Anthem

SISC
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.

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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.

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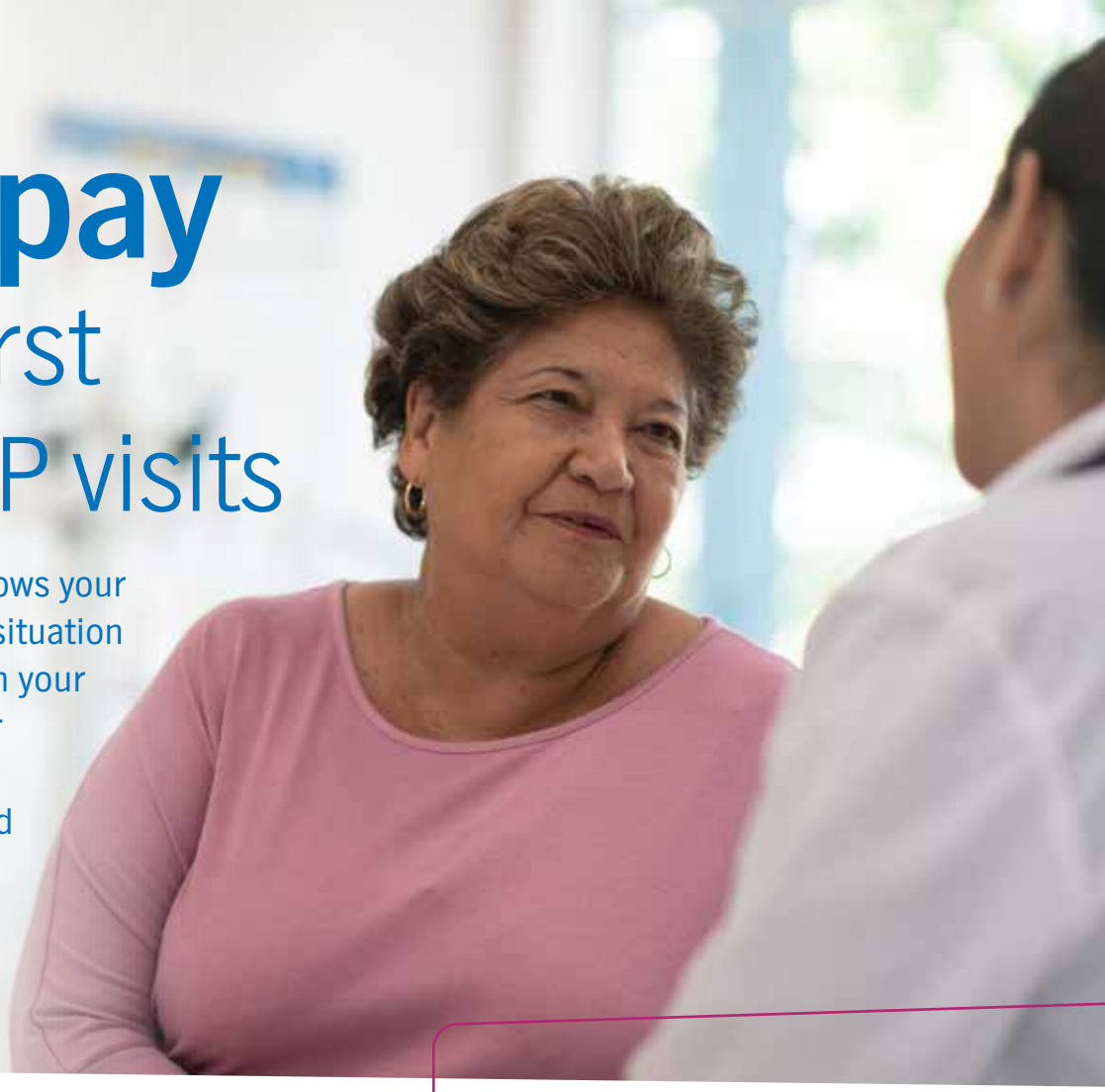
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$0 copay for the first three PCP visits



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

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

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

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

Find out if your SISC PPO plan is eligible

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

Choose a PCP

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

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

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What is a primary care physician (PCP)?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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The SISC Physical Medicine Review Program

Q. What are your physical medicine benefits?

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

Q. Who is American Specialty Health (ASH)?

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

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

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

Reviewing for medical necessity

Q. How does the review work?

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

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

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

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

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Q. How long does the review take?

