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

60495CAMENABC Rev. 11/19

Choosing a lab in your plan's network can save you money



Smart choices can add up to savings on your healthcare. For example, if you need lab work, you can choose where to go to save money.

As a member of a **Self-Insured Schools of California (SISC) preferred provider organization health plan**, lab services are covered by care providers in your plan's network. For even more savings, you can choose an independent lab in your plan's network instead of a hospital lab. There can be a big difference in cost based on whether a lab is in a hospital.*

Test	Independent lab	Hospital-based lab	Out-of-network lab
Basic metabolic panel	$9	$36+	No coverage. You pay the full amount.
Lipid (cholesterol) panel	$14	$65+	
Pap test	$20	$63+	

* Your actual cost depends upon your benefits and whether or not your deductible is met. These costs are examples only.

Talk to your doctors if they refer you to a lab

Let your healthcare provider know your plan only covers lab work at facilities in your plan's network. Ask them to refer you to an independent lab instead of a hospital lab.

If you're at your care provider's office and they collect a lab sample in the office, ask these questions:

- Will you be processing this lab test here?
- If not, where will you send it?
- Is the lab in my network?
- If you're sending it to a hospital, can you use a lower-cost option, like an independent lab?

To search for labs in your plan's network, visit **anthem.com/ca/sisc/find-care** or call us at the number on your ID card.

Anthem

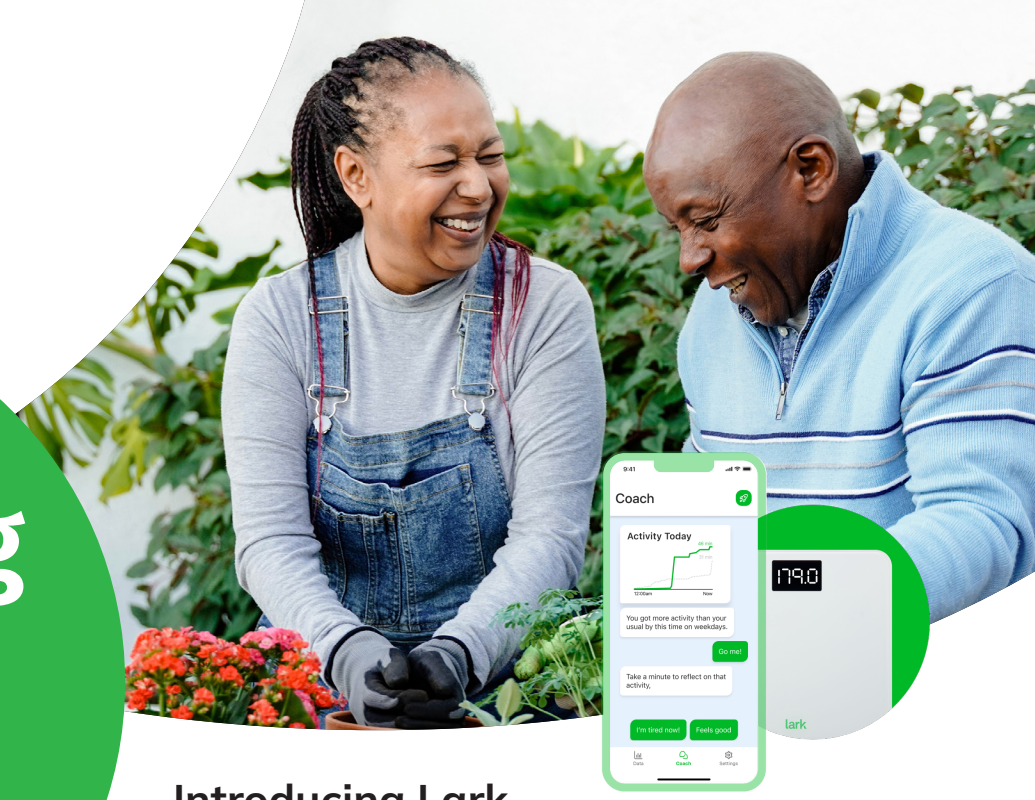
SISC
Self-Insured Schools of California
Schools Helping Schools

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

60910CAMENABC Rev. 08/23

lark

Preventing diabetes just got easier



Introducing Lark Digital Health Coaching

People with prediabetes have higher than normal blood sugar which can substantially increase the risk of developing type 2 diabetes. People often don't even know they have prediabetes, because it can occur with no symptoms. The good news is that there are steps you can take now to decrease your risk.

