



SAN JOAQUIN COUNTY OFFICE OF EDUCATION
Troy A. Brown, Ed.D., County Superintendent of Schools

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www.sjcoe.org

Date: July 29, 2026
To: SJCOE – Classified, Confidential, Management and Unrepresented Teachers
From: Jenny Barros, Coordinator, Payroll Services
Subject: **SISC 2026-2027 Open Enrollment – Changes Effective October 1, 2026**

The SISC Health & Welfare Open Enrollment period begins NOW and **ends on Friday, August 21, 2026, at 5:00 pm. Payroll Services will be hosting the annual Health Benefits Fair on Tuesday, August 11, 2026, from 3:00 pm - 5:00 pm** located in the Nelson Center Auditorium, 2922 Transworld Drive, Stockton. SISC health consultants, American Fidelity, TDS 403b, Empower 457 plan representatives and various vendors will be present and available to answer your questions. Come by and have your questions answered, pick up giveaways from vendors and enter to win raffle prizes. Enrollment/Change forms are available electronically, please email SJCOEPayroll@sjcoe.net to request an electronic form.

Benefit Cap Increase - Effective July 1, 2026

- The benefit cap increased to \$1,500.00 per month and is pro-rated based on employees FTE.

***SISC Plans Changes – Effective October 1, 2026**

- **Fertility Treatment Coverage** – Effective October 1, 2026, SB729 coverage is **only available under the SISC Kaiser HMO Plans. SISC PPO PLANS DO NOT INCLUDE FERTILITY BENEFITS.** Examples of the benefits include:
 - Artificial insemination (IUI), in vitro fertilization (IVE), egg retrieval and embryo transfer
 - Oral and injectable fertility medications and medications used during fertility treatment cycles
 - Physician consultation and medical history review, lab testing, imaging and genetic screening

Coverage levels and member cost sharing varies by Kaiser health plan.

- **Health Savings Account Reminders** – The federal “Big Beautiful Bill” allows virtual care to be covered before the deductible on HSA-qualified plans, enabling low-cost access while preserving HSA eligibility. **Key features of the plan include the following \$0 cost benefits under SISC:**
 - **Vida Health**-will match you with a health coach or therapist who will help you manage diabetes, lose weight, feel less stressed, and make lifestyle changes.
 - **Centivo Care** Included with PPO medical benefits from SISC, employees and enrolled adult dependents (18+) have access to free primary care to address health concerns, assist with prescriptions, diagnose and manage chronic conditions all from your cell phone
 - **Hinge Health**
Personalized exercise program and a dedicated care team to reduce your joint and muscle pain.
Offered at no cost to employees, dependents 18+, and pre-65 retirees enrolled in an Anthem PPO medical plan with SISC as their primary insurance.
 - **MDLive Provider Visits**
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 for members ages 10 and older.

***SISC PPO Plan Reminders**

- **Maintenance Medication Requirement** – Members with new maintenance medications must first fill three 30-day prescriptions before transitioning to 90-day fills.
- **CENTIVO CARE (formerly Eden Health)** – Offers expanded primary care access through a smart phone application. This benefit enables eligible members to access care from a primary care provider via video visits or live chat. This benefit is 100% no cost to eligible members.
- **MDLIVE** – Allows members to visit with a doctor 24/7 by phone, secure video or MDLive App for urgent care services and appointment-based mental health services. This benefit is changing to a \$0 copay for each visit
- **MIDI HEALTH** – Offers in-network, virtual perimenopause and menopause care (standard cost-sharing applies). Specializes in treating symptoms and health concerns that can arise with hormonal changes. Visits are available 7 days a week including evening hours. Learn more at joinmidi.com/sisc.

***Additional information/flyers are provided in the on-line packet by visiting the following link: <https://www.sjcoe.org> (under Careers, select Benefits)**

Health Savings Account (HSA)~Employer Contribution – 70% 2-Tier HSA 5000 Deductible Plan

- In the event an employee's premiums total is under the \$1,500 monthly benefit cap, SJCOE will contribute the excess cap dollars into the employee's HSA account. If you currently do not have an HSA account, you will need to meet with American Fidelity within the enrollment period to set up the HSA account. To receive the excess cap dollars, you must have an HSA account. The HSA enables tax-free savings for the qualified medical expenses of "eligible individuals" and their dependents. An "eligible individual" or HSA owner is someone covered under the High Deductible Health Plan (HDHP) or 2-Tier HSA Plan and is not covered under a non-HDHP or Medicare and is not claimed as a dependent on another's tax return. HSA contributions are tax-deductible. The 2026 calendar year maximum amount that can be contributed to an HSA is \$4,400 per individual and \$8,750 per family (2027 HSA calendar year maximums \$4,500 per individual and \$9,000 per family).

