

SMBSD Benefits

Effective October 1, 2026 - September 30, 2027



**Santa Maria-Bonita
School District**
CULTIVATING BRIGHT FUTURES

Contact information

OneDigital, our benefits broker, supports us as we continue to evaluate the evolving needs of our workforce to ensure we provide the most meaningful benefit coverage and offerings for our employees and their families.

Part of this support is providing a dedicated advocate to answer your benefit questions. Your advocate, **Ashley Blevins**, offers confidential expert guidance on your benefits related questions and concerns. Ashley is specially trained to have the knowledge and tools needed to assist you with all of your benefits issues.

949-669-4859 | SMBSDBenefits@onedigital.com

Santa Maria-Bonita School District	Employee inquiries with last name:	
	A-L: Julia Gonzalez	805-361-8133 juliagonzalez@smbdsd.net
	M-Z: Annabel Figueroa	805-361-5982 afigueroa@smbdsd.net
<u>Medical insurance</u>	SISC: Anthem Group #SISC 40421	800-825-5541 www.anthem.com/ca/sisc
<u>Dental insurance</u>	Guardian Group #432972	800-541-7846 www.guardianlife.com
<u>Vision insurance</u>	VSP Group #12223015	800-877-7195 www.vsp.com
<u>Employee assistance program (EAP)</u>	SISC - Anthem	800-999-7222 AnthemEAP.com (enter SISC)
<u>Life and AD&D insurance</u>	Prudential Group #73287	877-507-4778 www.prudential.com
<u>Long term disability insurance</u>	Prudential Group #73287	877-507-4778 www.prudential.com
<u>Group critical illness insurance</u>	Aflac Group #C21000CA	800-433-3036 www.aflac.com
<u>Medical supplemental plans & flexible spending accounts</u>	Aflac: Enrollment Benefit Counselor Kyli Logan	805-540-4260 Kyli_Logan@us.aflac.com

Making benefit selections

Eligibility

For you

Employee eligibility for benefits is based on the employee's classification of employment and hours worked:

- Classified/Management/Confidential - must work a minimum of 4 hours or more per day.
- Certificated - need to work a minimum of 3.25 hours or more per day.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse or Partner

You may cover your legal spouse or domestic partner.

Your Children

Dependent children are eligible until they reach the following ages:

- Medical: age 26
- Dental and vision: age 19 (age 24 if student)
- Child life insurance: age 26

[Enroll now](#)

Enrolling in coverage

Your benefit plans are in effect **October 1 through September 30 each year**. In general, there are three times you can make benefit selections:

At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from **October through September** of the following year unless you have a qualifying life event.

If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. Examples include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

You must request a change to your benefits within **30 days** of your qualifying life event (**60 days for changes involving Medicaid eligibility**). Documentation may be required.



The underlying plan contract or document governs all aspects of the plan. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Key terms

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits. **Here's what to know:**

Balance billing

When you use an out-of-network medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

Medical: balance billing is in addition to – and does not count towards – your out-of-pocket maximum. *The No Surprises Act prohibits balance billing under certain circumstances.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for **covered** in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Pre/Prior-authorization

Some specialty medical providers, services and prescriptions require prior authorization from your insurance company. These may include – but are not limited to – surgery, imaging (CT, MRI) and certain prescription medications.

Primary care physician

A primary care physician (PCP) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Evidence of Insurability (EOI)

Evidence of Insurability (EOI) is a record of a person's past and current health events. It's used by insurance companies to verify whether a person meets the definition of good health. You may have to submit this form to a carrier before you are able to elect certain amounts of coverage for voluntary plans.

Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of Santa Maria-Bonita School District.

You can request a paper copy of this document from anytime at no charge.

Reach out to your benefits team with questions or to request a copy,

[Review these notices](#)

Learn more about
insurance costs



Medical insurance

Select from three medical options through **Anthem**.