Your employer has teamed up with Lark to bring you access to the tools you need to take those steps and prevent type 2 diabetes. Available 24/7 on your smartphone, the Lark Diabetes Prevention Program is included at no extra cost as a benefit of your health plan. If you qualify, you'll also get a digital scale with the opportunity to earn a Fitbit®.

Together we can help you:

- Create healthy eating habits
- Reach or maintain a healthy weight
- Make time for physical activity
- Manage stress levels
- Improve sleep quality

Get started with a quick eligibility survey

Scan this QR code with your smartphone camera to get started.

Or visit **enroll.lark.com/anthem**

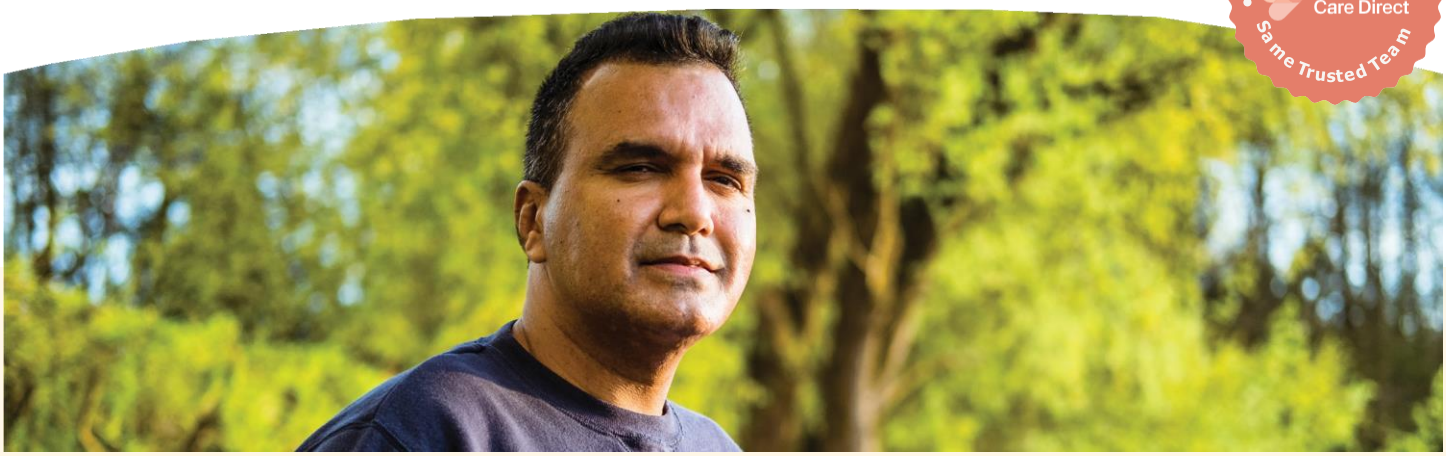
Eligibility requirements for the Lark Diabetes Prevention Program include qualifying as prediabetic according to a survey designed by the Centers for Disease Control and membership in a participating health plan. You may be eligible to earn health-related devices such as a scale or Fitbit® at no cost to you. The ability to earn health-related devices may vary by health plan and may contain minimum program engagement requirements, such as weighing in, completing missions with your digital coach, and logging activity or meals. Eligibility determinations are made by Lark at its sole discretion.

Fitbit is a registered trademark of Fitbit Inc.

LANTERN

SISC
Self-Insured Schools of California
Schools Helping Schools

Formerly Known As Cancer Care Direct Same Trusted Team



If You Ever Need Cancer Care, We're Here to Light Your Path

Lantern provides personalized guidance and support throughout the cancer journey. Our expert support team will help you or a loved one navigate the path ahead, connecting you with the best providers while coordinating care along the way.