Waiver of Medical Coverage - (WABE Plan)

- The purpose of SJCOE offering this enrollment option is so employees with secondary coverage will not have issues accessing their secondary coverage (which will become primary for an employee enrolled in WABE). The WABE program is premium in lieu of enrollment. Employees that choose WABE will not have medical or prescription drug coverage, they will have MDLive, Vida Health Program, EAP, Advance Medical second opinion and Biometric Screenings coverage. Employees enrolled in WABE must also enroll in the dental and vision plans offered by SJCOE. Employees electing the WABE option must also sign a "Declination of Coverage for Full Time Employees form." Email SJCOEPayroll@sjcoe.net to obtain the Declination of Coverage form.

You will receive the complete 2026-2027 Open Enrollment Packet via email. You may access the packet electronically by visiting the following link: <https://www.sjcoe.org> (under *Careers* select *Benefits*). Again, Enrollment/Change forms are available electronically, please email SJCOEPayroll@sjcoe.net to request an electronic form. **You must submit the required forms by the deadline, Friday, August 21, 2026 (no exceptions).** Any changes made during the Open Enrollment period will be effective October 1, 2026, through September 30, 2027. If you are not making any changes to your medical, dental and/or vision coverage, no action is required. **If you participate in the Section 125 Plan medical/dependent care reimbursement you must meet with American Fidelity yearly to re-enroll and/or update premiums for voluntary plans (ie: Disability premium).**

SISC Plans Rate Comparison:

<u>SISC PPO Plans – Anthem Blue Cross</u>	<u>Group #</u>	<u>2025-26</u>	<u>2026-27</u>
90% Plan E	40347A	\$2,302.00	\$2,558.00
80% Plan G	40347C	\$2,011.00	\$2,239.00
80% Plan L	40347D	\$1,768.00	\$1,969.00
Gold Proactive Care Plan - New	M029	\$1,963.00	\$2,182.00
90% High Deductible HSA 3400 Plan (Formerly High Deductible HDHP Plan)	40347F	\$1,581.00	\$1,759.00
70% 2-Tier HSA 5000 Plan	70100B		
-Employee only		\$ 895.00	\$ 996.00
-Employee + child(ren)		\$1,410.00	\$1,568.00
WABE (no medical or Rx Benefit)			
-Employee only	WABE10397L	\$ 895.00	\$ 996.00
<u>SISC HMO Plan</u>			
Kaiser – includes vision benefit	606394-0070ALN	\$2,054.00	\$2,243.00
<u>Dental Plans</u>			
Delta Dental Premier Plan	7086-2172	\$ 93.00	\$ 93.00
Delta Dental Preferred Plan	7086-3172	\$ 85.00	\$ 85.00
<u>Vision Plan</u>			
EyeMed	1036702-1001ALN	\$ 11.40	\$ 11.40
XP Health Vision	10397AALN	\$ 23.60	\$ 23.60

ESTIMATE YOUR PAYROLL DEDUCTION/OVER-CAP ONLY (Cap amount pro-rated based on FTE)

Insert the premium from your plan selection in the lines below.

Medical Plan \$ _____

Dental Plan \$ _____

Vision Plan \$ _____

Total Premium \$ _____**Less Insurance Benefit Cap** \$ **- 1,500.00*****Payroll Deduction** \$ _____****Employer HSA Contribution** \$ _____

* Monthly Payroll Deduction amount from Salary.

**Monthly Employer HSA Contribution.

Dependents

For SJCOE to maintain and preserve the integrity of the health plans it is the employee's responsibility to submit proof of eligibility for dependents (i.e., spouse/domestic partner, children, etc.). Federal healthcare legislation allows employees to provide healthcare coverage to their children up to age 26 regardless of financial dependence, student status, or marital status.

Who is an eligible dependent?

Spouse: The employee's legally wed spouse as defined by state law. A copy of the marriage certificate that is witnessed and signed immediately following the ceremony or Certificate of Marriage (legal document from the Hall of Records) and the previous calendar year's Federal Tax return (first page reflecting married filing status – financial information may be blacked out) must be submitted with the enrollment form and SJCOE will forward to SISC in order to add a spouse.

Domestic Partner: All couples regardless of age or sexual orientation are eligible. The employee must provide the county with a certified copy of the Declaration of Domestic Partnership that was filed with California Secretary of State, the previous calendar year's Federal Tax return (first page reflecting married filing status – financial information may be blacked out) must be submitted with the enrollment form and SJCOE will forward to SISC in order to add a domestic partner.

Child/Child of Domestic Partner: A natural child or stepchild from birth to age 26; a legally adopted child or a child who is in the process of being adopted; a child for whom the member has legal and physical custody/guardianship to age 18. Proof of eligibility will be required when adding a new dependent for an existing employee and at the time of hire for a new employee.

If you have any questions and/or need assistance in accessing the open enrollment packet electronically from website, please contact **Payroll Services** at SJCOEPayroll@sjcoe.net.

