EMPLOYEE BENEFITS GUIDE 2025-26

CLASSIFIED

October 1, 2025- September 30, 2026



We've Got You Covered

LAKE ELSINORE UNIFIED SCHOOL DISTRICT

WELCOME:

Lake Elsinore Unified School District is pleased to provide highlights of your benefit options as an eligible employee. Within you will find a quick overview of plans, including explanation of benefits. Please read all information carefully along with any supplemental materials you receive.

WHEN COVERAGE BEGINS:

You must complete the enrollment process within **30 days** of your date of hire. Coverage is effective the first day of the month following your hire date.

PARTICIPATION REQUIREMENTS: All employees who work 90% or more of the full-time equivalent for the applicable job classification are required to enroll as a subscriber in all SISC benefits offered by the District.

DECLINING COVERAGE REQUIREMENTS:

- An eligible employee who works less than 90% of the full-time equivalent for the applicable job classification or receives less than 90% of the amount that is contributed towards an eight-hour full-time equivalent.
- Active employees who are enrolled in Medicare A & B, Medi-Cal, Tricare, or Covered California plans. Documentation must reflect this enrollment before declination is permitted.
- Waive H&W benefits with proof of other coverage at the time of enrollment or qualifying event after enrollment.

COST OF BENEFITS:

If you are eligible for District Benefits, costs are determined by the CAP assigned to your employment classification (CBA). If you are a part-time employee, the percentage of the CAP will be calculated according to your assigned hours per day and months per year. The deductions are taken monthly from payroll checks according to the number of contracted months (11 or 12) per year.

ELIGIBILTY:

Employee Eligibility-

In general, you are eligible for medical, dental, vision, and life insurance benefits if you are:

- A probationary or permanent employee
- You work 20 hours or more per week in a regular assignment

If you are a represented employee, we encourage you to review your collective bargaining agreement (CBA) each year to verify specific eligibility requirements.

Dependent Eligibility-

When enrolling in District Benefits, eligible dependents can also be added with appropriate documentation. Enrollment for employee and dependents is to be done within **30 days** of becoming eligible for District Benefits. Otherwise, enrollment will need to be completed during the annual open enrollment timeframe in August, effective 10/1.

Eligible family members include:

- **Spouse:** Legal spouse as defined by state law. Required document: Marriage License and current IRS taxes (1040 form-page 1, filing jointly).
- **Registered Domestic Partner:** Required Document: California Certificate of Domestic Partnership issued by the Secretary of State.
- **Child** (Natural/Step) from Birth to age 26: Legal birth certificate.
- **Adopted Child:** Government issued birth certificate and Adoption certificate, if applicable. A legally adopted child or a child who is in the process of being adopted; a child for whom the member has legal guardianship to age 18. A child who is in the process of being adopted is considered legally adopted when SISC receives legal evidence of (i) the intent to adopt; and (ii) the member has either: (a) the right to control the health care of the child; or (b) assumed a legal obligation for full or partial financial responsibility for the child in anticipation of the child's adoption.
- **Child Guardianship:** Legal U.S. Court documentation establishing Legal Guardianship and birth certificate.
- **Disabled Dependent:** Legal Birth certificate, prior year's Federal Tax Form that shows child is claimed as an IRS dependent and Disabled Dependent Certification Form.

ENROLLMENT/PLAN CHANGE OPTIONS:

Contact the District Benefit Department to enroll/report changes within 30 days and supply required documents/forms to technician.

- At the time of hire or promotion, enroll within **30 days** of becoming eligible for District benefits, which will be effective the 1st of the month following employment or change in employment status.
- During the annual Open Enrollment timeframe in the month of August, effective October 1st.
- Out of open enrollment/new hire eligibility, the following **QUALFYING EVENTS** make an employee eligible to make changes within **30 days** of event with documentation and proof of the event:
  - Marriage, Divorce, Domestic Partnership
  - Birth or Adoption of child
  - Death of Spouse or dependent

- Change in coverage (loss/gain)
- Court or Administrative Order that requires coverage to be provided for an eligible dependent.

LIFE/AD&D INSURANCE:

Life Insurance provides your named beneficiary/beneficiaries with a benefit in the event of your death. **Accidental Death and Dismemberment** (AD&D) Insurance provides specified benefit to you in the event of a covered accidental bodily injury that directly causes dismemberment. In the event your death occurs due to a covered accident, both the Life and AD&D benefit will be payable.

BASIC LIFE/AD&D (DISTRICT-PAID)
This benefit is provided at NO COST to you through METLIFE Insurance (Group Life).
BENEFIT LIFE AMOUNT: $50,000 to employee, $1,500 to dependents
BENEFIT AD&D AMOUNT: $2,000 to employee

If you would like to enroll in supplemental Life/AD&D, please fill out appropriate forms provided by the Health Benefit Department. This is an Employee paid benefit and an additional deduction will be taken off monthly paychecks.

VOLUNTARY PRODUCTS:

American Fidelity: offers Flexible Spending plans, Disability, Cancer, Life, and Accident Insurance. www.afadvantage.com or call 800.365.9180
AFLAC: offers Disability, Cancer, Life, and Accident Insurance. Call 714.742.5663

***Disability Income Insurance plans can provide a portion of your income during covered Accident/Sickness. **LEUSD employees do NOT pay into SDI: State disability insurance.**

VALUE ADDED SERVICES OFFERED BY SISC:

Centivo Health: Anthem PPO members connect with primary care physicians by app, video visits or live chat. (Flyer within booklet)
MDLIVE: Anthem PPO/HMO members 24/7 access to doctors by phone or online. Call 888.632.2738 or go to www.medlive.com/sisc .
Carrum Health: Anthem PPO members have the option to consult surgeons at Scripps with a no out-of-pocket cost to consult on hip, knee, spine options. Call 888.855.7806 or go to www.carrumhealth.com/sisc .
Oncology Center of Excellence Program: Anthem PPO members have the option to consult experts regarding cancer treatments. Call 877.220.3556 or go to www.lanterncare.com/ .
Vida Health: Anthem PPO/HMO members get one-on-one health coaching, therapy, and other tools via online or mobile access. Such as pre-diabetes, hypertension, obesity, depression, anxiety, etc. Call 855.442.5885 or go to www.vida.com/sisc .

Hinge Health: Anthem PPO/HMO members get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy. Call 855.902.2777 or go to www.hingehealth.com/sisc .

BLUECARD OUT OF STATE:

Protection When Traveling or Living Outside Your Home State

You and your enrolled dependents may access PPO benefits when you're traveling or temporarily living outside your home state with the BlueCard program. The BlueCard also covers enrolled dependents, including students and family members, who temporarily reside outside your home state. To locate BlueCard providers, call BlueCard Access® at 1-800-810-BLUE (2583). BlueCard is not applicable to HMO plans or Medicare Supplement plans.

EAP (EMPLOYEE ASSISTANCE PROGRAM):

The EAP Program is provide at NO COST to all employees, even if you are not on a benefit plan. The confidential program is dedicated to supporting the emotional health and well-being of Lake Elsinore Unified employees and families. The EAP Program assists with the following issues when it comes to balancing life's daily challenges:

- Stress, anxiety, or depression
- Relationship's problems/counseling
- Substance abuse
- Grief and loss
- Legal issues
- Mental health
- Child or elder care issue

Help with personal concerns is a 24/7 access to the EAP program. Call 800.999.7222 or go to www.anthemEAP.com (enter SISC).

HIPPA: (Notice of Health Insurance Portability & Accountability Act of 1996)

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) is a federal law that affects your rights to obtain health benefits and to safeguard your privacy regarding Protected Health Information (PHI). Specifically, HIPPA includes, but is not limited to, the following:

- Limitations on pre-existing condition exclusion.
- Prohibitions against discriminating toward individual participants and beneficiary's based on health status.
- Special enrollment periods under certain conditions for qualified individuals & privacy standards.

COBRA RIGHTS:

COBRA is a state law that offers an additional 18 months of benefits after Federal COBRA has been exhausted. Coverage period is up to 18 months and not to exceed 36 months depending on the qualifying event. Members will be offered the same benefit plan they were enrolled in prior to losing coverage.

The Cost of COBRA is the same premium charged to the district for the plan that the member was enrolled in prior to loosing coverage, plus a 2% administration fee for Federal COBRA. SISC prepares and mails the COBRA 14-day notification to the qualified beneficiary's last known address.

HOW TO ENROLL:

Visit: www.leusd.k12.ca.us -go to Departments/Services Tab – Department Directory – Employee Insurance Benefits – Find your Classification in blue column to the right.

All forms and directions are located under your classification.

Contact the Health Benefit Technician to ensure you have all proper enrollment forms and documentation to enroll before the 30-day deadline expires. Contact number is 951.253-7138.

Carriers	Website	Phone#
Anthem Blue Cross	**Anthem.com/ca/sisc**	**800-825-5541**
Delta Dental PPO	**Deltadentalins.com**	**866-499-3001**
SISC Dental Health Network	**Anthem.com/ca/sisc**	**844-729-1565**
Navitus RX (Anthem Plans)	**Navitus.com**	**866-333-2757**
Kaiser	**Kp.org/sisc.com**	**800-464-4000**
VSP Vision (Class/Conf)	**Vsp.com**	**800-877-7195**

IMPORTANT NOTICE:

This booklet is intended to provide only highlights of your benefits; it is not an Evidence of Coverage (EOC) plan document. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including a complete list of exclusion and limitations, please refer to each carrier's EOC. A copy of the Summary of Benefits can be obtained from the Lake Elsinore Unified School District website: www.leusd.k12.ca.us .

SISC ANNUAL RENEWAL UPDATES/CHANGES:

SISC PHARMACY UPDATE:

With your pharmacy coverage through Navitus, most generic medications have a $0 copay for a 30 or 90-day supply when you fill them at a Costco pharmacy.

Members can get their prescription delivered from their local Costco for free with Instacart. Once prescription is filled, a text is sent with the link to access Instacart for free.

PPO's:

Reminder: $0 copay for the first three visits to primary care provider each calendar year.

MedLive copay will change from $10 to $0 effective 10/1/2025.

New Screening 2025: PPO members over age of 45 are eligible for a free at-home colorectal cancer screening. Positive test results will recieve guidance from a Lantern Cancer Care case nurse through next steps in treatment.

New PPO Proactive Care Plan: Co-Pay plan that eliminate deductibles and coinsurance. $0 co-pays for essential services like primary care, urgent care, outpatient mental health, physical medicine, most lab work. This is a full Anthem PPO Network and enhanced Navitus Pharmacy benefit.

New 80% PPO Plan: Lower premiums with a $2,000 single person deductible. $30 dollar Primary Care office visit.

VSP:

Reminder, the wholesale frame allowance increased to $150 to match retail frame allowance. This allows members to access their full frame allowance when using Costco, Sam's Club, and Walmart.

New Vision Coverage-XP Health: Provide SISC members with access to online wholesale pricing and frames and lenses through their on-line marketplace. High quality lens upgrades are included in all XP lenses at no additional costs : Polycarbonate lens, UV protection, Advanced anti-glare & blue violet filtering and dust, smudge, water, & scratch resistance coating.

Delta Dental Incentive Plan:

The annual maximum for the Delta Incentive plans increases by $500 when members use a Delta PPO Dentist. Members with certain health conditions have access to coverage additional services through Delta's Smile Way Program.

Maven Maternity Care Benefit for SISC PPO Members

Maven offers 24/7 virtual access to one-on-one maternity and postpartum support. Eligible members are matched with a Care Advocate who connects them to trustworthy maternity and postpartum content delivered by doctors, specialists, coaches, and other maternity providers. Care is specific to the issues new parents may be experiencing and include:

Pregnancy	**Postpartum**
Midwives	Infant Care Advice
OB-GYNs	Pediatricians
Doulas	Lactation Counseling
Birth Planning	Infant Sleep Coach
Prenatal Nutritionists	Emotional Support
Mental Health Specialists	Back-to-Work Support
Loss Support	Career Coaching

SISC PPO members who meet the following criteria will also get a free 6-month diaper subscription!

- Enroll in the Maven program during their first or second trimester
- Have an intro call with a Care Advocate
- Have two appointments with Maven providers during pregnancy
- Complete the exit survey when their baby is born

Anthem PPO: The No Surprises Act

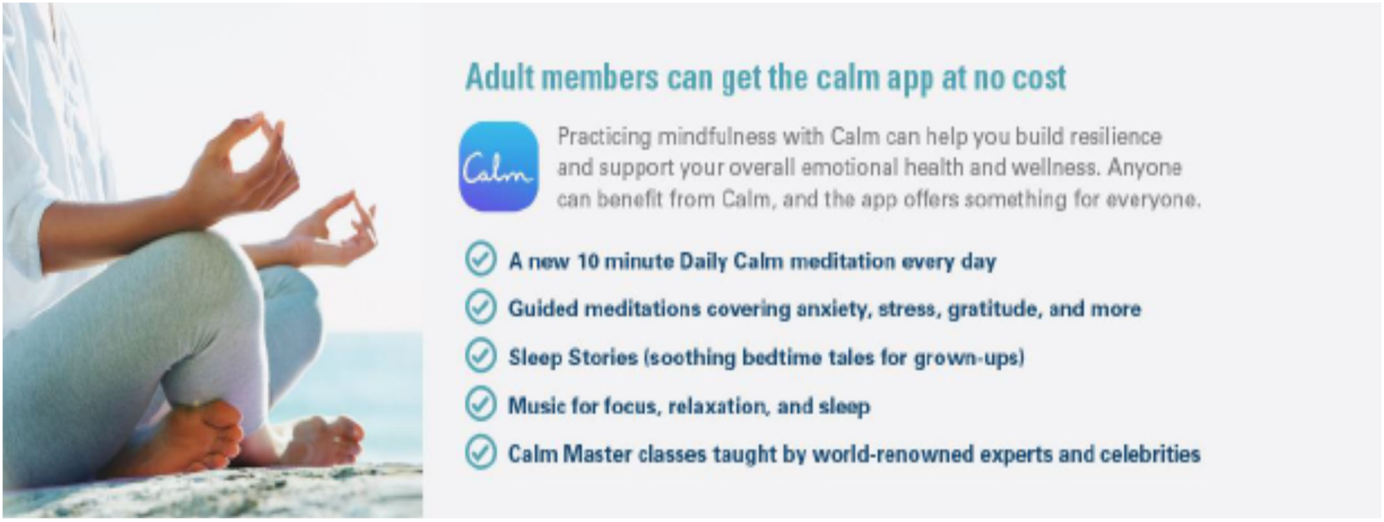
The No Surprises Act, signed into law December 27, 2020, represents a significant change in the way out-of-network providers can bill and be reimbursed. ***There are some exceptions based on provider notice and patient consent.

