Date: July 02, 2026

To: DUSD Staff

From: Rosemary Romero
Benefits Technician
559-595-7320

Subject: **INSURANCE OPEN ENROLLMENT**

Open enrollment has begun. The 2026-27 health plans are now available. You may now make changes to your health insurance plan. Please visit the district website under open ENROLLMENT and your classification at https://www.dinuba.k12.ca.us/departments/business-services/employee-benefits.

*You do not need to complete any forms if you are **not** making any changes to your health insurance plan.*

If you would like to make changes, please submit the Offer of Health Insurance Form on or before **4:00 p.m. on August 21, 2026**. Plan changes become effective on **October 1, 2026.** You can find all forms on our website.

The following are some reminders:

- Please register at https://www.anthem.com/ca/login/ to verify ALL covered dependents. If there is a spouse or dependent missing from coverage, please complete a SISC Membership Change Form. The form is found on the district website under CHANGE IN BENEFITS (Qualify Life Event) at https://www.dinuba.k12.ca.us/departments/business-services/employee-benefits and is due on or **before 4:00 p.m. on August 21, 2026.**

- Download the **Sydney** mobile app that is available to all Anthem members. With this app, you can use your smart phone to view your digital ID cards, view claims, check your benefits and more at https://www.anthem.com/ca/member-resources/sydney-app

- Dependents are eligible to remain on your coverage until the end of the month in which they turn the age of 26.

- You may only make changes during the year if you experience a qualifying life event. Examples include marriage, divorce, birth or adoption of a child or a spouse/domestic partner loses or gains health coverage. SISC must be notified within 30 days of a qualifying event and documentation must be provided.

- Coordination of Benefits- Your insurance is your primary. If your spouse has insurance, their insurance is their primary for him/her. Eligible dependent children are covered as primary under the parent whose Birth Month is first. *Note: For plans with a deductible, co-insurance applies after the deductible has been met unless otherwise noted.*

  For any questions or concerns please contact Rosemary Romero at the District Office at (559) 595-7320.

SISC
Self-Insured Schools of California
Schools Helping Schools

Dinuba Unified School District
Certificated Employees
October 1, 2026-27

	Option #1/40564G	Option #2/40564C	Option #3/40553B	Option #4/40564D	Option#5/40564A
PPO PLANS	**80% G $20**	**80% E $20**	**90% - C $20**	**100% - D $20**	**100% - A $ 10**
MEDICAL - CALENDAR YEAR Deductibles & Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Individual/Family Deductibles	$500/$1,000	$300/$600	$200/$500	$300/$600	$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	$1,000/$3,000	$1,000/$3,000
PROFESSIONAL SERVICES					
Office Visit (OV) co-pay (**$0 Copay for 1st 3 cal yr Primary Care OV on Non-H S A PPO plans**)	$20	$20	$20	$20	$10
Urgent Care co-pay	$20	$20	$20	$20	$10
Specialists/Consultants co-pay	$20	$20	$20	$20	$10
Prenatal, postnatal office visit co-pay	$20	$20	$20	$20	$10
Scans: CT, CAT, MRI, PET etc.	20%	20%	10%	0%	0%
Diagnostic X-ray & Laboratory Procedures	20%	20%	10%	0%	0%
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Care Services (includes physical exams & screenings)	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES					
Emergency Room visit co-pay (waived if admitted)	20% $100 co-pay	20% $100 co-pay	10% $100 co-pay	0% $100 co-pay	0% $100 co-pay
Inpatient Hospital co-pay (preauthorization required)	20%	20%	10%	0%	0%
Outpatient Hospital co-pay	20%	20%	10%	0%	0%
Surgery, Outpatient (performed in an Ambulatory Surgery Center)	20%	20%	10%	0%	0%
Surgery, Outpatient (performed in a Hospital) - limits may apply	20%	20%	10%	0%	0%
MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT					
INPATIENT CARE: Facility based care (preauthorization required)	20%	20%	10%	0%	0%
OUTPATIENT CARE: Facility based care (preauthorization required)	Deductible waived office visit co-pay applies	Deductible waived office visit co-pay applies	Deductible waived office visit co-pay applies	Deductible waived office visit co-pay applies	Deductible waived office visit co-pay applies
OTHER SERVICES					
Acupuncture - Limits apply	20%	20%	10%	0%	0%
Ambulance (Ground or Air)	$100 Co Pay + 20%	$100 Co Pay + 20%	$100 Co Pay + 10%	$100 co Pay	$100 co Pay
Chiropractic - Limits apply	20%	20%	10%	0%	0%
Durable Medical Equipment (DME)	20%	20%	10%	0%	0%
Physical and Occupational Therapy - Limits apply	20%	20%	10%	0%	0%
PRESCRIPTION DRUG PLANS					
Generic co-pay/days supply	$10/30-Days	$10/30-Days	$10/30-Days	$10/30-Days	$9/30-Days
Brand Deductible Individual/Family	$200/$500	$200/$500	$200/$500	$200/$500	Not Applicable
Brand co-pay/days supply	$35/30-Days	$35/30-Days	$35/30-Days	$35/30-Days	$35/30-Days
Mail Order (Generic-Brand co-pay/days supply)	$0-$90/90-Days	$0-$90/90-Days	$0-$90/90-Days	$0-$90/90-Days	$0-$90/90-Days
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
Vision Service Plan (www.vsp.com)	Plan C, $5 Exam/$25 Materials co-pay Exam, frames & lenses	Plan C, $5 Exam/$25 Materials co-pay Exam, frames & lenses	Plan C, $5 Exam/$25 Materials co-pay Exam, frames & lenses	Plan C, $5 Exam/$25 Materials co-pay Exam, frames & lenses	Plan C, $5 Exam/$25 Materials co-pay Exam, frames & lenses
Delta Dental Plan: (www.deltadentalca.org)	Premier Incentive Plan, Unlimited cal yr max. Ortho up to $1,000 lifetime	Premier Incentive Plan, Unlimited cal yr max. Ortho up to $1,000 lifetime	Premier Incentive Plan, Unlimited cal yr max. Ortho up to $1,000 lifetime	Premier Incentive Plan, Unlimited cal yr max. Ortho up to $1,000 lifetime	Premier Incentive Plan, Unlimited cal yr max. Ortho up to $1,000 lifetime
Life	$50,000	$50,000	$50,000	$50,000	$50,000

