



Employee Benefits Guide

2026—2027



Welcome to Your Benefits

Welcome to Your Saratoga Union School District Benefits

Saratoga Union School District provides an array of benefits to meet the diverse needs of our employees and their families. This brochure provides a summary of your benefit options and is designed to help you make choices to enroll for coverage. If you would like more information about any of the benefits described here, please contact Business Services.



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Enrollment Information

Who May Enroll

All employees who have a regular assignment and work 20 hours or more per week, plus their eligible dependents, may participate in Saratoga Union School District's benefits program. Your eligible dependents include:

- Legally married spouse
- Registered domestic partners
- Children under age 26 regardless of student or marital status

100% Participation Requirements

Employees working 36+ hours per week (90% or more of the full-time equivalent) are **required** to participate in Self-Insured Schools of California's (SISC) benefits. However, employees working 36+ hours a week may decline coverage for the following reasons:

- Employees enrolled in Medi-Cal must submit proof of documentation reflecting the effective date of enrollment in Medi-Cal
- Employees enrolled in Medicare Parts A and B must show proof of enrollment
- Employees enrolled in TRICARE must submit proof of documentation reflecting the effective date of enrollment in TRICARE
- Employees enrolled in a Covered California medical plan and receiving a related subsidy must show proof of enrollment and subsidy

Employees working 36+ hours per week who don't qualify to opt-out of benefits must enroll in the Waiver of Anchor Bronze Enrollment (WABE) to comply with SISC's mandatory 100% participation requirement. This option is available to the following:

- Employees enrolled in their spouse's or domestic partner's insurance plan and must show proof of enrollment

WABE is mandatory for employees working 36+ hours per week and decline medical coverage for the reason of being insured under another employer's plan. Employees enrolled in WABE are still considered a SISC member for the following SISC value-added benefits:

- MDLIVE — 24/7 physician line
- EAP—Employee Assistance Program
- SISC Medical Expert Opinions
- Biometric Screenings

Required Enrollment Documentation

For new hires, to enroll your spouse, domestic partner or dependents, you need to provide completed enrollment forms as well as the following supporting documents, as applicable, within thirty (30) calendar days of your date of hire:

- 1040 Tax Form (for the most recent year)
- Marriage Certificate (only for new marriages)
- Birth Certificate (for children)
- Declaration of Domestic Partnership issued by the State of California



Enrollment Information

When You Can Enroll

Eligible employees may enroll at the following times:

- During annual open enrollment
- On the first of the month following date of hire. If your date of hire is the first of the month, your benefits are effective the first of the following month
- Within 30 days of a qualified change in family status as defined by the IRS. See *Changes to Enrollment* below

Paying For Your Coverage

You and Saratoga Union School District share in the cost of the medical, dental and vision benefits that you elect. Any voluntary benefits that you elect will be paid by you at discounted group rates. If you enroll in the SISC/Navia Benefits Premium Only Plan (POP), your Medical, Dental, and Vision contributions are deducted before taxes are withheld, which saves you tax dollars. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event.

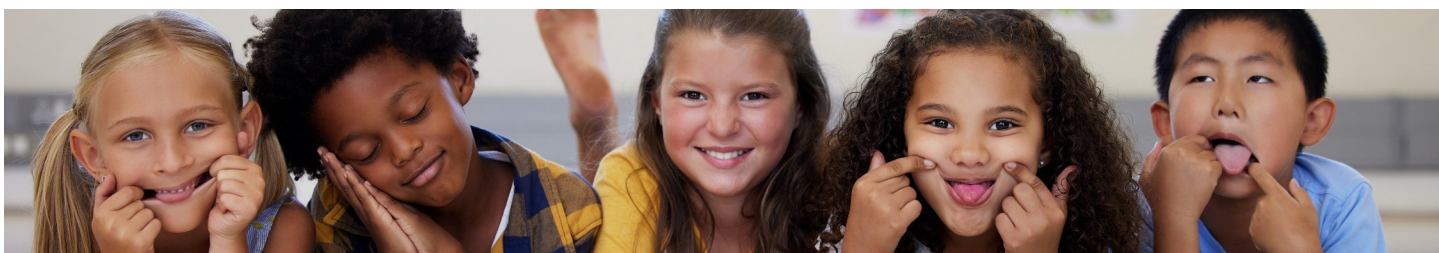
Changes to Enrollment

Our benefit plans, with the exception of the Flexible Spending Account (FSA) plans, are effective October 1 through September 30. There is an annual open enrollment period each year, during which you can make new benefit elections for an October 1 effective date. The Flexible Spending Account (FSA) benefits are on a calendar plan year, effective January 1 through December 31. There is a separate annual open enrollment period each year in the fall in which you can make new benefit elections for the following year effective January 1.

Once you make your benefit elections, you cannot change them during the year unless you experience a qualified change in family status as defined by the IRS. Examples include but are not limited to:

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

Coverage for a new dependent is not automatic. If you experience a change in family status, you have 30 days to update your coverage. Please contact Business Services immediately to complete the appropriate elections as needed. If you do not update your coverage within 30 days from the family status change, you must wait until the annual open enrollment period to update your coverage.



Enrollment Information

Online Benefits Enrollment With Ease

The Saratoga Ease online benefits enrollment system lets you and your family access your benefits information whenever you want, from home or anywhere you have Internet access. Use Ease to make your benefit elections, update your personal information, and to locate important benefits documents.

To Enroll or Make Changes to Your Benefits

Log in to saratoga.ease.com.

Once you are logged into the website, follow the prompts on each page to complete your benefits enrollment. You will be asked to verify that your personal information is correct and enter in any of your dependent information.

It is very important that you login to Ease and verify your personal information, elect or decline coverage, and identify a beneficiary for your life insurance.



Medical Benefits

Medical Plan Options

Saratoga Union School District is pleased to offer healthcare benefits that give you both choice and affordability through Kaiser Permanente and Anthem Blue Cross under SISC (Self-Insured Schools of California).

Kaiser Permanente HMO

- All services must be obtained at a Kaiser facility except in the case of an emergency.
- While all of your care must be directed through your selected physician, you can choose and change your doctor at any time, for any reason. All healthcare elements, such as physicians, medical centers, pharmacies and specialists, are located in one convenient facility.
- Manage your care online by registering at www.kp.org/sisc. You can locate network providers, manage your claims, obtain health and wellness information and much more. You can also call Member Services at **800-464-4000** for help.

Anthem Blue Cross HMO

- You must choose a Primary Care Physician (PCP) or medical group that participates in the HMO network. All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.
- You can change your PCP or medical group at any time. The change will be effective on the first day of the month following the day you submit your change request. A new Anthem HealthCare ID will be issued with your new PCP's designation.
- Manage your care online by registering at www.anthem.com/ca/sisc. You can locate network providers, manage your claims, obtain health and wellness information and much more. You can also call **800-825-5541** for help.

Anthem Blue Cross PPO

- With the Anthem Blue Cross PPO Plans, you have the freedom to choose any doctor you wish for your care, including specialists. When you access care from PPO providers, you receive richer levels of benefits and claim forms are filed by the providers. You may also obtain care using out-of-network providers; however, you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims.
- Manage your care online by registering at www.anthem.com/ca/sisc. You can locate network providers, manage your claims, obtain health and wellness information and much more. You can also call **800-825-5541** for help.