	Plan A: Anthem PPO 250 90/70	Plan B: Anthem PPO 1000 80/60	Plan C: Anthem HSA PPO
In-network care			
Network name:	Prudent Buyer	Prudent Buyer	Prudent Buyer
Annual Deductible (DED) Plan year	\$250 per person, OR \$750 family maximum	\$1,000 single coverage OR \$3,000 with dependents	\$5,000 single coverage OR \$10,000 with dependents
Medical out of pocket maximum	\$1,250 per person \$3,750 family maximum	\$2,000 per person \$6,000 family maximum	\$6,350 per person \$12,700 family maximum
RX out of pocket maximum	\$5,350 per person \$9,450 family maximum	\$5,350 per person \$9,450 family maximum	N/A
Preventive care	100% covered	100% covered	100% covered
Primary care visit	\$0 copay, visits 1-3, \$20 copay thereafter	\$0 copay, visits 1-3, \$20 copay thereafter	DED then you pay 30%
Specialist visit	\$20 copay	\$20 copay	DED then you pay 30%
Urgent care	\$20 copay	\$20 copay	DED then you pay 30%
Emergency room	\$200 copay, DED then you pay 10%	\$200 copay, DED then you pay 20%	\$100 copay, DED then you pay 30%
Inpatient hospital care	DED then you pay 10%	DED then you pay 20%	DED then you pay 30%
Outpatient surgery	DED then you pay 10%	DED then you pay 20%	DED then you pay 30%
Prescription drugs	(30 days 90 days)	(30 days 90 days)	(30 days 90 days)
Free generics at Costco/mail order available			
Prescription deductible	None	None	Same as medical
Generic	\$7 copay	\$9 copay	DED then \$9 copay
Brand	\$25 copay	\$35 copay	DED then \$35 copay
Out-of-network care	See your plan summary for out-of-network information (balance billing applies).		
Annual deductible	\$250 / \$750	\$1,000 / \$3,000	\$5,000 / \$10,000
Out-of-pocket maximum	\$3,000 / \$9,000	\$6,000 / \$18,000	Unlimited

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- how **out-of-network care** is covered, and
- your annual **maximum cost for care** (out-of-pocket maximum).

[Find an in-network provider](#)

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Medical: extra perks and support

There's more to love with these extra perks — available when you join our medical plan.



Centivo Care

See details

Need a Primary Care Doctor? Just ask Centivo. You'll get connected to an entire health care team – at no cost to you. As a part of your SISC PPO Medical Benefits, you have 24/7 access to a Care Team who works together to offer you primary care, mental health support, and answers to follow-up care questions through Centivo Care. This program is available to you and your enrolled dependents.

Features include: Diagnoses and treatments • prescription refills • scheduled video visits or live chat with a primary care physician • answer to follow up care questions • specialist referrals • mental health support • and more! These services are 100% confidential and will never be shared with your employer.

Get Started today: centivocare.com

Lantern Cancer Care

See details

SISC is providing members with access to Cancer Care through Lantern. Members will have access to guided support with a personal Oncology Nurse Navigator, access to excellent care as close to home as possible, and expert review & advice.

Maven Maternity

See details

SISC is providing PPO members with free access to Maven virtual care for pregnancy and postpartum support. Eligible SISC PPO members are matched with a Care Advocate who connects them to trustworthy maternity and postpartum content.

Through Maven Maternity you are also eligible for a FREE 6-month diaper subscription if you:

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

Download and log into the Maven Clinic app to access maternity and postpartum doctors, specialists, coaches, mental health experts, and so much more!

Anthem SISC SpecialOffers

See details

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.

Medical: extra perks and support

There's more to love with these extra perks — available when you join our medical plan.

Hinge Health

See details

Hinge Health is a free benefit for your back and joint health. 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 condition and a personal care team of experts. Best of all, it's free - 100% covered by SISC!

Sign up today for help with any of the following:

- Conquer pain or limited movement
- Recover from a recent or past injury
- Keep joints healthy and pain free
- Get a second opinion on your treatment plan

Teladoc

See details

Teladoc Medical Experts, provided by SISC, offers access to world-renowned medical experts for confident decision-making regarding diagnoses, treatment options, or surgery.