Attachments

San Joaquin County Office of Education

This is a **limited** summary of Medical Plan Benefits for Plan Year October 2026. For detailed coverage refer to the Plan Document and SBC



	90% Plan E-20 9-35	80% Plan G-30 200/10-35	80% Plan L-30 200/10-35	PCP Copay Gold Plan 9-35	90% HSA 3400 Med-Rx Same	2-Tier HSA 5000 Med-Rx Same	KAISER Vision - 30 10-30
Monthly COMPOSITE Premium Rates	\$2,558	\$2,239	\$1,969	\$2,182	\$1,759		\$2,243
Monthly SINGLE Premium Rate						\$996	
Monthly FAMILY Premium Rate						\$1,568	
	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS		MEMBER PAYS
PREVENTATIVE CARE <i>(Includes Physical Exams & Most Screenings)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MEDICAL - CALENDAR YEAR Deductibles & Maximums							
Individual/Family Deductibles <i>* Includes RX</i>	\$300/\$600	\$500/\$1,000	\$2,000/\$4,000	\$0/\$0	\$3,400/\$6,800*	\$5,000/\$10,000*	\$0/\$0
Individual/Family Out-of-Pocket (OOP) Max <i>(Includes Medical Deductibles, Co-insurance & Co-pays)</i>	\$1,000/\$3,000	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,000	\$6,000/\$12,000*	\$6,350/\$12,700*	\$1,500/\$3,000
PROFESSIONAL SERVICES							
Office Visit - Urgent Care - Pre & Post Natal Care Specialists/Consultants <i>* Primary Care Provider Office Visit Copayment</i>	\$20	\$30	\$30	\$0 \$100 \$0	10%	30%	\$30
Scans: CT - CAT - MRI - PET	10%	20%	20%	\$300 (Radiology Center)	10%	30%	\$0
Diagnostic X-ray & Laboratory Procedures	10%	20%	20%	\$75 & \$0	10%	30%	\$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES							
In-Patient Hospital <i>(Prior Authorization Required)</i>	10%	20%	20%	\$600 Per Day	10%	30%	\$0
Outpatient Hospital	10%	20%	20%	\$1,500	10%	30%	\$30
Outpatient Surgery <i>(Performed in ASC)</i>	10%	20%	20%	\$300	10%	30%	\$30
Emergency Room Visit <i>(Waived if Admitted)</i>	\$100	\$100; then 20%	\$100; then 20%	\$900	\$100; then 10%	\$100; then 30%	\$100
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT							
In-Patient: Facility Based Care <i>(Prior Authorization Required)</i>	10%	20%	20%	\$600 Per Day	10%	30%	\$0
Out-Patient: Facility Based Care <i>(Prior Authorization Required)</i>	10%	20%	20%	\$0	10%	30%	\$30
OTHER SERVICES							
Acupuncture <i>(Limits Apply)</i>	10%	20%	20%	\$0	10%	30%	\$10/30 visits combined with Chiropractic
Ambulance <i>(Ground or Air)</i>	\$100	\$100; then 20%	\$100; then 20%	\$900	\$100; then 10%	\$100; then 30%	\$50
Chiropractic <i>(Limits Apply)</i>	10%	20%	20%	\$0	10%	30%	\$10/30 visits combined with Acupuncture
Durable Medical Equipment (DME)	10%	20%	20%	30%	10%	30%	\$0
Physical and Occupational Therapy <i>(Limits Apply)</i>	10%	20%	20%	\$0	10%	30%	\$30
PHARMACY BENEFITS							
Individual/Family Brand & Specialty Rx Deductibles	None	\$200/\$500	\$200/\$500	\$0	Included with Medical Deductible *	Included with Medical Deductible *	None
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(Includes Rx Deductibles & Co-pays)</i>	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$0	Included with Medical OOP Max *	Included with Medical OOP Max *	Included with Medical OOP Max
Generic - 30 days supply	Free at Costco \$9 Other Network	Free at Costco \$10 Other Network	Free at Costco \$10 Other Network	\$9	\$9 after Deductible	\$9 after Deductible	\$10-100 day supply
Brand - 30 days supply	\$35	\$35	\$35	\$35	\$35 after Deductible	\$35 after Deductible	\$30-100 day supply
Specialty - 30 days supply	\$35 Navitus Mail ONLY	\$35 Navitus Mail ONLY	\$35 Navitus Mail ONLY	\$35	\$35 Navitus Mail ONLY after Deductible	\$35 Navitus Mail ONLY after Deductible	\$30-30 day supply
Mail Order <i>(Generic & Brand - 90 days supply)</i> New maintenance medications require first fill three 30-day prescriptions prior to 90-days	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$10-\$30/100 day supply

* Primary Care Providers are: Family or General Practitioner, Internist, Gynecologist, Obstetrician, Pediatrician or Nurse Practitioner



San Joaquin County Office of Education

This is a **limited** summary of Dental Plan Benefits for Plan Year October 2026. For detailed coverage refer to the Plan Document and SBC. All benefits shown assume In-Network coverage only.