Anthem Blue Cross Proactive Care Plans—Platinum & Gold

- Anthem Blue Cross Proactive Care Plans eliminate deductibles and coinsurance. They have a copay-based plan design to provide more predictable costs. The plans have \$0 copays for essential services such as primary care, urgent care, outpatient mental health, physical medicine, and most lab work. You will still have access to the full Anthem Blue Cross PPO network and are able to continue to direct your own care. Additionally, many commonly used prescriptions will be available without any member copay when prescribed by a primary care physician.
- Manage your care online by registering at <http://www.myhealthhub.app/>. You can locate network providers, manage your claims, obtain health and wellness information and much more. You can also call **866-259-5540** for help.



Medical Benefits

Pharmacy Benefits

Navitus Health Solutions is the Pharmacy Benefits Manager (PBM) for our medical plans. You are urged to use generic drugs when they are available. If you or your physician requests a brand name drug when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand name drug and the generic drug. In addition, the difference in cost between the brand name drug and generic drug will not count toward your annual out-of-pocket maximum.

Costco Retail Pharmacy and Mail Order Program (*Anthem Members Only*)

Costco makes it easy for you to receive a 90 day supply of your long-term or maintenance medications. In addition, when you use the Costco pharmacy, your generic medications will be free of charge. Visit any Costco retail location or use the mail order feature and benefit by having your prescriptions delivered to your door, saving you a trip to the pharmacy.

Here's how it works:

1. Take your prescription to any Costco pharmacy. You do not need to be a Costco member.
2. Present your insurance card to the pharmacist.
3. Get your generic medications (excluding some narcotic pain medications and some cough medications) for free. You will pay \$35 for a 30 day supply of brand name drugs or \$90 for a 90 day supply of brand name drugs.



Prescription Drug Provider: Navitus

For customer service and mail order service for Navitus, go to www.navitus.com or call (866) 333-2757.



Medical Benefits

	Kaiser Permanente HMO	Kaiser Permanente Deductible HMO	Anthem Blue Cross HMO
	Kaiser Providers and Facilities Only	Kaiser Providers and Facilities Only	In-Network Only
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Annual Deductible			
– Individual	\$0	\$1,000	\$0
– Family	\$0	\$2,000	\$0
Out of Pocket Maximum			
– Individual	\$1,500	\$3,000	\$2,000
– Family	\$3,000	\$6,000	\$4,000
Co-insurance (Plan Pays)	N/A	80%	N/A
Medical	You Pay	You Pay	You Pay
Doctor's Office Visit			
– Physician	\$20 copay	\$20 copay	\$20 copay
– Specialist	\$20 copay	\$20 copay	\$40 copay
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Urgent Care	\$20 copay	\$20 copay	\$20 copay
Emergency Room	\$100 copay	20%, after deductible	\$100 copay
Hospitalization			
-Inpatient Hospital	Covered 100%	20%, after deductible	\$250 copay
-Outpatient Surgery	\$20 copay	20%, after deductible	\$125 copay
X-Ray and Lab			
-Diagnostic	Covered 100%	\$10 copay	Covered 100%
-Complex Imaging	Covered 100%	20% coinsurance up to \$50	\$100 copay
Prescription Drug	You Pay	You Pay	You Pay
Pharmacy Deductible	N/A	N/A	N/A
Pharmacy Out of Pocket Maximum	N/A	N/A	\$2,500 EE / \$3,500 Fam
Retail Rx			
– Generic	30-Day Supply \$10 copay	30-Day Supply \$10 copay	30-Day Supply \$9 copay
– Brand	\$30 copay	\$30 copay	\$35 copay
– Non-preferred Brand	\$30 copay	\$30 copay	\$35 copay
Mail Order			
– Generic	100-day Supply \$20 copay	100-Day Supply \$20 copay	90-Day Supply \$0 copay
– Brand	\$60 copay	\$60 copay	\$90 copay
– Non-preferred Brand	\$60 copay	\$60 copay	\$90 copay



Medical Benefits



	Anthem Blue Cross PPO 80% G/\$20	Anthem Blue Cross PPO 80% K/\$30
	In-Network	In-Network
Lifetime Maximum	Unlimited	Unlimited
Annual Deductible		
– Individual	\$500	\$1,000
– Family	\$1,000	\$2,000
Out of Pocket Maximum		
– Individual	\$2,000	\$3,000
– Family	\$4,000	\$6,000
Co-insurance (Plan Pays)	80%	80%
Medical	You Pay	You Pay
Doctor's Office Visit		
– Physician	\$20 copay ¹	\$30 copay ¹
– Specialist	\$20 copay	\$30 copay
Preventive Care	Covered 100%	Covered 100%
Urgent Care	\$20 copay	\$30 copay
Emergency Room	\$100 copay, 20% after deductible	\$100 copay, 20% after deductible
Hospitalization		
-Inpatient Hospital	20%, after deductible	20%, after deductible
-Outpatient Surgery	20%, after deductible	20%, after deductible
X-Ray and Lab		
-Diagnostic	20%, after deductible	20%, after deductible
-Complex Imaging	20%, after deductible	20%, after deductible
Prescription Drug	You Pay	You Pay
Pharmacy Deductible	N/A	N/A
Pharmacy Out of Pocket Maximum	\$2,500 EE / \$3,500 Family	\$2,500 EE / \$3,500 Family
Retail	30-Day Supply	30-Day Supply
– Generic	\$9 copay	\$9 copay
– Brand	\$35 copay	\$35 copay
– Non-preferred Brand	\$35 copay	\$35 copay
Mail Order	90-Day Supply	90-Day Supply
– Generic	\$0 copay	\$0 copay
– Brand	\$90 copay	\$90 copay
– Non-preferred Brand	\$90 copay	\$90 copay

1. The first three visits with a primary care provider for each calendar year will be no charge.

Medical Benefits



	Anthem Blue Cross Platinum Proactive Care Plan	Anthem Blue Cross Gold Proactive Care Plan
	In-Network	In-Network
Lifetime Maximum	Unlimited	Unlimited
Annual Deductible		
– Individual	None	None
– Family	None	None
Out of Pocket Maximum		
– Individual	\$2,000	\$3,000
– Family	\$4,000	\$6,000
Co-insurance (Plan Pays)	N/A	N/A
Medical	You Pay	You Pay
Doctor's Office Visit		
– Physician	\$00 copay	\$0 copay
– Specialist	\$70 copay	\$100 copay
Preventive Care	Covered 100%	Covered 100%
Urgent Care	\$0 copay	\$0 copay
Emergency Room	\$600 copay	\$700 copay
Hospitalization		
-Inpatient Hospital	\$400 copay/day	\$600 copay/day
-Outpatient Surgery	ASC: \$400 copay; Hospital: \$1,200 copay	ASC: \$600 copay; Hospital: \$1,800 copay
X-Ray and Lab		
-Diagnostic	X-Ray: \$50 Center / \$150 Hospital Lab: \$0 Center / \$100 Hospital Center: \$200 copay; Hospital: \$500 copay	X-Ray: \$75 Center / \$225 Hospital Lab: \$0 Center / \$150 Hospital Center: \$300 copay; Hospital: \$750 copay
-Complex Imaging		
Prescription Drug	You Pay	You Pay
Pharmacy Deductible	N/A	N/A
Pharmacy Out of Pocket Maximum	\$2,500 EE / \$3,500 Family	\$2,500 EE / \$3,500 Family
Retail		
– Generic	30-Day Supply \$9 copay	30-Day Supply \$9 copay
– Brand	\$35 copay	\$35 copay
– Non-preferred Brand	\$35 copay	\$35 copay
Mail Order		
– Generic	90-Day Supply \$0 copay	90-Day Supply \$0 copay
– Brand	\$90 copay	\$90 copay
– Non-preferred Brand	\$90 copay	\$90 copay

Medical Benefits

Get the Most from Your Health Benefits

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. 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 no-cost preventive benefits 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: These are the best choices for non-urgent medical issues.
- Urgent Care: This is the best choice for non-life threatening medical issues that require immediate in-person care when you can't get an appointment for a Doctor's Office Visit.
- Emergency Room: You should use the Emergency Room for life threatening emergencies, or for other issues that require immediate in-person medical care outside Urgent Care hours.