Services include:

- Expert Medical Opinion: Get a second opinion or help deciding on treatment.
- Ask the Expert: Receive advice from leading medical professionals for any medical questions or concerns.
- Find a Doctor: Assistance in locating specialists for specific conditions.

To access services, members can call 855-380-7828, visit www.teladochealth.com/sisc, or download the Teladoc app from the App Store or Google Play.

Carrum Health

See details

Carrum Health is designed to make surgical care easier and less expensive, pairing members with a dedicated patient care specialist who handles paperwork, answers questions, and provides support throughout the surgical process.

Get started today:

- Access to high-quality surgeons with better outcomes and exceptional bedside manner.
- No surprise bills—costs are covered on all PPO plans except HSAs (Health Savings Accounts).
- Comprehensive support with planning and paperwork.

Lark

See details

SISC has teamed up with Lark to bring you access to the tools you need to prevent 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.

Anthem SISC Sydney Mobile App

See details

Register for quick, secure, digital access to all your plan information.

Complete care resources

Support for your health, finances, and life.

Employee Assistance Program (EAP)

[Learn more](#)

Our Employee Assistance Program (EAP) through **Anthem SISC** provides **you and your family** with **no-cost, confidential assistance** with all things related to your life, including mental health, finances, caregiving, relationships, community resources, and more. Support is available **24 hours a day, 7 days a week, 365 days a year**.

Mental health: get up to **6 visits** per issue, per year at no cost to you. Household members are eligible as well.

800-999-7222
www.anthemepap.com

Access code: SISC

Always-on toolkit

Mobile-friendly, no-cost monthly resources designed to help you support your health, understand your benefits, and manage your finances.

[Go now](#)

Health Savings Account (HSA)

[Learn more](#)

An HSA lets you save **pre-tax dollars** for healthcare expenses, reducing your taxable income and growing your savings tax-free. Funds can be used for a wide range of **qualified medical expenses, including doctor visits, prescriptions, dental, and vision care**.

Virtual health care

[Learn more](#)

Access quality health care wherever you are, whenever you need it through **MDLIVE**. Virtual health care is available **24 hours a day, 7 days a week**. Your cost depends on your medical plan:

i Web: www.MDLIVE.com/sisc
 Mobile App: MDLive Mobile
 Phone: (800) 657-6169



Dental insurance

Your dental coverage is through **Guardian**.

You'll get in-network preventive care at 100% along with coverage for basic and major dental services.

Orthodontic care is covered.

[Find an in-network provider](#)

In-network care

Dental plan

Network name:	Dental GuardPreferred
Annual Deductible (DED)	\$25 per person \$50 family maximum
Annual maximum benefit	\$2,000 per person
Preventive care	100% covered
Basic care	Deductible then you pay 10%
Major care	
Complete Denture:	Deductible then you pay 40%
Partial Denture:	Deductible then you pay 40%
Crowns:	Deductible then you pay 10%
Implant coverage:	Not covered

Note: Dependent children over the age of 19 must be enrolled in school to remain eligible and must submit the student eligibility form as proof of enrollment.

Orthodontic care

Coverage	50% covered
Lifetime maximum benefit	\$2,000 lifetime max benefit

Stay **in-network** to avoid **balance billing charges** (the difference between what an out-of-network provider charges and the amount your insurance pays).



Vision insurance

Your vision coverage is through **VSP**.

You'll get an annual exam with coverage for lenses and frames, or contacts in lieu of glasses.

Find an in-network provider

In-network care

Vision plan

Network name:	VSP Signature
Annual eye exam (once per calendar year)	\$0 copay
Materials copay (lenses & frames)	\$0 copay
Lenses (once per calendar year)	Included in materials copay
Frames (every other calendar year)	\$130 allowance
Contact lenses (once per calendar year)	Elective: \$130 allowance Medically necessary: 100% covered

Your vision plan covers **either** glasses (lenses and frames) **or** contact lenses each year.
If you receive contact lenses, they will be instead of your glasses benefit.



Life and AD&D insurance

This plan is paid for by your employer! Use this benefit at no cost to you.

Financial peace of mind through **Prudential**.

Life insurance pays your beneficiary if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance offers additional support if you pass away or are seriously injured due to an accident.