As a result of these changes, SISC members will no longer receive a balance bill from a provider in one of these circumstances. Starting January 1, 2022, the legislation prohibits providers from balance billing patients during:

1. Out-of-network emergency items and services
2. Out-of-network non-emergency items and services provided in in-network facilities*
3. Post-stabilization care at out-of-network facilities until a patient can be safely transferred to an in-network facility*
4. Out-of-network air ambulance healthcare items and services

Kaiser HMO:

KP members can get access to Calm at kp.org/selfcareapps.



SISC ADDED VALUE PLAN FEATURE FOR ALL SISC MEMBERS:

Learn to Live! Online Program through the SISC EAP

SISC has added another highly effective wellbeing program to our EAP — an online way for members to receive mental health care, referred to as
“Learn to Live”.

Learn to Live offers customized online programs based on the proven principles of Cognitive Behavioral Therapy (CBT). The programs are confidential, accessible anywhere, and participants learn effective ways to manage stress, depression, anxiety, substance use, and sleep issues.

The Learn to Live programs are divided into eight engaging online lessons, each describing new ideas like inspecting thoughts, facing fears, and setting goals to help participants develop new healthy habits.

Plan Type (PPO or HMO)	PPO	PPO	PPO	PPO	PPO	PPO	HMO	HMO
Carrier (Anthem Blue Cross, Blue Shield, or Kaiser)	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser
District Name	**LAKE ELSINORE UNIFIED SCHOOL DISTRICT-CSEA**							
Bargaining Unit	**NEW**				**NEW**		**Premier & Priority Select**	
2025-2026	**Anthem**	**Anthem**	**Anthem**	**Anthem**	**Anthem**	**Anthem**	**Anthem**	**Kaiser**
	Platinum	**100-C $20**	**90-G $20**	**80-G $20**	**80-L $30**	**2-Tier HSA $5,000**	**Premier 20**	**$30 OV, $10-30 Rx (Non-Marketed)**
MEDICAL - CALENDAR YEAR Deductibles & Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Individual/Family Deductibles (Ded)	**$0/$0**	**$200/$400**	**$500/$1,000**	**$500/$1,000**	**$2,000/$4,000**	**$5,000/$10,000***	**$0/$0**	**$0**
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	$2,000/$4,000	$1,000/$3,000	$1,000/$3,000	$2,000/$4,000	$4,000/$8,000	$6,350/$12,700*	$1,500/$3,000	$1,500/$3,000
						*Includes Rx		
PROFESSIONAL SERVICES								
Primary Care* visit co-pay ($0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	**$0**	**$20**	**$20**	**$20**	**$30**	**Deductible, then 30% after Ded**	**$20**	**$30**
Urgent Care co-pay	$0	$20	$20	$20	$30	30% after Ded	$20	$30
Prenatal, postnatal office visit co-pay	$0	$20	$20	$20	$30	30% after Ded	$20	$0
Specialists/Consultants co-pay	$70	$20	$20	$20	$30	30% after Ded	$20	$30
	Non-Hosp/OPH**							
Scans: CT, CAT, MRI, PET etc.	$200/$500	0% after Ded	10% after Ded	20% after Ded	20% after Ded	30% after Ded	$100/test	$0
Laboratory Procedures	$0/$100	0% after Ded	10% after Ded	20% after Ded	20% after Ded	30% after Ded	$0	$0
Diagnostic X-rays	$50/$150	0% after Ded	10% after Ded	20% after Ded	20% after Ded	30% after Ded	$0	$0
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	50%	Co-pay applies
Preventive Care (includes physical exams & screenings)	$0	0% after Ded Ded Waived	0% after Ded Ded Waived	0% after Ded Ded Waived	0% after Ded Ded Waived	0% after Ded Ded Waived	$0	$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES								
Emergency Room visit (copay waived if admitted) - **Avg Cost: $2,847 | $100+10%: $375 | $100+20%: $649**	**$600**	**0% after Ded $100 co-pay**	**10% after Ded $100 co-pay**	**20% after Ded $100 co-pay**	**20% after Ded $100 co-pay**	**30% after Ded $100 co-pay**	**$100**	**$100**
Inpatient Hospital (preauthorization required) - **Avg Cost for one day: $6,067 | 10%: $607 | 20%: $1,213**	$400/day	0% after Ded	10% after Ded	20% after Ded	20% after Ded	30% after Ded	$200/admit	$0
Surgery, Outpatient (performed in Surgery Center)	$400	0% after Ded	10% after Ded	20% after Ded	20% after Ded	30% after Ded	$100	$30
Surgery, Outpatient (performed in a Hospital) - limits may apply	$1,200	0% after Ded	10% after Ded	20% after Ded	20% after Ded	30% after Ded	$100	$30
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT								
INPATIENT: Facility Based Care (preauth required)	$400/day	0% after Ded	10% after Ded	20% after Ded	20% after Ded	30% after Ded	$200	$0
OUTPATIENT: Facility Based Care (preauth required)	$0	0% after Ded	10% after Ded	20% after Ded	20% after Ded	30% after Ded	$0	$30

Plan Type (PPO or HMO)	PPO	PPO	PPO	PPO	PPO	PPO	HMO	HMO
Carrier (Anthem Blue Cross, Blue Shield, or Kaiser)	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser
District Name	**LAKE ELSINORE UNIFIED SCHOOL DISTRICT-CSEA**							
Bargaining Unit	**NEW**				**NEW**		**Premier & Priority Select**	
2025-2026	**Anthem**	**Anthem**	**Anthem**	**Anthem**	**Anthem**	**Anthem**	**Anthem**	**Kaiser**
	Platinum	**100-C $20**	**90-G $20**	**80-G $20**	**80-L $30**	**2-Tier HSA $5,000**	**Premier 20**	**$30 OV, $10-30 Rx (Non-Marketed)**
OTHER SERVICES								
Ambulance (Ground or Air)	$600	0% after Ded $100 co-pay	10% after Ded $100 co-pay	20% after Ded $100 co-pay	20% after Ded $100 co-pay	30% after Ded $100 co-pay	$100	$50
Acupuncture - Limits apply	$0	0% after Ded Subject to PA	10% after Ded Subject to PA	20% after Ded Subject to PA	20% after Ded Subject to PA	30% after Ded Subject to PA	$10/30 visits combined w/chiro	$10/30 visits (through ASH)
Chiropractic - Limits apply	$0	0% after Ded Subject to PA	10% after Ded Subject to PA	20% after Ded Subject to PA	20% after Ded Subject to PA	30% after Ded Subject to PA	$10/30 visits combined w/acu	$10/30 visits (through ASH)
Physical and Occupational Therapy - Limits apply	$0	0% after Ded	10% after Ded	20% after Ded	20% after Ded	30% after Ded	$20	$30
Durable Medical Equipment (DME)	$0	0% after Ded	10% after Ded	20% after Ded	20% after Ded	30% after Ded	20%	no charge
Hearing Aids	$0 plus the amount in excess of $700 allowance/24 months	Amount in excess of $700 allowance/24 months	10% after Ded and Amount in excess of $700 allowance/24 months	20% after Ded and Amount in excess of $700 allowance/24 months	20% after Ded and Amount in excess of $700 allowance/24 months	10% after Ded and Amount in excess of $700 allowance/24 months	50% Coinsurance 1 device per ear/36 months	amount in excess of $500 allowance every 36 months

*Primary Care Providers (PCPs) are those without specialty certifications, practicing general pediatrics, internal medicine, family or general practice, or obstetrics and gynecology.
**"non-Hosp" means Labs and Radiology Centers not associated with a hospital system. "OPH" means an outpatient hospital setting

PHARMACY BENEFITS

Plan	**Rx 9-35 PC**	**Rx 200/10-35**	**Rx 200/10-35**	**Rx 200/10-35**	**Rx 200/10-35**	**Rx HSA**	**Rx 200/10-35**	**$10-30 Rx (Non-Marketed)**
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	$200/$500	$200/$500	$200/$500	$200/$500	Included w/ Medical ded	$200/$500	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	$2,500/$3,500	$2,500/$3,500	$2,500/$3,500	$2,500/$3,500	$2,500/$3,500	Included w/ Med OOP Max	$2,500/$3,500	Included w/ Med OOP Max
Generic co-pay/30 days supply	$0 at Costco‡ $9 at Other Network	$0 at Costco‡ $10 at Other Network	$0 at Costco‡ $10 at Other Network	$0 at Costco‡ $10 at Other Network	$0 at Costco‡ $10 at Other Network	Deductible, then $0 at Costco or $9 at Other Network	$0 at Costco‡ $10 at Other Network	$10 up to 100 day supply
Brand co-pay/30 days supply	$35	$35	$35	$35	$35	Deductible, then $35	$35	$30 up to 100 day supply
Specialty co-pay/up to 30 days supply	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	Deductible, then $35 (Must Use Navitus Mail)	$35 Must Use Navitus Mail	$30 up to 30 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	$0-$90‡	$0-$90‡	$0-$90‡	$0-$90‡	$0-$90‡	Deductible, then $0-$90	$0-$90‡	$10-$30/up to 100 day supply
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Kaiser Mail Order Pharmacy

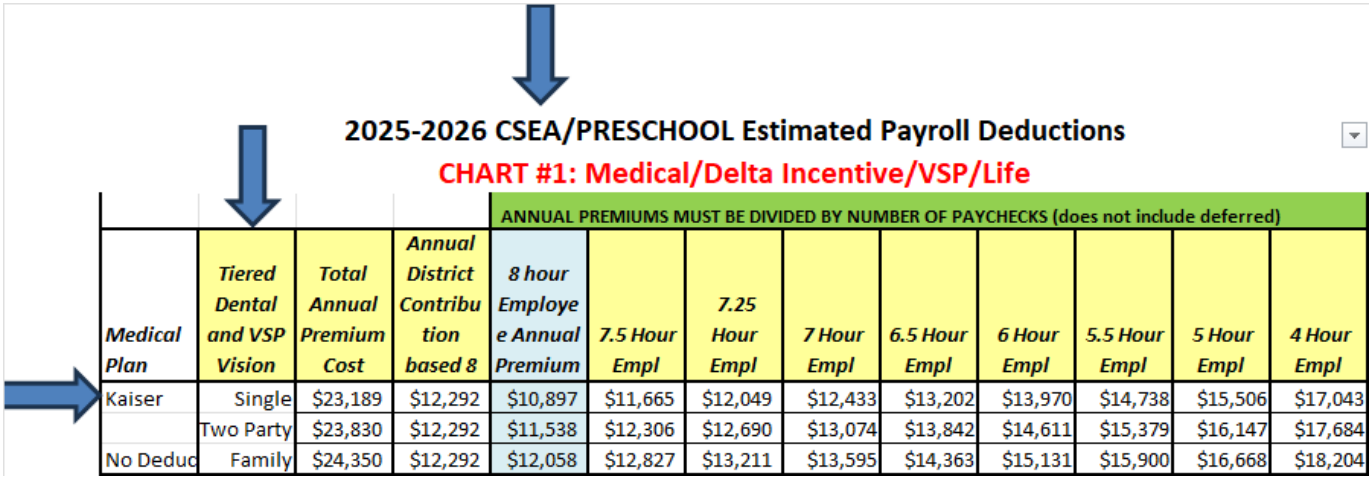
This comparison displays member cost-share for In-Network services. Out-of-Network services may not be covered. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Employee cost/payroll deduction, if applicable, can be requested from the district.

‡Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs.

How to calculate your monthly payroll deduction for Health & Welfare benefits

Using the 2025-2026 CSEA/Preschool Estimated Payroll Deductions guide:

1. Identify which medical plan you selected during open enrollment.
    a. Anthem PPO 80% (Option 1 & 4)
    b. Anthem PPO 90%
    c. Anthem PPO 100%
    d. Anthem HMO
    e. Anthem HMO PS (Priority Select)
    f. Kaiser
    g. Anthem PPO Bronze Plan
2. Identify which dental plan you selected during open enrollment.
    a. Delta Incentive
    b. Delta Preferred
    c. SISC Dental (Anthem)
3. Identify the appropriate page of the 2025-2026 CSEA/Preschool Estimated Payroll Deductions guide using your individually identified benefit selections for medical & dental. The guide consists of three pages. Each page differs based on your selected dental plan.
    a. Page 1 – Delta Incentive
    b. Page 2 – Delta Preferred
    c. Page 3 – SISC Dental (Anthem)
4. Identify your medical plan, your tier (Single, Two Party, or Family), and column that pertains to your daily hours. This amount represents the Total Annual Premium Cost less the Annual District Contribution (Health & Welfare cap) – or – the portion of the annual premium cost the employee is responsible for.
5. Take the dollar amount in the row and column that relates to your benefit selections, tier, and daily hours and divide by your number of pay periods per year.