	Delta Dental Plan Premier-Incentive Plan	Delta Dental Plan Preferred-PPO Plan
Monthly COMPOSITE Premium Rates	\$93	\$85
CALENDAR YEAR Deductibles	MEMBER PAYS	MEMBER PAYS
Individual/Family Deductibles	\$0/\$0	\$0/\$0
CALENDAR YEAR Annual Maximum Benefit	PLAN PAYS	PLAN PAYS
Individual/Family Maximum- Non-Delta Dental PPO dentist	\$1,500	\$1,500
Covered Service	PLAN PAYS	PLAN PAYS
Diagnostic & Preventive Services Exams, X-rays, 2 Cleanings Per Calendar Year	70-100%	100%
Basic Services Oral Surgery, Fillings, Periodontic Procedures, Root Canals, Sealants	70-100%	100%
Crowns Crowns, Jackets & Cast Restorations	70-100%	100%
Prosthodontics Bridges, Dentures & Implants	50%	50%
Orthodontics	Not Covered	Not Covered



San Joaquin County Office of Education

This is a **limited** summary of Vision Plan Benefits for Plan Year October 2026. For detailed coverage refer to the Plan Document and SBC

	EyeMed Plan - A-\$0 1036702-1001ALN	XP Health Vision XP Vision \$10 68544AALN
Monthly COMPOSITE Premium Rates	\$11.40	\$23.60
CALENDAR YEAR Deductibles & Maximums	MEMBER PAYS	MEMBER PAYS
Individual Copayments	\$0.00	\$10.00
FREQUENCY OF SERVICE	PLAN PAYS	PLAN PAYS
Comprehensive Vision Exam	Once Every Calendar Year	Once Every Calendar Year
Lenses	One Pair Every Other Calendar Year	Two Pairs Every Calendar Year
Frames	One Pair Every Other Calendar Year	Two Pairs Every Calendar Year
Contact Lenses - Non-Elective	One Pair Every Other Calendar Year	Benefit limits apply for Non-elective
Contact Lenses - Elective	One Pair Every Other Calendar Year	Unlimited access to wholesale contact lens purchasing
BENEFIT ALLOWANCE	PLAN PAYS	PLAN PAYS
Comprehensive Examination	100% - Participating Provider	100% - Participating Provider
Single Vision Lenses	100% - Participating Provider	100% - Participating Provider
Bifocal Lenses	100% - Participating Provider	100% - Participating Provider
Trifocal Lenses	100% - Participating Provider	100% - Participating Provider
Progressive Lenses	Up to \$89.50 - Participating Provider	Up to \$95.00 - Participating Provider
Aphakic Monofocal	100% - Participating Provider	100% - Participating Provider
Aphakic Multifocal	100% - Participating Provider	100% - Participating Provider
Frames	Up to \$180 (Eff. 1/1/26) - Participating Provider	3,000+ Frames with over 800 at \$0 Member Fee
Contact Lenses - Non-Elective	100% - Participating Provider	Benefit limits apply for Non-elective
Contact Lenses - Elective	Up to \$180 - Participating Provider	Unlimited access to wholesale contact lens purchasing



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

**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

**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/

**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 lanternccare.com

**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

**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



WHO TO CONTACT

IMPORTANT TELEPHONE NUMBERS

Cristina De Guzman, SISC Benefit Plans	crdeguzman@siscschools.org	661-636-4740
Chelsy Heckmann, SISC Benefit Plans	chheckmann@siscschools.org	661-636-4221
SISC Main Number		661-636-4410
COBRA	SISCCOBRA@siscschools.org	661-636-4410
Employee Assistance Program (EAP)	www.anthemead.com	800-999-7222
Anthem Blue Cross	www.anthem.com/ca/sisc	800-825-5541 or Back of ID Card
Kaiser Permanente HMO	www.kp.org/sisc	800-464-4000
Navitus (Customer Service & Mail Order)	www.navitus.com	866-333-2757
Delta Dental Plan	www.deltadentalins.com	866-499-3001
David Koop, Delta Dental Plan	Dkoop@delta.org	
EyeMed	www.eyemed.com	866-800-5457
Teladoc Medical Experts	www.teladoc.com/sisc	800-835-2362
Anthem Companion Care Retiree Plan		800-825-5541
Kaiser Senior Advantage Retiree Plan		800-443-0815
MDLive	www.mdlive.com/sisc	800-657-6169
Tangee Franco, American Fidelity	Tangee.Franco@americanfidelity.com	800-365-8306
Misha Bothe, American Fidelity	Misha.Bothe@americanfidelity.com	800 365-8306
Legal Shield – Amy & Todd Doyle	thedoylegroup@outlook.com	
Charles Bailey, TDS	cbailey@omni403b.com	866-446-1072
David McCray, Empower (457)	dmccray@retirementplanadvisors.com	209-640-2898

To Order New Identification Cards (ID Cards) See Applicable Plan's Website Above



TAKE TIME TO REVIEW YOUR BENEFITS

Your benefits review is the best opportunity of the year to make changes to your benefits package and ensure your coverage continues to meet your needs. An American Fidelity account manager can help you review your coverage and find a plan that works best for you and your family.