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.



Video: Medical Plan Terms

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/>.

Medical Benefits

Telemedicine

Phone and/or video visits are an excellent option for convenient, accessible care when you don't need to see a doctor in person. They are also a good choice when away from home or if you need short term prescription drug refills. Telemedicine coverage is included with the Kaiser HMO and Anthem HMO and PPO medical plans.

Kaiser Permanente: Video Visits

- You can schedule a phone or video visit at kp.org/mydoctor/videovisits or calling **866-454-8855**. You can also download the free My Doctor Online mobile app.
- You must be registered on www.kp.org/sisc to participate in video doctor visits.
- No copay is required for phone and video visits.

Anthem Blue Cross: MDLive

Anthem plan members have access to MDLIVE visits for a **\$0 copay**.

This telemedicine service provides convenient 24/7 access to board certified doctors, pediatricians, and licensed therapists via online video, phone or secure email. You can use MDLive:

- When you'd like to access mental health support and resources.
- If you're considering a visit to an emergency room or urgent care center for a non-emergency medical issue.
- When your primary care doctor is not available.
- When you are traveling and in need of medical care.
- During or after normal business hours, nights, weekends and holidays.
- To request prescription drugs or to get refills.



To access MDLive, visit www.mdlive.com/sisc or call **(888) 632-2738**. Be prepared to provide your name, the patient's name, your member identification number and your phone number.



Additional Benefits Through SISC

Quest Wellness Screening

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



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

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

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

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

Teladoc Expert Second Opinion

This benefit provides all SISC medical plan members with free support for making clear, informed medical decisions from leading medical experts. Teladoc can help answer medical questions, double-check a diagnosis, provide when help deciding on a treatment plan, or give guidance about surgery. Benefits include:



- 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 healthcare 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.
- You can access Teladoc at **855-201-9925** or by visiting teladoc.com/SISC.

Vida Therapy and Health Coaching

- Anthem plan members have free access to Vida. This virtual care platform can help with nutrition, weight loss, building healthy habits, mental health, and overall wellbeing.
- With Vida, your coach or therapist will personalize a plan for you, and help guide you every step of the way.
- To learn more, call **855-442-5885** or visit vida.com/sisc.



Costco Free Generic Medications and Discounts

- Anthem 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 medication offer).
- 90 day supplies of free generic medications are available through the Costco mail order program. Costco membership is not required.
- For more information, call **(800) 774-2678** (press 1) or visit costco.com.



Additional Benefits Through SISC

Centivo Care

Anthem PPO plan members have free, 24/7 access to a Care Team who works together to offer you primary care and answers to follow-up care questions through the Centivo Care app. The app is available to you and your dependents at no cost. You can receive help with:

- Diagnoses and treatments
- Prescription refills
- Scheduled video visits or live chat with a primary care physician
- In-network specialist referrals
- Answers to follow-up care questions

To learn more, go to <https://centivocare.com/sisc>.



Lantern Cancer Care

Anthem PPO plan members have access to an enhanced cancer benefit through Lantern. If you or a covered family member are diagnosed with cancer, you can receive treatment support through Lantern Cancer Care. This benefit provides:

- **Guided support:** A personal oncology nurse will partner with you through every step of your cancer journey.
- **Access to excellent care:** Access to in-network community oncology clinics, hospitals, and National Cancer Institutes for high-quality care.
- **Expert review and advice:** Lantern can coordinate expert reviews of your diagnosis and treatment plan, to make sure you're getting the right care, at the right place, at the right time.

To learn more, visit <https://lanternicare.com> or call (855) 961-4533.



Value Based Site of Care Benefit

- Reference pricing for five common procedures that can be performed safely at an Ambulatory Surgery Center (ASC) at costs significantly lower than at a hospital are listed below.
- If you choose to have your procedure at an in-network outpatient facility, only the amounts below will be paid for the procedure. You will be responsible for paying the remaining amount in full.
- There is no benefit limit when you obtain these procedures at an in-network Ambulatory Service Center.
- For questions, please contact the customer service number on your medical ID card.

Value Based Purchasing	Maximum Benefit at an in-network outpatient hospital facility	There is no limit at an in-network Ambulatory Service Center (ASC)
	In-Network	ASC Facility
Arthroscopy	\$4,500	n/a
Cataract Surgery	\$2,000	n/a
Colonoscopy	\$1,500	n/a
Upper GI Endoscopy with Biopsy	\$1,250	n/a
Upper GI Endoscopy without Biopsy	\$1,000	n/a

Additional Benefits Through SISC

Hinge Health — Physical Therapy for Back and Joint Pain

- Anthem PPO plan members can receive free, personalized, digitally delivered therapy for back and joint pain.
- Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching, and personalized exercise therapy.
- Reduce your back and joint pain in just 15 minutes a day.
- To access your Hinge Health benefit, call **(855) 902-2777** or visit hingehealth.com/sisc.



Carrum Health — No-Cost Hip, Knee, and Spine Surgical Options

- Anthem PPO plan members can 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 visit info.carrumhealth.com/sisc.



Maven Maternity and Postpartum Support

Anthem PPO plan members can access virtual care for pregnancy and postpartum support through Maven at no cost. Use Maven for unlimited, on-demand care from doctors, specialists, and coaches.

- Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialists, coaches and other maternity providers to help deal with pregnancy and postpartum concerns.
- Maven provides comprehensive support through pregnancy, postpartum, return-to-work transitions, and potential miscarriage.
- Video chat or message with 30+ types of providers at no charge, from OB-GYNs and Pediatricians to Lactation Consultants and Infant Sleep Coaches.
- Free 6-month diaper subscription when you:
 1. Enroll during the first or second trimester
 2. Have an intro call with a Care Advocate
 3. Have two appointments with Maven providers during pregnancy
 4. Complete the exit survey after your baby is born



To activate your membership, download the Maven Clinic app or visit mavenclinic.com/join/SISC.

InsureOne

Free Colorectal Screening for PPO Members Age 45+

Anthem PPO plan members have an annual opportunity to receive a free FIT test. This free, easy-to-use home test screens for lower gastrointestinal (GI) tract bleeding that may be caused by colorectal cancer or other lower GI disorders. Why sign up for this test?

- Colon cancer may start with no symptoms but is highly preventable.
- When caught early, the colorectal cancer 5-year survival rate is 90%. Only 4 of 10 instances are caught early.
- When caught at later states, the 5-year survival rate drops and individuals may have to receive chemotherapy, radiation therapy, and/or surgery.
- Request your free test at <https://my.questforhealth.com>. Register for an account using the registration key **SISC2025**. You can also call **(855) 623-9355**.