2025-2026 CSEA/PRESCHOOL Estimated Payroll Deductions

CHART #1: Medical/Delta Incentive/VSP/Life

				ANNUAL PREMIUMS MUST BE DIVIDED BY NUMBER OF PAYCHECKS (does not include deferred)								
Medical Plan	*Tiered Dental and VSP Vision*	*Total Annual Premium Cost*	*Annual District Contribution based 8*	*8 hour Employee Annual Premium*	*7.5 Hour Empl*	*7.25 Hour Empl*	*7 Hour Empl*	*6.5 Hour Empl*	*6 Hour Empl*	*5.5 Hour Empl*	*5 Hour Empl*	*4 Hour Empl*
Kaiser	Single	$23,189	$12,292	$10,897	$11,665	$12,049	$12,433	$13,202	$13,970	$14,738	$15,506	$17,043
	Two Party	$23,830	$12,292	$11,538	$12,306	$12,690	$13,074	$13,842	$14,611	$15,379	$16,147	$17,684
No Deduc	Family	$24,350	$12,292	$12,058	$12,827	$13,211	$13,595	$14,363	$15,131	$15,900	$16,668	$18,204

Example: (Based on the above graphic)

Kaiser, Delta Incentive, Single Tier, 8 hour employee, 12 pay periods **$10,897**

$10,897/ 12 periods = $908.09 per pay period

2025-2026 CSEA/PRESCHOOL Estimated Payroll Deductions

CHART #1: Medical/Delta Incentive/VSP/Life

				ANNUAL PREMIUMS MUST BE DIVIDED BY NUMBER OF PAYCHECKS (does not include deferred)								
Medical Plan	***Tiered Dental and VSP Vision***	***Total Annual Premium Cost***	***Annual District Contribution based 8 hours***	***8 hour Employee Annual Premium***	***7.5 Hour Empl***	***7.25 Hour Empl***	***7 Hour Empl***	***6.5 Hour Empl***	***6 Hour Empl***	***5.5 Hour Empl***	***5 Hour Empl***	***4 Hour Empl***
Option 1	Single	$22,685	$12,292	$10,393	$11,161	$11,545	$11,929	$12,698	$13,466	$14,234	$15,002	$16,539
80% PPO	Two Party	$23,326	$12,292	$11,034	$11,802	$12,186	$12,570	$13,338	$14,107	$14,875	$15,643	$17,180
$500/$1000 Ded	Family	$23,846	$12,292	$11,554	$12,323	$12,707	$13,091	$13,859	$14,627	$15,396	$16,164	$17,700
Option 2	Single	$24,737	$12,292	$12,445	$13,213	$13,597	$13,981	$14,750	$15,518	$16,286	$17,054	$18,591
90% PPO	Two Party	$25,378	$12,292	$13,086	$13,854	$14,238	$14,622	$15,390	$16,159	$16,927	$17,695	$19,232
$500/$1000 Ded	Family	$25,898	$12,292	$13,606	$14,375	$14,759	$15,143	$15,911	$16,679	$17,448	$18,216	$19,752
Option 3	Single	$27,125	$12,292	$14,833	$15,601	$15,985	$16,369	$17,138	$17,906	$18,674	$19,442	$20,979
100% PPO	Two Party	$27,766	$12,292	$15,474	$16,242	$16,626	$17,010	$17,778	$18,547	$19,315	$20,083	$21,620
$200/$400 Ded	Family	$28,286	$12,292	$15,994	$16,763	$17,147	$17,531	$18,299	$19,067	$19,836	$20,604	$22,140
Option 4-New	Single	$19,841	$12,292	$7,549	$8,317	$8,701	$9,085	$9,854	$10,622	$11,390	$12,158	$13,695
80% PPO	Two Party	$20,482	$12,292	$8,190	$8,958	$9,342	$9,726	$10,494	$11,263	$12,031	$12,799	$14,336
$2000/$4000 Ded	Family	$21,002	$12,292	$8,710	$9,479	$9,863	$10,247	$11,015	$11,783	$12,552	$13,320	$14,856
Option 5-New	Single	$23,093	$12,292	$10,801	$11,569	$11,953	$12,337	$13,106	$13,874	$14,642	$15,410	$16,947
ProActive Care PPO	Two Party	$23,734	$12,292	$11,442	$12,210	$12,594	$12,978	$13,746	$14,515	$15,283	$16,051	$17,588
$0 Deductible	Family	$24,254	$12,292	$11,962	$12,731	$13,115	$13,499	$14,267	$15,035	$15,804	$16,572	$18,108
Anthem HMO	Single	$23,561	$12,292	$11,269	$12,037	$12,421	$12,805	$13,574	$14,342	$15,110	$15,878	$17,415
	Two Party	$24,202	$12,292	$11,910	$12,678	$13,062	$13,446	$14,214	$14,983	$15,751	$16,519	$18,056
No Deductible	Family	$24,722	$12,292	$12,430	$13,199	$13,583	$13,967	$14,735	$15,503	$16,272	$17,040	$18,576
Anthem HMO PS	Single	$20,585	$12,292	$8,293	$9,061	$9,445	$9,829	$10,598	$11,366	$12,134	$12,902	$14,439
Limited Network	Two Party	$21,226	$12,292	$8,934	$9,702	$10,086	$10,470	$11,238	$12,007	$12,775	$13,543	$15,080
No Deductible	Family	$21,746	$12,292	$9,454	$10,223	$10,607	$10,991	$11,759	$12,527	$13,296	$14,064	$15,600
Kaiser	Single	$23,189	$12,292	$10,897	$11,665	$12,049	$12,433	$13,202	$13,970	$14,738	$15,506	$17,043
	Two Party	$23,830	$12,292	$11,538	$12,306	$12,690	$13,074	$13,842	$14,611	$15,379	$16,147	$17,684
No Deductible	Family	$24,350	$12,292	$12,058	$12,827	$13,211	$13,595	$14,363	$15,131	$15,900	$16,668	$18,204
Anthem PPO Two-Tier Plan $5000/$10,000 Ded	**Based on Single Enroll w/ Dental Inc - VSP Vision**	**$ 10,204.80**	**$12,292**	**No Ded.**	**No Ded.**	**No Ded.**	**No Ded.**	$218	$986	$1,754	$2,522	$4,059

2025-2026 CSEA/PRESCHOOL Estimated Payroll Deductions

CHART #2: Medical/Delta Preferred/VSP/Life

				ANNUAL PREMIUMS MUST BE DIVIDED BY NUMBER OF PAYCHECKS (does not include deferred)								
Medical Plan	***Tiered Dental and VSP Vision***	***Total Annual Premium Cost***	***Annual District Contribution based 8 hours***	***8 hour Employee Annual Premium***	***7.5 Hour Empl***	***7.25 Hour Empl***	***7 Hour Empl***	***6.5 Hour Empl***	***6 Hour Empl***	***5.5 Hour Empl***	***5 Hour Empl***	***4 Hour Empl***
Option 1	Single	$22,786	$12,292	$10,494	$11,262	$11,646	$12,030	$12,798	$13,567	$14,335	$15,103	$16,640
80% PPO	Two Party	$23,554	$12,292	$11,262	$12,030	$12,414	$12,798	$13,566	$14,335	$15,103	$15,871	$17,408
$500/$1000 Ded	Family	$24,396	$12,292	$12,104	$12,872	$13,256	$13,641	$14,409	$15,177	$15,945	$16,714	$18,250
Option 2	Single	$24,838	$12,292	$12,546	$13,314	$13,698	$14,082	$14,850	$15,619	$16,387	$17,155	$18,692
90% PPO	Two Party	$25,606	$12,292	$13,314	$14,082	$14,466	$14,850	$15,618	$16,387	$17,155	$17,923	$19,460
$500/$1000 Ded	Family	$26,448	$12,292	$14,156	$14,924	$15,308	$15,693	$16,461	$17,229	$17,997	$18,766	$20,302
Option 3	Single	$27,226	$12,292	$14,934	$15,702	$16,086	$16,470	$17,238	$18,007	$18,775	$19,543	$21,080
100% PPO	Two Party	$27,994	$12,292	$15,702	$16,470	$16,854	$17,238	$18,006	$18,775	$19,543	$20,311	$21,848
$200/$400 Ded	Family	$28,836	$12,292	$16,544	$17,312	$17,696	$18,081	$18,849	$19,617	$20,385	$21,154	$22,690
Option 4-New	Single	$19,942	$12,292	$7,650	$8,418	$8,802	$9,186	$9,954	$10,723	$11,491	$12,259	$13,796
80% PPO	Two Party	$20,710	$12,292	$8,418	$9,186	$9,570	$9,954	$10,722	$11,491	$12,259	$13,027	$14,564
$2000/$4000 Ded	Family	$21,552	$12,292	$9,260	$10,028	$10,412	$10,797	$11,565	$12,333	$13,101	$13,870	$15,406
Option 5-New	Single	$23,194	$12,292	$10,902	$11,670	$12,054	$12,438	$13,206	$13,975	$14,743	$15,511	$17,048
ProActive Care PPO	Two Party	$23,962	$12,292	$11,670	$12,438	$12,822	$13,206	$13,974	$14,743	$15,511	$16,279	$17,816
$0 Deductible	Family	$24,804	$12,292	$12,512	$13,280	$13,664	$14,049	$14,817	$15,585	$16,353	$17,122	$18,658
Anthem HMO	Single	$23,662	$12,292	$11,370	$12,138	$12,522	$12,906	$13,674	$14,443	$15,211	$15,979	$17,516
	Two Party	$24,430	$12,292	$12,138	$12,906	$13,290	$13,674	$14,442	$15,211	$15,979	$16,747	$18,284
No Deductible	Family	$25,272	$12,292	$12,980	$13,748	$14,132	$14,517	$15,285	$16,053	$16,821	$17,590	$19,126
Anthem HMO PS	Single	$20,686	$12,292	$8,394	$9,162	$9,546	$9,930	$10,698	$11,467	$12,235	$13,003	$14,540
Limited Network	Two Party	$21,454	$12,292	$9,162	$9,930	$10,314	$10,698	$11,466	$12,235	$13,003	$13,771	$15,308
No Deductible	Family	$22,296	$12,292	$10,004	$10,772	$11,156	$11,541	$12,309	$13,077	$13,845	$14,614	$16,150
Kaiser	Single	$23,290	$12,292	$10,998	$11,766	$12,150	$12,534	$13,302	$14,071	$14,839	$15,607	$17,144
	Two Party	$24,058	$12,292	$11,766	$12,534	$12,918	$13,302	$14,070	$14,839	$15,607	$16,375	$17,912
No Deductible	Family	$24,900	$12,292	$12,608	$13,376	$13,760	$14,145	$14,913	$15,681	$16,449	$17,218	$18,754
Anthem PPO Two-Tier Plan $5000/$10,000 Ded	**Based on Single Enroll w/ Dental Pref - VSP Vision**	**$ 10,305.60**	**$12,292**	**No Ded.**	**No Ded.**	**No Ded.**	**No Ded.**	$318	$1,087	$1,855	$2,623	$4,160

2025-2026 CSEA/PRESCHOOL Estimated Payroll Deductions

CHART #3: Medical/SISC Dental Health Net(Anthem)/VSP/Life

				ANNUAL PREMIUMS MUST BE DIVIDED BY NUMBER OF PAYCHECKS (does not include deferred)								
Medical Plan	*Tiered Dental and VSP Vision*	*Total Annual Premium Cost*	*Annual District Contribution based 8 hours*	*8 hour Employee Annual Premium*	*7.5 Hour Empl*	*7.25 Hour Empl*	*7 Hour Empl*	*6.5 Hour Empl*	*6 Hour Empl*	*5.5 Hour Empl*	*5 Hour Empl*	*4 Hour Empl*
Option 1	Single	$22,781	$12,292	$10,489	$11,257	$11,641	$12,025	$12,794	$13,562	$14,330	$15,098	$16,635
80% PPO	Two Party	$23,530	$12,292	$11,238	$12,006	$12,390	$12,774	$13,542	$14,311	$15,079	$15,847	$17,384
$500/$1000 Ded	Family	$24,110	$12,292	$11,818	$12,587	$12,971	$13,355	$14,123	$14,891	$15,660	$16,428	$17,964
Option 2	Single	$24,833	$12,292	$12,541	$13,309	$13,693	$14,077	$14,846	$15,614	$16,382	$17,150	$18,687
90% PPO	Two Party	$25,582	$12,292	$13,290	$14,058	$14,442	$14,826	$15,594	$16,363	$17,131	$17,899	$19,436
$500/$1000 Ded	Family	$26,162	$12,292	$13,870	$14,639	$15,023	$15,407	$16,175	$16,943	$17,712	$18,480	$20,016
Option 3	Single	$27,221	$12,292	$14,929	$15,697	$16,081	$16,465	$17,234	$18,002	$18,770	$19,538	$21,075
100% PPO	Two Party	$27,970	$12,292	$15,678	$16,446	$16,830	$17,214	$17,982	$18,751	$19,519	$20,287	$21,824
$200/$400 Ded	Family	$28,550	$12,292	$16,258	$17,027	$17,411	$17,795	$18,563	$19,331	$20,100	$20,868	$22,404
Option 4-New	Single	$19,937	$12,292	$7,645	$8,413	$8,797	$9,181	$9,950	$10,718	$11,486	$12,254	$13,791
80% PPO	Two Party	$20,686	$12,292	$8,394	$9,162	$9,546	$9,930	$10,698	$11,467	$12,235	$13,003	$14,540
$2000/$4000 Ded	Family	$21,266	$12,292	$8,974	$9,743	$10,127	$10,511	$11,279	$12,047	$12,816	$13,584	$15,120
Option 5-New	Single	$23,189	$12,292	$10,897	$11,665	$12,049	$12,433	$13,202	$13,970	$14,738	$15,506	$17,043
ProActive Care PPO	Two Party	$23,938	$12,292	$11,646	$12,414	$12,798	$13,182	$13,950	$14,719	$15,487	$16,255	$17,792
$0 Deductible	Family	$24,518	$12,292	$12,226	$12,995	$13,379	$13,763	$14,531	$15,299	$16,068	$16,836	$18,372
Anthem HMO	Single	$23,657	$12,292	$11,365	$12,133	$12,517	$12,901	$13,670	$14,438	$15,206	$15,974	$17,511
	Two Party	$24,406	$12,292	$12,114	$12,882	$13,266	$13,650	$14,418	$15,187	$15,955	$16,723	$18,260
No Deductible	Family	$24,986	$12,292	$12,694	$13,463	$13,847	$14,231	$14,999	$15,767	$16,536	$17,304	$18,840
Anthem HMO PS	Single	$20,681	$12,292	$8,389	$9,157	$9,541	$9,925	$10,694	$11,462	$12,230	$12,998	$14,535
Limited Network	Two Party	$21,430	$12,292	$9,138	$9,906	$10,290	$10,674	$11,442	$12,211	$12,979	$13,747	$15,284
No Deductible	Family	$22,010	$12,292	$9,718	$10,487	$10,871	$11,255	$12,023	$12,791	$13,560	$14,328	$15,864
Kaiser	Single	$23,285	$12,292	$10,993	$11,761	$12,145	$12,529	$13,298	$14,066	$14,834	$15,602	$17,139
	Two Party	$24,034	$12,292	$11,742	$12,510	$12,894	$13,278	$14,046	$14,815	$15,583	$16,351	$17,888
No Deductible	Family	$24,614	$12,292	$12,322	$13,091	$13,475	$13,859	$14,627	$15,395	$16,164	$16,932	$18,468
Anthem PPO Two-Tier Plan $5000/$10,000 Ded	**Based on Single Enroll w/ Dental SISC AD - VSP Vision**	**$ 10,300.80**	**$12,292**	**No Ded**	**No Ded**	**No Ded**	**No Ded**	$314	$1,082	$1,850	$2,618	$4,155