RATES	2025-26	2026-27	2025-26	2026-27	2025-26	2026-27	2025-26	2026-27	2025-26	2026-27
Medical	$1,238.00	$1,483.00	$1,311.00	$1,571.00	$1,403.00	$1,681.00	$1,449.00	$1,735.00	$1,609.00	$1,921.00
Dental	$132.20	$132.20	$132.20	$132.20	$132.20	$132.20	$132.20	$132.20	$132.20	$132.20
Vision	$20.70	$20.70	$20.70	$20.70	$20.70	$20.70	$20.70	$20.70	$20.70	$20.70
Life Insurance	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25
TOTAL PER EMP/MO	**$1,398.15**	**$1,643.15**	**$1,471.15**	**$1,731.15**	**$1,563.15**	**$1,841.15**	**$1,609.15**	**$1,895.15**	**$1,769.15**	**$2,081.15**
ANNUAL PREMIUM	$18,982.80		$19,993.80		$21,259.80		$21,883.80		$24,037.80	
DISTRICT CONTRIBUTION	$16,777.80		$16,777.80		$16,777.80		$16,777.80		$16,777.80	
DIFFERENCE PER EMP/MO (9) (Monthly cost does not include May deduction)	**$245.00**		**$357.33**		**$498.00**		**$567.33**		**$806.67**	

NOTATIONS:

This sheet is only a brief summary of benefits that reflects In-Network benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions.
Benefits may be subject to change due to mid-year legislative changes.
OOP maximum on Anthem plans with a Navitus pharmacy carve out does not include prescription dru
Coinsurance and co-pays do NOT carryover to the next calendar year.
Plans with a deductible all have 4th quarter carryover (October 1 - December 31)
For plans with a deductible, co-insurance applies after the deductible has been met unless otherwise noted.

Plan Benefit Highlights for:	PPO Incentive Unlimited with Orthodontic
Group No:	Active, Retirees, and COBRA
Network:	PPO/Premier

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 **Unlimited** 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 and dentures	60 %	50%
Implants	60% with separate $2000 annual maximum	50% with separate $2000 annual maximum
Orthodontic Benefits Adults and dependent children	100 %	100%
Orthodontic Maximums	Separate **$1,000** 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 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.

SISC Dental Health Network

Tulare County

***Provider participates in multiple locations. Please verify network participation with your provider.*

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SISC Dental Health Network

Tulare County

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SISC Dental Health Network

Tulare County

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Check Out vsp.com



As a VSP® member, you have access to **vsp.com** and the VSP Vision Care App. Both offer easy navigation and a personalized dashboard, so you can get the benefit information you need, exactly when you need it.

Your VSP Dashboard

Once logged in, **My Dashboard** is your homepage. You'll find a quick view of your benefit information, access to your claim history, and you can print your Member ID Card, plus more.

Personalized Benefits Section

The **My Benefits** tab shows your benefits history and an explanation of how you and your dependents can use your benefits.

Special Offers and Savings

We put our members first by providing exclusive offers from VSP and leading industry brands, totaling more than $3,000 in savings. Log in to your VSP account and take advantage of these offers and save even more.

Improved Find a Doctor Page

The search capabilities are endless on the **Find a Doctor** page. View a map and use the drop-pin functionality to find the right VSP network practice location for you. You can also filter by business hours or appointment availability. Look for the orange **Premier Program** banner to find a VSP network eye doctor that will help you maximize your savings!

vsp vision care

VSP Vision Care App

Scan the QR code below to download the VSP Vision Care App from the **Apple App** or **Google Play Stores**. Get instant access to your benefit coverage, Member ID Card, Exclusive Member Extras, and more.

Create a vsp.com account to get the most out of your vision benefits.

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Classification: Restricted

Your VSP Vision Benefits Summary

SELF-INSURED SCHOOLS OF CALIFORNIA and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:
VSP Signature
EFFECTIVE DATE:
01/01/2024

vsp vision care

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	• Focuses on your eyes and overall wellness	$5	Every calendar year
ESSENTIAL MEDICAL EYE CARE	• Retinal screening for members with diabetes • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP doctor for details.	$0 per screening $20 per exam	Available as needed
PRESCRIPTION GLASSES		**$25**	
FRAME[+]	• $170 featured frame brands allowance • $150 frame allowance • 20% savings on the amount over your allowance • $150 Walmart®/Sam's Club®/Costco® frame allowance	Included in Prescription Glasses	Every calendar year
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	• Standard progressive lenses • Tints/Light-reactive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 40% on other lens enhancements	$0 $0 $80 - $90 $120 - $160	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	• $150 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation)	$0	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 • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to **vsp.com** to find an in-network provider.