Group Life and Accidental Death & Dismemberment (AD&D) insurance can help protect your family's finances if something happens to you.

A death might leave your loved ones facing expenses they couldn't pay without your income. Besides everyday bills, they could run into extra costs for things like final medical care or a funeral. If an accident left you with a serious injury, you might need to pay for special care and modified living arrangements.

- Life insurance can be used to help protect the people who depend on your income by paying them an amount of money specified in the policy if you die.
- AD&D insurance pays an amount of money specified in the policy if a covered accident results in your death or a severe physical loss, such as a hand, a foot or your eyesight.

These benefits can help pay for things like the mortgage, college tuition, child-care costs or daily living expenses.



Long-term disability insurance

This plan is paid for by your employer! Use this benefit at no cost to you.

Protect your paycheck with disability insurance through **Prudential**.

Long-term disability coverage can provide lasting income protection if you're unable to return to work after an extended period of time. **SMBSD provides this coverage at no cost to you.**

Benefits begin	After 150 days of inability to work
Coverage amount	50% of your income up to \$10,000 per month
Payments may continue	Until your <u>Social Security Normal Retirement Age</u> if you remain unable to work*.

*See your benefit summary to learn more about the definition of unable to work.

Planning for the unexpected

Learn about preparing your finances for an illness, large expenses, or a loss of income.

[See details](#)

No-cost financial education

Pre-existing condition limitations

If you make a disability claim within the **first year** of being covered, check your plan details to see how pre-existing condition limitations might impact your coverage.

Group critical illness insurance

This plan is paid for by your employer! Use this benefit at no cost to you.

Supplemental medical insurance is provided through **Aflac**.

By complementing your medical plans with Critical Illness Insurance you can help fill the gaps that your primary medical coverage may not cover.

Group critical illness insurance

Being diagnosed with a critical illness can be devastating, both personally and financially. Breathe easier knowing critical illness insurance through Aflac can help you pay your out-of-pocket expenses and allow you to focus on your health.

You are automatically enrolled in an employer paid critical illness plan. You can elect the buy-up option and be enrolled in the voluntary plan.

With the **employer paid plan**, you can elect up to **\$5,000** for yourself. With the **buy-up plan** you can elect up to **\$10,000** for yourself in increments of \$5,000, and 50% of your elected benefit for your family in increments of \$5,000.

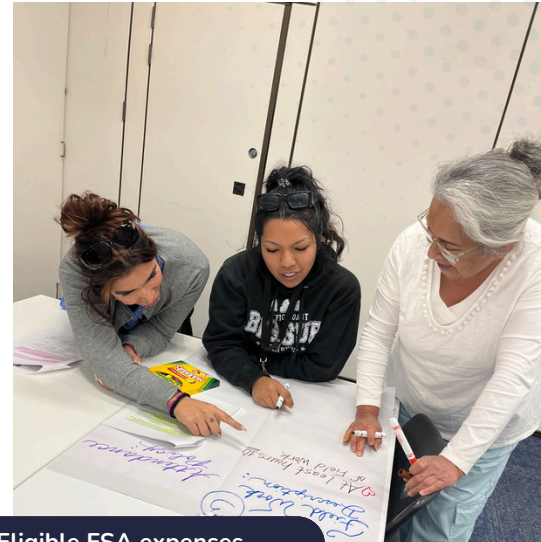
Please contact Kyli Logan your Aflac representative if interested in the buy up plan:
805-540-4260 | Kyli_Logan@us.aflac.com



Flexible Spending Accounts (FSAs)

Pay for qualifying expenses with tax-free money using a Flexible Spending Account through **Health Equity**.

Enroll in one or more flexible spending accounts (FSAs) depending on your needs.



Eligible FSA expenses

Health care FSA

Pay for eligible medical, prescription, dental, and vision expenses. You'll get a debit card to pay for expenses.

2026 maximum contribution: \$3,400

Rollover up to **\$680** in unused funds to next year.

Estimate carefully! Funds exceeding the \$680 roll over will be forfeited at the end of the year per IRS regulations.