2025-2026 CSEA/PRESCHOOL Estimated Payroll Deductions

CHART #1: Medical/Delta Incentive/XP Vision/Life

				ANNUAL PREMIUMS MUST BE DIVIDED BY NUMBER OF PAYCHECKS (does not include deferred)								
Medical Plan	*Tiered Dental and XP Vision*	*Total Annual Premium Cost*	*Annual District Contribution based 8 hours*	*8 hour Employee Annual Premium*	*7.5 Hour Empl*	*7.25 Hour Empl*	*7 Hour Empl*	*6.5 Hour Empl*	*6 Hour Empl*	*5.5 Hour Empl*	*5 Hour Empl*	*4 Hour Empl*
Option 1	Single	$22,675	$12,292	$10,383	$11,151	$11,536	$11,920	$12,688	$13,456	$14,224	$14,993	$16,529
80% PPO	Two Party	$23,306	$12,292	$11,014	$11,783	$12,167	$12,551	$13,319	$14,087	$14,856	$15,624	$17,160
$500/$1000 Ded	Family	$23,818	$12,292	$11,526	$12,294	$12,678	$13,062	$13,830	$14,599	$15,367	$16,135	$17,672
Option 2	Single	$24,727	$12,292	$12,435	$13,203	$13,588	$13,972	$14,740	$15,508	$16,276	$17,045	$18,581
90% PPO	Two Party	$25,358	$12,292	$13,066	$13,835	$14,219	$14,603	$15,371	$16,139	$16,908	$17,676	$19,212
$500/$1000 Ded	Family	$25,870	$12,292	$13,578	$14,346	$14,730	$15,114	$15,882	$16,651	$17,419	$18,187	$19,724
Option 3	Single	$27,115	$12,292	$14,823	$15,591	$15,976	$16,360	$17,128	$17,896	$18,664	$19,433	$20,969
100% PPO	Two Party	$27,746	$12,292	$15,454	$16,223	$16,607	$16,991	$17,759	$18,527	$19,296	$20,064	$21,600
$200/$400 Ded	Family	$28,258	$12,292	$15,966	$16,734	$17,118	$17,502	$18,270	$19,039	$19,807	$20,575	$22,112
Option 4-New	Single	$19,831	$12,292	$7,539	$8,307	$8,692	$9,076	$9,844	$10,612	$11,380	$12,149	$13,685
80% PPO	Two Party	$20,462	$12,292	$8,170	$8,939	$9,323	$9,707	$10,475	$11,243	$12,012	$12,780	$14,316
$2000/$4000 Ded	Family	$20,974	$12,292	$8,682	$9,450	$9,834	$10,218	$10,986	$11,755	$12,523	$13,291	$14,828
Option 5-New	Single	$23,083	$12,292	$10,791	$11,559	$11,944	$12,328	$13,096	$13,864	$14,632	$15,401	$16,937
ProActive Care PPO	Two Party	$23,714	$12,292	$11,422	$12,191	$12,575	$12,959	$13,727	$14,495	$15,264	$16,032	$17,568
$0 Deductible	Family	$24,226	$12,292	$11,934	$12,702	$13,086	$13,470	$14,238	$15,007	$15,775	$16,543	$18,080
Anthem HMO	Single	$23,551	$12,292	$11,259	$12,027	$12,412	$12,796	$13,564	$14,332	$15,100	$15,869	$17,405
	Two Party	$24,182	$12,292	$11,890	$12,659	$13,043	$13,427	$14,195	$14,963	$15,732	$16,500	$18,036
No Deductible	Family	$24,694	$12,292	$12,402	$13,170	$13,554	$13,938	$14,706	$15,475	$16,243	$17,011	$18,548
Anthem HMO PS	Single	$20,575	$12,292	$8,283	$9,051	$9,436	$9,820	$10,588	$11,356	$12,124	$12,893	$14,429
Limited Network	Two Party	$21,206	$12,292	$8,914	$9,683	$10,067	$10,451	$11,219	$11,987	$12,756	$13,524	$15,060
No Deductible	Family	$21,718	$12,292	$9,426	$10,194	$10,578	$10,962	$11,730	$12,499	$13,267	$14,035	$15,572
Kaiser	Single	$23,179	$12,292	$10,887	$11,655	$12,040	$12,424	$13,192	$13,960	$14,728	$15,497	$17,033
	Two Party	$23,810	$12,292	$11,518	$12,287	$12,671	$13,055	$13,823	$14,591	$15,360	$16,128	$17,664
No Deductible	Family	$24,322	$12,292	$12,030	$12,798	$13,182	$13,566	$14,334	$15,103	$15,871	$16,639	$18,176
Anthem PPO Two-Tier Plan $5000/$10,000 Ded	**Based on Single Enroll w/ Dental Inc - XP Vision**	**$ 10,195.20**	**$12,292**	**No Ded.**	**No Ded.**	**No Ded.**	**No Ded.**	$208	$976	$1,744	$2,513	$4,049

2025-2026 CSEA/PRESCHOOL Estimated Payroll Deductions

CHART #2: Medical/Delta Preferred/XP Vision/Life

				ANNUAL PREMIUMS MUST BE DIVIDED BY NUMBER OF PAYCHECKS (does not include deferred)								
Medical Plan	*Tiered Dental and XP Vision*	*Total Annual Premium Cost*	*Annual District Contribution based 8 hours*	*8 hour Employee Annual Premium*	*7.5 Hour Empl*	*7.25 Hour Empl*	*7 Hour Empl*	*6.5 Hour Empl*	*6 Hour Empl*	*5.5 Hour Empl*	*5 Hour Empl*	*4 Hour Empl*
Option 1	Single	$22,776	$12,292	$10,484	$11,252	$11,636	$12,021	$12,789	$13,557	$14,325	$15,094	$16,630
80% PPO	Two Party	$23,534	$12,292	$11,242	$12,011	$12,395	$12,779	$13,547	$14,315	$15,084	$15,852	$17,388
$500/$1000 Ded	Family	$24,367	$12,292	$12,075	$12,843	$13,228	$13,612	$14,380	$15,148	$15,916	$16,685	$18,221
Option 2	Single	$24,828	$12,292	$12,536	$13,304	$13,688	$14,073	$14,841	$15,609	$16,377	$17,146	$18,682
90% PPO	Two Party	$25,586	$12,292	$13,294	$14,063	$14,447	$14,831	$15,599	$16,367	$17,136	$17,904	$19,440
$500/$1000 Ded	Family	$26,419	$12,292	$14,127	$14,895	$15,280	$15,664	$16,432	$17,200	$17,968	$18,737	$20,273
Option 3	Single	$27,216	$12,292	$14,924	$15,692	$16,076	$16,461	$17,229	$17,997	$18,765	$19,534	$21,070
100% PPO	Two Party	$27,974	$12,292	$15,682	$16,451	$16,835	$17,219	$17,987	$18,755	$19,524	$20,292	$21,828
$200/$400 Ded	Family	$28,807	$12,292	$16,515	$17,283	$17,668	$18,052	$18,820	$19,588	$20,356	$21,125	$22,661
Option 4-New	Single	$19,932	$12,292	$7,640	$8,408	$8,792	$9,177	$9,945	$10,713	$11,481	$12,250	$13,786
80% PPO	Two Party	$20,690	$12,292	$8,398	$9,167	$9,551	$9,935	$10,703	$11,471	$12,240	$13,008	$14,544
$2000/$4000 Ded	Family	$21,523	$12,292	$9,231	$9,999	$10,384	$10,768	$11,536	$12,304	$13,072	$13,841	$15,377
Option 5-New	Single	$23,184	$12,292	$10,892	$11,660	$12,044	$12,429	$13,197	$13,965	$14,733	$15,502	$17,038
ProActive Care PPO	Two Party	$23,942	$12,292	$11,650	$12,419	$12,803	$13,187	$13,955	$14,723	$15,492	$16,260	$17,796
$0 Deductible	Family	$24,775	$12,292	$12,483	$13,251	$13,636	$14,020	$14,788	$15,556	$16,324	$17,093	$18,629
Anthem HMO	Single	$23,652	$12,292	$11,360	$12,128	$12,512	$12,897	$13,665	$14,433	$15,201	$15,970	$17,506
	Two Party	$24,410	$12,292	$12,118	$12,887	$13,271	$13,655	$14,423	$15,191	$15,960	$16,728	$18,264
No Deductible	Family	$25,243	$12,292	$12,951	$13,719	$14,104	$14,488	$15,256	$16,024	$16,792	$17,561	$19,097
Anthem HMO PS	Single	$20,676	$12,292	$8,384	$9,152	$9,536	$9,921	$10,689	$11,457	$12,225	$12,994	$14,530
Limited Network	Two Party	$21,434	$12,292	$9,142	$9,911	$10,295	$10,679	$11,447	$12,215	$12,984	$13,752	$15,288
No Deductible	Family	$22,267	$12,292	$9,975	$10,743	$11,128	$11,512	$12,280	$13,048	$13,816	$14,585	$16,121
Kaiser	Single	$23,280	$12,292	$10,988	$11,756	$12,140	$12,525	$13,293	$14,061	$14,829	$15,598	$17,134
	Two Party	$24,038	$12,292	$11,746	$12,515	$12,899	$13,283	$14,051	$14,819	$15,588	$16,356	$17,892
No Deductible	Family	$24,871	$12,292	$12,579	$13,347	$13,732	$14,116	$14,884	$15,652	$16,420	$17,189	$18,725
Anthem PPO Two-Tier Plan $5000/$10,000 Ded	**Based on Single Enroll w/ Dental Pref - XP Vision**	**$ 10,296.00**	**$12,292**	**No Ded.**	**No Ded.**	**No Ded.**	**No Ded.**	$309	$1,077	$1,845	$2,614	$4,150

2025-2026 CSEA/PRESCHOOL Estimated Payroll Deductions

CHART #3: Medical/SISC Dental Health Net(Anthem)/XP Vision/Life

				ANNUAL PREMIUMS MUST BE DIVIDED BY NUMBER OF PAYCHECKS (does not include deferred)								
Medical Plan	*Tiered Dental and XP Vision*	*Total Annual Premium Cost*	*Annual District Contribution based 8 hours*	*8 hour Employee Annual Premium*	*7.5 Hour Empl*	*7.25 Hour Empl*	*7 Hour Empl*	*6.5 Hour Empl*	*6 Hour Empl*	*5.5 Hour Empl*	*5 Hour Empl*	*4 Hour Empl*
Option 1	Single	$22,771	$12,292	$10,479	$11,247	$11,632	$12,016	$12,784	$13,552	$14,320	$15,089	$16,625
80% PPO	Two Party	$23,510	$12,292	$11,218	$11,987	$12,371	$12,755	$13,523	$14,291	$15,060	$15,828	$17,364
$500/$1000 Ded	Family	$24,082	$12,292	$11,790	$12,558	$12,942	$13,326	$14,094	$14,863	$15,631	$16,399	$17,936
Option 2	Single	$24,823	$12,292	$12,531	$13,299	$13,684	$14,068	$14,836	$15,604	$16,372	$17,141	$18,677
90% PPO	Two Party	$25,562	$12,292	$13,270	$14,039	$14,423	$14,807	$15,575	$16,343	$17,112	$17,880	$19,416
$500/$1000 Ded	Family	$26,134	$12,292	$13,842	$14,610	$14,994	$15,378	$16,146	$16,915	$17,683	$18,451	$19,988
Option 3	Single	$27,211	$12,292	$14,919	$15,687	$16,072	$16,456	$17,224	$17,992	$18,760	$19,529	$21,065
100% PPO	Two Party	$27,950	$12,292	$15,658	$16,427	$16,811	$17,195	$17,963	$18,731	$19,500	$20,268	$21,804
$200/$400 Ded	Family	$28,522	$12,292	$16,230	$16,998	$17,382	$17,766	$18,534	$19,303	$20,071	$20,839	$22,376
Option 4-New	Single	$19,927	$12,292	$7,635	$8,403	$8,788	$9,172	$9,940	$10,708	$11,476	$12,245	$13,781
80% PPO	Two Party	$20,666	$12,292	$8,374	$9,143	$9,527	$9,911	$10,679	$11,447	$12,216	$12,984	$14,520
$2000/$4000 Ded	Family	$21,238	$12,292	$8,946	$9,714	$10,098	$10,482	$11,250	$12,019	$12,787	$13,555	$15,092
Option 5-New	Single	$23,179	$12,292	$10,887	$11,655	$12,040	$12,424	$13,192	$13,960	$14,728	$15,497	$17,033
ProActive Care PPO	Two Party	$23,918	$12,292	$11,626	$12,395	$12,779	$13,163	$13,931	$14,699	$15,468	$16,236	$17,772
$0 Deductible	Family	$24,490	$12,292	$12,198	$12,966	$13,350	$13,734	$14,502	$15,271	$16,039	$16,807	$18,344
Anthem HMO	Single	$23,647	$12,292	$11,355	$12,123	$12,508	$12,892	$13,660	$14,428	$15,196	$15,965	$17,501
	Two Party	$24,386	$12,292	$12,094	$12,863	$13,247	$13,631	$14,399	$15,167	$15,936	$16,704	$18,240
No Deductible	Family	$24,958	$12,292	$12,666	$13,434	$13,818	$14,202	$14,970	$15,739	$16,507	$17,275	$18,812
Anthem HMO PS	Single	$20,671	$12,292	$8,379	$9,147	$9,532	$9,916	$10,684	$11,452	$12,220	$12,989	$14,525
Limited Network	Two Party	$21,410	$12,292	$9,118	$9,887	$10,271	$10,655	$11,423	$12,191	$12,960	$13,728	$15,264
No Deductible	Family	$21,982	$12,292	$9,690	$10,458	$10,842	$11,226	$11,994	$12,763	$13,531	$14,299	$15,836
Kaiser	Single	$23,275	$12,292	$10,983	$11,751	$12,136	$12,520	$13,288	$14,056	$14,824	$15,593	$17,129
	Two Party	$24,014	$12,292	$11,722	$12,491	$12,875	$13,259	$14,027	$14,795	$15,564	$16,332	$17,868
No Deductible	Family	$24,586	$12,292	$12,294	$13,062	$13,446	$13,830	$14,598	$15,367	$16,135	$16,903	$18,440
Anthem PPO Two-Tier Plan $5000/$10,000 Ded	**Based on Single Enroll w/ Dental SISC AD - XP Vision**	**$ 10,291.20**	**$12,292**	**No Ded**	**No Ded**	**No Ded**	**No Ded**	$304	$1,072	$1,840	$2,609	$4,145

NEW PROACTIVE CARE PLAN -PPO PLATINUM

Your summary of benefits

SISC
Self-Insured Schools of California
Schools Helping Schools

Anthem® Blue Cross Life and Health Insurance Company

Your Plan: SISC (Self Insured Schools of California): Proactive Care Plan: **Platinum**

Your Network: Anthem Prudent Buyer PPO

Visits with Virtual Care-Only Providers	Cost if you use an In-Network Provider
Primary Care, and medical services for urgent / acute care	No charge
Mental Health & Substance Use Disorder Services	No charge