†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.
+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP 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. TruHearing is not available directly from VSP in the states of California and Washington.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**.

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VSP, Eyeconic, and WellVision Exam are registered trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM

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Anthem

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Self-Insured Schools of California
Schools Helping Schools



Your Employee Assistance Program

Tackle life's challenges with a personalized digital experience

During those moments when you feel overwhelmed, your Employee Assistance Program (EAP) is here for you with real-life tips, tools, articles, webinars, and links to helpful resources. As always, your EAP is private, confidential, and included as part of your benefits.[1]

Support and advice for every step of the way

Counseling

Connect with a mental health professional for a variety of matters, including in moments of crisis. In-person and virtual options are available. Virtual options are offered through Talkspace or LiveHealth Online.[2]

Work-life resources

Find resources for career, parenting, healthy communication, and balancing work and family.

Financial planning

Talk with a professional and find resources that can help you take charge of your finances.

Connect to resources anytime

For questions or issues, you have access to your EAP 24/7. Contact your EAP by calling **800-999-7222** or visit your **www.anthemeap.com/sisc**.

Legal resources

Access online resources and legal help in-person or by phone for each issue, each year, at no added cost.[3] You or eligible family members can call EAP and request a consultation for each separate issue, with a network attorney at no cost.

Self-paced courses and resources

Emotional Well-being resources connect you to one-on-one coaching, self-help digital tools and access to articles, podcasts, and webinars for help with depression, anxiety, relationships, and alcohol use.

Self-assessments

Take self-assessments to get personalized recommendations on the best resources for your needs.

1 In accordance with federal and state law, and professional ethical standards.
2 Appointments are subject to the availability of a therapist. Online counseling is not appropriate for all kinds of issues. If you are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please call the National Suicide Prevention Lifeline 24/7 at 988, or dial 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room.
3 Excludes business, benefits, or employment issues. The free half-hour consultations apply per legal issue, per year. You are eligible for a new consultation for each new issue yearly. If you have Anthem health coverage, your cost for a visit may be similar to what you would pay for an office therapy visit, depending on your benefits, copay, or percentage of the cost. If you're not covered by an Anthem plan, you'll be responsible for paying the full cost for a visit.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988, the National Suicide Prevention Lifeline, and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Talkspace does not offer emergency services.

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

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

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.

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

The EAP can help you:

- Find child, elder, or pet care.
- Work on achieving work-life balance.
- Parent a child with special needs.
- Deal with addiction and recovery.
- Set retirement goals.
- Find mental health resources and information.
- Address financial or legal issues.



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."

Connect with 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 per year.
- Ask us about online visits with LiveHealth Online.

Learn more about how EAP can help you at anthemEAP.com.



Emotional Well-being Resources

These no-cost digital tools can teach you how to manage stress, anxiety, depression, substance use, and sleep issues.



Contact us 24/7.

The EAP is here to make sure you and your household members have the support you need for emotional well-being.

Simply call 800-999-7222 or visit anthemEAP.com to find help right away — at no cost to you.

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

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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.

All employees at member districts

Call 800-999-7222

Visit anthemEAP.com/SISC

24/7 Virtual Primary Care Doctor

Eden Health

Virtually connect with a primary care physician to manage all your physical and mental healthcare needs. Eden providers diagnose conditions, manage prescriptions, refer to specialists, and answer follow up questions using video visits or live chat.

Anthem and Blue Shield PPO members

Scan the QR code to download the Eden Health app, and register for your Eden Health membership.

Personal Health Coaching

Vida Health

Get one-on-one health coaching, therapy, chronic condition management, health trackers and other tools and resources online or via phone.

Anthem and Blue Shield members

Call 855-442-5885

Visit vida.com/sisc

24/7 Physician Access—Anytime, Anywhere

MDLive

Access to virtual visits with psychiatrists and therapists for members age 10 and up. Virtual urgent care services are available to all members. Physicians can prescribe medication when appropriate. *copays may apply

Anthem and Blue Shield members

Call 800-657-6169

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.

Anthem and Blue Shield members

Call 800-774-2678 (press 1)

Visit costco.com

Per IRS guidelines, SISC HSA & MEC $9000 Members may not be eligible for these programs.

Continued →

BENEFIT HIGHLIGHTS

AVAILABILITY AND HOW TO GET STARTED

Expert Medical Opinions

Teladoc Medical Experts

Get answers to health care questions and second opinions from world-leading experts.

Anthem, Blue Shield, and Kaiser Permanente members

Call 855-380-7828

Visit teladoc.com/SISC

Physical Therapy for Back or Joint Pain

Hinge Health

Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.

Anthem and Blue Shield PPO members

Call 855-902-2777

Visit hingehealth.com/sisc

24/7 Access to Virtual Maternity and Postpartum Support

Maven

Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialists coaches and other maternity providers to help deal with pregnancy and postpartum concerns.

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.

Anthem and Blue Shield PPO members

Call 888-855-7806

Visit info.carrumhealth.com/sisc

Enhanced Cancer Benefit

Contigo Health

Consult experts on initial diagnosis and development of a care plan. Benefit includes care coordination services with at home provider, transportation, and more.