Your enrollment dates:



Benefits Enrollment
July 30 to September 30

**Schedule your
appointment today:**

<https://enroll.americanfidelity.com/E8757D52>



Has your information changed?

New address or bigger family? A lot can change in a year and it's important to verify all of your information is up to date during your benefits review.

Available Benefits:



Accident Insurance

americanfidelity.com/accident



Cancer Insurance

americanfidelity.com/cancer



Disability Insurance

americanfidelity.com/disability



Hospital Indemnity Insurance

americanfidelity.com/hospital-indemnity



Life Insurance

americanfidelity.com/life



Flexible Spending Accounts

americanfidelity.com/fsa

Limitations, exclusions and waiting periods may apply.

Tangee Franco

Executive Account Partner

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2026 PLAN COMPARISON

457(b) Plans Governmental

403(b) Plans

\$24,500 maximum contribution plus catch-up options 457(b) limits no longer reduced by 403(b) contributions	Contribution Limits & Coordination of Contribution Limits	\$24,500 maximum contribution plus catch-up options ¹ 403(b) limits no longer reduced by 457(b) contributions
None (normal income tax only)	Early Withdrawal Penalty Tax	10% early withdrawal federal penalty tax may apply for distributions prior to age 59 1/2. Waived if age 55 and separated from service (normal income tax only). ²
Employer responsible for administration	Employer Control	Employer responsible for administration
No discrimination rules apply - employer defines and limits eligibility	Eligibility Rules	Deferrals available to eligible employees as defined by the Plan Document. Universal Availability rules permit only limited exclusions to eligibility.
Age 50-59 or 64 or older on December 31, 2026: \$8,000 annual limit (special catch-up option may also be utilized) -or- Age 60-63 on December 31, 2026: ³ \$11,250 annual limit (special catch-up option may also be utilized)	Age Based Catch-Up Option	Age 50-59 or 64 or older on December 31, 2026: \$8,000 annual limit (special catch-up option may also be utilized) -or- Age 60-63 on December 31, 2026: ³ \$11,250 annual limit (special catch-up option may also be utilized)
Three years prior to normal retirement age allows the lesser of: - Two times current year's normal contribution limit; or - Underutilized limits from past years with the same employer.	Special Catch-Up Option (If Permitted By Plan)	Fifteen years of service option increases limit by the lesser of: \$3,000; \$15,000 less additional limit used in past years; or - Excess of \$5,000 times years of service, less elective deferrals.
Available	Transfer to Purchase Service Credits	Available
Funds cannot be distributed until: - Age 59 1/2;⁴ - Severance from employment; - Disability; - Death; or - Unforeseeable emergency.	Distribution Restrictions	Funds cannot be distributed until: - Age 59 1/2; - Severance from employment; - Disability; - Death; or - Financial hardship.
Funds may be rolled over to: - Another 457(b) Governmental Plan 403(b) TSA - IRA (Traditional, SEP) 401(a) Plan (Pension, Profit Sharing 401(k), STRS)	Portability of Plan Funds After Qualifying Event (Plan Restrictions May Apply)	Funds may be rolled over to: - Another 403(b) 457(b) Governmental - IRA (Traditional, SEP) 401(a) Plan (Pension, Profit Sharing 401(k), STRS)
Contribution and earnings may be distributed to the extent required for an unforeseeable emergency (sudden and unforeseen) beyond control of participant, such as: - Medical care - Casualty loss	Financial Need Distribution (Hardship/Unforeseeable Emergency Withdrawals)	Contributions (and earnings) ⁵ may be distributed to extent required for a financial hardship even if foreseeable and voluntary, such as: - Medical care; - Payment of tuition; or - Purchase of a home; or - Payments needed to prevent eviction from or foreclosure on home.
Permitted, with loans from all qualified plans limited to the lesser of: \$50,000; or - One half of vested benefits (or \$10,000, if greater).	Loans	Permitted, with loans from all qualified plans limited to the lesser of: \$50,000; or - One half of vested benefits (or \$10,000, if greater).
RMD rules apply at age: i. 73 for a person who attains age 72 after 12/31/2022 and age 73 before 1/1/2033 ii. 75 for a person who attains age 74 after 12/31/2032	Required Minimum Distributions	RMD rules apply at age: i. 73 for a person who attains age 72 after 12/31/2022 and age 73 before 1/1/2033 ii. 75 for a person who attains age 74 after 12/31/2032

Figures reflect 2026 contribution limits. ¹Reduced by elective deferrals to 401(k) plans, SEP plans or SIMPLE plans. ²Unless attributable to rollover from another type of retirement plan. ³Employer must allow this feature per adopted Plan Provisions per SECURE Act 2.0 of 2022. ⁴For Plans that adopted Sec. 104 of the Bipartisan American Miners Act of 2019. Otherwise, Age 70½. ⁵For Plans that adopted Sec. 602 of the SECURE 2.0 Act of 2022.