An Experience with You at the Center

We're here to answer your questions and ensure that you understand the path ahead and that you have confidence in your team and treatment plan. We put the patient and their loved ones at the center of care, as we believe that a better more compassionate experience leads to better outcomes.

Call Us to Learn More at (855) 961-4533

Email: guide@lanterncare.com

Visit Lantern Today.

You can chat with nurses, track appointments and symptoms, and more.

The Lantern Difference

1. **Guided Support**
   Your personal Oncology Nurse Navigator-led team will be with you every step of the journey, coordinating appointments, explaining treatment information, and answering questions.
2. **Accessing Excellent Care**
   We connect you with the best in-network community oncology clinics, hospitals, and National Cancer Institutes for high-quality care as close to home as possible.
3. **Expert Review & Advice**
   Our team will assist in coordinating the expert review of members' diagnoses and treatment plans, recommending second opinions and referrals as needed.

"Because my Oncology Nurse Navigator was able to get appointments within two weeks instead of waiting months and months, I was quickly enrolled into a treatment plan that has me on a path to recovery."

— Craig, Cancer Survivor and Lantern Member

LANTERN

SISC
Self-Insured Schools of California
Schools Helping Schools

Formerly Known As Cancer Care Direct Same Trusted Team

Frequently Asked Questions

Who can benefit from Lantern?

Lantern can help if you or a member of your family has been diagnosed with cancer. It's included as part of your medical benefits through <Client> at no extra cost to you.

I was diagnosed with cancer. What should I do to get started with Lantern?

Reach out to us as soon as you can—our team is only a phone call away and ready to help. Call Lantern at (855) 204-3923. We have Oncology Nurse Navigators and Care Guides available to help Monday through Friday, between 8 a.m. and 5 p.m. CT. You can also email us at guide@lanterncare.com.

I'm already getting cancer treatment. Can Lantern still help?

Yes. We provide guidance and support to our members at any point in their cancer journey, from initial diagnosis to remission. Call our team to see how we can help you.

I've already completed treatment, and I'm in remission. Can you still help me?

Yes. We're here to help you through survivorship. Our team can help you with continued screenings, guidelines, managing treatment late effects and more. We're also here to help you transition back into your daily life after cancer.

What will it cost me to use Lantern?

Lantern doesn't cost you anything. It's included as part of your <Client> medical benefits. You won't be billed for using Lantern.

Can Lantern help get treatment approved for me?

Yes. As your advocates, we work with your doctors and insurance to help get approvals for your treatment.

What do the Lantern Oncology Nurse Navigators and Care Guides do?

Our Oncology Nurse Navigators are experts in the field. They provide timely clinical guidance, coordinate care, facilitate expert advisory support and offer social and emotional support when you need it. Our Care Guides work with our nurses to coordinate any travel and appointments, request medical records and get answers to your questions. They help you handle the details, so you can focus on your health.

Will Lantern help cover the cost of my treatment or surgery?

No. Lantern does not cover the cost of surgeries or treatments. That will still be provided through your medical insurance. Lantern may be able to help with travel costs to and from appointments for your cancer diagnosis. Your team can also connect you with resources in your community that can provide financial help.

I like my oncologist. Do I have to switch doctors to use Lantern?

No. You can stay with your current oncologist and still get help from Lantern. But if you need to find an oncologist or want a second opinion, we can assist with finding a doctor and scheduling your appointments.

What happens if my insurance changes?

If your new insurance doesn't include Lantern as a benefit, our team will work with you to find resources and support in your community as you transition onto your new insurance plan. Our goal is to help you have a seamless transition if it's needed.

If your new insurance includes Lantern as a benefit, you can continue working with your team. If your new insurance doesn't provide Lantern, talk to your human resources department about adding it to your coverage.

Call us to learn more at:

(855) 961-4533

Visit Lantern Today.

You can chat with nurses, track appointments and symptoms, and more.

In the event of a medical emergency, call 911 or visit your nearest emergency room.

Virtual care designed for you and your family

SISC is providing PPO members and their partners with free access to Maven for maternity and postpartum virtual care and support. Use Maven for 24/7 access to doctors, specialists and coaches and trustworthy content tailored to your experience.