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

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

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

Your benefits

Q. How can I find a provider?

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

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

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

Q. How does medical necessity review affect coverage?

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

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

If ASH determines the service is not medically necessary then:

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

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

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

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

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

Handling claims

Q. Where are claims processed?

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

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

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

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

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

Where to go for more information

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

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

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Facing a health issue? We can help.

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

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

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

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

Your nurse care manager will probably call you

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

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

This service doesn't cost anything extra.

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

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

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

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

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Live life to the fullest – without paying full price



Save money with discounts at anthem.com/ca

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

Vision, hearing and dental

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

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

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

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

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

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

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

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

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Check out more SpecialOffers on the other side.

SpecialOffers on anthem.com/ca

Fitness and health

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

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

Garmin — Get 25% off select Garmin wellness devices.

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

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

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

Family and home

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

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

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

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

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

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

Medicine and treatment

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

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

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

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

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

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

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

* All discounts are subject to change without notice.

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Need your medical ID card quick? Print a temporary one



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

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

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

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

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

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

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

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

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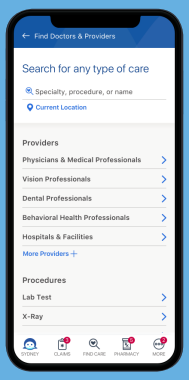
Connect with the care that's right for you

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

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

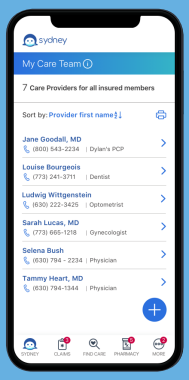
How to use Find Care

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



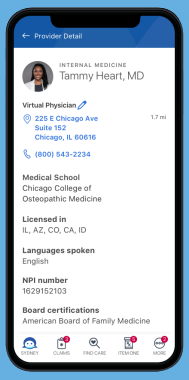
1

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



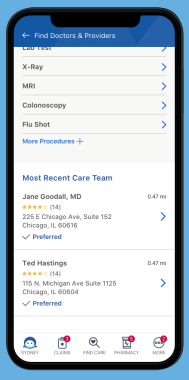
2

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



3

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



4

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

Choose with confidence

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

We're ready to help you

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

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

Use your smartphone camera to scan this QR code.

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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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119984CAMENABC 11/19

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

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



ADVANTAGES OF HAVING AN ONLINE DOCTOR VISIT

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

MDLIVE IS A GREAT OPTION FOR A WIDE RANGE OF CARE

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

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



Text SISC
to MDLIVE (635483)

Go online to
mdlive.com/SISC

Call MDLIVE at
1-800-657-6169

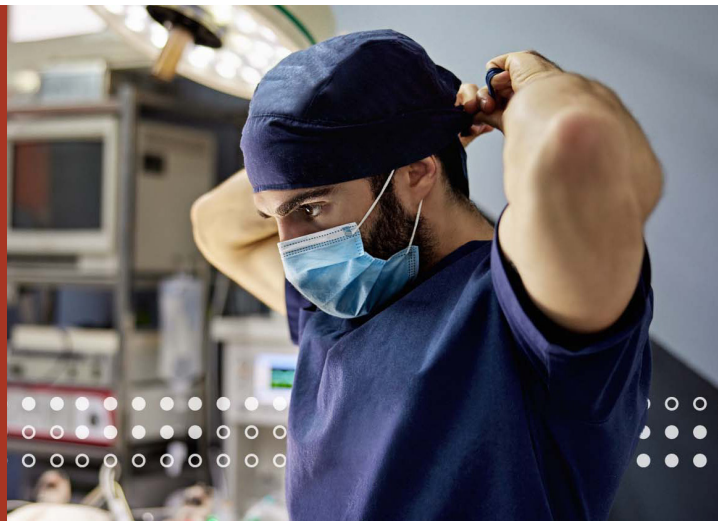
SISC
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Schools Helping Schools