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
No Deductible	$0 person / $0 Family	$0 person* / $0 Family*
Overall Out-of-Pocket Limit	$2,000 person / $4,000 family	No limit per person*/ No limit per family*
There is no deductible. The out-of-pocket limit is embedded, meaning the cost shares of one family member will be applied to per person out-of-pocket limit; in addition, amounts for all covered family members apply to the family out-of-pocket limit. No one member will pay more than the per person out-of-pocket limit. All copayments for covered services with in-network providers apply to the out-of-pocket limit. *For services received from an out-of-network provider, the member may be held responsible for any costs beyond the permitted amount and the overall charges.		
Doctor Visits *(virtual and office)*: **Maximize your Proactive Care benefits when you seek care from a Primary Care Provider (PCP)**		
Primary Care (PCP) *virtual and office* *Primary Care Providers (PCPs) are those without specialty certifications, practicing general pediatrics, internal medicine, family or general practice, or obstetrics and gynecology.*	$0 Copay	All billed amounts exceeding the maximum allowed amount*
Urgent Care	$0 Copay	All billed amounts exceeding the maximum allowed amount*
Mental Health and Substance Use Disorder Services *virtual and office*	$0 Copay	All billed amounts exceeding the maximum allowed amount*
Specialist Care *virtual and office* *Copay applies to the office visit. Additional testing / diagnostic / surgical services are subject to the applicable copay for those services.*	$70 copay	All billed amounts exceeding the maximum allowed amount*

Other Practitioner Visits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Routine Maternity Care *virtual and office* (Prenatal and Postnatal Global Care)	$0 copay	All billed amounts exceeding the maximum allowed amount*
Retail Health Clinic *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*	$0 copay	All billed amounts exceeding the maximum allowed amount*
Manipulation Therapy *Pre-authorization review is required after the 5th visit of physical, occupational, or chiropractic care.*	$0 copay	Not covered
Acupuncture *Limited to 12 visits per calendar year.*	$0 copay	50% of maximum allowed amount*
Other Services in an Office	**Cost if you use an In-Network Provider**	**Cost if you use a Non-Network Provider**
Allergy Testing	$0 PCP/$70 Specialist	Not covered
Prescription Drugs *Dispensed in the office*	$0 PCP/$35 Specialist	All billed amounts exceeding the maximum allowed amount*
Surgery	$0 PCP /$200 Specialist	All billed amounts exceeding the maximum allowed amount*
Preventive Care / Screenings / Immunizations	No charge	Not covered
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	Not covered
Diagnostic Services	**Cost if you use an In-Network Provider**	**Cost if you use a Non-Network Provider**
Lab Office	$0 copay	Not covered
Freestanding Lab	$0 copay	Not covered
Outpatient Hospital	$100 copay	Not covered
X-Ray	**Cost if you use an In-Network Provider**	**Cost if you use a Non-Network Provider**
Office	$0 copay PCP / $50 specialist	Not covered
Freestanding Radiology Center	$50 copay	Not covered
Outpatient Hospital	$150 copay	Not covered
Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans.* Coverage for a Non-Network Provider is limited to $800 maximum per test.	**Cost if you use an In-Network Provider**	**Cost if you use a Non-Network Provider**

Freestanding Radiology Center	$200 copay	All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount.
Outpatient Hospital	$500 copay	All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount.
Emergency Care	**Cost if you use an In-Network Provider**	**Cost if you use a Non-Network Provider**
Emergency Room Facility and Doctor Services *Your ER copay will be waived if admitted. Inpatient Hospital copay(s) apply if admitted.*	$600 copay	Covered as In-Network
Emergency - Other Services *Copay applies to visit. Additional testing / diagnostic / surgical services are subject to the applicable copay for those services.*	Applicable outpatient / Inpatient copays	Covered as In-Network
Ambulance *Authorized Non-Network non-emergency ambulance services are limited to a maximum payment of $50,000 per trip.*	$600 (ground or air)	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility	**Cost if you use an In-Network Provider**	**Cost if you use a Non-Network Provider**
Facility Fees *Prior Auth Required*	$0 per day	All billed amounts exceeding the maximum allowed amount*
Doctor Services	Included in per day Facility fee.	All billed amounts exceeding the maximum allowed amount*
Outpatient Procedures	**Cost if you use an In-Network Provider**	**Cost if you use a Non-Network Provider**
Outpatient Procedure at an ASC, including surgeon fees	$400 copay	All billed amounts exceeding the maximum allowed amount*
Outpatient Procedure at a Hospital, including surgeon fees	$1,200 copay	All billed amounts exceeding the maximum allowed amount*
Inpatient Hospital {Including Maternity, Mental Health, and Substance Use Disorder Services} *Coverage for non-emergency inpatient admissions to non-network providers is limited to $600 maximum per day.*	**Cost if you use an In-Network Provider**	**Cost if you use a Non-Network Provider**
Facility Fees	$400 copay per day	All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount*
Hip / Knee / Spine Surgeries *Please refer to Blue Distinction Center Program Travel*	Included in the $400 per day copay.	Not Covered

Benefit. Maximum of $6,000 per surgery is covered if plan participant's home is 50 miles more from nearest hip replacement / knee replacement / spine Blue Distinction Center. *Carrum Program may provide a $0 cost alternative. Please refer to Carrum Program.*		
Physician and other services *including surgeon fees*	Included in the $400 per day copay.	All billed amounts exceeding the maximum allowed amount
Home Health Care *Limited to 100 visits per calendar year.* *Coverage for a Non-Network Provider is limited to $150 maximum per day.*	$0 copay	All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount*
Rehabilitation and Habilitation Services	**Cost if you use an In-Network Provider**	**Cost if you use a Non-Network Provider**
Office *Limited to 36 office and outpatient visits per calendar year combined.*	$0 copay	Not covered
Outpatient Hospital *Limited to 36 office and outpatient visits per calendar year combined.*	$0 copay	Not covered
Pulmonary rehabilitation *office and outpatient hospital* *Limited to 36 office and outpatient visits per calendar year combined.*	$0 copay	All billed amounts exceeding the maximum allowed amount*
Cardiac rehabilitation *office and outpatient hospital* *Limited to 36 office and outpatient visits per calendar year combined.*	$0 copay	Not covered
Dialysis Hemodialysis *Coverage for a Non-Network Provider is limited to $350 maximum per visit.*	$0 copay	All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount*
Chemo/Radiation Therapy	$0 copay	All billed amounts exceeding the maximum allowed amount*
Skilled Nursing Care (facility) *Limited to 150 days per calendar year.*	$800 copay per admission	All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount*
Inpatient Hospice	$0 copay	All billed amounts exceeding the maximum allowed amount*
Durable Medical Equipment	$0 copay	Not covered

Pre-certification required for DME in excess of $1,000 purchase / rental price.		
Prosthetic Devices	$0 copay	Not covered
Hearing Aids *Limited to $700 per plan participant, per 24-month period.*	$0 copay	All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount*

Notes:

- If you have an office visit with your Primary Care Physician, Specialist, or Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Primary Care (PCP) virtual and office," "Specialist Care virtual and office," or "Urgent Care" respectively.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Plan Benefit Booklet for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- Outpatient Facility tests and treatments are limited to $350 per admission for Non-Network Providers. Includes: Surgery at Ambulatory Surgical Centers and Hemodialysis.
- Advanced Diagnostic Imaging is limited to $800 per service for Non-Network Providers.
- Coverage includes standard fertility preservation services as a basic healthcare service including, but are not limited to, injections, cryopreservation, and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOG). If there is a difference between this summary and the Evidence of Coverage (EOG), the Evidence of Coverage (EOG), will prevail.

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

Questions: (800) 888-8288 or visit us at www.anthem.com/ca

SISC
Self-Insured Schools of California
Schools Helping Schools

NAVITUS HEALTH SOLUTIONS

Pharmacy Benefit Schedule

Proactive Care Plan RX 9-35

	WALK-IN			MAIL	
PHARMACY	NETWORK	COSTCO	COSTCO	COSTCO	NAVITUS
DAYS SUPPLY	30	30	90	90	30
GENERIC	$9	FREE	FREE	FREE	
BRAND	$35	$35	$90	$90	
PREFERRED BRAND (TIER 0)	FREE	FREE	FREE	FREE	
SPECIALTY					$35
OUT-OF-POCKET MAXIMUM	$2,500 INDIVIDUAL / $3,500 FAMILY				
PREFERRED	ON PREFERRED DRUG LIST				
TIER 0 DRUGS WHEN PRESCRIBED BY AN IN-NETWORK PRIMARY CARE PROVIDER (INCL. INTERNAL MEDICINE, GENERAL/FAMILY, PEDIATRICS, AND OBGYN)	$0 FOR THE FOLLOWING MEDICATIONS • Asthma Inhalers like Qvar, Arnuity Ellipta, Albuterol • Diabetic medications like Ozempic, Jardiance, Mounjaro, Rybelsus, Trulicity • Insulins like insulin Lispro, Humalog, Semglee • Anticoagulants like Xarelto, Eliquis • Specialty Medicines like Dupixent, Xolair • Biosimilars like Adalimumab-adaz, Hadlima				

SISC urges members to use generic drugs when available. If you or your physician requests the brand name when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand and generic. The difference in cost between the brand and generic will not count toward the Annual Out-of-Pocket Maximum.

*Members may receive up to a 30-day and/or up to a 90-day supply of medication at participating pharmacies. Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs. Navitus contracts with most independent and chain pharmacies; however, Walgreens is **NOT** a participating pharmacy in this network.

Mail Order Service
The Mail Order Service allows you to receive a 90-day supply of maintenance medications. This program is part of your pharmacy benefit and is **VOLUNTARY.**

Specialty Pharmacy
Navitus SpecialtyRx helps members who are taking medications for certain chronic illnesses or complex diseases by providing services that offer convenience and support. This program is part of your pharmacy benefit and is **MANDATORY.**

For information regarding the Prescription Drug Program call or visit on-line:
Navitus Customer Care 1-866-333-2757 (toll-free) TTY (toll free) 711 www.navitus.com

The Navitus Member Portal allows you to access personalized pharmacy benefit information online at **www.navitus.com.** For information specific to your plan, visit the Navitus Member Portal. Activate your account online using the Member Login link and an activation email will be sent to you. The site provides access to prescription benefits, pharmacy locator, drug search, drug interaction information, medication history, and mail order information. The site is available 24 hours a day, seven days a week.

DELTA DENTAL

Plan Benefit Highlights for:	**PPO Incentive ($1,500/$1,000)**
Group No:	**Active, Retirees, and COBRA**
Network:	**PPO/Premier** ***The plan provides an additional $500 toward the calendar year maximum when you visit a PPO dentist. Look for this information for the dentist of your choice on the Delta find a provider website to take advantage of this additional amount: (Other network affiliations:** Delta Dental PPO)

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered basic services and major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age **26**	
Deductibles	N/A	
Deductibles waived for D & P?	N/A	
Maximums	The maximum benefit paid per calendar year is **$1,500*** per person in-network (this amount includes the additional $500 for using a PPO dentist. See note above under Network) The maximum benefit paid per calendar year is **$1,000** per person out-of-network	
Waiting Period(s)	Basic Benefits None	Major Benefits None

Benefits and Covered Services*	**Delta Dental PPO dentists****	**Non-Delta Dental dentists****
Diagnostic & Preventive Services (D & P) Exams, 2 cleanings per cal year, x-rays	70-100 %	70-100%
Basic Services Fillings, simple tooth extractions, sealants	70-100 %	70-100%
Endodontics (root canals) Covered Under Basic Services	70-100 %	70-100%
Periodontics (gum treatment) Covered Under Basic Services	70-100 %	70-100%
Oral Surgery Covered Under Basic Services	70-100 %	70-100%
Major Services Crowns, inlays, onlays, and cast restorations	70-100 %	70-100%
Prosthodontics Bridges, dentures, implants	50 %	50%
Dental Accident Benefits	100% (separate $1,000 maximum per person per calendar year)	

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for out-of-network dentists.

Delta Dental of California
100 First St.
San Francisco, CA 94105

Customer Service
866-499-3001

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

DELTA DENTAL

Plan Benefit Highlights for:	PPO $2,000 Preferred with Orthodontic
Group No:	Active, Retiree, and COBRA

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age **26**		
Deductibles	In-Network: **N/A** Out-of-Network: **$25** per person, **$75** per family, per plan year		
Deductibles waived for D & P?	In-Network: **N/A** Out-of-Network: **No**		
Maximums	The maximum benefit paid per calendar year is **$2,000** per person in-network*** The maximum benefit paid per calendar year is **$1,000** per person out-of-network		
Waiting Period(s)	Basic Benefits None	Major Benefits None	Orthodontics None

Benefits and Covered Services*	In-PPO Network**	Out-of-PPO Network**
Diagnostic & Preventive Services (D & P) Exams, 2 cleanings per cal-year, x-rays	100 %	50 %
Basic Services Fillings, simple tooth extractions, sealants	100 %	50 %
Endodontics (root canals) Covered Under Basic Services	100 %	50 %
Periodontics (gum treatment) Covered Under Basic Services	100 %	50 %
Oral Surgery Covered Under Basic Services	100 %	50 %
Major Services Crowns, inlays, onlays and cast restorations	100 %	50 %
Prosthodontics Bridges, dentures, implants	50 %	50 %
Orthodontic Benefits Adults and dependent children	100%	100%
Orthodontic Maximums	Separate **$3,000** Lifetime maximum per person	
Dental Accident Benefits	100% (separate $1,000 maximum per person per calendar year)	

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California
100 First St.
San Francisco, CA 94105

Customer Service
866-499-3001

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

www.deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

DELTA DENTAL

SmileWay
Your smile. Your health. Your way.

Support for chronic conditions

Your plan offers additional dental coverage to support your overall health



Chronic conditions and the medications used to treat them can impact your oral health. If you or a covered family member has been diagnosed with a chronic medical condition like diabetes, cancer or rheumatoid arthritis, you may benefit from additional teeth and gum cleanings.

Take advantage of expanded coverage to help safeguard your oral health. To qualify, you or a covered family member must be diagnosed with any of the following:

- Amyotrophic lateral sclerosis (ALS)
- Cancer
- Chronic kidney disease
- Diabetes
- Heart disease
- HIV/AIDS
- Huntington's disease
- Joint replacement
- Lupus
- Opioid misuse and addiction
- Parkinson's disease
- Rheumatoid arthritis
- Sjögren's syndrome
- Stroke

SmileWay® Wellness Benefits[1]

100% coverage	One periodontal scaling and root planing procedure per quadrant (D4341 or D4342) per calendar or contract year[2]
Four of the following (any combination) per calendar or contract year:[2]	
100% coverage	Prophylaxis (teeth cleaning) (D1110 or D1120)
	Periodontal maintenance procedure (D4910)
	Scaling in presence of moderate or severe gingival inflammation (D4346)

[1] Known as SmileWay Enhanced Benefits in Texas.
[2] This coverage is subject to any applicable maximums and deductibles under the terms and conditions outlined in your plan's Evidence of Coverage. Please review your plan booklet for specific details about your coverage.