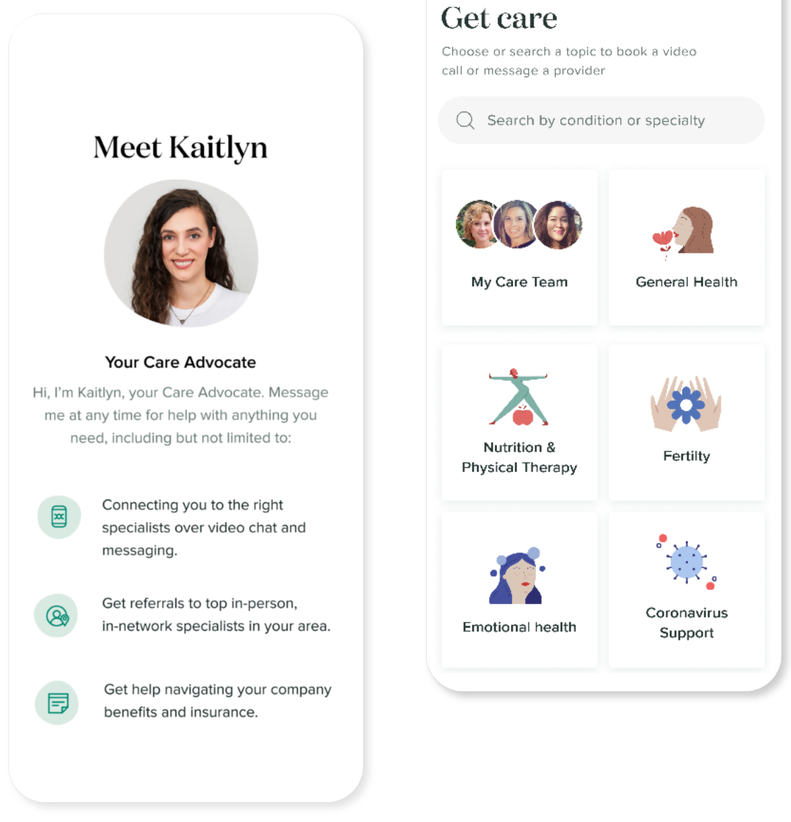


Personalized support for every step of your journey:

- Pregnancy
- Postpartum
- Pediatricians
- Infant sleep coaching
- Lactation support
- Return-to-work coaching
- Miscarriage & loss
- Birth planning
- Mental health
- Partner support

Your membership includes:

- A personal Care Advocate who serves as a trusted guide to help you navigate the Maven platform and connect you with providers throughout your journey
- Unlimited video chat and messaging with doctors, nurses, and coaches across 35+ specialties, including OB-GYNs, midwives, high-risk obstetricians, nutritionists, lactation consultants, and career coaches
- Provider-led virtual classes and vetted articles—tailored to your journey



Free diaper subscription from SISC if you enroll before the end of your second trimester and complete the Maven Maternity program!

Activate your free membership by scanning the QR code, downloading the Maven Clinic app, or visiting **mavenclinic.com/join/SISC**.