Anthem and Blue Shield PPO members

Call 877-220-3556

Visit sisc.contigohealth.com



Per IRS guidelines, SISC HSA & MEC $9000 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

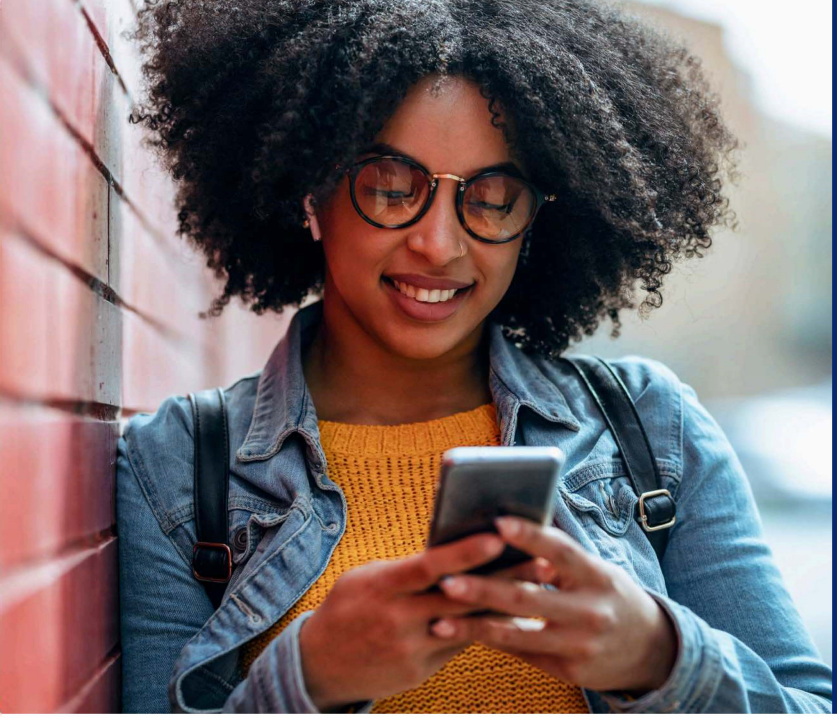
Go to an EPIC Hearing network provider to be fitted to receive 30% – 60% off the retail hearing aid price. PPO members may even be able to use their plan benefits in coordination with EPIC Hearing discounts.

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, or members on the MEC $9000 plan. Per IRS guidelines, HSA members may need to satisfy a deductible on these programs.



Anthem

The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use Sydney℠ Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.

Scan the QR code to download the Sydney Health app.

You can also set up an account at anthem.com/ca/register to access most of the same features from your computer.

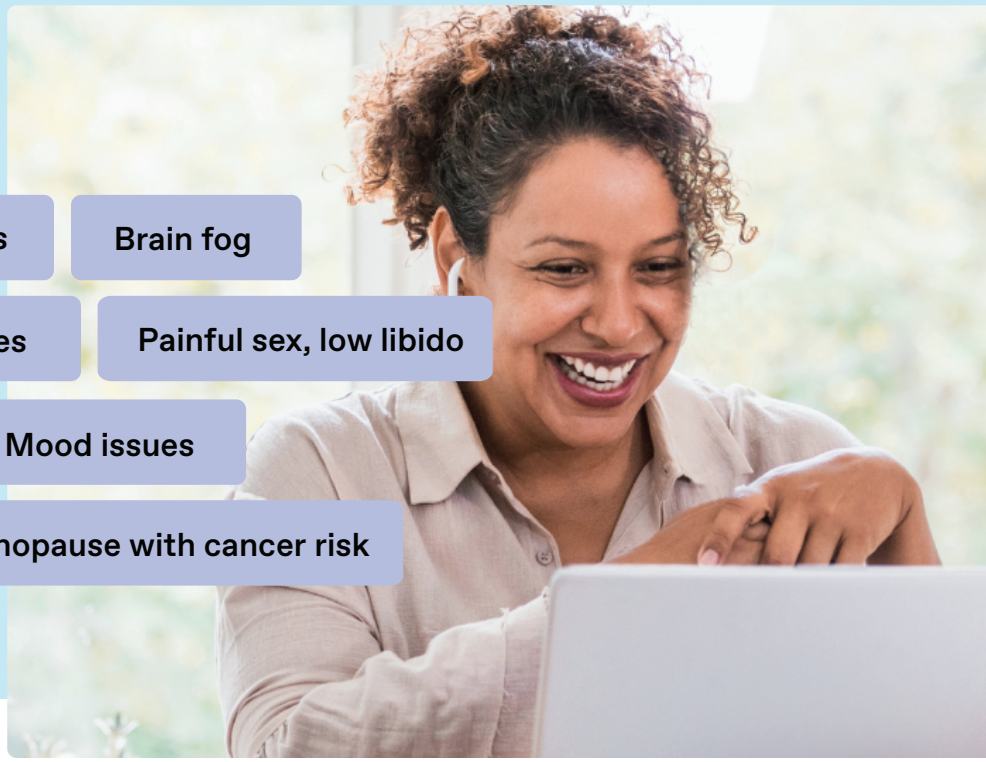
In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare professional in your plan's network. If you receive care from a doctor or healthcare professional not in your plan's network, your share of the costs may be higher. You may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