Delta Dental PPO™ is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA — Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY — Delta Dental of New York, Inc.; DE — Delta Dental of Delaware, Inc.; WV — Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

Opt in by visiting
www1.deltadentalins.com/smileway
or by calling Customer Service
Monday through Friday.

deltadentalins.com/enrollees

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EF89A #133959A (rev. 11/22)

Summary of Benefits

SISC Dental Health Network Plan
powered by Anthem Dental

Anthem

Effective Date: 10/1/23

Your dental benefits at a glance:

Benefits*	In-Network	Out-of-Network
Coverage Year	**Calendar Year**	
Office Visit Copay	**$0**	
Annual Deductible per insured person	**$0**	
Annual Benefit Maximum • Diagnostic & Preventive Services are applied to the Annual Benefit Maximum	**$4,000**	**$250**
Annual Implant Maximum • Applies to the Annual Benefit Maximum	**$2,000**	**$0**
Orthodontic Lifetime Benefit Maximum • Per eligible person	**$2,000**	**$2,000**

Dental Services*	In-Network Anthem Pays	Out-of-Network Anthem Pays
Diagnostic & Preventive Services • Exams, cleanings, x-rays	**100 %**	**Not covered**
Basic (Restorative) Services • Fillings, simple tooth extractions, sealants	**100 %**	**Not covered**
Endodontics (Surgical and Non-Surgical) • Root canal and retreatments	**100 %**	**Not covered**
Periodontics (Surgical and Non-Surgical) • Periodontal maintenance, scaling and root planning, periodontal surgery	**100 %**	**Not covered**
Oral Surgery (Simple and Complex) • Simple and surgical extraction	**100 %**	**Not covered**
Major (Restorative) Services • Crowns, onlays, veneers	**100 %**	**Not covered**
Prosthodontics • Dentures, bridges, implants	**50 %**	**Not Covered**
Repairs/Adjustments • Crown, denture, and bridge repairs, Denture and bridge adjustments	**50 %**	**Not Covered**
Orthodontic Maximums	**100%**	**100%**

Anthem Whole Health Connection - Dental℠ - For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

Accidental Dental Injury Benefit - Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

Extension of Benefits - Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

International Emergency Dental Program- - Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

*This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail.

**Reimbursement is based on the Anthem Fee Schedule for In-Network providers and the 90th percentile of FAIR health for Out-of-Network Providers.

Need to contact us? Please call Anthem Dental Customer Service number at 1-844-729-1565

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

More than just your average dental plan!

Enjoy the plan benefits of the SISC Dental Health Network.

Here's a summary of the plan features and your coverage when you get services from a dentist in the plan's network.

To find a dentist in the network, go to **anthem.com/ca/sisc.**

Key features	
Office visit copay	$0
Annual deductible	$0
Annual benefit maximum	$4,000
Annual dental implant maximum	$2,000
Lifetime orthodontic maximum	$2,000

It is only available to districts in the SISC dental pool in the following counties:
Fresno | Kern | Kings | Madera | Merced | Riverside | San Luis Obispo | Santa Barbara | Tulare.
https://www.anthem.com/ca/sisc/dental/

Services	Coverage in the network
Diagnostic and preventive Exams, cleanings, X-rays	100% covered
Fillings and other basic services Fillings, simple tooth extractions, sealants	100% covered
Root canals and retreatments (surgical and non-surgical)	100% covered
Gum maintenance Gum maintenance, scaling, root planing, gum surgery	100% covered
Oral surgery Simple and surgical extraction	100% covered
Major restorative services Crowns, onlays, veneers	100% covered
Dentures, bridges and dental implants	50% covered
Repairs and adjustments Crown, denture and bridge repair; denture and bridge adjustments	50% covered
Orthodontics (braces)	100% up to $2,000

Have questions?

Call our Member Services team at
1-844-729-1565.

1 American Academy of Periodontology: *Gum Disease and Other Systemic Diseases* (accessed December 12, 2018): perio.org.
2 Centers for Disease Control and Prevention: *Periodontal Disease* (March 10, 2015): cdc.gov/oralhealth/periodontal_disease/index.htm.

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



A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM SISC AND VSP.

vsp Vision Care | SISC Self-Insured Schools of California *Schools Helping Schools*

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

PREMIER PROGRAM

Like shopping online? Go to **eyeconic.com** and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

USING YOUR BENEFIT IS EASY!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

GET YOUR PERFECT PAIR

EXTRA $20 TO SPEND ON FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON LACOSTE NINE WEST

SEE MORE BRANDS AT **VSP.COM/OFFERS**.

+ UP TO **40%** SAVINGS ON LENS ENHANCEMENTS

EXCLUSIVE MEMBER EXTRAS

Enroll today.

Contact us: **800.877.7195** or **vsp.com**

YOUR VSP VISION BENEFITS SUMMARY

SISC and VSP provide you with an affordable vision plan.

PLAN C $20 COPAY WITH 2ND PAIR

PROVIDER NETWORK:

VSP Signature

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	• Focuses on your eyes and overall wellness	$20 for exam and glasses	Every calendar year
PRESCRIPTION GLASSES			
FRAME	• $170 featured frame brands allowance • $150 frame allowance • 20% savings on the amount over your allowance • $80 Walmart & Costco® frame allowance	Combined with exam	Every calendar year
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Combined with exam	Every calendar year
LENS ENHANCEMENTS	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 40% on other lens enhancements	$0 $80 - $90 $120 - $160	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	• $150 allowance for contacts; copay does not apply • 15% savings on a contact lens exam (fitting and evaluation)		Every calendar year
PRIMARY EYECARE℠	• Retinal screening for members with diabetes • Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. • Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. • Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	$0 $20 per exam	As needed
ADDITIONAL PAIRS OF EYEWEAR			
FRAME	• $170 featured frame brands allowance • $150 frame allowance • 20% savings on the amount over your allowance	$20 for frame and lenses	Every other calendar year
LENSES	• Single vision, lined bifocal, and lined trifocal lenses	Combined with Frame	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	• $150 allowance for additional contacts		Every calendar year
EXTRA SAVINGS	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.		
	Routine Retinal Screening • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to **vsp.com** to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Classification: Restricted

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VSP, VSP Vision Care for life, Eyeconic, and WellVision Exam are registered trademarks, VSP Diabetic Eyecare Plus Program is servicemark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.

VISION PLANS AND RATES-NEW

XP Health Vision Plan-Online Marketplace

Services	Benefits
Eligibility	Spouse/domestic partner, and dependent children to age 26
Benefits Renew	January 1 of each year or every other year depending on the plan frequency
In Office Exam Member Fee	$10
In Office Exam Network	Retail and Private Practice Network
Online Prescription Renewal	Included for those who qualify
Digital Platform Experience	
Augmented Reality Try On and Home Try On	Included
Face Scan and AI Recommendation Technology	Included
Frames	
Frames	3,000+ Frames with over 800 Frames at $0 Member Fee
Lenses	
Single Vision Rx	2 Pair Included
Sunglasses (Non Rx)	Limit 1
Bifocal	Included
Trifocal	Included
Premium Progressive Lenses	$95
UV Protection	Included
Advanced Anti-Glare Protection	Included
Durable Polycarbonate Material	Included
Dust, Smudge, Water and Scratch Resistance	Included
Advanced Blue/Violet Light Protection	Included
Additional Add-Ons	
Photochromic Lenses (transition)	$75
Tinted Lenses	$30
High Index (1.67)	$30
High Index (1.74)	$60
Contact Lens Program	
Annual Supply	Member cost of wholesale pricing in addition to Frame Discount

2025-2026 Monthly Rates	Active Employees and All Retirees
Single	$10.60
Two-party	$21.20
Family	$31.80
Composite	$23.60

SISC
Self-Insured Schools of California
Schools Helping Schools



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

BENEFIT HIGHLIGHTS

AVAILABILITY AND HOW TO GET STARTED

24/7 Help with Personal Concerns

SISC Employee Assistance Program

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

Free to all employees at SISC member districts

Call 800-999-7222

Visit anthemEAP.com and enter SISC

24/7 Virtual Primary Care Doctor

Centivo Care

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

Free to Anthem and Blue Shield PPO members
HSA excluded

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

Personal Health Coaching and Therapy

Vida Health

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

Free to Anthem and Blue Shield members
HSA excluded

Call 855-442-5885

Visit vida.com/sisc

24/7 Physician Access—Anytime, Anywhere

MDLive

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

Anthem and Blue Shield members

Call 888-632-2738

Visit mdlive.com/sisc

Free Generic Medications

Costco

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

Free to Anthem and Blue Shield members

Call 800-774-2678 (press 1)

Visit costco.com/pharmacy

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

Continued →

Expert Medical Opinions

Teladoc Medical Experts

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

Free to Anthem, Blue Shield, and Kaiser Permanente members

Call 800-835-2362

Visit teladoc.com/SISC

Physical Therapy for Back or Joint Pain

Hinge Health

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

Free to Anthem and Blue Shield PPO members
HSA excluded

Call 855-902-2777

Visit hingehealth.com/sisc

24/7 Access to Virtual Maternity and Postpartum Support

Maven

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

Free to Anthem and Blue Shield PPO members

Visit mavenclinic.com/join/SISC

Hip, Knee, and Spine Surgical Benefit

Carrum Health

Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel and medical bills. *A deductible may apply to HSA members.*

Free to Anthem and Blue Shield PPO members

Call 888-855-7806

Visit info.carrumhealth.com/sisc/

Enhanced Cancer Benefit

Lantern Cancer Care

Get help from a personal oncology nurse who can partner with you on every step of your cancer journey, including a review of your initial diagnosis and development of a care plan.

Free to Anthem and Blue Shield PPO members

Visit https://lanterncare.com/



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

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Benefit Extras

Available through your SISC health plan



Get Started	Program Details	Who Is Eligible

Discounted Gym Memberships

Active & Fit Direct

Choose from over 9,000 participating fitness centers and YMCAs nationwide for a much lower cost than you would pay on your own. Use the online fitness tracking feature, which uses a variety of wearable devices and apps. You pay only $25 a month (plus $25 enrollment fee and taxes).

Active & Fit Direct

Anthem PPO/HMO members log into anthem.com/ca/sisc, click "Discounts" and visit "Special Offers".

Kaiser HMO members must visit kp.org/choosehealthy, select region, click "Choose Healthy," then click "Learn More" next to the ASH Active & Fit logo.

Anthem PPO/HMO and Kaiser HMO members — **Low Cost**

Fitness Your Way

Tivity

This program gives you the flexibility to work out at any participating fitness location. Cost is only $25 a month per person.

Fitness Your Way

Go to fitnessyourway.tivityhealth.com/bsc
Click "Enroll".
OR
Call 833-283-8387

Blue Shield PPO and HMO members — **Low Cost**

Discounted Hearing Aids

TruHearing

Go to a TruHearing provider to be fitted and adjusted for a wide variety of the latest digital hearing aids. You will save about $980 per hearing aid compared to national average prices. PPO members may even be able to use their plan benefits in coordination with TruHearing discounts.

TruHearing

Call 866-754-1607
OR
Go to truhearing.com

VSP members — **Low Cost**

Discounted Hearing Aids

Amplifon

Get an average savings of 62% off the latest retail hearing aid price. See an Amplifon network provider to be fitted. PPO members may even be able to use their plan benefits in coordination with Amplifon discounts.

Amplifon

Go to amplifonusa.com/deltadentalins
OR
Call 888-779-1429

Delta Dental members — **Low Cost**

Discounted LASIK Eye Surgery

QualSight

Receive 40-50% off the national average price of traditional LASIK eye surgery when you use an experienced QualSight LASIK surgeon.

QualSight

Go to qualsight.com/-delta-dental
OR
Call 855-248-2020

Delta Dental members — **Low Cost**

Discounted Hearing Aids

EPIC Hearing

Go to an EPIC Hearing network provider to be fitted to receive 30% – 60% off the retail hearing aid price. PPO members may even be able to use their plan benefits in coordination with EPIC Hearing discounts.

EPIC Hearing

Go to epichearing.com
OR
Call 866-956-5400

MES members — **Low Cost**

These programs are not available to retired Medicare members enrolled on Retiree Group Medicare Plans.
Per IRS guidelines, HSA members may need to satisfy a deductible on these programs.

Digital ID cards — *always current, always accurate*

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



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

Your digital ID card can make your life easier

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

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

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

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

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Get more out of your mobile

1. Register on **kp.org** to get secure access to My Health Manager – your one-stop resource for managing your care online.

2. Download the Kaiser Permanente app to access all the convenient features of My Health Manager on your smartphone. Download the app from the App Store℠ or Google Play® at no cost.*

3. Open the app on your smartphone and log in using your **kp.org** registration credentials. Using the app, here's what you can do right from your smartphone:

   - Email your doctor's office.
   - View most lab test results.
   - Refill most prescriptions.
   - Schedule or cancel routine appointments.
   - **New:** Access a digital version of your membership card.

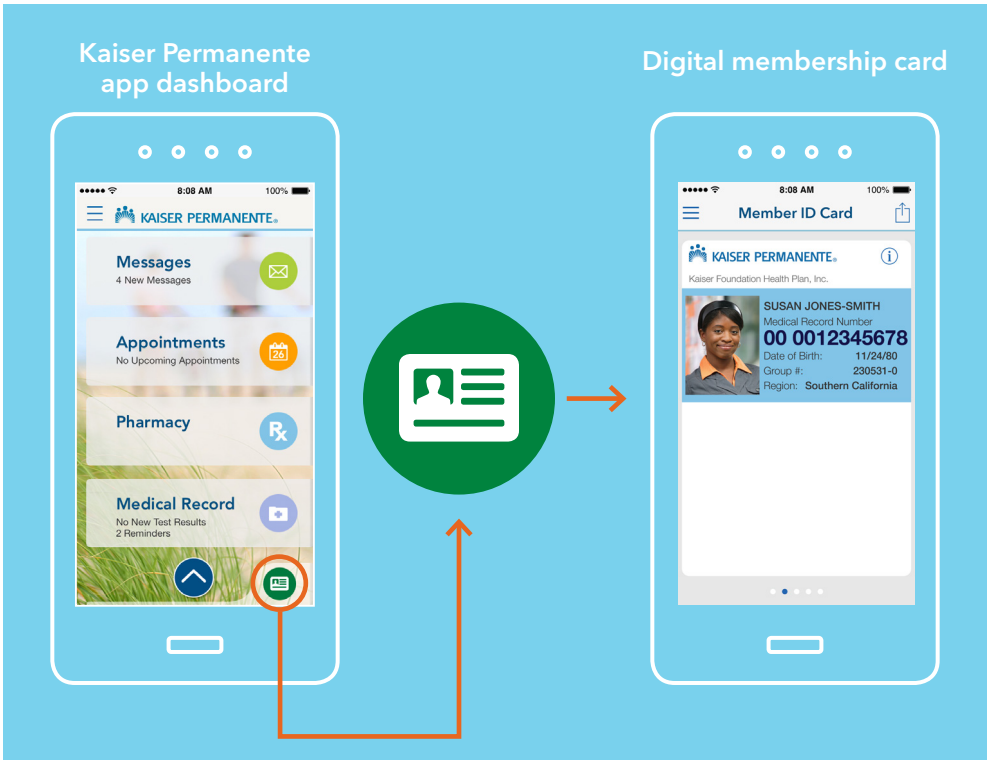
NEW!