DID YOU KNOW ABOUT YOUR 403(b) BENEFIT?

THE OPPORTUNITY

You have the opportunity to save for retirement by participating in your Employer's 403(b) retirement plan. A 403(b) plan is a retirement plan for certain employees of public schools, tax-exempt organizations and ministries.

We recommend that all employees visit our education page which can be found here: www.omni403b.com/Employees/Education

WHY SAVE WITH 403(b)?

1. You do not pay income tax on allowable contributions until you begin making withdrawals from the plan, usually after your retirement.
2. Investment gains in the plan are not taxed until distribution.
3. Generally, retirement assets can be carried from one employer to another.

Future retirement savings value assuming 6% growth

Monthly Contributions	5 Year	15 Years	20 Years
\$50	\$3,489	\$14,541	\$23,102
\$200	\$13,954	\$58,164	\$92,408
\$500	\$34,885	\$145,409	\$231,020

HOW CAN I PARTICIPATE?

Prior to contributing you must open an account with an investment provider authorized in the Plan, a list of which is available on the right. You may then complete a Salary Reduction Agreement (SRA) online at: www.omni403b.com/SRA

If you are already contributing to your Employer's Plan and you want to change your contribution amount or investment provider, simply complete and submit a new SRA. You can begin or change your contributions as soon as your next payment cycle following our receipt of a completed SRA.

HOW MUCH CAN I CONTRIBUTE ANNUALLY?

In 2026, you may contribute up to \$24,500 if you are 49 years of age or below and up to \$32,500 if you are 50 years of age and over. You may also be entitled to additional catch-up provisions like the 15 Year Service Catch-up. Please contact OMNI's Customer Care Center at **877-544-6664** for further details.

2026 Maximum Allowable Contribution Limits

Elective Contribution Limits

Age 49 and under on 12/31/2026	Age 50 to 59 or 64 or older by 12/31/2026	Age 60 to 63 as of 12/31/2026
\$24,500	\$32,500	\$35,750

15 Year Service Catch-Up amount, if eligible, is \$3,000

Maximum Employer Contribution is: \$72,000

Combined Limits for Elective and Non-Elective Contributions

Age 49 and under on 12/31/2026	Age 50 to 59 or 64 or older by 12/31/2026	Age 60 to 63 as of 12/31/2026
\$72,000	\$80,000	\$83,250

LOOKING FOR HELP?

Click the link below to view your plan details

[San Joaquin County Office of Education Plan Detail Page](#)

New accounts may be opened with the following approved service providers.

San Joaquin County Office of Education

- American Century Services LLC
- American Fidelity Assurance Co.
- American Funds Service Company
- American United Life Ins Co 1
- Americo Financial Life/Annuity
- Ameriprise Financial/RiverSource
- Aspire - IPX
- Brighthouse Life Ins (MetLife CT/Travelers)
- California Teachers Association (CTA)
- CalSTRS Pension 2 (VOYA)
- Corebridge Financial (formerly AIG/VALIC)
- Equitable (formerly AXA)
- Fidelity Management Trust
- Fiduciary Trust Co. of New Hampshire
- Fiduciary Trust Intl-Franklin Templeton
- GWN/Employee Deposit Acct
- Horace Mann Life Ins. Co.
- Industrial Alliance Ins & Fin. Serv. Inc
- Invesco OppenheimerFunds
- Jackson National Life III
- Lincoln Investment Planning
- Lincoln National
- MetLife
- Midland National Life Insurance
- Modern Woodmen of America
- National Life Group (LSW)
- North American Company 2
- NY Life Ins. & Annuity Corp.
- Orion Portfolio Solutions, LLC (Formerly FTJ FundChoice)
- Pacific Life Insurance Company
- PenServ SmartSAV (formerly Foresters)
- PFS Investments
- PlanMember Services Corp.
- ROTH - American Century Services LLC
- ROTH - Aspire - IPX
- ROTH - California Teachers Assoc. (CTA)
- ROTH - CalSTRS Pension 2 (VOYA)
- ROTH - Equitable (formerly AXA)
- ROTH - Fidelity Management Trust
- ROTH - Horace Mann Life Ins. Co.
- ROTH - Industrial Alliance Pacific
- ROTH - Invesco OppenheimerFunds
- ROTH - Lincoln Investment
- ROTH - National Life Group (LSW)
- ROTH - Primerica Financial Services
- ROTH - Vanguard Fiduciary Trust Co.
- ROTH - Voya Financial (Reliastar)
- Security Benefit
- Thrivent Financial for Lutherans
- TIAA-CREF
- TransAmerica
- Vanguard Fiduciary Trust Co.
- Victory Capital (USAA Mutual Funds)
- Voya Financial (Reliastar)
- Voya Financial (VRIAC)