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

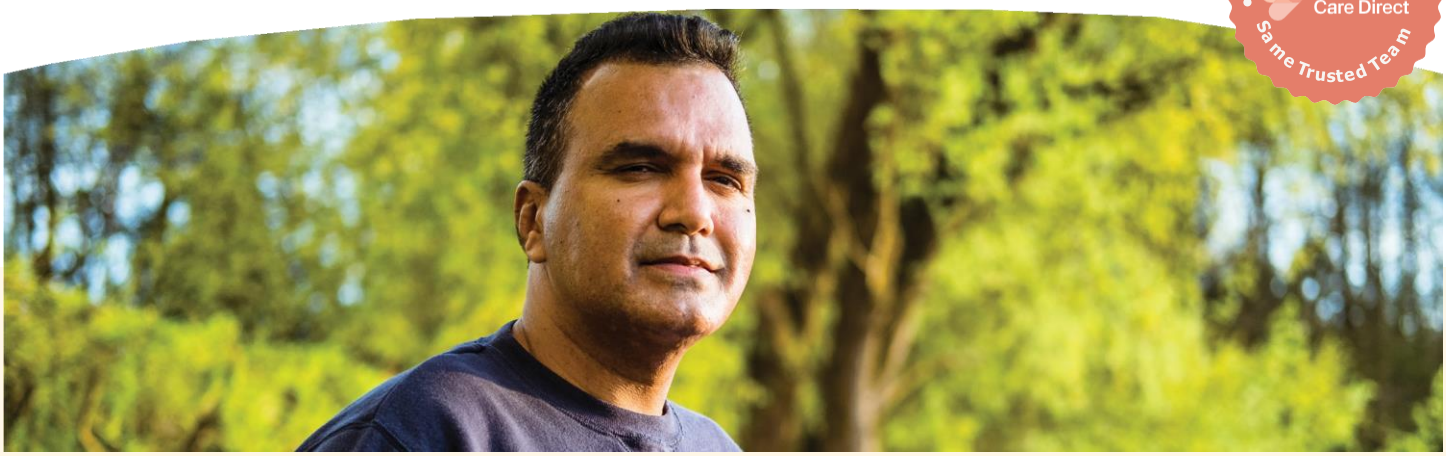
*Coverage for treatment options, including prescriptions, is determined by SISC pharmacy benefits and may vary by plan.

Start your Midi journey at
joinmidi.com/sisc

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

LANTERN

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Formerly Known As Cancer Care Direct Same Trusted Team

Frequently Asked Questions

Who can benefit from Lantern?

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

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

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

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

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

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

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

What will it cost me to use Lantern?

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

Can Lantern help get treatment approved for me?

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

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

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

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

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

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

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

What happens if my insurance changes?

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

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

Call us to learn more at:

(855) 961-4533

Visit Lantern Today.

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

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

Virtual care designed for you and your family

SISC is providing members and their partners with free access to virtual care through Maven for pregnancy, postpartum, and returning to work after parental leave. Use Maven for 24/7 access to doctors, specialists and coaches and trustworthy content tailored to your experience.

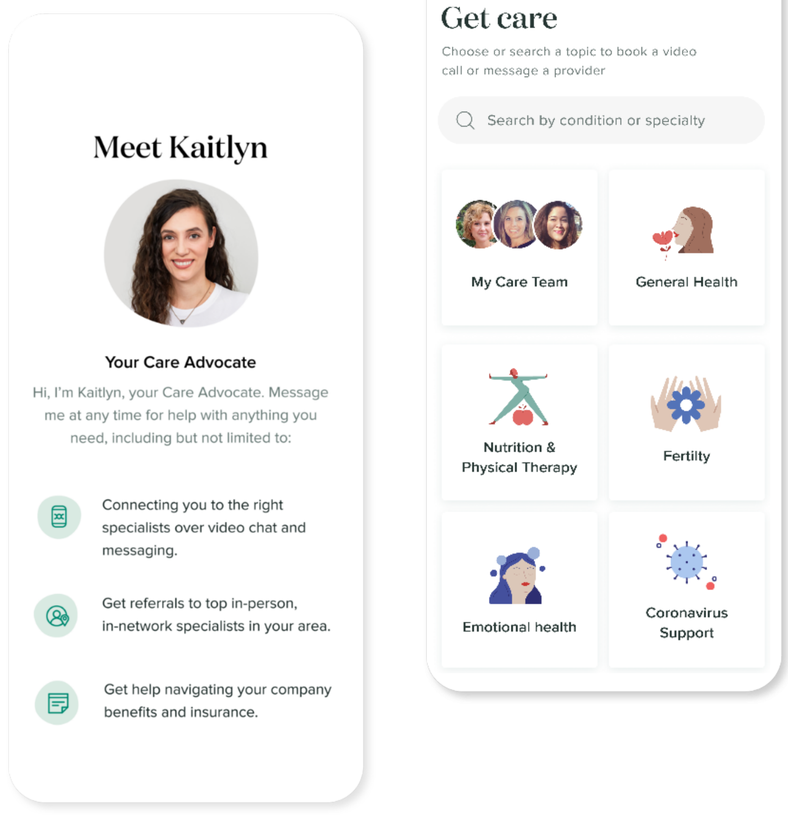


Personalized support for every step of your journey:

- 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 once your baby is born and you 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*

Anthem talkspace



Connect with a therapist — anytime, anywhere

Your EAP offers faster access to counseling when you need it

If you or a loved one is struggling with life's challenges, finding a mental health professional to talk to quickly can make a big difference. That's why your Anthem Employee Assistance Program (EAP) is offering Talkspace, a service that provides confidential counseling by text, audio, or video — whatever way feels right for you.