Digital membership card

Access your membership information anytime, anywhere with an electronic version of your membership card. The integrated photo serves as valid ID.

- Check in for appointments.
- Pick up prescriptions.
- Access your family's membership information.

To use your digital membership card, tap the card icon at the bottom of the Kaiser Permanente app dashboard.



Note: Many of these features are available only to members receiving care at Kaiser Permanente medical facilities. As of April 2016 the digital membership card is not available to members in certain plans including Medicare, PPO, and out-of-area.

*App Store is a service mark of Apple, Inc. Google Play is a trademark of Google, Inc.

DELTA DENTAL

Where's My ID Card?



If you've been looking for your dental plan ID card, we have good news for you: **You don't need one!**

Just tell your dental office the **Delta Dental company** through which you receive benefits and provide your **name**, your **date of birth**, your **enrollee ID number** (or Social Security number) and the **name of your employer**.

Got dependents on your plan? Tell them to provide your details.

Want an ID card anyway?



Print one from your computer

- Go to **deltadentalins.com**
- Log in to your online account > Click on **Print ID Card** > Print



Pull it up on your smartphone

- Download the **Delta Dental** app (by the Delta Dental Plans Association) from the App Store or Google Play
- Log in > Select **My ID card**

Delta Dental of California, Delta Dental of New York, Inc., Delta Dental of Pennsylvania, Delta Dental Insurance Company and our affiliated companies form one of the nation's largest dental benefits delivery systems, covering 36.8 million enrollees. All of our companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 78 million people in the U.S.

deltadentalins.com/enrollees

SISC
Self-Insured Schools of California
Schools Helping Schools

Need a primary care doctor?

Just ask Centivo Care.

As part of your PPO medical benefits from SISC, you and your enrolled adult dependents (18+) have access to free primary care through Centivo Care. We can address health concerns, assist with prescriptions, diagnose and manage chronic conditions and so much more – all from the palm of your hand.

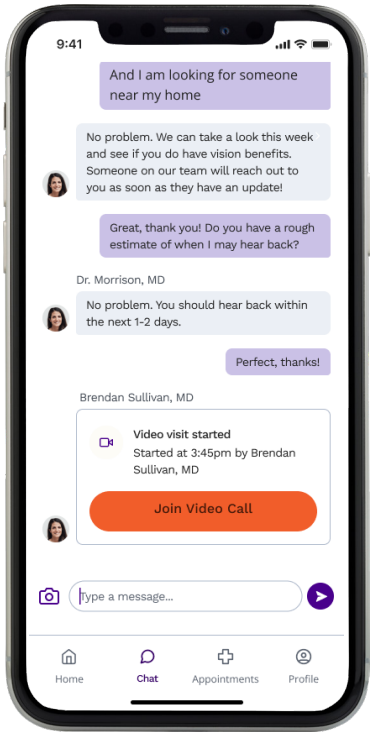
The answer to most of your health questions is now simple: "Just ask Centivo Care."

CARE FROM ANYWHERE

Chat with your doctor live or schedule a video visit

Diagnoses and treatments

Prescription refills



Answers to follow-up care questions

In-network specialist referrals

It's never been easier to stay on top of your health:

96% patient satisfaction	In-app appointment booking	Quick in-app responses from a team of clinicians

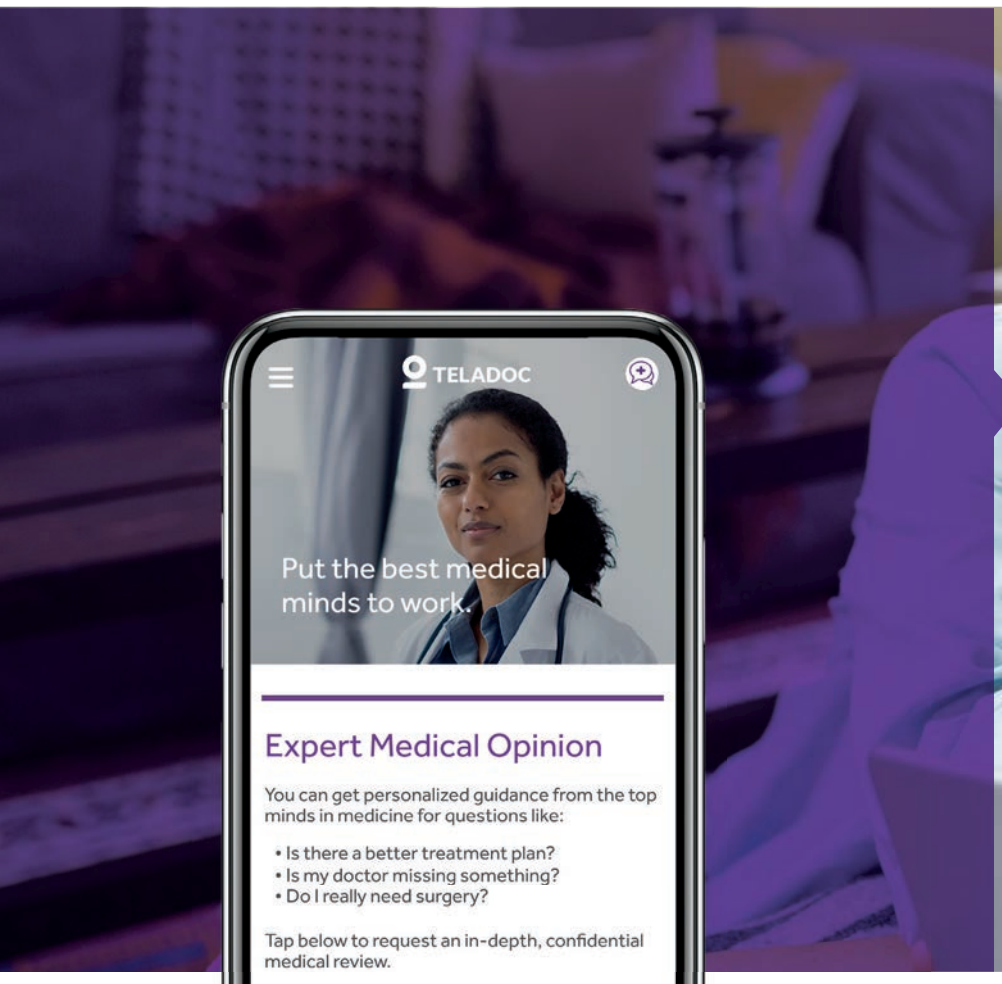
CENTIVO Care.

Scan the QR code to register and start accessing great care today

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TELADOC®
Medical Experts

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Schools Helping Schools





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

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

With Teladoc, you can:

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

Get the answers you need from our Medical Experts.
Call us to get started: 1-800-TELADOC (835-2362)

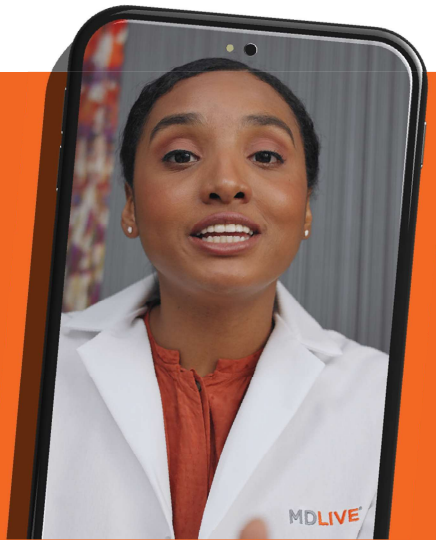
Visit www.teladoc.com/sisc | Download the app

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SISC
Self-Insured Schools of California
Schools Helping Schools

MDLIVE®

fast, hassle-free health care. anytime. anywhere.



Your benefits include reliable 24/7 health care by phone or video. Our national network of board-certified doctors provides personalized care for hundreds of medical and mental health needs. No surprise costs. No hassle. Just create an account to enroll.

URGENT CARE

On-demand care for illness and injuries.

- Talk to a board-certified doctor in just minutes when you need care fast, including prescriptions.
- Reliable and affordable alternative to urgent care clinics for more than 80 common, non-emergency conditions like flu, sinus infections, ear pain, and UTIs (Females, 18+).

MENTAL HEALTH

Talk therapy and psychiatry from the privacy of home.[1]

- Licensed therapists and board-certified psychiatrists.
- Schedule your appointment in as little as five days with after-hours and flexible sessions available.

USING MDLIVE IS AS EASY AS 1-2-3:

STEP 1: CREATE YOUR SECURE ACCOUNT.

STEP 2: REQUEST AN APPOINTMENT.

Have an urgent care appointment right away, or schedule a time that works for you.

STEP 3: FEEL BETTER FASTER.

Get a diagnosis, treatment plan, and prescriptions, when appropriate, sent right to your preferred pharmacy.[1]

Your copay is **$0** per appointment.

Get the app



Meet Sophie, your personal assistant
Text SISC to 635483 to create an account.

Create your account today.

mdlive.com/SISC | 800.657.6169

[1]Prescriptions are available at the physician's discretion when medically necessary.

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How to reach us

Help that goes where you do. Keep us handy:

Employee Assistance Program (EAP)

800-999-7222

Website

anthemEAP.com
Enter SISC to log in.

Free, confidential help

24 hours a day, 7 days a week

You can also find us here:

@AnthemEAP on Twitter

The Wellpost Blog@anthemEAP.com

myStrength

Free mobile tools for emotional health and well-being

anthemEAP.com

Enter SISC



Your privacy matters. No one will know you've contacted EAP unless you give permission in writing.* Let us give you a helping hand. Just call 800-999-7222 or go to anthemEAP.com and enter SISC to log in.

Life just got easier

Lean on EAP, day or night



What's your Employee Assistance Program (EAP)?
We're the folks who can help you meet life's challenges. Call 800-999-7222 or visit anthemEAP.com and enter SISC to log in. Everything you share is confidential and will stay between you and us.*

Anthem

SISC
Self-Insured Schools of California
Schools Helping Schools

Employee Assistance Program

800-999-7222
anthemEAP.com
Enter **SISC**
to log in. Free, confidential help
24 hours a day, 7 days a week.

Anthem

* In accordance with federal and state law, and professional ethical standards.

Language Access Services - (TTY/TDD: 711)
Spanish - Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.
Chinese - 您有權使用您的語言免費獲得該資訊和協助。
請撥打您的 ID 卡上的成員服務號碼尋求協助。

Anthem complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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Anthem

SISC
Self-Insured Schools of California
Schools Helping Schools

We're here for your everyday problems and questions, big or small.

Take a deep breath. New to town and looking for child, elder or pet care? We can help with that and ...

- Finding work-life balance.
- Parenting a child with special needs.
- Dealing with addiction and recovery.
- Setting retirement goals.
- Getting mental health resources and information.
- Just about anything else life throws at you.

What our clients say



"Every single person that I have spoken to with our EAP has been so very nice and supportive! You have a great staff of caring individuals."

"This is a priceless benefit. I am so thankful to have access to EAP. It means a lot to me and my family."

"It is very helpful to be able to obtain assistance to get over life's bumps now and then. Much appreciated."

"Good to know there are resources out there for everyone who needs assistance and this really helps – just wonderful!"

"I am so glad my employer has this program and I'm able to use it. It is a lifesaver for my family, which does help me perform better at work."

Talk to us by phone, in-person or online. You can:

- Use our toll-free number to speak with an EAP professional.
- Meet with a professional face to face.
- Have up to 6 free counseling visits per issue.
- Ask us about online visits with LiveHealth Online.

Get to know your EAP better at anthemEAP.com



myStrength – the health club for your mind™
This free online and mobile tool offers unlimited access to resources for stress, anxiety, depression, substance use and sleep.



Contact us 24/7.

Simply call 800-999-7222 or visit anthemEAP.com to be connected right away – at no cost to you.

This document is for general informational purposes. Check with your employer for specific information about benefits, limitations and exclusions.

Anthem



Away From Home guest membership

Healthcare coverage that goes where you do

Sometimes work or school requires a long stay away from home. As a Blue Cross HMO (CACare), Select HMO and Priority Select HMO member, you have access to healthcare benefits across the country. To meet the healthcare needs of members who have lengthy stays outside their plan's service area, your plan offers the Away From Home guest membership program.

How does the program work?

Guest members can still see their Anthem network healthcare provider when they're at home, and the premium is still paid through Anthem. When they're away from home, the program helps make sure members receive the care they need from healthcare providers who have contracts with their plan.

Guest membership is available in the following states: Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Texas, Virginia, Washington D.C., and Wisconsin.[1]

Quick access to care options

With LiveHealth Online and 24/7 NurseLine

With LiveHealth Online, you can have video visits with a doctor or mental health professional anytime, anywhere.[2] With 24/7 NurseLine, registered nurses are on call to answer your health-related questions. Use your Anthem member ID card to access these services.

There are three types of guest membership, based on whether a member is eligible and how long they will be out of the home service area:

1. **Long-term Traveler guest membership** is for Anthem members who will be away from home for at least 90 days. This is usually for long-term work assignments or for retirees who live in two states.

2. **Families Apart guest membership** is for Anthem members' covered spouse or dependent(s) who live outside Anthem's service area for at least 90 days. This type of guest membership is most often used when the spouse or dependent(s) in divorced or separated families live outside of the member's plan service area.

3. **Student guest membership** is for dependent(s) who go to school outside of Anthem's service area for 90 or more days. While many colleges have health clinics, they may or may not take the student's health insurance. With guest membership, students can receive care from a doctor in the program at a lower out-of-pocket cost.