MDLIVE®

carrumhealth

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



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

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

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

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

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

An unmatched healthcare experience

Better care

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

Costs are covered

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

Dedicated support

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

Ready to get started?

Visit: carrum.me/sisc

QR CODE

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

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



Sign up and start the program today!

SISC | Hinge Health

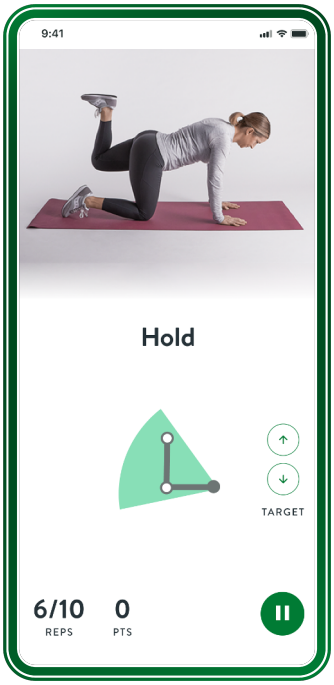
Conquer back and joint pain without drugs or surgery

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

Sign up today for help with any of the following:

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

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



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

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

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

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



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

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Anthem

Virtual care opportunities

Drive down costs, close gaps in care

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

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

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

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

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



How to download our Sydney Health app:

sydney

Download on the App Store

GET IT ON Google Play

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



Virtual care options for your employees

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

Use for:

Primary care

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

Urgent care for common health concerns

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

Prescriptions

Referrals for specialized care

How to access:

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

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

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

Hours for urgent or sick care: 24/7

LiveHealth Online through Sydney Health

Use for:

Mental health

- Anxiety
- Depression

Specialty care

- Dermatology
- Allergies
- Sleep

Urgent care for common health concerns

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

How to access:

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

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

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

Hours for urgent care: 24/7

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

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

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

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

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

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Hip, Knee and Spine Surgeries
Blue Distinction+ Requirement

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

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

The highest quality of care

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

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

Finding a Blue Distinction+ hospital

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

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

Are you considering a hip, knee or spine surgery?