Additional Benefits Through SISC

Midi

Expert Menopausal Relief Telehealth

Anthem PPO plan members can now get expert menopausal telehealth support. 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 menopause-related issues such as:

- 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

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. Treatments may include:

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

To start your Midi journey, visit www.joinmidi.com/sisc.



Lark Diabetes Prevention Program

Anthem Blue Cross has partnered with Lark to offer a diabetes prevention program that can help you determine if you're at risk for prediabetes and if needed, take steps to address it.

- You can participate in this program at no extra cost as part of your SISC health plan.
- Track your progress, check in with your coach, and learn more about prediabetes right in Lark's free mobile app. This program is flexible, convenient, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health and decrease your risk over time
- As part of the program, you will also receive a wireless scale that uploads your information to the app automatically so you can easily track your progress and share it with your coach.
- Lark will also send you a personal activity tracker, as long as you stay active in the program.
- Go to www.lark.com/anthemBC and take a quick one-minute survey to see if you could benefit from Lark's diabetes prevention program.



Rula

Support With Helping Find an In-Network Therapist

Rula makes it easy to find and book therapy appointments online.

- Complete a quick questionnaire about your therapy preferences and register.
- Choose a therapist from Rula's recommendations.
- Rula will verify your insurance information and will let you know your payment estimate prior to your first appointment.
- You'll receive an confirmation one to two days before your appointment, along with a video link.
- Learn more at <https://rula.com/SISC>. You can also call (323) 676-7360.



Dental Benefits

Delta Dental Premium PPO

The Delta Dental PPO plan pays 70% for basic and major services for the first year you are enrolled. The coinsurance percentage will increase by 10% each consecutive year you are enrolled until coverage is at 100%. If you did not use your dental benefits during a year, your coinsurance percentage will remain at the level that you attained the previous year.

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

Dental Indemnity Plan

The new Indemnity Dental Plan is offered through Santa Clara County Schools' Insurance Group (SCCSIG) and is administered by Personify Health (formerly HealthComp), a third party administrator. Either you or your dentist can submit claims to Personify Health. Under this plan, you can continue to see your own personal dentist and minimize out-of-pocket costs. This plan does not have a network. This means that you can choose any licensed dentist and be reimbursed for the Usual, Reasonable and Customary (UCR) cost for dental services in your area.

Below is a high-level overview of your dental plan options:

	Delta Dental Premium PPO		SCCSIG Dental Indemnity
	In-Network	Out-of-Network	Any Licensed Dentist
Calendar Year Maximum	\$3,200	\$3,000	\$2,500
Deductible (Annual)			
– Individual	\$0	\$0	\$0
– Family	\$0	\$0	\$0
Diagnostic & Preventive (Plan Pays)	70-100% coinsurance	70-100% coinsurance	100% coinsurance
Basic Services (Plan Pays)	70-100% coinsurance	70-100% coinsurance	100% coinsurance
Major Services (Plan Pays) (Crowns and Cast Restorations)	70-100% coinsurance	70-100% coinsurance	90% coinsurance
– Prosthodontics	50% coinsurance	50% coinsurance	50% coinsurance
– Implants	50% coinsurance	50% coinsurance	50% coinsurance
Orthodontia (Plan Pays)	Adult & Child(ren) Up to Age 26		Adult & Child(ren) Up to Age 26
– Benefit	100% coinsurance		100% coinsurance
– Lifetime Maximum	\$3,000		\$2,000*

*in conjunction with previous Delta Dental benefit usage.



For More Information On Your Dental Plans

- **Delta Dental:** Go to www.deltadentalins.com or call 866-499-3001.
- **SCCSIG Indemnity:** Go to <https://mycarehc.com> or call 800-442-7247.

Vision Benefits

Vision Service Plan (VSP)

The VSP vision plan provides 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 for paying all charges at the time of your appointment and you will be required to file an itemized claim with VSP. To find in-network providers, call **(800) 877-7195** or visit www.vsp.com.

	VSP Signature Plan	
	In-Network	Out-of-Network
Examination – Frequency	\$5 copay Every 12 months	Up to \$45 Allowance Every 12 months
Lenses – Single Vision – Bifocal – Trifocal – Frequency	Combined with exam copay Combined with exam copay Combined with exam copay Every 12 months	Up to \$45 Allowance Up to \$65 Allowance Up to \$85 Allowance Every 12 months
Frames	Up to \$150 Allowance	Up to \$47 Allowance
Contact Lenses (in lieu of frames / lenses) – Elective – Frequency	Up to \$150 Allowance Every 12 months	Up to \$105 Allowance Every 12 months



Health Plan Contributions

Certificated, Administrators & Confidential Staff

(Note: the below contributions are based on 1.0 FTE. If you are not a 1.0 FTE employee, please contact Business Services at (408) 867-3424 ext. 509 to obtain your employee contribution cost)

	HIRED BEFORE JULY 1, 2023		HIRED AFTER JULY 1, 2023	
Kaiser Traditional HMO, VSP	Delta Dental Premium PPO	Delta Dental Indemnity PPO	Delta Dental Premium PPO	Delta Dental Indemnity PPO
Total Premium				
– Single	\$1,160.66	\$1,163.70	\$1,160.66	\$1,163.70
– Two-Party	\$2,321.31	\$2,327.40	\$2,321.31	\$2,327.40
– Family	\$3,330.12	\$3,340.41	\$3,330.12	\$3,340.41
District Contribution				
– Single	\$1,044.59	\$1,047.33	\$1,047.33	\$1,047.33
– Two-Party	\$2,089.18	\$2,094.66	\$2,094.66	\$2,094.66
– Family	\$2,997.11	\$3,006.37	\$3,006.37	\$3,006.37
Employee Contribution (11-Month Aug-June)				
– Single	\$124.44	\$124.77	\$121.45	\$124.77
– Two-Party	\$248.87	\$249.53	\$242.89	\$249.53
– Family	\$357.12	\$358.24	\$347.02	\$358.24
Kaiser Deductible HMO, VSP	Delta Dental Premium PPO	Delta Dental Indemnity PPO	Delta Dental Premium PPO	Delta Dental Indemnity PPO
Total Premium				
– Single	\$1,063.66	\$1,066.70	\$1,063.66	\$1,066.70
– Two-Party	\$2,128.31	\$2,134.40	\$2,128.31	\$2,134.40
– Family	\$3,057.12	\$3,067.41	\$3,057.12	\$3,067.41
District Contribution				
– Single	\$957.29	\$960.03	\$960.03	\$960.03
– Two-Party	\$1,915.48	\$1,920.96	\$1,920.96	\$1,920.96
– Family	\$2,751.41	\$2,760.67	\$2,760.67	\$2,760.67
Employee Contribution (11-Month Aug-June)				
– Single	\$114.07	\$114.40	\$111.09	\$114.40
– Two-Party	\$228.20	\$228.86	\$222.22	\$228.86
– Family	\$327.89	\$329.01	\$317.78	\$329.01
Anthem Blue Cross HMO, VSP	Delta Dental Premium PPO	Delta Dental Indemnity PPO	Delta Dental Premium PPO	Delta Dental Indemnity PPO
Total Premium				
– Single	\$1,550.66	\$1,553.70	\$1,550.66	\$1,553.70
– Two-Party	\$3,091.31	\$3,097.40	\$3,091.31	\$3,097.40
– Family	\$4,415.12	\$4,425.41	\$4,415.12	\$4,425.41
District Contribution				
– Single	\$1,395.59	\$1,398.33	\$1,398.33	\$1,398.33
– Two-Party	\$2,782.18	\$2,787.66	\$2,787.66	\$2,787.66
– Family	\$3,973.61	\$3,982.87	\$3,006.37	\$3,006.37
Employee Contribution (11-Month Aug-June)				
– Single	\$165.56	\$165.89	\$162.58	\$165.89
– Two-Party	\$330.09	\$330.75	\$324.11	\$330.75
– Family	\$471.59	\$472.71	\$1,491.65	\$1,502.88