Find support for:

- Anxiety
- Depression
- Grief
- Relationships
- Sleep
- Stress
- Substance use
- Trauma

You'll benefit from:

Personalized match

Talkspace QuickMatch™ pairs you with a therapist who fits your needs and preferences. That helps you feel comfortable from the start.

24/7 access

Message your therapist via text, audio, or video whenever something comes up — or schedule a virtual visit to connect in real time.

Experience you can count on

Talkspace includes a diverse network of professional licensed therapists in every state who treat a variety of needs.

Sign up for Talkspace today

- Use a web browser to register at **talkspace.com/associatecare.**
- Enter the letters "EAP", a space, and SISC in the "Organization name" field.
- Complete the QuickMatch provider finder questions.
- Await your provider match, then send a message or schedule a virtual session.

Your EAP is here with support, whatever your needs

You and your household members can get confidential support through your Anthem EAP. Connect to helpful tools, resources, and information, as well as to financial and legal advisors. Go to **anthemEAP.com** and enter SISC.

SISC
Self-Insured Schools of California

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call **988** (National Suicide Prevention Lifeline) and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Talkspace does not offer emergency services.

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HEALTHWISE MEDICAL CLINIC

EXCLUSIVE

PRIVATE MEDICAL CLINIC

FOR HEALTH PLAN MEMBERS & DEPENDENTS

WELCOME TO HEALTHWISE MEDICAL CLINIC

HealthWise is a free & accessible clinic to insured health plan members and dependents. HealthWise Medical Clinics operate in Kings & Tulare County to help you and your insured dependents get the quality healthcare you deserve.



WHAT SERVICES ARE PROVIDED?

Acute & Episodic Care

Treating immediate medical needs such as injuries, infections, and chronic conditions flare-ups.

Examples

Covid
Colds & Flu
Bronchitis/Sinusitis
Allergies &Asthma
Sprains & Strains
UTIs

Ongoing Care

Managing chronic conditions with regular monitoring and treatment.

Examples

Thyroid
COPD
Hypertension
Pre-Diabetes/Diabetes
Anxiety & Depression

Preventive Services

Focusing on health maintenance and disease prevention.

Examples

Vaccinations
Heart Health
Routine Physicals
Health & Wellness
Metabolic Health
Weight Loss

Procedures

Specialized medical interventions for various conditions.

Examples

Wound Care
Lacerations
Skin Biopsy

BENEFITS TO YOU

PRIVATE

ONLY available to **health plan members, spouses,** and **dependents**

SAVE MONEY

No deductibles or out-of-pocket costs* for **in-house services****

MINIMAL WAIT TIMES

Less time in the waiting room, **more time** with your provider

SAME DAY APPOINTMENTS

Same day or next day appointments, in person or tele-visits

WALK-INS WELCOME

Better than average wait times, even **without an appointment**

***HSA plans do not qualify for $0 co-pay & have a small visit cost.**

**Any costs associated with referral appointments or outside lab work are the responsibility of the patient and are NOT associated with HealthWise Medical Clinic.

FREQUENTLY ASKED QUESTIONS

Is HealthWise like an urgent care clinic?

No. HealthWise goes beyond urgent care. While we can treat minor illnesses and injuries, our primary focus is comprehensive, continuous care, including annual physicals, lab work and preventive screenings.

Why was HealthWise created for employees?

HealthWise was developed to make healthcare more accessible, convenient, and affordable for employees and their families. With same or next-day appointments, no out-of-pocket costs for most services, and a focus on preventive care, HealthWise helps support your long-term health and well-being.

I already have good insurance. Why would I use HealthWise?

HealthWise complements your insurance. In most cases, services at HealthWise are available at no cost to you—no copays, no deductibles. You get faster appointments, more time with your provider, and care from a team that's focused solely on district employees and their families.

Does the clinic bill my insurance?

No. One of the key benefits of HealthWise is that services are covered by the district, not billed to your insurance. This helps avoid surprise bills and out-of-pocket expenses for you. In addition, lowering the number of claims made through insurance also helps the district control healthcare costs.

Will my employer have access to my medical records?

Absolutely not. Your medical records are private and protected under HIPAA, just like any other medical provider. Your employer does not have access to individual health information.

What does it cost to use the clinic?

For most services, there is no out-of-pocket cost for eligible employees and covered dependents. There are no copays, deductibles, or hidden fees—the district covers the expense as part of your benefits package.

What if I already have a primary care provider?

You can continue to see your current provider if you prefer. But many employees choose HealthWise because of the shorter wait times, no cost for services, and integrated support like onsite labs and pharmacy or even health and wellness coaching. You can even use HealthWise for some services and your PCP for others—it's up to you.

How is HealthWise different from my regular doctor's office?

HealthWise offers:

- No out-of-pocket cost for eligible users
- Convenient scheduling (fewer delays and waitlists)
- Integrated services (labs, care coordination, education)
- More time with your provider (often 20 to 30-minute visits)
- A focus on preventive care and long-term wellness

How does HealthWise support your health?