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

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

Travel Assistance

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

Exceptions

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

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

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60495CAMENABC Rev. 11/19

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



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

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

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

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

Talk to your doctors if they refer you to a lab

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

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

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

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

Anthem

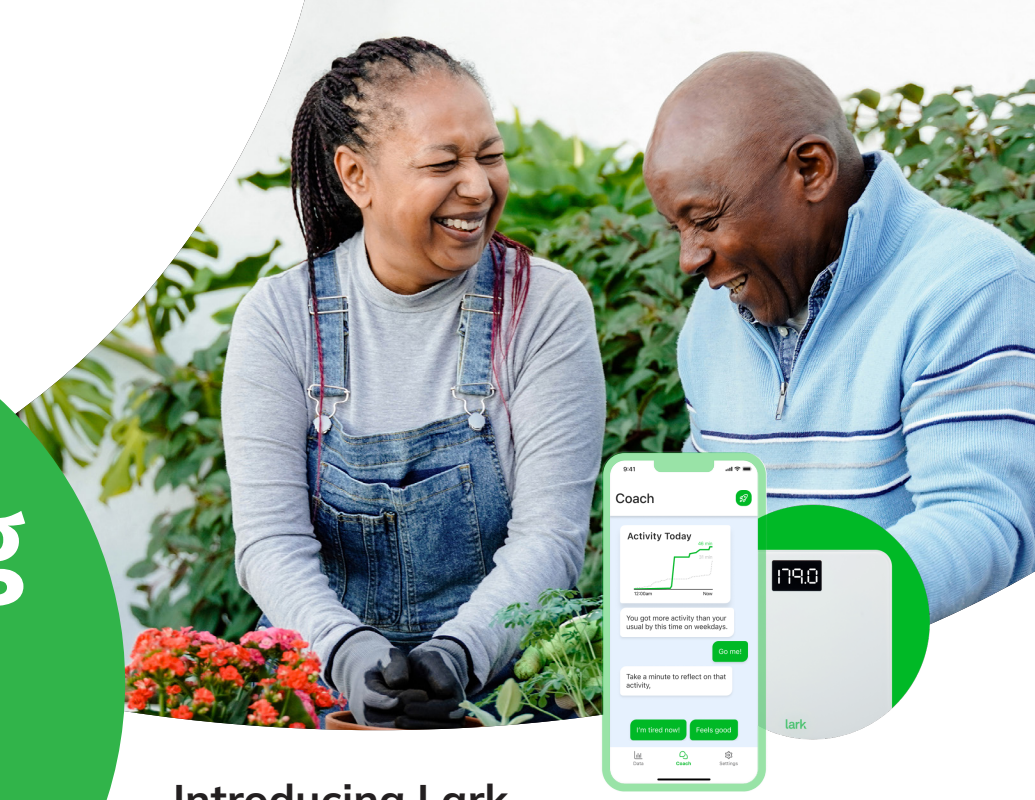
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lark

Preventing diabetes just got easier



Introducing Lark Digital Health Coaching

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

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

Together we can help you:

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

Get started with a quick eligibility survey

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

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

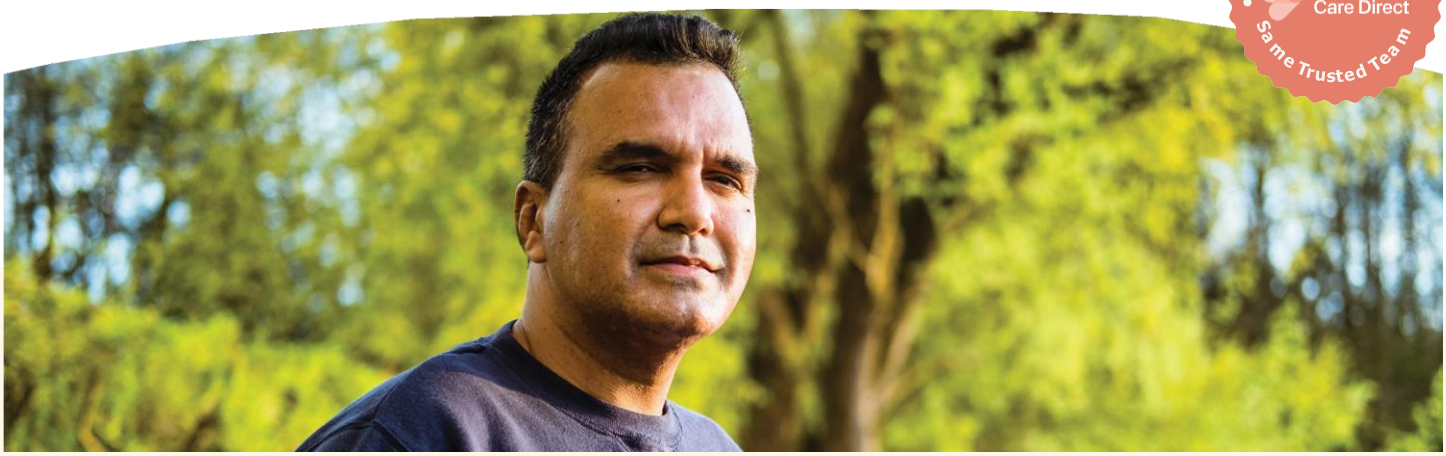
Eligibility requirements for the Lark Diabetes Prevention Program include qualifying as prediabetic according to a survey designed by the Centers for Disease Control and membership in a participating health plan. You may be eligible to earn health-related devices such as a scale or Fitbit® at no cost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

Fitbit is a registered trademark of Fitbit Inc.