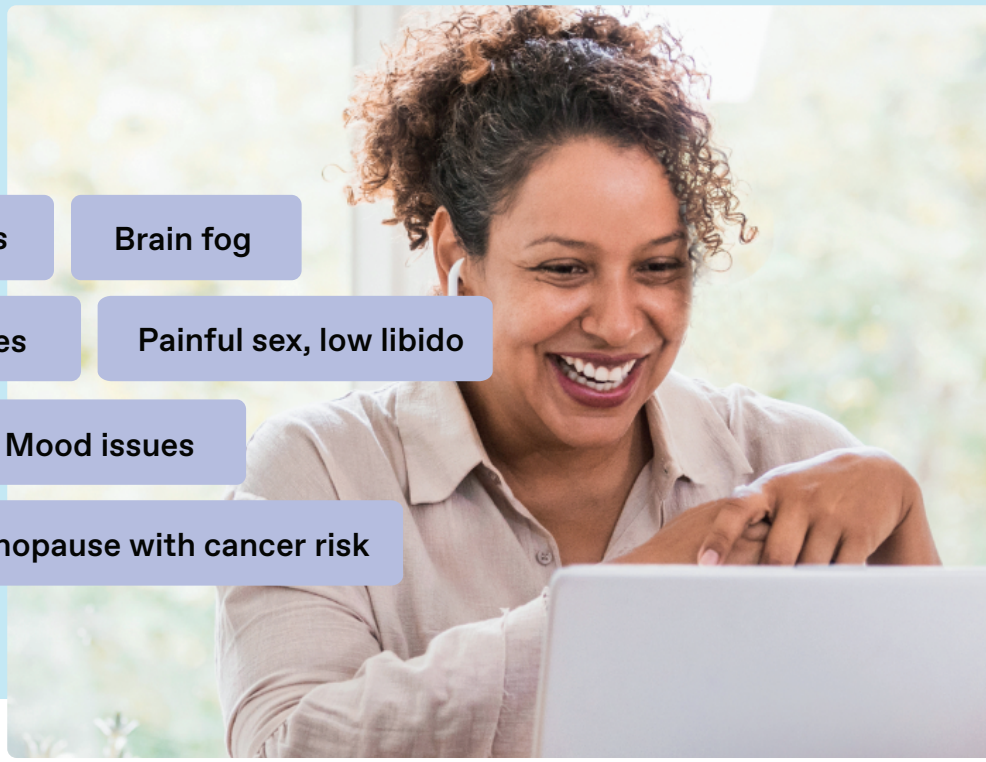
Enrollment in Maven is confidential.

MAVEN | SISC Self-Insured Schools of California *Schools Helping Schools*

SISC
Self-Insured Schools of California
Schools Helping Schools

+ MIDI

Get expert menopause telehealth care, covered by insurance.



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

Discover real relief

Hormonal changes in midlife can bring on a host of symptoms that are often misunderstood. Midi's expert clinicians can help you find safe, effective solutions.

Midi connects you to expert clinicians via virtual visits. After discussing your symptoms and health history, they help you get any necessary lab tests and create a personalized Care Plan.

SISC is proud to offer Midi Health's virtual menopause care benefit to eligible employees and their partners/dependents covered under Anthem Blue Cross and Blue Shield of CA PPO Plans. Standard cost-sharing applies.

Your regimen may include:*

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

*Coverage for treatment options, including prescriptions, is determined by SISC pharmacy benefits and may vary by plan.

Start your Midi journey at
joinmidi.com/sisc

MDLIVE

SISC
Self-Insured Schools of California
Schools Helping Schools

Need a doctor? No long wait. Now $0 copay Always open.



With MDLIVE, you can visit with a doctor 24/7 from your home, office or on-the-go.

Welcome to MDLIVE! Your anytime, anywhere doctor's office.

Visit a doctor by phone, secure video, or MDLIVE App. Pediatricians are available 24/7, and family members are also eligible. Behavioral health and psychiatric visits are available from the convenience of your own home.

Per IRS guidelines, HSA members are responsible for the full cost of the visit until their deductible is met.

U.S. board-certified doctors with an average of 15 years of experience.

Consultations are convenient, private and secure.

Prescriptions can be sent to your nearest pharmacy, if medically necessary.

Your COPAY is $0

Your copay is $0 for all visits starting October 2025

We treat over 50 routine medical conditions including:

- Acne
- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Fever
- Headache
- Insect Bites
- Nausea / Vomiting
- Pink Eye
- Rash
- Respiratory Problems
- Sore Throats
- Urinary Problems / UTI
- Vaginitis
- And More

Download the app.
Join for free. Visit a doctor.

MDLIVE.com/sisc
1-800-657-6169

Copyright © 2019 MDLIVE Inc. All Rights Reserved. MDLIVE may not be available in certain states and is subject to state regulations. MDLIVE does not replace the primary care physician, is not an insurance product and may not be able to substitute for traditional in person care in every case or for every condition. MDLIVE does not prescribe DEA controlled substances and may not prescribe non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE does not guarantee patients will receive a prescription. Healthcare professionals using the platform have the right to deny care if based on professional judgment a case is inappropriate for telehealth or for misuse of services. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit https://www.MDLIVE.com/terms-of-use/.

