



Post-65 Retiree Benefits Guide

Post 65 RETIREE

Medical, Dental and Vision Only

2025





Westminster School District Retiree Benefits

Westminster School District provides retirees and their eligible family members with health coverage and an Retiree assistance program. This brochure provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. For more information about any of the benefits described here, please contact Tina Gestoso at Insurance Services at **(714) 894-7311 x1027**.

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Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact Insurance Services.

Plan	Phone	Website
Kaiser Permanente (Medical & Rx) Kaiser Senior Advantage	(800) 464-4000 (800) 443-0815	www.kaiserpermanente.org
Blue Shield (Medical) Navitus (Rx)	(855) 256-9404 (866) 333-2757	www.blueshieldca.com www.navitus.com
Blue Shield 65 Plus Medicare Advantage Plan	(800) 776-4466	
CompanionCare	(800) 825-5541	
Delta Dental DHMO	(800) 422-4234	www.deltadentalins.com
Delta Dental PPO	(866) 499-3001	www.deltadentalins.com
VSP Vision	(800) 877-7195	www.vsp.com
Anthem Blue Cross EAP	(800) 999-7222	www.anthemcap.com Password: SISC



Kaiser informational video:
<https://www.brainshark.com/kp/SISCWestminsterSD>



Blue Shield informational video:
<https://choose.blueshieldca.com/wsd>



Benefit Advocate Help-Line: (800) 391-6812

The Benefits Advocate toll-free customer service help-line can provide assistance with insurance related issues when you are unable to resolve them directly with the insurance carriers listed here. With the Benefits Advocate help-line, you will receive fast, skilled assistance with medical, dental and vision provider issues, referral assistance, and claims management. For more complicated questions or claims issues, a claims Specialist works as your insurance advocate, researching and resolving problems quickly and effectively. If further action is required, the Benefits Advocate will provide regular updates until the issues are resolved.

Documentation Required to Add Dependents

Documentation is required to enroll dependents and must be submitted to the insurance office in order for insurance coverage to begin:

- **Dependents up to age 26:** a copy of a birth certificate is required.
- **Spouse:** a copy of the marriage license and the first page of the most current 1040 federal tax return is required (on the tax return, the financial information and the first 5 digits of the social security numbers may be blacked out).
- **Domestic partner:** a copy of the Declaration of Domestic Partnership filed with the state is required.

When You Can Enroll

Eligible retirees may enroll at the following times:

- During annual open enrollment.
- Within 31 days of a qualified change in family status as defined by the IRS – see Changes to Enrollment for details.



Paying for Your Coverage

Your insurance contribution payment must be received in the insurance office by the 10th of the month for that month's coverage. Payment options include:

- One check each month for 12 months
- One check for total of the 12 months
- 12 Post-dated checks one for each month
- Pay as many months at one time, as you wish
- On-line banking, made payable to Westminster School District, Attention: Insurance

Please make all checks payable to:

Westminster School District
Attn: Insurance
14121 Cedarwood St.
Westminster, CA 92683

Changes to Enrollment

Your choices made by you during the annual open enrollment period must remain in effect for the entire plan year (October 1 – September 30). Exceptions are permitted under IRS rules when a member has a qualifying event. However; **any changes you make must be consistent with the change in status**. If you only qualify for a mid-year benefit change, you may be required to submit proof of the change or evidence of prior coverage. If you have an event, you are required to notify the Benefits office within 15 days and complete the appropriate forms.

A qualified change in family status includes:

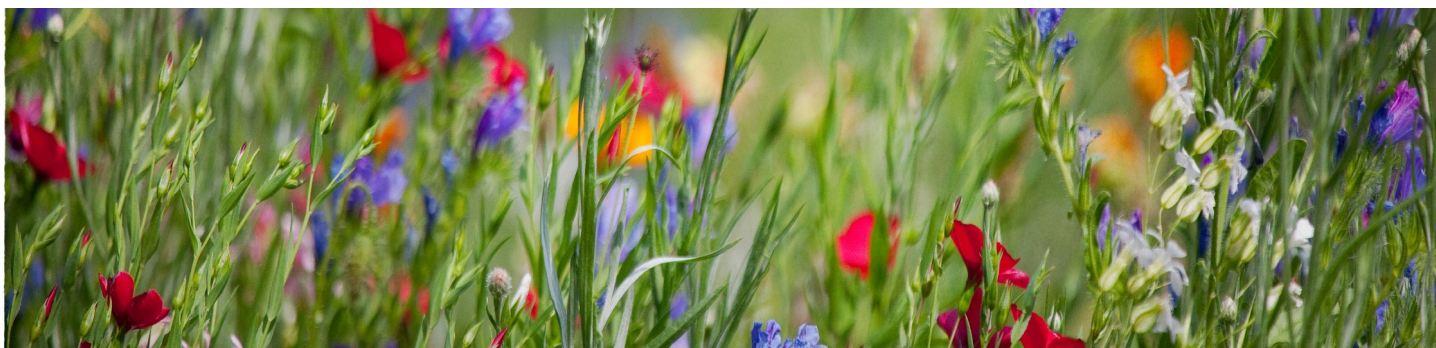
- Change in legal marital status, including marriage, divorce, legal separation, annulment, and death of a spouse.
- Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent child.
- Change in employment status that affects benefit eligibility, including the start or termination of employment by you, your spouse, or your dependent child.
- Change in work schedule, including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits.
- Change in a child's dependent status, either newly satisfying the requirements for dependent child status or ceasing to satisfy them.
- Change in place of residence or worksite, including a change that affects the accessibility of network providers.
- Change in your health coverage or your spouse's coverage attributable to your spouse's employment.
- Change in an individual's eligibility for Medicare or Medicaid.
- A court order resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child.
- An event that is a "special enrollment" under the Health Insurance Portability and Accountability Act (HIPAA) including acquisition of a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan.
- An event that is allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act. Under provisions of the Act, retirees have **60 days** after the following events to request enrollment:
 - Retiree or dependent loses eligibility for Medicaid (known as Medi-Cal in CA) or CHIP (known as Healthy Families in CA).
 - Retiree or dependent becomes eligible to participate in a premium assistance program under Medicaid or CHIP.

Two rules apply to making changes to your benefits during the year:

- Any changes you make must be consistent with the change in status, AND
- You must make the changes within 15 days of the date the event occurs (marriage, birth, etc.) unless otherwise noted above.

Important Note:

It's important to note that coverage for a new spouse or newborn child is not automatic. If you experience a change in family status, you have **15 days** to update your coverage. When you have a change in family status, please contact the Insurance Department **immediately** to complete the appropriate election forms as needed. If you do not update your coverage within 15 days from the family status change, you must wait until the next annual open enrollment period to update coverage for you and your family.



Retiree Health Plan Options

You have several health plans to choose from. To learn more about the specific plans available to you, please see pages 11-13.

Kaiser Permanente HMO Medical Plan

With the Kaiser Health Maintenance Organization (HMO) plan, services must be obtained at a Kaiser facility. Kaiser integrates all elements of healthcare such as physicians, medical centers, pharmacy and administration in one convenient facility. To find a Kaiser provider or facility, go to www.kaiserpermanente.org or call (800) 464-4000.

Highlights of the Kaiser Permanente HMO Plan include:

- To be eligible for this plan, you must reside in the Kaiser Southern California service area.
- There is no deductible and no claim forms to file.
- Services are only covered when you use Kaiser providers and facilities, except in the case of emergency.
- Kaiser offers the convenience of doctors, pharmacies and labs under one roof.
- Kaiser does not require that you choose a primary care physician until after you enroll in the plan.
- Kaiser offers online tools, so you can email your doctor's office, make appointments, refill prescriptions, and more.



Blue Shield PPO Plan

With the Blue Shield Preferred Provider Organization (PPO) plan, you have the freedom to choose your doctor without using a Primary Care Physician (PCP) and you may self-refer to specialists. You may use a PPO provider whose negotiated rates provide richer levels of benefits with claim forms filed by the providers. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims. To find a Blue Shield PPO network provider, go to www.blueshieldca.com or call (800) 642-6155 and refer to the Blue Shield of California PPO Network medical plan. **Please note not all benefits are covered of out network. Please refer to the plan summary for details.**

Highlights of the Blue Shield PPO plan include:

- You are not required to select a PCP.
- As a PPO member, you may use a PPO provider outside of the PPO plan network, but you will pay more out-of-pocket and may be responsible for filing claims. If you visit a non-network provider or health care facility, the plan will pay benefits only up to the "allowed amount," which is based on a limited fee schedule. You will have to pay any charges above the allowed amount (in addition to your regular co-insurance).
- Prescription drug coverage is provided through Navitus.



Medicare Supplement Insurance Plans

You have two Medicare supplement plans to choose from depending on your location.