Health Plan Contributions

Certificated, Administrators & Confidential Staff

(Note: the below contributions are based on 1.0 FTE. If you are not a 1.0 FTE employee, please contact Business Services at (408) 867-3424 ext. 509 to obtain your employee contribution cost)

	HIRED BEFORE JULY 1, 2023		HIRED AFTER JULY 1, 2023	
Anthem Blue Cross PPO 80-G, VSP	Delta Dental Premium PPO	Delta Dental Indemnity PPO	Delta Dental Premium PPO	Delta Dental Indemnity PPO
Total Premium				
– Single	\$1,845.66	\$1,848.70	\$1,845.66	\$1,848.70
– Two-Party	\$3,690.31	\$3,696.40	\$3,690.31	\$3,696.40
– Family	\$5,271.12	\$5,281.41	\$5,271.12	\$5,281.41
District Contribution				
– Single	\$1,661.09	\$1,663.83	\$1,663.83	\$1,663.83
– Two-Party	\$3,321.28	\$3,326.76	\$3,006.37	\$3,006.37
– Family	\$4,744.01	\$4,753.27	\$3,006.37	\$3,006.37
Employee Contribution (11-Month Aug-June)				
– Single	\$197.09	\$197.42	\$194.11	\$197.42
– Two-Party	\$394.07	\$394.73	\$716.50	\$723.14
– Family	\$563.00	\$564.13	\$2,405.84	\$2,417.06
Anthem Blue Cross Proactive Care Platinum PPO, VSP	Delta Dental Premium PPO	Delta Dental Indemnity PPO	Delta Dental Premium PPO	Delta Dental Indemnity PPO
Total Premium				
– Single	\$1,845.66	\$1,848.70	\$1,845.66	\$1,848.70
– Two-Party	\$3,690.31	\$3,696.40	\$3,690.31	\$3,696.40
– Family	\$5,271.12	\$5,281.41	\$5,271.12	\$5,281.41
District Contribution				
– Single	\$1,661.09	\$1,663.83	\$1,663.83	\$1,663.83
– Two-Party	\$3,321.28	\$3,326.76	\$3,006.37	\$3,006.37
– Family	\$4,744.01	\$4,753.27	\$3,006.37	\$3,006.37
Employee Contribution (11-Month Aug-June)				
– Single	\$197.09	\$197.42	\$194.11	\$197.42
– Two-Party	\$394.07	\$394.73	\$716.50	\$723.14
– Family	\$563.00	\$564.13	\$2,405.84	\$2,417.06
Anthem Blue Cross PPO 80-K, VSP	Delta Dental Premium PPO	Delta Dental Indemnity PPO	Delta Dental Premium PPO	Delta Dental Indemnity PPO
Total Premium				
– Single	\$1,752.66	\$1,755.70	\$1,752.66	\$1,755.70
– Two-Party	\$3,500.31	\$3,506.40	\$3,500.31	\$3,506.40
– Family	\$5,000.12	\$5,010.41	\$5,000.12	\$5,010.41
District Contribution				
– Single	\$1,577.39	\$1,580.13	\$1,580.13	\$1,580.13
– Two-Party	\$3,150.28	\$3,155.76	\$3,006.37	\$3,006.37
– Family	\$4,500.11	\$4,509.37	\$3,006.37	\$3,006.37
Employee Contribution (11-Month Aug-June)				
– Single	\$187.14	\$187.47	\$184.15	\$187.47
– Two-Party	\$373.81	\$374.47	\$513.86	\$520.51
– Family	\$534.09	\$535.22	\$2,116.75	\$2,127.97

Health Plan Contributions

Certificated, Administrators & Confidential Staff

(Note: the below contributions are based on 1.0 FTE. If you are not a 1.0 FTE employee, please contact Business Services at (408) 867-3424 ext. 509 to obtain your employee contribution cost)

	HIRED BEFORE JULY 1, 2023		HIRED AFTER JULY 1, 2023	
Anthem Blue Cross Proactive Care Gold PPO, VSP	Delta Dental Premium PPO	Delta Dental Indemnity PPO	Delta Dental Premium PPO	Delta Dental Indemnity PPO
Total Premium				
– Single	\$1,752.66	\$1,755.70	\$1,752.66	\$1,755.70
– Two-Party	\$3,500.31	\$3,506.40	\$3,500.31	\$3,506.40
– Family	\$5,000.12	\$5,010.41	\$5,000.12	\$5,010.41
District Contribution				
– Single	\$1,577.39	\$1,580.13	\$1,580.13	\$1,580.13
– Two-Party	\$3,150.28	\$3,155.76	\$3,006.37	\$3,006.37
– Family	\$4,500.11	\$4,509.37	\$3,006.37	\$3,006.37
Employee Contribution (11-Month Aug-June)				
– Single	\$187.14	\$187.47	\$184.15	\$187.47
– Two-Party	\$373.81	\$374.47	\$513.86	\$520.51
– Family	\$534.09	\$535.22	\$2,116.75	\$2,127.97
WABE	Dental & Vision Not Included			
Total Premium				
– Single	\$871.00			
District Contribution				
– Single	\$783.90			
Employee Contribution (11-Month Aug-June)				
– Single	\$92.86			

Health Plan Contributions

Classified Employees

(Note: the below contributions are based on 1.0 FTE. If you are not a 1.0 FTE employee, please contact Business Services at **(408) 867-3424 ext. 509** to obtain your employee contribution cost)

Kaiser Traditional HMO, VSP	Delta Dental Premium PPO	Delta Dental Indemnity PPO
Total Premium		
– Single	\$1,160.66	\$1,163.70
– Two-Party	\$2,321.31	\$2,327.40
– Family	\$3,330.12	\$3,340.41
District Contribution		
– Single	\$1,160.66	\$1,163.70
– Two-Party	\$2,321.31	\$2,327.40
– Family	\$3,330.12	\$3,340.41
Employee Contribution (10-Month Sept-June)		
– Single	\$0.00	\$0.00
– Two-Party	\$0.00	\$0.00
– Family	\$0.00	\$0.00
Employee Contribution (12-Month)		
– Single	\$0.00	\$0.00
– Two-Party	\$0.00	\$0.00
– Family	\$0.00	\$0.00
Kaiser Deductible HMO, VSP	Delta Dental Premium PPO	Delta Dental Indemnity PPO
Total Premium		
– Single	\$1,063.66	\$1,066.70
– Two-Party	\$2,128.31	\$2,134.40
– Family	\$3,057.12	\$3,067.41
District Contribution		
– Single	\$1,063.66	\$1,066.70
– Two-Party	\$2,128.31	\$2,134.40
– Family	\$3,057.12	\$3,067.41
Employee Contribution (10-Month Sept-June)		
– Single	\$0.00	\$0.00
– Two-Party	\$0.00	\$0.00
– Family	\$0.00	\$0.00
Employee Contribution (12-Month)		
– Single	\$0.00	\$0.00
– Two-Party	\$0.00	\$0.00
– Family	\$0.00	\$0.00
Anthem Blue Cross HMO, VSP	Delta Dental Premium PPO	Delta Dental Indemnity PPO
Total Premium		
– Single	\$1,550.66	\$1,553.70
– Two-Party	\$3,091.31	\$3,097.40
– Family	\$4,415.12	\$4,425.41
District Contribution		
– Single	\$1,550.66	\$1,553.70
– Two-Party	\$3,091.31	\$3,097.40
– Family	\$3,340.41	\$3,340.41
Employee Contribution (10-Month Sept-June)		
– Single	\$0.00	\$0.00
– Two-Party	\$0.00	\$0.00
– Family	\$1,246.75	\$1,259.10
Employee Contribution (12-Month)		
– Single	\$0.00	\$0.00
– Two-Party	\$0.00	\$0.00
– Family	\$1,038.96	\$1,049.25