TELADOC Medical Experts

SISC Self-Insured Schools of California Schools Helping Schools



World-renowned medical advice **for you and your family.**

If you or a dependent is facing a serious medical issue, make sure you get the right advice.

With Teladoc, you can:

- Have a world-renowned physician review a diagnosis and treatment plan
- Get expert medical guidance if you have been admitted into the hospital
- Get personalized answers to medical questions, big or small
- Find a leading local physician for you and your family

Get the answers you need from our Medical Experts.
Call us to get started: 1-855-380-7828

Visit www.teladochealth.com/sisc | Download the app

10E-143-2_417423813_12192019

ANSWERS TO COMMON VISION BENEFIT QUESTIONS

Got questions? We've got answers.

How do I use my benefits?
Simply find a doctor, schedule an appointment and receive services. We'll handle all the paperwork, when you visit an in-network provider.

Can I view my EyeMed benefits online?
Yes, you can view your benefits and do a lot more on our secure Member Web – such as print an ID card, check the status of a claim, locate a provider and download an Explanation of Benefits.

Want on-the-go access?
Download our mobile app (App Store or Google Play) to get the same features, plus the ability to save a vision prescription and set an eye exam reminder.

How do I submit a claim?
We take care of all of the paperwork when you visit an in-network provider.

If you see an out-of-network provider AND you have out-of-network benefits as part of your vision benefits package, you'll need to pay at the time of service and complete a claim form to send to us for reimbursement. Be sure to include an itemized paid receipt with your name.

Will I get an ID card? How do I order replacements or extra cards?
Yes, we provide 2 ID cards in the subscriber's name, but you aren't required to have it at the time of service. If you lose your card or need extras for your family, you can print a replacement by creating an account at eyemed.com or downloading the EyeMed Members App (App Store or Google Play) to pull up a digital version anytime, anywhere.

How do I find an eye doctor in your network?
Simply visit our enhanced provider search on eyemed.com or the mobile app to choose from thousands of in-network providers. You can filter your search by your frame preferences, hours of operation and much more – and then even schedule your appointment.*

Does EyeMed offer any additional discounts?
We sure do! At participating in-network providers, members can receive 40% off additional complete pairs of glasses or 20% off a partial pair (lenses only or frames only). You can also receive 20% off non-prescription sunglasses and accessories. If that's not enough, you can create an account at eyemed.com and login anytime to view special offers.

Don't like wearing glasses or contacts? We also offer discounts on LASIK laser vision correction. To find a LASIK provider, visit eyemedlasik.com or call 877-5laser6.

I don't see any or all of my dependents on Member Web. Why?
Due to privacy guidelines, we only show family members who are under the age of 18 under the subscriber. Anyone 18 or older will need to register for his or her own account.

*At select in-network providers





Does EyeMed sell individual insurance plans?

Yes, visit http://individual.eyemed.com to see if an individual plan is offered in your state.

Can I use my benefits online?

Absolutely! You can use your in-network benefits to purchase contact lenses and eyewear online at:

LensCrafters — lenscrafters.com

Target Optical — targetoptical.com

Ray-Ban — ray-ban.com/eyemed

Glasses.com — glasses.com

contactsdirect — contactsdirect.com

If I have an FSA, can I apply funds to out-of-pocket costs after my EyeMed benefit is applied?

Yes. You can use your Flexible Spending Account (FSA) to pay for a variety of health-related out-of pocket expenses, including those associated with supplementary benefits like vision benefits. Money from the FSA can be applied toward the eye exam copay, out-of-pocket costs for prescription glasses or contact lenses (including upgrades), and supplies such as contact lens solution. Employees can even use FSA funds for LASIK surgery. Vision care out-of-pocket costs are also eligible for Health Savings Account (HSA) reimbursement, although these expenses do not count toward your annual deductible.

I don't wear glasses and can see fine. Why do I need an eye exam?

Getting an eye exam is not just about corrective vision – it's about your health. An eye exam can detect eye health problems like glaucoma or cataracts, as well as help identify signs of diseases that impact your whole body, such as high blood pressure, diabetes and high cholesterol – just to name a few.

To learn more about vision wellness, visit eyesiteonwellness.com.