LANTERN

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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

SISC
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Schools Helping Schools

Formerly Known As Cancer Care Direct Same Trusted Team

Frequently Asked Questions

Who can benefit from Lantern?

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

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

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

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

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

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

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

What will it cost me to use Lantern?

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

Can Lantern help get treatment approved for me?

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

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

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

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

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

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

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

What happens if my insurance changes?

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

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

Call us to learn more at:

(855) 961-4533

Visit Lantern Today.

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

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

Virtual care designed for you and your family

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

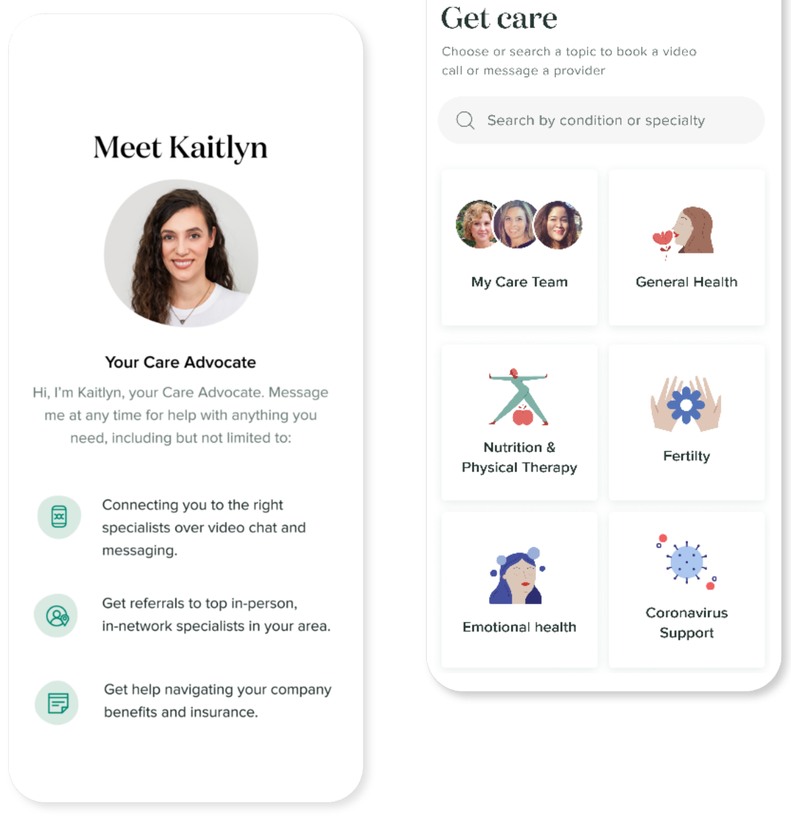


Personalized support for every step of your journey:

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

Your membership includes:

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



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

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

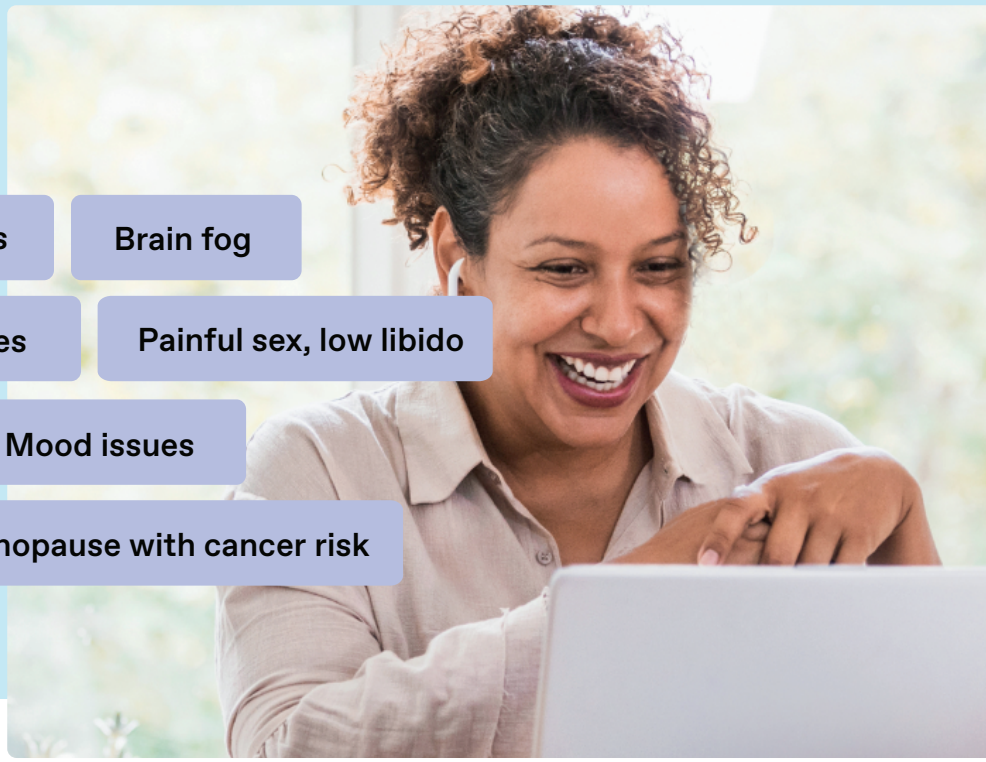
Enrollment in Maven is confidential.

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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

MDLIVE

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Schools Helping Schools

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



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

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

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

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

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

Consultations are convenient, private and secure.

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

Your COPAY is $0

Your copay is $0 for all visits starting October 2025

We treat over 50 routine medical conditions including:

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

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

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

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TELADOC Medical Experts

SISC Self-Insured Schools of California Schools Helping Schools



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

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

With Teladoc, you can:

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

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

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

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ANSWERS TO COMMON VISION BENEFIT QUESTIONS

Got questions? We've got answers.

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

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

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

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

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

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

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

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

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

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

*At select in-network providers





Does EyeMed sell individual insurance plans?

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

Can I use my benefits online?

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

LensCrafters — lenscrafters.com

Target Optical — targetoptical.com

Ray-Ban — ray-ban.com/eyemed

Glasses.com — glasses.com

contactsdirect — contactsdirect.com

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

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

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

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

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

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

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

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

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

How often should I get an eye exam?

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

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

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

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

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

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

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Getting started with video appointments

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

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

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

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

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

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

kp.org/getcare

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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 (EAP)* Access free, confidential resources for help with emotional, marital, financial, addiction, legal, or stress issues.	Free to all SISC members Call 800-999-7222 Visit *anthemeap.com/sisc*
24/7 Virtual Primary Care Doctor *Centivo Care* Skip the waiting room and get quick answers with primary care in your pocket. Use the Centivo app for same-day appointments, prescriptions, and follow-up care through secure video or live chat.	Visit *centivocare.com/sisc/* Scan the QR code to download the free Centivo Care app *Apple store* *Android store*
24/7 Physician Access – Anytime, Anywhere *MDLive* Access 24/7 virtual urgent care and appointment-based mental health services, including therapy and psychiatry for members ages 10 and older. Prescriptions may be provided when appropriate.	Free to Anthem and Blue Shield members Call 888-632-2738 Visit *mdlive.com/sisc*
Expert Medical Opinions *Teladoc Medical Experts* Get answers to any medical question and a second opinion from world-leading experts. Specialists can review your diagnosis and treatment plan to help you make informed decisions.	Free to Anthem, Blue Shield, and Kaiser Permanente members Call 800-835-2362 Visit *teladochealth.com/SISC*
Free Generic Medications *Costco* Get most generic prescriptions at no cost through Costco retail or mail-order pharmacies—no Costco membership required. Enjoy free home delivery from your local Costco via Instacart, with a text sent once your prescription is ready. Easy, convenient, and hassle-free.	Free to Anthem and Blue Shield members Call 800-774-2678 (press 1) Visit *Costco.com/pharmacy* *A deductible may apply for HSA members.*
24/7 Access to Virtual Maternity and Postpartum Support *Maven* Connect with specialists and a care advocate from pregnancy to postpartum, and enjoy a free 6-month diaper subscription when you enroll before your third trimester.	Free to Anthem and Blue Shield PPO members Visit *mavenclinic.com/join/sisc*