Northern Region: Blue Shield of California 65 Plus HMO Medicare Advantage Plan

- The Northern Region includes Monterey, Kings, Tulare, Inyo and all other counties to the north.
- This plan requires continuous enrollment in Medicare Parts A and B
- Members must live in an approved zip code of the Blue Shield of California GMA-PD Service Area. Please refer to the Group Benefit Summary or Evidence of Coverage for details www.blueshieldca.com/SISC.

Southern Region: Companioncare Medicare Supplement Plan

- 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.

Additional Health Benefits

For **All** Westminster School District Medical Plan Members

Telemedicine Benefits

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

Kaiser Members: Phone and Video Visits

- Log in to your Kaiser account at www.kp.org to make a free phone or video appointment with your doctor or call 800-464-4000; there is no copay for phone or video visits
- For phone visits, the doctor will call you at the time of the appointment
- For video visits, go to <https://mydoctor.kaiserpermanente.org/ncal/videovisit/#>, click Join your visit and log in

Blue Shield Members: MDLIVE

- Provided through SISC
- MDLIVE gives you access to doctors 24/7 via phone or secure video for non-emergency medical conditions.
- **\$0 copay per visit.** MDLIVE doctors have 15 years experience practicing medicine on average.
- Pediatricians are on call.
- You can access behavioral health therapy and psychiatrist visits through MDLive
- Access MDLIVE at **888-632-2738**, visit mdlive.com/sisc or download the app from the App Store or Google Play



Teladoc Medical Experts: Expert Second Opinions

- A free, 100% confidential benefit available to all Westminster School District medical plan members through SISC
- Unlimited access to a top physician if you or a family member receive a difficult diagnosis
- Your Physician Case Manager is backed by a team of leading doctors around the world, and the team collaborates to determine/confirm the correct diagnosis and the optimal plan for treatment
- Your Physician Case Manager helps navigate the ins and outs of the health care system, making care more efficient and helping ease stress
- Receive on-demand support in understanding the course of treatment, what to expect and what the likely results are
- Access Teladoc Medical Experts at **(800) 835-2362** or visit Teladoc.com/SISC

Costco Onsite Flu Shot Clinics

Every Fall, Westminster School District provides voluntary flu shot clinics through SISC to all Westminster School District medical plan members. The flu shot clinic provide retirees with convenient access to the flu vaccine at no cost.

Additional Health Benefits

For All Westminster School District **Kaiser** Plan Members

Healthy Lifestyle Programs for Chronic Conditions

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

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



One Pass Select Affinity from Optum

- Kaiser HMO members and their family members can choose a plan starting at just \$10 a month. There are no contracts and cancellation is easy.
- One Pass Select Affinity offers 23,000+ on-demand and livestreamed fitness classes through web, app, and TV, plus an AI workout builder tool.
- To learn more, go to <https://healthy.kaiserpermanente.org/health-wellness/fitness-offerings> or call (877) 515-9364.

Healthy Resources for Kaiser Members

Your Kaiser HMO plan comes with healthy resources, many of which are free to Kaiser members. Other programs and courses are available at a special rate. These healthy extras can help you stay informed about healthier lifestyles—mind, body and, spirit.

To access your Kaiser healthy extras, go to [Deals on Gyms, Classes, & Workout Gear | Kaiser Permanente](#).

- Get physician-reviewed health information on a wide array of health topics.
- Discounts on fitness services and products.
- Wellness programs and classes, both in-person and online, either free to Kaiser members or offered at discounted rates.
- Receive 25% discounts on complementary care, including massage, acupuncture, and chiropractic.

Additional Health Benefits

*For All Westminster School District **Blue Shield** Plan Members*

Costco Prescription Discounts—*Costco Membership is Not Required!*

- Blue Shield plan members can receive free generic medications at Costco in addition to standard Costco discount pricing on other prescription drugs (narcotics, pain relievers and cough syrup with pain reliever are not eligible for the free generic offer)
- 90 day supplies of free generic medications are available through the Costco mail order program

Hip, Knee, and Spine Surgical Benefit—Carrum Health (*Blue Shield PPO Members Only*)

- Access top-quality surgeons at Scripps with no out-of-pocket cost through Carrum Health.
- All medical bills, including deductibles, coinsurance and even travel expenses are covered
- To learn more, call Carrum Health at **(888) 855-7806** or go to carrumhealth.com/sisc

Enhanced Cancer Benefit—Lantern Cancer Care (*Blue Shield PPO Members Only*)