At what age should my child first visit the eye doctor?

The American Optometric Association recommends that your child should have his or her first eye exam with an optometrist or ophthalmologist between 6 months of age and 1 year.[1] The doctor may check for nearsightedness, farsightedness, astigmatism, amblyopia (or "lazy eye"), proper eye movement and eye alignment, how the eye reacts to light and darkness, and other eye health problems. They also recommend that your child's next eye exam should take place sometime between the ages of 3 and 5, and then every year after that. During these exams, the doctor will conduct a comprehensive eye exam as well as vision screening tests. To learn more about your child's vision, visit eyesiteonwellness.com.

My child gets a vision screening at school. Is there still a need for an eye exam?

A vision screening does not take the place of an eye exam. Generally, they check a child's ability to see far away and check for color blindness, but a comprehensive eye exam evaluates the entire structure of the eye and also allow the doctor to view nerves and blood vessels, providing a glimpse into a child's overall health. Eye doctors may also check for farsightedness, which is more common in younger children.[2]

How often should I get an eye exam?

As with any type of ongoing health care, annual eye exams are a good rule of thumb unless otherwise directed by your doctor. To learn more about eye exams, visit eyesiteonwellness.com.

Can I get the same care at a retail provider as I can at an independent doctor?

All optometrists, regardless of the setting of their practice, must meet the same state licensing and credentialing requirements. In addition, due to the finite number of optometry schools in the United States, optometrists are trained consistently regardless of the practice model they eventually choose.

Independent Provider Network + LensCrafters + Pearle Vision + Target Optical + Sears Optical

[1] American Optometric Association, "Infant Vision: Birth to 24 Months of Age", 2010, https://www.aoa.org/patients-and-public/good-vision-throughout-life/childrens-vision/infant-vision-birth-to-24-months-of-age

[2] All About Vision, "Vision Problems of Preschool Children," Oct. 26, 2017, http://www.allaboutvision.com/parents/preschool.htm

PDF-1801-M-146

Getting started with video appointments

With just a few simple steps, you'll be ready to see your doctor – without the trip to the doctor's office.

After scheduling your video appointment,[1] you can get set up right away. This will help you avoid any issues on the day of your appointment.

If you haven't already registered on **kp.org**, please do so from a computer (not a mobile device) at **kp.org/registernow**.

	Mobile device front-facing camera	**Computer** camera, speaker, and microphone
Internet connection We recommend these options for a smooth visit.	**A full signal (4 or more bars) or high-speed Wi-Fi connection**	**A strong wired or wireless connection to high-speed internet**
Set up your device Make sure you have the right supporting software so you can attend a video appointment at your desk or on the go.	Be sure to download the latest version of the Kaiser Permanente app (iOS, such as iPhone®, iPad®, iPod® touch, or Android smartphone or tablet).[2]	Visit **kp.org/videoappointment** and follow the instructions to see if your computer and browser meet the requirements.[3] You'll be asked to download the Vidyo plug-in. (Mac or Windows PC).
Join your appointment[4] You can join the video appointment up to 15 minutes before your scheduled appointment time. If your doctor is running late, we'll contact you to reschedule.	Open the Kaiser Permanente app and sign on. • Select the "Appointments" tab, and find your scheduled video appointment. • Under "Appointment Details," select "Join Now." • Wait for your doctor to join the appointment.	Sign on to **kp.org**. • Go to the Appointment Center and select the "Upcoming Appointments" tab. • Click the "Join Appointment" button, located next to your scheduled video appointment. • Wait for your doctor to join the appointment.

Need technical help? Call **1-844-800-0820,** Monday through Friday, 8:30 a.m. to 5 p.m.

[1]When appropriate and available.
[2]iOS is a trademark or registered trademark of Cisco in the U.S. and other countries and is used under license. iPhone, iPad, and iPod touch are trademarks of Apple, Inc., registered in the U.S. and other countries. Android is a trademark of Google LLC.
[3]Google Chrome is not currently supported.
[4]It is unlawful and not permitted to record any of the sessions with your doctor.

kp.org/getcare

KAISER PERMANENTE®

Please recycle. 60808108 December 2017