Updated: July 23, 2026

Active Employees & Medicare

All employees and their dependents, even those employees and dependents age 65 and older, will be covered under the district's plan with primary coverage. Primary coverage means that the district's medical plan pays claims first.

A dependent that is receiving social security benefits and covered under their spouse's district's coverage is not required to enroll in Medicare Part A if the spouse is still an active employee of the district, because the district's plan is primary.

All American citizens that have paid into Social Security for 40 or more quarters are eligible for Medicare Part A premium free. Meaning they are eligible for Part A at no cost.

All American citizens enrolling in Medicare Part B & Part D, must pay a premium for Part B & D coverage. The amount of the premium is means tested, meaning that the amount of each American citizen's premium is based on the individual's annual income.

Three months prior to your 65th birthday active employees and their dependents should meet with a Social Security retirement planner to ensure that when they do retire, they will not experience a delay in receiving their social security benefits and Medicare coverage. When meeting with the Social Security planner be sure to advise them that you or your spouse is still employed and covered under the district's medical plan so you are not required to enroll in Medicare Part A, B or D. Providing this information when you first meet with Social Security will ensure that you are not charged a penalty for not enrolling in Medicare when you are first eligible.

Retiree & Medicare

Now that you are retired you will be eligible for Medicare and depending on your agreement with the district you may also be eligible to continue coverage under the district's medical plan with coverage that will supplement Medicare. This means that Medicare will pay your claims first; and then the district's coverage will pay the benefits applicable to the medical plan under which you are enrolled, less the amount Medicare paid.

If you are eligible to continue under the district's medical plan, the district will continue to contribute to the cost of the premium up to the district's contribution cap. As was the case when you were an active employee, if the district's contribution does not cover the entire premium you will be required to pay the district for the difference.

If you are not eligible to remain under the district's plan you are eligible to continue coverage under a SISC medical plan as a self-pay retiree.

As a self-pay retiree under a SISC medical plan, if you are over age 65 and enrolled in Medicare, you are eligible to enroll in a SISC Direct Bill medical plan that coordinates with Medicare. If you enroll in one of these plans SISC will bill you for 100% of the premium and you will pay SISC directly.



Updated: July 23, 2026

As a self-pay retiree under a SISC medical plan, if you are under age 65 and not enrolled in Medicare, you are eligible to continue coverage under one of the plans that is offered to all under age 65 retirees by the district, and you will be required to pay 100% of the premium to the district.

As a self-pay retiree, there cannot be a lapse of coverage between your active enrollment and your enrollment as a self-pay retiree. For example, if you lose your coverage as an active employee or district paid retiree on September 30 you must enroll as a self-pay retiree effective October 1.

Retiree Mandatory Medicare Enrollment

SISC Retiree PPO Medical Plans

If you or your dependent are eligible to enroll in **Medicare Part A** and you are retired, you are **required** to enroll in Medicare Part A. If you do not enroll in Medicare Part A when you are first eligible your SISC premiums will be assessed a large penalty. Effective October 1, 2026, the penalty for not enrolling in **Medicare Part A is \$700 a month** plus your monthly premium.

If you or your dependent are eligible to enroll in **Medicare Part B** and you are retired, you are **required** to enroll in Medicare Part B. If you do not enroll in Medicare Part B when you are first eligible your SISC premiums will be assessed a large penalty. Effective October 1, 2026, the penalty for not enrolling in **Medicare Part B is \$900 a month** plus your monthly premium.

If you or your dependent are eligible to enroll in **Medicare Parts A & B** and you are retired, you are **required** to enroll in Medicare Parts A & B. If you do not enroll in Medicare Parts A & B when you are first eligible your SISC premiums will be assessed a large penalty. Effective October 1, 2026, the penalty for not enrolling in **Medicare Parts A & B is \$1,600 a month** plus your monthly premium.

If you or your dependent are eligible to enroll in **Medicare Parts A & B**, and you are retired, you are **required** to enroll in **Medicare Part D** if you wish to enroll in a SISC medical plan.

SISC Retiree Kaiser Medical Plans

Kaiser's Senior Advantage Plan is a Medicare Risk plan. This means that you sign a form transferring the cost for all your medical treatment from Medicare to Kaiser.

Kaiser also requires that Medicare eligible employees enroll in Medicare.