Health Plan Contributions

Classified Employees

(Note: the below contributions are based on 1.0 FTE. If you are not a 1.0 FTE employee, please contact Business Services at **(408) 867-3424 ext. 509** to obtain your employee contribution cost)

Anthem Blue Cross PPO 80-G, VSP	Delta Dental Premium PPO	Delta Dental Indemnity PPO
Total Premium		
– Single	\$1,845.66	\$1,848.70
– Two-Party	\$3,690.31	\$3,696.40
– Family	\$5,271.12	\$5,281.41
District Contribution		
– Single	\$1,845.66	\$1,848.70
– Two-Party	\$3,340.41	\$3,340.41
– Family	\$3,340.41	\$3,340.41
Employee Contribution (10-Month Sept-June)		
– Single	\$0.00	\$0.00
– Two-Party	\$394.08	\$401.39
– Family	\$2,252.35	\$2,264.70
Employee Contribution (12-Month)		
– Single	\$0.00	\$0.00
– Two-Party	\$328.40	\$334.49
– Family	\$1,876.96	\$1,887.25
Anthem Blue Cross Proactive Care Platinum PPO, VSP	Delta Dental Premium PPO	Delta Dental Indemnity PPO
Total Premium		
– Single	\$1,845.66	\$1,848.70
– Two-Party	\$3,690.31	\$3,696.40
– Family	\$5,271.12	\$5,281.41
District Contribution		
– Single	\$1,845.66	\$1,848.70
– Two-Party	\$3,340.41	\$3,340.41
– Family	\$3,340.41	\$3,340.41
Employee Contribution (10-Month Sept-June)		
– Single	\$0.00	\$0.00
– Two-Party	\$394.08	\$401.39
– Family	\$2,252.35	\$2,264.70
Employee Contribution (12-Month)		
– Single	\$0.00	\$0.00
– Two-Party	\$328.40	\$334.49
– Family	\$1,876.96	\$1,887.25
Anthem Blue Cross PPO 80-K, VSP	Delta Dental Premium PPO	Delta Dental Indemnity PPO
Total Premium		
– Single	\$1,752.66	\$1,755.70
– Two-Party	\$3,500.31	\$3,506.40
– Family	\$5,000.12	\$5,010.41
District Contribution		
– Single	\$1,752.66	\$1,755.70
– Two-Party	\$3,340.41	\$3,340.41
– Family	\$3,340.41	\$3,340.41
Employee Contribution (10-Month Sept-June)		
– Single	\$0.00	\$0.00
– Two-Party	\$171.18	\$178.49
– Family	\$1,934.35	\$1,946.70
Employee Contribution (12-Month)		
– Single	\$0.00	\$0.00
– Two-Party	\$142.65	\$148.74
– Family	\$1,611.96	\$1,622.25

Health Plan Contributions

Classified Employees

(Note: the below contributions are based on 1.0 FTE. If you are not a 1.0 FTE employee, please contact Business Services at (408) 867-3424 ext. 509 to obtain your employee contribution cost)

Anthem Blue Cross Proactive Care Gold PPO, VSP	Delta Dental Premium PPO	Delta Dental Indemnity PPO
Total Premium		
– Single	\$1,752.66	\$1,755.70
– Two-Party	\$3,500.31	\$3,506.40
– Family	\$5,000.12	\$5,010.41
District Contribution		
– Single	\$1,752.66	\$1,755.70
– Two-Party	\$3,340.41	\$3,340.41
– Family	\$3,340.41	\$3,340.41
Employee Contribution (10-Month Sept-June)		
– Single	\$0.00	\$0.00
– Two-Party	\$171.18	\$178.49
– Family	\$1,934.35	\$1,946.70
Employee Contribution (12-Month)		
– Single	\$0.00	\$0.00
– Two-Party	\$142.65	\$148.74
– Family	\$1,611.96	\$1,622.25

WABE	Dental & Vision Not Included
Total Premium	
– Single	\$871.00
District Contribution	
– Single	\$871.00
Employee Contribution (10-Month Sept-June)	
– Single	\$0.00
Employee Contribution (12-Month)	
– Single	\$0.00

Tax Savings Benefits

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are special tax-advantaged accounts used to pay for eligible out-of-pocket health care and dependent care expenses. If elected, your account(s) will be funded with tax-free dollars using convenient payroll deductions. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. If you are using your Navia Benefits Card, you must save your receipts, just in case Navia Benefits needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

SISC/Navia Benefits Health Care FSA

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. For 2026, you may defer up to **\$3,400** pre-tax per year.

Eligible health care expenses include:

- Coinsurance, Copays and Deductibles
- Prescriptions
- Dental
- and Orthodontia
- Eye Exams, Eyeglasses and Lasik Eye Surgery
- Over-the-Counter Medications
- Menstrual Supplies
- COVID-19 Personal Protective Equipment (PPE)

SISC/Navia Benefits Dependent Care FSA

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. For 2026, employees may defer up to **\$7,500** pre-tax per year.

Eligible dependent care expenses include:

- Licensed nursery schools, qualified childcare centers, after school programs, summer camps (under age 13), preschool
- Adult daycare facilities



Video: FSAs

Check out this quick video on how our Health Care and Dependent Care FSAs work at:

<https://info.baldwin.com/fsa/>

Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Your FSA elections will expire each year on December 31st. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.

Health Care FSA

You must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year.

Dependent Care FSA

Unused funds will NOT be returned to you or carried over to the following year. You must file claims by December 31st of the plan year.

Grace Period

Your plan has a special 2.5 month Grace Period after the end of the plan year. This feature gives you an additional 2.5 months to incur expenses against your Health Care and Dependent Care Expense Accounts. All expenses incurred during the grace period will automatically deduct out of the prior year's arrangement.

Run Out Period

Your plan also has a special 3 month Run Out Period after the end of the plan year. This feature gives you an additional 3 months to submit claims to Navia Benefits for reimbursement.