You have until March 15 of the following year to spend any leftover FSA funds.

Individuals contributing to a Health Savings Account (HSA) are not eligible for a healthcare FSA. If you plan to enroll in the HSA PPO option this year, and you plan to set up an HSA, do not enroll in the healthcare FSA.

Dependent care FSA

Pay for eligible child or disabled adult care while you work or attend school.

2026 maximum contribution: \$7,500 per household

Estimate carefully! Unused funds will be forfeited at the end of the year per IRS regulations.

Only the amount you've actually contributed is available for use at any one time.

It is recommended that you retain all receipts for expenses that FSA funds are used for as they may be required for tax and/or FSA vendor expense substantiation purposes in the future.

Customize your benefit package

For added protection, we are pleased to offer supplemental insurance options through **AFLAC**. These coverages are voluntary and are paid for by you, the employee, directly through AFLAC. All benefits through these plans are paid directly to you, or a specified beneficiary, regardless of any insurance you may have. Listed below are some coverages available through AFLAC.

Accident coverage

Accidents are unexpected. How you care for them shouldn't be. Accident insurance can help prepare you for what happens after you or a covered family member has an accident by providing you benefits to help pay the unexpected costs that aren't covered under your health insurance.

Hospital indemnity

Hospital indemnity provides a fixed benefit for covered persons when they incur a hospital stay resulting from a covered injury or illness.

Critical illness

Through Aflac, you have access to a Critical Illness insurance plan that complements major medical coverage by helping you pay the direct and indirect out-of-pocket costs if you, or a covered dependent is diagnosed with a specified critical illness.

Your employer covers the base Critical Illness plan that includes \$5,000 of coverage at no cost to you! In addition to this base coverage, you also have the option to purchase voluntary buy-up plan options that includes more coverage for you and your dependents.

Cancer Insurance

Cancer insurance helps offset out-of-pocket expenses incurred from initial diagnosis through recovery. Benefits are paid directly to you.

Aflac landing page

Review your current coverage, make a change to your information or file a claim.

[See details](#)

Enrollment

To enroll in coverage and to obtain full plan offerings, rates and detailed information on your plans, please contact your AFLAC Enrollment Benefit Counselor directly at the number below and refer to the benefit summary published by the carrier.

AFLAC Benefit Counselor:

Kyli Logan | 805-540-4260 | Kyli_Logan@us.aflac.com

Enrollment Instructions

All enrollment changes must be made online through **Employee Navigator**.

Access the **Employee Navigator Employee Self Service Web** site at: <https://www.employeeenavigator.com>

- Click on “Register as a new user”
- Enter the requested fields:
 - First Name
 - Last Name
 - Company Identifier: SMBSD
 - Pin (last 4 digits of SSN/ID)
 - Birth Date

After you log in, please review all your personal information for accuracy

To Make enrollment Selections: Select: Benefits > Annual Open Enrollment

- Verify Personal Information is correct and fill in any required fields that are missing. Click Save & Continue towards the bottom of the screen.
- Add Dependents that will be enrolled in any of the plans by clicking the “Add Dependent” button. Fill in dependent information and click Save & Continue.
- Enroll in the Plans: The first plan you will be able to enroll in is Medical. Check off any dependents that you want to be covered. As each dependent is added to the coverage, the cost per pay period will adjust to the appropriate amount.
 - “Things to Consider” and “Decision Support” buttons are tools that help determine the best plan for you. Clicking the Compare button found in each plan will put all plan details side by side.
 - To enroll in a benefit, click on the plan and click Save & Continue.
 - If you do not want to enroll in the plan, click the “Don’t want this benefit?” button at the bottom of the screen.
 - Repeat the same process for each plan offered.
 - Complete any life beneficiary or PCP tasks that may be required.
- Enrollment Summary: If all tasks are complete, click the “Agree” button.

If there are any tasks that are incomplete when the Enrollment Summary is reached, an orange box will appear notifying you that your enrollment is not complete. Any tasks on the left that have an orange bullet point are the tasks that still need to be completed. You will not be enrolled in benefits until the tasks in orange are completed.



2026 benefits