- Get help from a personal oncology nurse who can partner with you on every step of your cancer journey. You will receive a review of your initial diagnosis, a care plan, and support.
- To access, go to <https://lanterncare.com>

Personal Health Coaching App—Vida Health

- Get one on one health coaching, therapy, digital programs and other tools and resources via online or mobile access. The program helps prevent, manage or reverse conditions such as pre/post-diabetes, hypertension, obesity, depression, anxiety, etc.
- To access, call **(855) 442-5885** or go to vida.com/sisc

Physical Therapy for Back or Joint Pain—Hinge Health (*Blue Shield PPO Members Only*)

- Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy
- To access, call **(855) 902-2777** or go to hingehealth.com/sisc

Virtual Maternity & Postpartum Support—Maven (*Blue Shield PPO Members Only*)

- Consult with a care advocate (24/7) who connects you with trustworthy content delivered by doctors, specialist coaches and other maternity providers to help deal with pregnancy and postpartum concerns
- To access, call **(855) 442-5885** or go to mavenclinic.com/join/sisc

24/7 Virtual Primary Care Doctor—Centivo Care (*Blue Shield PPO Members Only*)

- Connect virtually with a primary care team to manage all of your healthcare needs. Centivo Care providers diagnose conditions, manage prescriptions, refer to specialists, and answer follow-up questions using video visits or live chat.
- To access, go to <https://centivocare.com/sisc>

Discounted Gym Memberships—Tivity Health

- Blue Shield members can sign up for Tivity Health for a one-time enrollment fee of \$19, with plans starting at \$19 a month with no long term contracts.
- Access thousands of gyms, on-demand videos, live virtual classes, and Access to BurnAlong and LES MILLS
- For more information, call **(833) 283-8387** or visit fitnessyourway.tivityhealth.com/bsc.

Expert Menopausal Relief Telehealth — Midi

- Midi's expert clinicians can help you find safe, effective solutions for a wide range of menopause-related symptoms. They help you get any needed lab tests and create a personalized care plan.
- To access, go to www.joinmidi.com/sisc

RETIREES 65 AND OLDER	Kaiser Senior Advantage HMO	Blue Shield 100-A PPO	
	Kaiser Network	PPO Network	Non Network
Lifetime Maximum	Unlimited	Unlimited	
Deductible (Annual)	\$0	\$500 Individual/\$1,000 Family	
Co-Insurance	100%	100%	50%
Physician Office Visit – Primary Care Physician	\$10 Copay	\$20 Copay (first three PCP visits are \$0 copay)	50%
– Specialist	\$10 Copay	\$20 Copay	50%
Out of Pocket Maximum	\$1,500 Individual/ \$3,000 Family	\$1,000 Individual/ \$3,000 Family	n/a n/a
Hospitalization – Inpatient – Outpatient Surgery	No Cost \$10 Copay	100% 100%	All charges above \$600 All charges above \$350
Lab and X-ray	100%	100%	Not covered
Emergency Services	\$50 Copay Waived if Admitted	\$100 Copay Waived if Admitted	\$100 Copay Waived if Admitted
Urgent Care	\$10 Copay	\$20 Copay	50%
Preventive Care	100%	100%	Not Covered
Chiropractic Benefits	\$10 Copay (30 visits combined w/acupuncture)	100% (20 visits per calendar year)	Not Covered
Durable Medical Equipment	100%	100%	Not Covered
Mental Health – Inpatient – Outpatient	No Cost \$10 copay	100% \$20 copay	\$600/Day Benefit 50%
Prescription Drugs *			
Retail Pharmacy (30 days)			
– Out-of-Pocket Maximum	N/A	\$2,500 Individual/ \$3,500 Family	N/A
– Deductible (Brand Name)	None	\$200 Individual/ \$500 Family	N/A
– Generic Formulary	\$10 Copay	\$10 Copay	Not Covered
– Brand Name	\$20 Copay	\$35 Copay	Not Covered
– Supply Limit	30 Days	30 Days	N/A
Mail Order Pharmacy			
– Generic Formulary	\$10 Copay	\$0 Copay	Not Covered
– Brand Name	\$20 Copay	\$90 Copay	Not Covered
– Supply Limit	100 Days	90 Days	N/A

*A generic drug will always be dispensed if one is available.