Members on HSA & MEC are eligible. Per IRS guidelines, in person services are subject to deductible for HSA members.

CONTINUES

BENEFIT HIGHLIGHTS		AVAILABILITY AND HOW TO GET STARTED
MidiHealth	**Virtual Menopause Care** *Midi Health* Expert menopause care from home. Get personalized treatment plans, prescriptions when appropriate, and lifestyle support through virtual visits. A deductible may apply for HSA members.	Free to Anthem and Blue Shield members Standard cost-share applies Visit *joinmidi.com/sisc*
Hinge Health™	**Physical Therapy for Back or Joint Pain** *Hinge Health* Conquer pain and restore mobility with personalized exercises and one-on-one guidance from a physical therapist. Plus, access to orthopedic specialists for extra support.	Free to Anthem and Blue Shield PPO members Call 855-902-2777 Visit *hingehealth.com/sisc*
carrumhealth	**Hip, knee, and spine surgical benefit** *Carrum Health* Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefits cover all related travel and medical bills. A deductible may apply for HSA members.	Free to Anthem and Blue Shield PPO members Call 888-855-7806 Visit *info.carrumhealth.com/sisc/*
LANTERN	**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 plans.	Visit *lanterncare.com*
WellTheory	**Autoimmune Support** *WellTheory* Take control of your autoimmune health. Work with expert coaches to fill gaps left by medications and ease chronic symptoms like pain, fatigue, and digestive issues.	Visit *welltheory.com/partner/sisc*
vida	**Personal Health Coaching and Therapy** *Vida Health* Personalized support for your health. The Vida app offers one-on-one health coaching, therapy, chronic condition management, and easy-to-use health tracking tools.	Free to Anthem and Blue Shield members Call 855-442-5885 Visit *vida.com/sisc*

Members on HSA & MEC are eligible. Per IRS guidelines, in person services are subject to deductible for HSA members.

SISC
Self-Insured Schools of California
Schools Helping Schools

A joint powers authority administered by the Kern County Superintendent of Schools Office, John G. Mendiburu, Ed.D., Superintendent

STABILITY | EXPERTISE | INNOVATION



XP Health | SISC

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

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

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

48% lower

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

Over 3,000 frames available

800+ premium frames

eckō unltd. · OXFORD LANE · EYESSENTIALS · sydney love

$0 member cost

1800+ designer frames

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

$50-$125 member cost

400+ luxury frames

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

$75-$225 member cost

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

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

Low to no cost frames



$0 lenses



$0 Lens options & coatings

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

Savings of $200 MSRP

Get all three: Rx glasses, sunglasses, and contacts



from $0

+



from $0

+



Wholesale pricing

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

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

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

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

XP Health | How it works at a glance

Finding a vision care provider

In-network vision care provider

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

OR

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

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

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

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

Out-of-network vision care provider

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

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

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

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

Shopping for eyewear

Online via the XP Health marketplace - Maximize your savings

Visit **xphealth.co/SISC**

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

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

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