Employee Support Benefits

Educators' Employee Assistance Program (EAP)

Saratoga Union School District provides all employees with Educators' EAP. This plan provides you and your family with a wide array of benefits to deal with any personal or professional issues you may encounter. This resource is both free and confidential. You can reach a professional counselor 24/7 by calling **(800) 225-2527** or **(800) 252-4555**. You can also visit the website at EducatorsEAP.com. When you log on to the website, you will find information on thousands of topics including:

- Adoption & Childcare
- Financial Planning
- Consumer Rights
- Mental Health
- Divorce
- Home Ownership
- Legal Issues
- Loss and Grief
- Stress
- Elder Care and Child Care Locations
- Family Violence
- Work-Life Balance
- Wills and Other Legal Forms
- Training & Education

Personal Support and Counseling

You can call anytime to reach an experienced counselor for any of your EAP needs and receive confidential assistance on complex issues that sometimes may be best resolved with counseling assistance from a behavioral health professional. Should you need to be referred to a local counselor for personal visits, the EAP has more than 40,000 providers available to ensure that you will have a counselor near your home or workplace.

Professional Support

Educators' EAP also offers an online Training Center with extensive links, tools, and resources to help educators grow professionally and deal with professional challenges. A few examples include:

- Budget Boosters for Educators
- Social Media for Educators
- Cyber Safety for You
- Parental Challenges
- Managing the Classroom
- Your Students

To Access the EAP Website and Online Resources:

- Go to EducatorsEAP.com, click on the **Educators & Family Login** button, and click on **REGISTER HERE**
- Enter Saratoga Union School District and click Continue
- The District's name will appear; select the button and click Continue
- Fill out the Registration Form and create your User Name and Password, then click Continue. You only need to register once.



Employee Support Benefits

Anthem Employee Assistance Program

All SISC members (Anthem and Kaiser) have support with a wide variety of challenges through the SISC Anthem Employee Assistance Program (EAP). If you or a family member needs assistance with personal, family or work-life balance issues, you can contact the EAP for confidential assistance. You can access the EAP by calling **(800) 999-7222** or by visiting www.anthemEAP.com (to log in, enter SISC as the program name). EAP benefits include the following:

Support and Counseling

The Employee Assistance Program (EAP) provides confidential support in balancing a wide array of challenges with up to 6 free counseling sessions per issue per benefit year, plus unlimited phone support for:

- Relationship difficulties
- Marriage, family or parenting concerns
- Managing change and stress
- Depression and anxiety
- Addiction and recovery
- Grief and loss
- Work/life balance
- Personal growth
- And more

Identity Monitoring and Theft Resolution

- Free identity monitoring and theft resolution services through IDnotify
- ID 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

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

Learn to Live Wellbeing Support

- Access free, customized online programs based on proven principals of Cognitive Behavioral Therapy (CBT)
- Programs are confidential, accessible anywhere, and participants learn effective ways to manage stress, depression, anxiety, substance use and sleep issues

Seminars and Articles

- Online resources are available for a wide array of topics, including both a library of articles and on-demand seminars

Savings Center

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

Income Protection Benefits



Basic Life and AD&D Insurance

Saratoga Union School District provides Basic Life and AD&D coverage through The Hartford. You are eligible for this benefit if you work 30 hours or more per week (75% FTE). There is no cost to you for this benefit.

- Your beneficiary will receive a life insurance benefit amount of \$15,000 upon your death.
- If your death is a result of a covered accident, your beneficiary will receive an additional Accidental Death & Dismemberment (AD&D) benefit of \$15,000.
- You will receive a partial AD&D benefit amount for covered injuries that occur as the result of a covered accident.

Additional Benefits Included With Life Insurance Coverage

- **Beneficiary Assist Counseling Service:** offers compassionate expertise to help you or your beneficiaries (those you name in your policy) cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with a counselor, attorney or financial planner for up to a year, and five face-to-face sessions. For more information on Beneficiary Assist Counseling Services, call **800-411-7239**.
- **EstateGuidance Will Service:** helps you protect your family's future by creating a will online—backed by online support from licensed attorneys. Your will is customized and legally binding. For more information on EstateGuidance Will Services, go to www.estateguidance.com/wills and use Code: WILLHLF.
- **Funeral Planning and Concierge Service:** provides a suite of online tools to guide you through key decisions before a loss, including help comparing funeral-related costs. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers—often resulting in significant financial savings. For more information on Funeral Planning and Concierge Services, call **866-854-5429** or visit www.everestfuneral.com/hartford (use code: HFEVLC).
- **Travel Assistance Services with ID Theft Protection and Assistance:** includes pre-trip information to help you feel more secure while traveling. It can also help you access medical professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less when unexpected detours arise. The ID theft services are available to you and your family at home or when you travel. For more information, call **800-243-6108**.

Important Beneficiary Information

A beneficiary is a person or entity who you designate to receive your death benefits. Choosing a beneficiary and keeping your beneficiary up-to-date is an essential part of owning life insurance. Please remember to review your beneficiary designation as new situations arise, such as the birth or adoption of a child, marriage, or divorce. You will be able to add, remove or update your beneficiary information in the Ease portal.

Voluntary Benefits

Voluntary Benefits

With Saratoga Union School District, you can customize your benefits coverage to fit the unique needs of you and your family with voluntary benefits, now offered through Unum.

Unum Accident

Unum Accident insurance provides a financial cushion for life's unexpected events. It provides you and your covered family members a lump-sum payment to help cover your out-of-pocket medical costs or everyday living expenses in case of an accidental injury. Payments are made directly to you, regardless of any other coverage. Benefits are paid according to a fixed schedule that includes over 100 different covered medical services and events, such as ER/Urgent care visits, ambulance, imaging, fractures, dislocations, burns, lacerations and more. This plan is portable; you can take it with you at the same rate if you leave Saratoga Union School District.



Unum Critical Illness

Unum Critical Illness insurance can help you protect yourself, your family, and your budget from the financial impact of a serious medical condition. You will receive a lump-sum cash payment upon diagnosis of a covered condition such as a Heart Attack, Stroke, Kidney Failure, Cancer, Infectious Disease (including COVID-19 with restrictions) and more. There are also benefits for progressive diseases and childhood conditions. Some conditions also pay if there is a recurrence. You can elect \$10,000 or \$20,000 for yourself, and your spouse can elect 100% of your election amount, with no medical questions. Your child(ren) receives 100% of your election at no additional charge. You will also receive a \$50 wellness benefit paid out each year for completing certain screenings and immunizations (including COVID-19 vaccines). This plan is portable; you can take it with you at the same rate if you leave the company.

Unum Hospital Indemnity

Unum Hospital Indemnity Insurance helps protect you and your covered family members from unexpected expenses that occur if you become hospitalized for a covered injury, illness, or pregnancy. You will receive a \$1,000 benefit for admission to a Hospital, as well as a \$100 daily benefit for up to 365 days per year. If you are admitted and confined to an ICU, the admission benefit doubles, and the daily benefit doubles for up to 30 days. There is also a \$250 benefit for hospital stays under 20 hours (short stay). Benefits are paid directly to you and can be used for any purpose, regardless of other coverage. This plan is portable; you can take it with you at slightly different rates if you leave the company.

Voluntary Benefits

Unum Voluntary Short-Term Disability

Voluntary Short-Term Disability (STD) income replacement can be purchased at discounted group rates, through Unum. If you experience a temporary disability, benefits begin on the 8th day after the start of your accident, sickness or pregnancy and will continue as long as you remain disabled up to a maximum of 12 weeks. This plan pays you 60% of your pre-disability earnings up to a maximum benefit of \$1,250 per week. The weekly benefit may be reduced or offset by other sources of income.