Important Note – Fourth Quarter Roll Over: Your deductible runs between January 1 and December 31 every year. Any amount that you pay toward your deductible in the fourth quarter of a calendar year (between October 1 and December 31) is credited for the current year and the next year. This may help you save money when you need services near the end of the year. Your **Deductible** is the amount you pay for covered health care services before your insurance plan starts to pay. Your **Out of Pocket Maximum** is the most you'll have to pay during a policy period for health care services. Once you've reached your out-of-pocket maximum, your plan pays 100% of the allowed amount for covered services.

**RETIREES 65 AND OLDER
SOUTHERN REGION**

Ambulance

Annual Physical Exam

Durable Medical Equipment (DME) –
Medicare Covered Services

Hospitalization

- Inpatient
- Outpatient Hospital Services
- Emergency Room

Immunizations

- Includes Flu Injections and All
Medicare-Approved Immunizations

Lab Services

Manual Manipulation of the Spine

Mental Health

- Inpatient
- Outpatient (unlimited visits)

Physician Services/Basic Health Services
(Physician Office Visits and Specialists)

Prescription Drugs

- Generic Formulary
- Preferred Brand
- Non-preferred Brand
- Injectables/Specialty

Skilled Nursing Facility

Hospice

X-Ray Services

Blue Shield of California: 65 Plus HMO Medicare Advantage Plan

No charge

Office visit copay may apply

No charge

No charge
No charge
\$50 copay; waived if admitted within 24 hours for the same condition

Office visit copay may apply

No charge

\$20 copay per visit (subject to medical necessity)

No charge for day 1–150; member pays 100% starting day 151
\$20 copay

\$20 copay

Retail: \$10 copay; Mail Order: \$20 copay
Retail: \$30 copay; Mail Order: \$60 copay
Retail: \$50 copay; Mail Order: \$100 copay
Retail: 20% up to \$100 per prescription;
Mail Order: 20% up to \$300 per prescription

Covered in full for 100 days per benefit period

Covered in full from a Medicare-certified hospice

Office visit copay may apply



RETIREES 65 AND OLDER SOUTHERN REGION	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**.

Tips On Using Your Medical Plan

1. Ask Questions

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

2. Utilize your Free Preventive Care Benefits to Stay Healthy

Preventive care benefits are covered at no charge to you (in-network only for the PPO plan). Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and most importantly... potentially save your life! Take advantage of these no cost benefits now to hopefully avoid major illnesses and costs in the future.

3. Get the Right Health Care and Save Money

Choosing the right care for your medical situation will help save you money out-of-pocket:

- **Doctor's Office** visit or **Telemedicine** visit: This is a good choice for non-urgent medical issues.
- An **Urgent Care** visit is the best choice for non-life threatening medical issues that require immediate in-person care when you can't get an appointment for a Doctor's Office Visit.
- You should use the **Emergency Room** for life threatening emergencies or for other issues that require immediate, in-person medical care outside Urgent Care hours.

4. Use Generic Drugs When Available

The best way to save on prescriptions is to use generic medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay.

Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established, frequently used medications that do not require expensive advertising.

Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

5. Use the Mail-Order Prescription Drug Benefit for Maintenance Medications

If you take medications on a long term basis, the mail order prescription drug benefit can save you money. As a Kaiser Permanente or Blue Shield member, you will receive discounts when you purchase maintenance medications through the mail-order pharmacy. In addition, your medications will be delivered to your home.



Medical Plan Terms Video

Medical plan terms, such as deductibles, copays, coinsurance and out-of-pocket maximums, can sometimes be confusing. For a quick video that shows how these work, visit <https://info.baldwin.com/terms>.

Learn the Language of Benefits

Below is a glossary of definitions for some of the most common terms used for benefits. Learning these terms will help you better understand the information in this guide choose the benefits that are best for you and your family.