HealthWise is designed to help you stay healthier with:

- Care that's convenient and easy to access
- Early treatment of acute & episodic events
- Better management of chronic conditions
- Fewer sick days and improved well-being

Is the clinic open year-round, including during school breaks?

Yes. HealthWise remains open year-round, even when school is out, ensuring continuity of care for employees and their families.

HOW DO I CONTACT HEALTHWISE?

HealthWise Medical Clinic locations are available to all eligible members, no matter where you're located, you have access to care at any of our four convenient clinic locations.

VISALIA

SCAN FOR APPOINTMENT

4004 S Demaree St #A
Visalia , CA 93277

Phone: (559) 272-9549
Fax: (559) 746-0397

Hours of Operation:
Monday - Saturday
8:30AM - 5:30PM **CLOSED** 1-2PM

PORTERVILLE

SCAN FOR APPOINTMENT

99 W Putnam Ave,
Porterville, CA 93257

Phone: (559) 272-9544
Fax: (559) 560-9974

Hours of Operation:
Monday - Friday
8:30AM - 5:30PM **CLOSED** 1-2PM

HANFORD

SCAN FOR APPOINTMENT

740 N Irwin St,
Hanford, CA 93230

Phone: (559) 272-9551
Fax: (559) 550-0423

Hours of Operation:
Monday - Friday
8:30AM - 5:30PM **CLOSED** 1-2PM

DINUBA

SCAN FOR APPOINTMENT

561 N Alta Ave.,
Dinuba, CA 93618

Phone: (559) 725-8165
Fax: (559) 590-4290

Hours of Operation:
Monday - Friday
8:30AM - 5:30PM **CLOSED** 1-2PM

Special Enrollment Opportunity for Newly Hired CTA Members

TheStandard

CTA CALIFORNIA TEACHERS ASSOCIATION

Protect Your Paycheck and Loved Ones With CTA Member Benefits

CTA-endorsed Disability and Life Insurance	• Disability insurance to protect your paycheck • Includes access to Student Loan Benefit, Cancer Benefit and Summer Benefit[1] • Up to $400,000 of Life insurance[2] to protect your loved ones • Apply with **no health questions asked**
Enrollment Period	• Apply within 270 days of starting work at your new school district
Who's Eligible[3]	• Brand new hires • District transfers

Learn More or Apply Online
Scan this code or visit
standard.com/cta/newhire

Schedule a Virtual Appointment
Scan this code or visit
stdrd.co/newhireappt

Not a CTA member? Join today at **cta.org/join**.

1 Summer Benefit is offered by CTA to eligible members who meet additional specific criteria. CTA provides this benefit at no extra cost, and The Standard acts as the claims administrator of this benefit. Summer Benefit is not provided under the Voluntary Disability insurance policy..
2 Coverage reduces to 65% of the amount in force at age 70, 45% of the amount in force at age 75 and 30% of the amount in force at age 80. Offer not available to retirees.
3 Must be a CTA member and an educator or education support professional in California. Other eligibility requirements may apply.

For costs and further details of the coverage and this enrollment opportunity, including the exclusions, benefit waiting periods, and reductions or limitations and the terms under which the policies may be continued in force, please contact Standard Insurance Company at 800.522.0406.

GP190-LTD/S399/CTA.1 GP190-LIFE/S399/CTA.3
SI **24210-CTAvol** (5/25)

Frequently asked questions

As part of your PPO or HSA medical benefits, SISC offers Centivo Care virtual primary care services at no cost to you. You have access to a care team who works together to offer you primary care, care coordination and answers to follow-up care questions – all through one app.

YOUR QUESTIONS ANSWERED

What is Centivo Care?

Centivo Care is your virtual primary care benefit. With Centivo Care, you have access to a dedicated care team who works together to offer you primary care, prescription refills, specialist referrals and answers to follow-up questions all through one app. Send us a message in the Centivo Care app or schedule a live video visit with your care team.

Who is eligible for Centivo Care?

Centivo Care is available to SISC members age 18+ who are enrolled in an active SISC Anthem or Blue Shield PPO or HSA plan and are under age 65.

What does Centivo Care cost to me?

As part of your employee benefits package, you have full access to the Centivo Care team at no cost.

Can I use Centivo Care if I already have a doctor?

Yes. Our team has experience co-managing patients with in-person doctors and will coordinate with your primary care doctor to ensure you receive the best possible care.

Does Centivo Care take my insurance?

SISC is providing Centivo Care access to eligible SISC members at no cost. If you need care from an outside provider, Centivo Care will work with you to find referrals to labs and specialists that are in-network with your plan.

How secure is my health information?

All protected health information is encrypted while at rest using current industry standard encryption. As a healthcare practice, Centivo Care is a covered entity under The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

What if I have a question about my insurance benefits?

For specific questions regarding your benefits, eligibility or claims, please call the number on the back of your health plan ID card.

What if I have technical issues?

Contact support@centivocare.com for support on any technical issues.

What are the Centivo Care hours?

Our standard hours are Monday - Friday 6 am-5 pm PT. Late appointments are available. Please message your provider to inquire. We also have a nurse line and a clinician on call after standard hours.

Chat with us or schedule a visit for healthcare questions, referrals to specialists, prescription medication refills and more!

CENTIVO Care. | SISC

For more information, visit centivocare.com.