Medicare Insurance Coverage

Generally, you are eligible for Medicare benefits if you have worked for at least 10 years in Medicare-covered employment and are 65 years old and a citizen or permanent resident of the United States.



Updated: July 23, 2026

You may qualify for Medicare coverage if you are younger than 65 with a disability or with End-Stage Renal disease (permanent kidney failure requiring dialysis or transplant).

Approximately three months prior to your 65th birthday you will receive information on your upcoming Medicare eligibility directly from Medicare by regular mail. We encourage you to **read this information carefully.**

Medicare ~ Parts A & B

Medicare has three parts - levels of coverage:

- ✚ Part A ~ Hospital insurance covers inpatient care in hospitals, including critical access hospitals and skilled nursing facilities, hospice, and some home health care (but not for custodial or long-term care).
- ✚ Part B ~ Medical insurance covers doctors, outpatient hospital care and other medical services.
- ✚ Part D ~ Prescription Drug coverage.

Medicare Enrollment

You may not be required to pay for Medicare Part A (premium-free) if you paid enough Medicare taxes while you were working. You may be eligible for premium-free Medicare Part A if:

- ✚ You are under age 65, disabled, and have received benefits from Social Security or the Railroad Retirement Board for at least 24 months based on that disability.
- ✚ You are age 65 or over and have worked at least 10 years under Medicare-covered employment.
- ✚ You are eligible for Medicare because of End-Stage Renal Disease.

If you or your spouse worked less than 10 years in Medicare-covered employment you may still be eligible to enroll in Medicare. You will have to meet certain requirements and pay a premium; your premium amount will depend on how many years you worked. Medicare premiums are subject to change on January 1 each year.

To be eligible for Medicare you must be age 65 or older, a resident of the U.S., and either:

- ✚ A U.S. Citizen, or
- ✚ An alien lawfully admitted for permanent residence who has lived in the U.S. without a break for the five-year period immediately before the month you meets all other requirements, and

For more information about enrolling in Medicare, you should contact the Social Security Administration at (800) 772-1213.

There are three separate opportunities to enroll in Medicare: the Initial Enrollment Period, the General Enrollment Period, and the Special Enrollment Period.



Updated: July 23, 2026

Initial Enrollment Period

The initial enrollment period for Medicare is a seven-month period that begins three months before the month you turn age 65 and ends three months after you turn age 65.

If you are disabled and getting benefits from Social Security or the Railroad Retirement Board, the initial enrollment period generally begins three months before the 25th month of entitlement.

If you are not already getting benefits from Social Security or the Railroad Retirement Board and you are turning age 65 in the next three months, you can sign up for Medicare when you apply for retirement benefits.

If you do not sign up for Medicare Part B during your initial enrollment period you may have to pay extra for Medicare Part B premium. The cost of Medicare Part B will go up 10% for each full 12-month period that you were eligible for Medicare Part B but did not enroll. You will have to pay this penalty (called a premium surcharge) as long as you have Medicare Part B.

If you do not sign up for Medicare Part B when you are first eligible during the initial enrollment period, you may be able to sign up during two other enrollment periods:

General Enrollment Period

This period runs from January 1 through March 31 of each year. During this time, you can sign up for Medicare Part B at the local Social Security office. If you get benefits from the Railroad Retirement Board, you should call the local RRB office or (800) 808-0772.

Special Enrollment Period

The special enrollment period is available if you are eligible for Medicare based on age 65 or disability but waited to enroll in Medicare Part B because you were working and had group health plan coverage through the district.

CalSTRS

(800) 228-5453 ~ CalSTRS Medicare Premium Payment Program

www.calstrs.com

If you retired prior to January 1, 2001, you are eligible for CALSTRS Medicare Premium Payment Program.



Updated: July 23, 2026

The California State Teachers Retirement System (STRS) offers financial assistance for members that are at least 65 and are not eligible to receive Medicare Part A premium-free. The CalSTRS Medicare Premium Payment Program pays the Medicare Part A premium if the retiree did not pay into Medicare and now is required to pay a monthly premium.

Under the CalSTRS Medicare Premium Payment Program, CalSTRS will pay your Medicare Part A premium if you do not qualify for Medicare Part A without paying a premium and meet the eligibility requirements.

This benefit is not available to your spouse or beneficiary(ies). Federal regulations require that you also enroll in Medicare Part B. You will have to pay the Medicare Part B premium.

As a convenience, CalSTRS can deduct your Medicare Part B premium from your monthly retirement benefit and forward the payment to the Centers for Medicare and Medicaid Services, the federal agency that administers Medicare.

You must meet the following CalSTRS Medicare Premium Payment Program eligibility requirements:

- 🚩 Be a retired or disabled CalSTRS member receiving a monthly benefit
- 🚩 Age 65 or older
- 🚩 Not eligible for premium-free Medicare Part A
- 🚩 Enrolled in Medicare Part A and Medicare Part B