Benefits Glossary

Term	Definition
Allowable Charge	Sometimes known as the "allowed amount," "maximum allowable," and "usual, customary, and reasonable (UCR)" charge, this is the dollar amount considered by a health insurance company to be a reasonable charge for medical services or supplies based on the rates in your area.
Claim	A request by a plan member, or a plan member's health care provider, for the insurance company to pay for medical services.
Coinsurance	The amount you pay to share the cost of covered services after your deductible has been paid. The coinsurance rate is usually a percentage. For example, if the insurance company pays 80% of the claim, you pay 20%.
Copayment	One way you share in your medical costs. You pay a flat fee for certain medical expenses (e.g., \$10 for every visit to the doctor), while your insurance company pays the rest.
Deductible	The amount of money you must pay each year to cover eligible medical expenses before your insurance policy starts paying.
Explanation of Benefits	The health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs you are responsible for.
Out-of-Pocket Maximum	The most money you will pay during a year for coverage. It includes deductibles, copayments, and coinsurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.
Health Maintenance Organization (HMO)	A health care financing and delivery system that provides comprehensive health care services for enrollees in a particular geographic area. HMOs require the use of specific, in-network plan providers.
Preferred Provider Organization (PPO)	A health insurance plan that offers greater freedom of choice than HMO (health maintenance organization) plans. Members of PPOs are free to receive care from both in-network or out-of-network (non-preferred) providers, but will receive the highest level of benefits when they use providers inside the network.
In-Network Provider	A health care professional, hospital, or pharmacy that is part of a health plan's network of preferred providers. You will generally pay less for services received from in-network providers because they have negotiated a discount for their services in exchange for the insurance company sending more patients their way.
Non-Network Provider	A health care professional, hospital, or pharmacy that is not part of a health plan's network of preferred providers. You will generally pay more for services received from out-of-network providers.
Network	The group of doctors, hospitals, and other health care providers that insurance companies contract with to provide services at discounted rates. You will generally pay less for services received from providers in your network.
Premium	The amount you or your employer pays each month in exchange for insurance coverage.
Provider	Any person (i.e., doctor, nurse, dentist) or institution (i.e., hospital or clinic) that provides medical care.
Primary Care Physician	A physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

Delta Dental Plans

Westminster School District offers two dental plans to retirees to choose from:

DHMO Dental Plan

As a DeltaCare USA DHMO member, you are required to select a general dentist to provide your dental care for items such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. DHMO plan highlights include:

- Teeth cleanings are covered once per 6 month period.
- No copays are required for most services, although there are some procedures and optional services that may include additional charges.
- The orthodontic benefit covers up to 24 months of active orthodontic treatment (additional start-up fees apply). Beyond 24 months of active treatment, an additional monthly fee will apply.
- To find a DHMO dentist, go to, www.deltadentalins.com or call (800) 422-4234.

Delta Dental PPO

The Delta Dental PPO (CSEBA) plan is a preferred provider dental plan. The benefits cover a wide range of dental services. You may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a PPO dentist, your out-of-pocket expenses will be less. When you obtain services from a non-network dentist, you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims. PPO plan highlights include:

- Teeth cleanings are covered twice per year.
- As a PPO member, you may use a PPO dentist outside of the PPO plan network, but you will pay more out-of-pocket and may be responsible for filing claims. Reimbursement for the PPO plan is based on Delta Dental's schedule of maximum allowable charges. Non-contracted dentists may bill the member for any amount above Delta Dental's maximum allowable charges. If you are balance billed by a dentist, you may be able to negotiate a lower payment directly with the dental office.
- Delta Dental pays 70% of the approved fees for covered diagnostic, preventive and basic services and 70% of the approved amount for cast and crown benefits during the first year of eligibility. This percentage increases 10% each consecutive year the dentist is visited to a maximum of 100%. The incentive level will drop back 10% if the member does not see the dentist in the calendar year. It drops back to 70% if you lose eligibility and then become eligible again.
- To find a PPO dentist, go to, www.deltadentalins.com or call (866) 499-3001.

	DeltaCare DHMO	Delta Dental PPO	
	DHMO Network	PPO Network	Non Network
Calendar Year Maximum	Unlimited	\$2,000	\$1,500
Deductible (Annual)			
– Individual	None	None	
– Family	None	None	
Preventive (Plan Pays)	100%	70% - 100%	70% - 100%
Basic Services (Plan Pays)	100%	70% - 100%	70% - 100%
Major Services (Plan Pays)	100%	70%	70%
Implants (Plan Pays)	Not covered	50%	50%
Orthodontia			
- Child(ren) to Age 19	\$1,600 copay	50% to \$1,000 Lifetime Maximum	
- Adults Over Age 19	\$1,800 copay	50% to \$1,000 Lifetime Maximum	

Note

We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300.

Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

VSP Vision

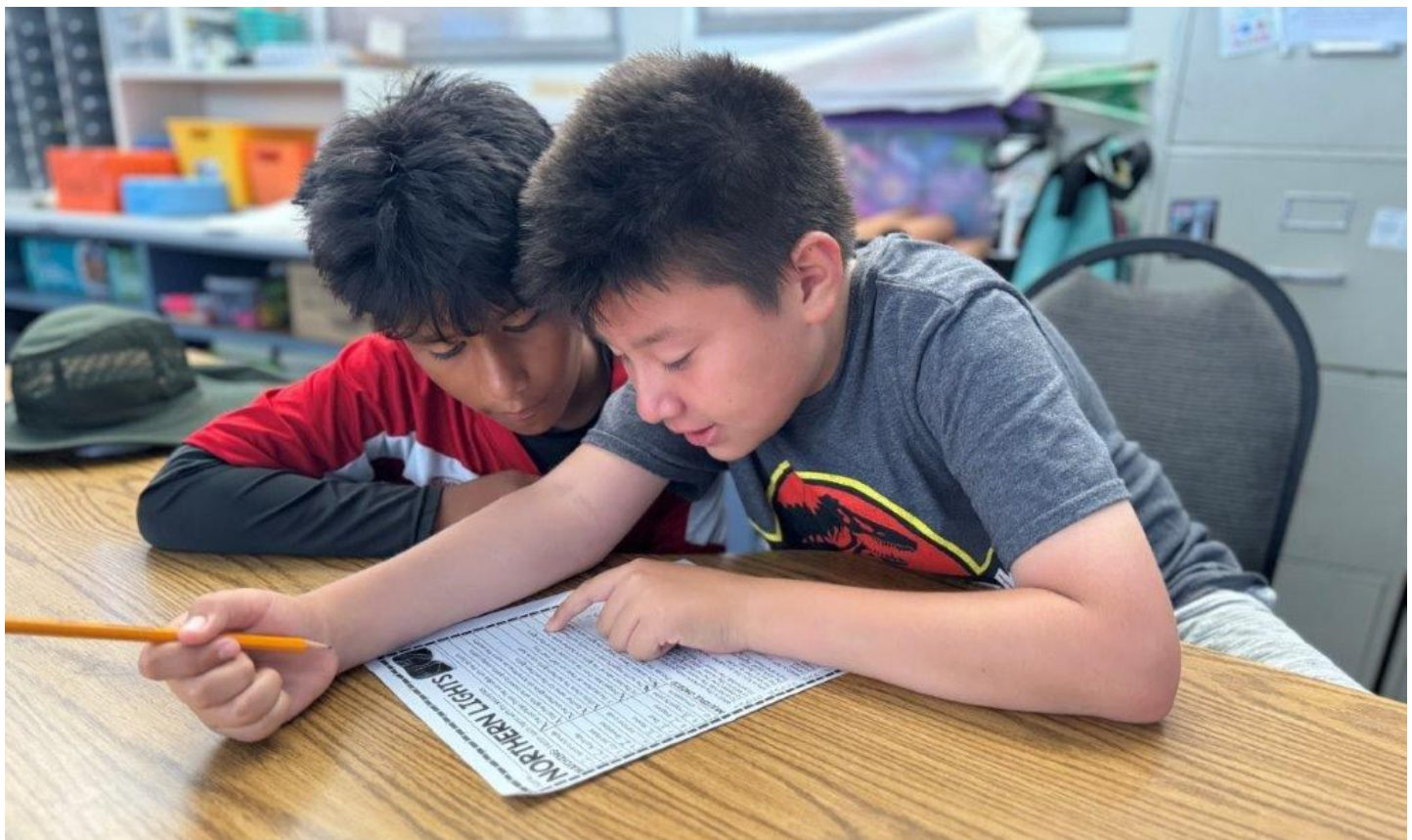
The VSP Vision plans provide professional vision care and high quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with the carrier. Please refer to the updated **Maximum Out-of-Pocket copay sheet** on the District website.

To find an VSP vision provider, visit www.vsp.com and search the **VSP Choice** provider network or call **(800) 877-7195**.

	Low		High	
	Network	Non Network	Network	Non Network
Examination	100%	\$40 Benefit	\$10 Copay	\$40 Benefit
Lenses				
– Single Vision	100%	\$30 Benefit	100%	\$30 Benefit
– Bifocal	100%	\$50 Benefit	100%	\$50 Benefit
– Trifocal	100%	\$70 Benefit	100%	\$70 Benefit
Frames	\$120 Benefit	\$84 Benefit	\$130 Benefit	\$91 Benefit
Elective Contact Lenses	\$120 Benefit	\$84 Benefit	\$130 Benefit	\$91 Benefit
Frequency				
– Examination	12 Months		12 Months	
– Frames	24 Months		12 Months	
– Lenses or Contacts	24 Months		12 Months	

Note

The VSP network includes access to independent ophthalmologists and optometrists, as well as Costco, Pearle Vision, Sam's Club, Walmart retail stores, Visionworks and online Eyeconic



Anthem Employee Assistance Program (EAP)

Westminster School District is pleased to provide retirees and their families with a confidential Employee Assistance Program (EAP) through SISC. This program is available 24/7/365 and provides significant support in a wide variety of areas.