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Lincoln Financial Group®

Beneficiary Designation Form

The Lincoln National Life Insurance Company
PO Box 2649, Omaha, NE 68103-2649
toll free (800) 423-2765 Fax (800) 462-4660
www.LincolnFinancial.com

Policyholder/Employer	Policy Number(s)
SELF-INSURED SCHOOLS OF CA/DINUBA UNIFIED	SISC75531
Employee Name	Employee Social Security or Certificate Number
Employee Address (Street, City, State)	Employee Telephone Number

WHO ARE YOUR BENEFICIARIES?

It is very important to clearly indicate your primary beneficiary(ies) and contingent beneficiary(ies). Proceeds are paid to contingent beneficiary(ies) only if there is no surviving primary beneficiary(ies). If multiple primary beneficiaries or contingent beneficiaries are named and no percentage distribution is noted, then any proceeds payable to such beneficiaries will be split equally. If more space is needed to list your beneficiaries please attach a sheet to this form. **The beneficiary(ies) named on this form will be valid for all basic, optional, and/or voluntary group term life and AD&D, Accident and Critical Illness coverages unless otherwise indicated by you. The beneficiary designation may not go into effect until this form is signed and dated by you. Page 2 of this form includes examples of how to complete this form.**

PRIMARY BENEFICIARY(IES)

Primary Beneficiary's Name and Address	Social Security Number	Relationship to You	Date of Birth	Percentage: Must equal 100%
Name: Address:				
Name: Address:				
Name: Address:				

CONTINGENT BENEFICIARY(IES): Contingent beneficiaries will only receive benefit if there are no surviving primary beneficiaries.

Contingent Beneficiary's Name and Address	Social Security Number	Relationship to You	Date of Birth	Percentage: Must equal 100%
Name: Address:				
Name: Address:				
Name: Address:				

Community Property State Consent for residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin. If you are married, live in a community property state, and name someone other than your spouse as beneficiary, you may have your spouse sign below to waive his or her rights to any community property interest in the benefit.

As the Insured's spouse, I do hereby consent to the beneficiary designation(s) indicated on this form and waive any rights that I may have to the proceeds of such insurance under applicable community property laws.

_____ _____
Signature of Spouse Date

_____ _____
Signature of Employee **Date**

COMPLETING YOUR BENEFICIARY DESIGNATION FORM

1. At the top of the form, fill in the information regarding your employer and yourself.
2. Next complete the information regarding who will be your primary and contingent beneficiaries. A primary beneficiary will be the person/people that you want to receive the life insurance benefit. The contingent beneficiary or beneficiaries will only receive the life insurance benefit if the primary beneficiary(ies) is no longer living. Indicate the percentage of the benefit amount that the beneficiary will receive. Do not use dollar amounts. Percentages must add up to 100%.
3. If you live in a community property state, are married and naming someone other than your spouse as the primary beneficiary, you should have your spouse sign this form to avoid any delays at claim time.
4. Sign and date the form.

Below is an example of how to complete the beneficiary designations:

PRIMARY BENEFICIARY(IES)

Primary Beneficiary's Name and Address	Social Security Number	Relationship to You	Date of Birth	Percentage: Must equal 100%
Name: Jill Doe Address: 123 Main St, Anytown, NE 00000	XXX-XX-XXXX	Wife	XX/XX/XX	100%
Name: Address:				
Name: Address:				

CONTINGENT BENEFICIARY(IES): Contingent beneficiaries will only receive benefit if there are no surviving primary beneficiaries.

Contingent Beneficiary's Name and Address	Social Security Number	Relationship to You	Date of Birth	Percentage: Must equal 100%
Name: John Doe Sr Address: 456 Main Ln, Anytown, NE 00000	XXX-XX-XXXX	Father	XX/XX/XX	50%
Name: Mary Doe Address: 789 Main Rd, Anytown, NE 00000	XXX-XX-XXXX	Sister	XX/XX/XX	25%
Name: Jack Doe Irrevocable Trust, Jill Doe TTEE UTA 1/04 Address: 123 Main St, Anytown, NE 00000	XXX-XX-XXXX	Trust		25%

FREQUENTLY ASKED QUESTIONS

Should I name a minor child as a beneficiary?
You may name a minor child as a beneficiary, however please be aware that we cannot make payment of a claim directly to a minor. If a claim is incurred we would need to make payment via UTMA or to the guardian of the minor's financial estate. Or, if guardianship is not obtained and if UTMA does not apply, the benefit will be placed On Hold - Age of Majority and payable once the minor reaches the age of majority.

How would I name a Charitable Organization as a beneficiary?
A charitable organization that is not your employer may be named as a beneficiary. You will need to indicate the name of the charitable organization, a contact for the organization, their tax identification number, and the percentage of the benefit that would be payable to them.

How do I name my Estate as the beneficiary?
You may name your estate as a beneficiary. To name your estate as the beneficiary indicate "My Estate" as the beneficiary. If you know who will be the executor or administrator of your estate you should also include that person's name. For example: My Estate, John Doe Executor.

How do I name a Trust as the beneficiary?
You may designate a trust as a beneficiary. To name a trust as a beneficiary, indicate Trustee (show Name and address) under Trust Agreement Dated (show date). If the trust has a tax identification number that will need to be supplied in place of the social security number. For example: Jack Doe Irrevocable Trust, Jill Doe TTEE UTA 1/1/04.