Unum Voluntary Long-Term Disability

Voluntary Long-Term Disability (LTD) income replacement can be purchased at discounted group rates, through Unum. If you become disabled, benefits begin 90 days after the start of your illness or injury and will continue as long as you remain disabled up to your Social Security Normal Retirement Age. LTD works with state disability programs, Social Security, and any other group disability coverage, to provide you with a combined monthly benefit equal to 60% of your pre-disability earnings to a maximum benefit of \$10,000 per month. Other benefits of this plan include an Employee Assistance Program, Worldwide Travel Assistance, a Survivor Benefit, and a Waiver of Premium. See policy documents for more details.

Unum Voluntary Life Insurance

In addition to the company provided Basic Life benefits, you may elect to purchase additional Voluntary Life insurance at discounted group rates provided by Unum. You pay for this coverage with after-tax dollars through convenient payroll deductions.

- **Employee:** You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of \$500,000, not to exceed 5 times your annual salary.
- **Spouse or Domestic Partner:** If you buy coverage for yourself, you may also purchase coverage for your eligible spouse or domestic partner. Benefits for your spouse or domestic partner are available in increments of \$5,000 up to a maximum benefit of \$500,000, not to exceed 100% of your employee election.
- **Child(ren):** If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren). Benefits for your child(ren) are available in increments of \$2,000 up to \$10,000. The benefit from birth to 6 months old is \$1,000.

Life benefits will reduce by 35% at age 70 and 50% at age 75. If you are diagnosed with a terminal illness with less than 12 months to live, you can request up to 100% of your benefit to a maximum of \$250,000 while you are still living. Other included items waiver of premium if disabled prior to age 60, and the option to port or convert your policy if you leave the company. See policy documents for more details.

Guarantee Issue

Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health and is available to you during your initial eligibility period. Guarantee issue is available in the following amounts:

- **Employee:** \$200,000
- **Spouse or Domestic Partner:** \$15,000
- **Child(ren):** Entire benefit amount (\$10,000)

If you purchase a minimum of \$10,000 coverage at your initial eligibility, you can increase your coverage in the future to up to \$200,000 to meet your growing needs, without having to answer any health questions.

Retirement Benefits

Retirement Savings Plans

The district offers you the option to participate in a 403(b) Tax Sheltered Annuity Plan and the 457(b) Deferred Compensation Plan (the Plans) through **SchoolsFirst Federal Credit Union**. Participation is voluntary, allowing you to make pre-tax salary deferral contributions via payroll deduction. One of the benefits of participating in the Plans is the ability to defer from current taxation salary that would otherwise be currently taxable and also defer income taxes on the earnings credited to your account.

Any contributions towards the retirement savings plans are 100% employee paid. The amounts you contribute to the TSA/403 (b) Plan have an independent limit from the amounts that you contribute to the DCP/457(b) Plan. You may make pre-tax salary deferral contributions to the TSA/403(b) Plan, the DCP/457(b) Plan only, or you may make pre-tax contributions to both Plans simultaneously. See the chart below for the maximum contribution limits.

Year	403(b) TSA	457(b) DCP	Total
2026 Contribution Limit	\$24,500	\$24,500	\$49,000
Age 50+ Catch-Up Limit	\$8,000	\$8,000	\$16,000
Total (if Age 50+)	\$32,500	\$32,500	\$65,000

The district is pleased to offer the benefits of these voluntary pre-tax savings plans for you because we recognize that many of you wish to defer current income taxes to your post retirement years while accumulating additional savings for retirement.

Please note that if you also make contributions, or have contributions made for you, to a 401(a) or 401(k) plan, you are limited by the overall 415(c)(1)(A) limit for all plans, including 403(b), 401(a) and 401(k). If you are a participant in another retirement plan (excluding CalSTRS or CalPERS), please contact SchoolsFirst Federal Credit Union.

IMPORTANT: If you have a 403(b) or 457(b) plan account with a previous employer, you must establish a new account to enroll in Saratoga Union School District's plans. Your salary deferral contributions in Saratoga Union School District's plans cannot be invested in the 403(b) plan and 457(b) plan of a previous employer.



For More Information

Go to www.schoolsfirstfcu.org or email rpa@schoolsfirstfcu.org. You may also call 800-462-8328, ext. 4727.



Resources and Contacts

Benefit Plan	Phone	Website / Email
Medical Benefits		
Kaiser Permanente	800-464-4000	www.kp.org/sisc
Anthem Blue Cross	800-825-5541	www.anthem.com/ca/sisc
Anthem Proactive Care Plans	866-259-5540	http://www.myhealthhub.app/
Costco Pharmacy Benefit	800-774-2678	www.costco.com
Telemedicine —Kaiser Video Visits —MDLive	866-454-8855 800-632-2738	kp.org/mydoctor/videovisits www.mdlive.com/sisc
Additional Benefits Available Through SISC		
– Quest Wellness Screening	855-623-9355	My.QuestForHealth.com
– Teladoc Expert Second Opinion	855-201-9925	teladoc.com/SISC
– Vida Therapy and Health Coaching	855-442-5885	vida.com/sisc
– Centivo Care	-	https://centivocare.com/sisc
– Lantern Cancer Care	855-961-4533	https://lanternhealth.com
– Hinge Health	855-902-2777	hingehealth.com/sisc
– Carrum Health	888-855-7806	info.carrumhealth.com/sisc
– Maven Maternity & Postpartum	-	mavenclinic.com/join/SISC
– Midi Health	-	www.joinmidi.com/sisc
– Lark Diabetes Prevention Program	-	www.lark.com/anthemBC
Dental Benefits		
Delta Dental PPO	866-499-3001	www.deltadentalins.com
SCCSIG Dental Indemnity Plan	800-442-7247	https://mycarehc.com/
Vision Benefits		
Vision Service Plan (VSP)	800-877-7195	www.vsp.com
Tax Savings Benefits		
Navia Benefits Flexible Spending Accounts	800-669-3538	www.naviabenefits.com
Employee Assistance Programs		
Educators' Employee Assistance Program	800-225-2527	www.EducatorsEap.com
Anthem Employee Assistance Program	800-999-7222	www.anthemEap.com
Income Protection Benefits		
The Hartford Basic Life and AD&D Insurance	800-523-2233	www.thehartford.com
Voluntary Benefits		
Unum Voluntary Plans – Accident – Critical Illness – Hospital Indemnity – Voluntary STD & LTD – Voluntary Life Insurance	866-679-3054	www.unum.com AskUnum@unum.com
Retirement Benefits		
SchoolsFirst Federal Credit Union 403(b) /457(b) Plans	800-462-8328 x 4727	www.schoolsfirstfcu.org
Saratoga Union School District		
Business Services	408-867-3424	www.saratogausd.org

Important Information

Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. Saratoga Union School District has posted all federally required annual notices on our intranet for you to download and read at your convenience, including:

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



Individual Mandate for Health Coverage

Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2026 tax year. In addition, several other states, including Massachusetts, New Jersey, and Vermont, as well as the District of Columbia, have reinstated an individual mandate requirement, and others are considering doing so. You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by Saratoga Union School District or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

However, if you choose to purchase coverage through the marketplace, because Saratoga Union School District's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis. For more information, go to www.healthcare.gov.

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by Saratoga Union School District. Please refer to the SBCs and carrier contracts provided by our health plan carriers for additional plan details. The SBCs are available on Ease.

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Notes

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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 benefit program, please contact the Business Services Department.

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