To access EAP benefits call **(800) 999-7222** or visit anthemEAP.com (to log in, enter SISC as the program name).

Support and Counselling

The Employee Assistance Program (EAP) provides confidential support in balancing a wide array of challenges in areas such as:

- Relationship difficulties
- Managing change and stress
- Legal and financial problems
- Marriage, family or parenting concerns
- And more

The EAP provides you with to 6 counselling sessions per issue per benefit year

Identity Monitoring and Theft Resolution

- Free identity monitoring and theft resolution services through IDnotify
- IDnotify customer care team is available 24/7/365, with robust knowledge in both credit and non-credit restoration, with CITRMS (Certified Identity Theft Risk Management Specialist), FCRA, and FACTA certifications.
- Your IDnotify specialist will help you determine if an identity theft event has occurred and guide you through any necessary restoration activities.

Legal and Financial Resources

- **Legal Assist:** A library of articles on legal topics and issues
- **Legal Forms:** 100 legal forms for a variety of family and consumer situations
- **State Specific Legal Forms:** Advanced directives and instructions for each state
- **Estate Planning:** Articles and resources to address estate planning questions
- **Financial Calculators:** Will allow you to get answers and explore different options regarding home and personal financing, investing, and retirement
- **PocketSmith Discount:** PocketSmith Personal Financial Manager is an online tool that uses an innovative calendar-based approach to help retirees quickly and easily manage their personal finances.

myStrength

- Helps you learn to reduce stress, anxiety, depression or substance abuse
- Helps keep you motivated with engaging activities that help you learn new ideas

Seminars and Articles

- Online resources for a wide array of topics
- Includes a library of articles and on-demand seminars

Savings Center

- Discount shopping program that is provided through Perks At Work
- Discounts of up to 25% on name brand, practical, and luxury items

The charts below show the monthly cost for our Retiree Benefit plan package. Your cost for coverage will vary depending on the option and level of coverage you choose.

Medical: Retirees 65 and Older	Kaiser Sr. Advantage	Companion Care	Blue Shield 65 Plus	Blue Shield 100% PPO (w/A&B)
Retiree Only	\$230.00	\$469.00	\$418.00	\$622.00
Retiree + One	\$460.00	\$938.00	\$836.00	\$1,244.00
Retiree + 2 or more	Inquire	Inquire	Inquire	Inquire

Dental: Retirees 65 and Older	DeltaCare DHMO	Delta Dental PPO (over 65)
Retiree Only	\$23.63	\$74.27
Retiree + One	\$38.96	\$126.28
Retiree + 2 or more	\$57.63	\$193.13

Vision: Retirees 65 and Older	VSP Vision/ High	VSP Vision/ Low
Retiree Only	\$14.63	\$9.37
Retiree + One	\$29.25	\$18.75
Retiree + 2 or more	\$32.55	\$20.91

Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. Westminster School District will distribute all federally required annual notices upon hire and during each annual open enrollment period. Annual notices will also be posted on our district website for you to download and read at your convenience.

Annual Notices include:

- **Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty. This notice also provides a written procedure for individuals to request and receive Certificates of Creditable Coverage.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform retirees of the privacy practices followed by Westminster School District's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.
- **Women's Health and Cancer Rights Act (WHCRA):** The Women's Health and Cancer Rights Act (WHCRA) contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy. The U.S. Departments of Labor and Health and Human Services are in charge of this act of law which applies to group health plans if the plans or coverage provide medical and surgical benefits for a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.
- **Special Enrollment Rights:** Plan participants are entitled to certain special enrollment rights outside of Westminster School District's open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.
- **Medicaid & Children's Health Insurance Program:** Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.
- **Summary of Benefits and Coverage (SBC):** Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage. The new regulation is designed to help you better understand and evaluate your health insurance choices.



Summary of Benefits and Coverage (SBC):

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage. This new regulation is designed to help you better understand and evaluate your health insurance choices. Visit Westminster School District's website Employee Benefits page to view the SBCs provided by our medical carriers. Simply go to www.wsdk8.us, click the **Staff** tab and select **Employee Benefits**.

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Plan Arranged By:



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

Learn more at www.baldwin.com

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

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