How are prescriptions filled through guest membership?

Prescription benefits are handled through the member's home plan. Members can use their Anthem member ID card when they pay for their medicines, like usual.

How do you enroll in the program?

Call the Away From Home guest membership program at 800-827-6422. They can help you:

- Make sure you qualify, and that the program is available in your area.[1]
- Complete an application and choose a healthcare provider, if needed.
- Find answers to any questions you may have.

Once you're approved, you will receive a guest membership ID and information about your benefits. Guest membership copays may be different than your Anthem plan copays.

How long does it take to set up guest membership?

You will receive your guest membership ID within 20 days of submitting your application. During that time, you have coverage for urgent care and emergency room visits through your Anthem home plan. Benefits are based on the same limits and out-of-pocket amounts as your Anthem plan.

Can guest membership be extended or renewed?

Yes, as long as members and their covered spouse or dependent(s) continue to qualify for the program. A renewal letter and application will be mailed six weeks before your membership expires. To renew guest membership, submit the application at least 30 days before your membership ends.



Anthem

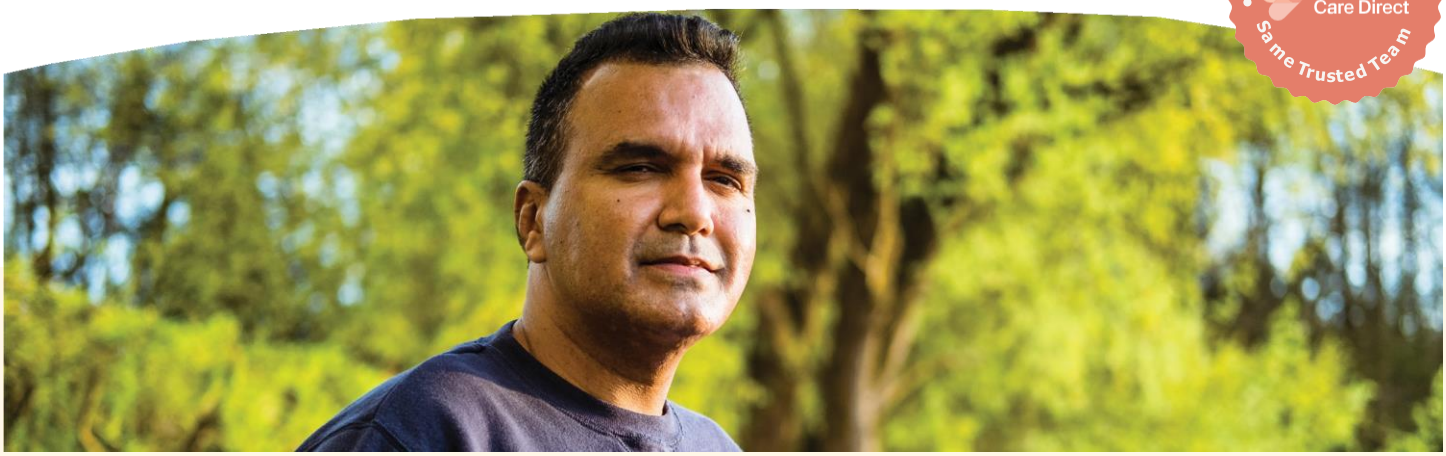
1 Some states may include regions that are not covered by the Away From Home guest membership program. In these cases, applicants can be denied coverage.
2 Your copay under your Anthem plan applies.

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

LANTERN

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Formerly Known As Cancer Care Direct Same Trusted Team



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

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

An Experience with You at the Center

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

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

Email: guide@lanterncare.com

Visit Lantern Today.

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

The Lantern Difference

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

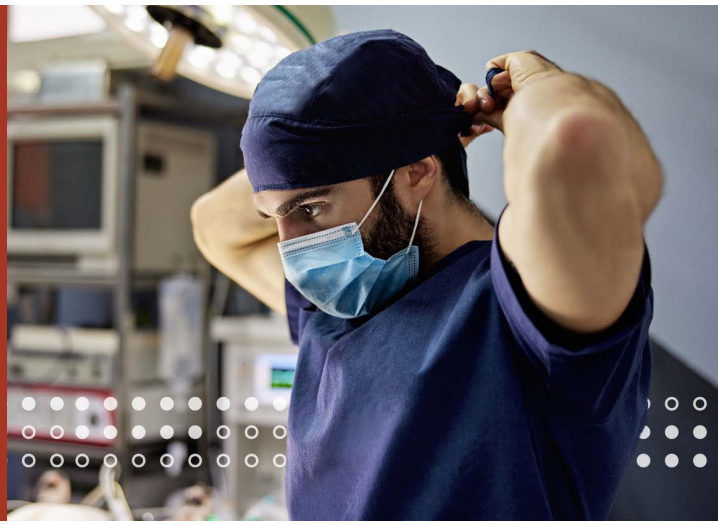
"Because my Oncology Nurse Navigator was able to get appointments within two weeks instead of waiting months and months, I was quickly enrolled into a treatment plan that has me on a path to recovery."

— Craig, Cancer Survivor and Lantern Member

carrumhealth

SISC
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Schools Helping Schools

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



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

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

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

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

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

An unmatched healthcare experience

Better care

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

Costs are covered

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

Dedicated support

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

Ready to get started?

Visit: carrum.me/sisc

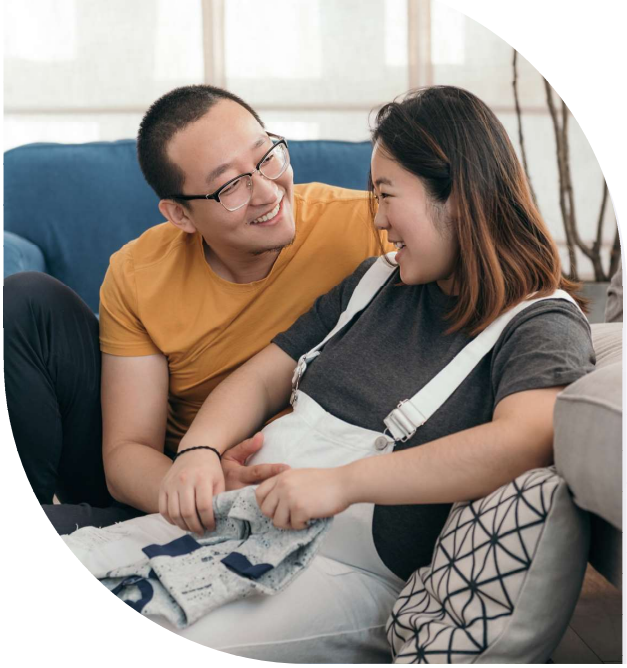
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**Carrum Health is a special surgery benefit for SISC members, early retirees (pre-65), COBRA participants, and dependents who are enrolled in an Anthem Blue Cross or Blue Shield PPO plan.*

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

Virtual care designed for you and your family

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

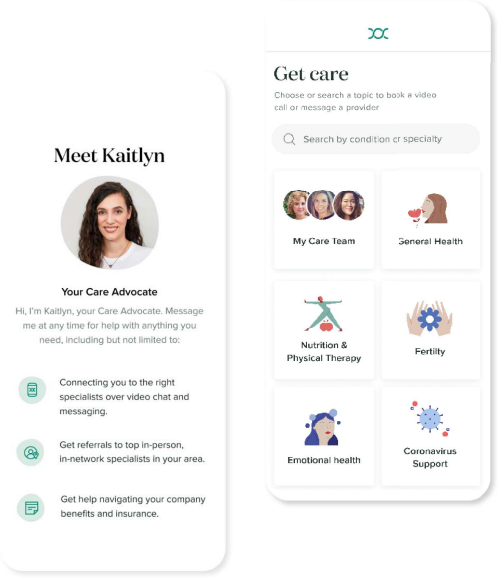


Personalized support for every step of your journey:

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

Your membership includes:

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



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

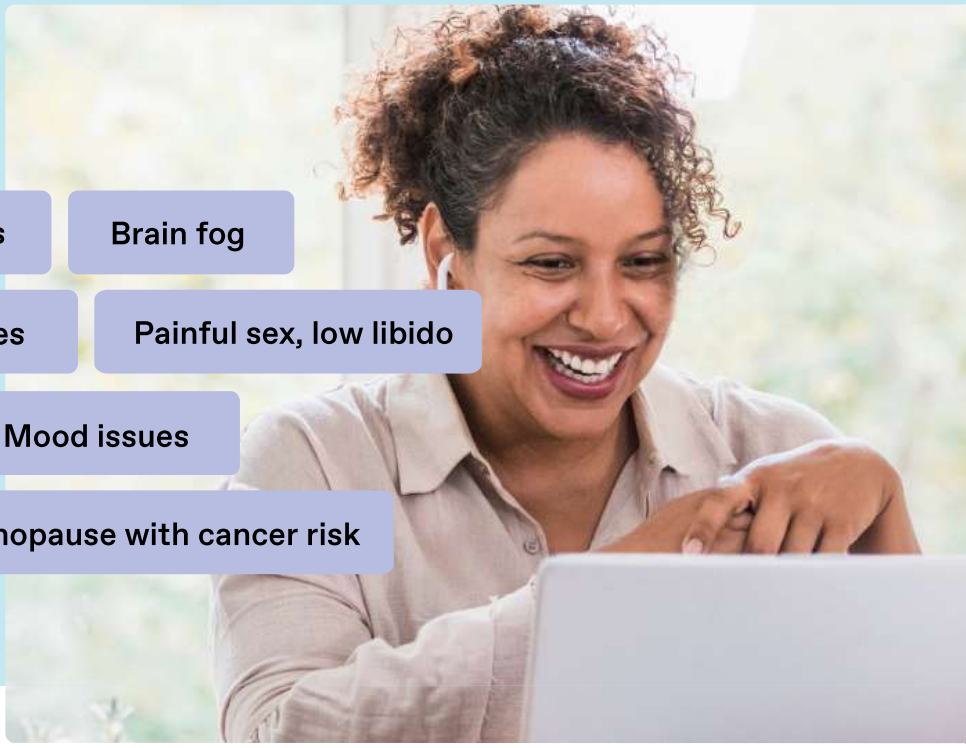
Activate your free membership by scanning the QR code, downloading the Maven Clinic app, or visiting **mavenclinic.com/join/SISC**.

Enrollment in Maven is confidential.

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

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Schools Helping Schools
+ MIDI

Get expert menopause telehealth care, covered by insurance.



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

Discover real relief

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

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

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

Your regimen may include:*

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

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

Start your Midi journey at
joinmidi.com/sisc

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

6 ways to practice self-care



Practicing self-care is important for your health and wellbeing. Here are some tips to make self-care a daily routine:



1 Know your limits

Self-care means recognizing when you're doing too much and finding ways to slow down.



3 Get needed sleep

A healthy sleep routine helps support your well-being and happiness, so it's important to stick to a sleep schedule.



2 Eat well

Self-care includes eating healthy foods, and planning ahead to make sure you're getting proper nutrition.



4 Find moments to decompress

Taking mindful moments throughout the day to do things such as meditating, practicing gratitude, or listening to something inspirational can help refresh the mind and body.



5 Know yourself better

Understanding what causes you stress can help you learn how to prevent it, or better manage it.



6 Take time to love YOU

There's only one you and you're the expert on that.

Routinely practicing self-care will help you be more prepared to care for your family, co-workers, and communities. For more tips on how to practice self-care, reach out to your coach.

Not a Vida member yet? Download the 'Vida Health' app from your phone's app store to get started. To learn more, visit vida.com/sisc.

Anthem and Blue Shield PPO and HMO members over the age of 18 (Excluding 65+ Plans) are eligible for Vida Health. If you're an HSA member you may be responsible for payment until you've met your deductible.

GET IT ON Google Play | Download on the App Store

Navitus Customer Care 24/7

Navitus Customer Care is available seven days a week, 24-hours a day. Specialists are happy to assist you with your questions.

Common questions include:

- Is my drug covered?
- What is my copay?
- What are my mail order benefits?
- Is my pharmacy part of the Navitus network?
- How do I know if my drug requires prior authorization?
- Are there lower cost drug options available?

PPO, HMO, Active, Retiree & COBRA plan members contact Navitus Customer Care. They can be reached at 866-333-2757, TTY: 771

If members are at a pharmacy and without their ID card, the below information may be helpful:

- Member ID number
- PCN: NVT
- BIN: 610602

Medicare Part D (CompanionCare) plan members contact Navitus Customer Care. They can be reached at 866-270-3877, TTY: 771

If members are at a pharmacy and without their ID card, the below information may be helpful:

- Member ID number
- PCN: EGWP
- BIN: 610602

Mail Service

If members would like to register for mail service or have questions on the status of their prescription mail date, they may contact Costco Pharmacy at 800-607-6861.

Physicians may fax an Rx to: 800-633-0334.

Costco Customer Service is available Monday through Friday from 5:00 a.m. to 7:00 p.m. PST and Saturday from 9:30 a.m. to 2:00 p.m. PST.

Specialty Pharmacy Service

For more information on specialty drugs, contact Navitus SpecialtyRx. They can be reached at: 855-847-3553. Common examples of specialty medications include Humira, Enbrel, Copaxone, Avonex and Gleevec.

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Start saving today!

With your SISC pharmacy coverage, many generic medications have a $0 copay for a 90-day supply, when you fill them at a Costco Pharmacy.[1]

Getting started is easy!

Simply call your local Costco location and let the pharmacy staff know that you would like to transfer your prescription. In most cases, they can contact your current pharmacy and complete the transfer.

New! Have your prescription delivered from your local Costco for free with Instacart. When you get a text from Costco that your prescription is ready, simply choose the delivery option.[2]



Note: You don't need to be a Costco member to take advantage of the Costco Pharmacy savings.

Plus, a 90-day supply of most medications is available exclusively at your local Costco Pharmacy or with Costco's Mail Order Pharmacy. To sign up for mail order, go to costco.com. Click Pharmacy > Mail Order > Get Started and follow the instructions. You can also call **800-607-6861** to speak with a pharmacy agent.

Questions?

If you have other questions about your pharmacy benefits, call Navitus Customer Care toll-free at **866-333-2757**.

[1]Restrictions apply to narcotic pain and cough medications and are not included in the free generics at Costco program. Other restrictions and limitations may apply. Refer to your formulary for the list of drugs covered under your plan. You can access the formulary on the member portal at Navitus.com/members.

[2]To qualify for free Instacart delivery, use the link in the Costco Rx confirmation text. Instacart home delivery distance restrictions may apply.

COSTCO WHOLESALE

NAVITUS
Our business is personal

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Robert Recatto

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