



Employee Benefits Guide



2024



Welcome to Your Employee Benefits

This guide provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact Human Resources or Office Manager.



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Online Resources

You can access your benefits information whenever you want, from home or any place where you have internet access, by clicking on the “Our Services, Benefits” tab and selecting “Health Benefits” on the Ventura County Schools Business Services Authority website. You’ll find documents posted such as the Summary of Benefits and Coverage (SBC), annual notices, carrier benefit summaries, evidence of coverage booklets, claim forms, and much more.

The Ventura County Schools Business Services Authority website is located at www.vcsbsa.org.

Enrollment Information

Who May Enroll

Please contact your school site office manager to find out more details of your eligibility. If you are eligible for benefits, then you and your eligible dependents may participate in Ventura County Schools Business Service Authority benefits program.

**Benefits Plan Year:
October 1– September 30**

Your eligible dependents include:

- Legally married spouse
- Registered domestic partner
- Children under the age of 26, regardless of student or marital status

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- As a new hire, you may participate in the school’s benefits program on the first day of the month following date of hire
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)

Changes To Enrollment

Our benefit plans are effective October 1st through September 30th. There is an annual open enrollment period each year, during which you can make new benefit elections for the following October 1st effective date. Once you make your benefit elections, you cannot change them throughout the year unless you experience a qualifying event as defined by the IRS. Examples include:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent’s eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children’s Health Insurance Program (CHIP)
- Becoming eligible for a federal or state premium assistance program under Medicare, Medicaid, or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please contact your office manager immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage .

Paying For Your Coverage

You and the District share in the cost of the Medical/Dental/Vision benefits you elect. Any voluntary disability or cancer benefits you elect will be paid by you at discounted group rates. You have the option of having your contributions deducted before taxes are withheld for your Medical, Dental, and Vision benefits.

Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event.



Medical Benefits: Plans

Anthem Blue Cross PPO Plans

The Anthem Blue Cross Preferred Provider Organization (PPO) plans allow you to direct your own care. If you receive care from a physician within the network, a greater percentage of the entire cost will be paid by the insurance plan. However, you are not limited to the physicians within the network and you may self-refer to specialists. If you obtain services using a non-network provider, please note that you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims. The percentage copay for non-emergency services from non-network providers is based on the scheduled amount.

Anthem Blue Cross Prescription Drug Coverage

Navitus Health Solutions Pharmacy Benefits Manager (PBM)

Navitus Health Solutions is the Pharmacy Benefits Manager for our Medical plans. You are urged to use generic drugs when they are available. If you or your physician requests a brand name drug when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand name drug and the generic drug. In addition, the difference in cost between the brand name drug and generic drug will not count toward your annual out-of-pocket maximum.

Costco Retail Pharmacy and Mail Order Program

Costco makes it easy for you to receive a 90 day supply of your long-term or maintenance medications. In addition, when you use the Costco pharmacy, most generic medications will be free of charge! Visit any Costco retail location or use the mail order feature and benefit by having your prescriptions delivered to your door, saving you a trip to the pharmacy. Due to Medicare Part D restrictions, this program does not apply to the CompanionCare pharmacy benefit.

Here's how it works:

- Take your prescription to any Costco pharmacy. You do not need to be a Costco member.
- Present the pharmacist with your insurance card.
- **Get your generic medications (excluding some narcotic plan medications and some cough medications) for free.** You will pay \$35 for a 30 day supply or \$90 for a 90 day supply of brand name drugs.

Kaiser Permanente HMO Plan

With the Kaiser Health Maintenance Organization (HMO) plan, services must be obtained at a Kaiser facility, except in the case of emergency. Kaiser integrates all elements of healthcare such as physicians, medical centers, pharmacy, and administration in one convenient facility. In addition, Kaiser offers online tools so you can email your doctor's office, make appointments, refill prescriptions, and more.



Finding a Medical Provider

- Anthem Blue Cross: Go to www.anthem.com/ca/sisc or call the number provided on your ID card.
- Kaiser Permanente: Go to www.kp.org or call the number provided on your ID card.



Benefits Video: Medical Plan Terms

If you've ever been confused about medical plan terms like deductibles, copays, coinsurance, and out-of-pocket maximums, you're not alone! Watch this quick video for a better understanding of how our medical plans work: <http://video.burnhambenefits.com/terms>.

Medical Benefits: Telemedicine

Telemedicine Benefits

Phone and/or video visits are an excellent option for convenient, accessible care when you don't need a doctor to see you in person. They are also a good choice when away from home or if you need short term prescription drug refills. The District provides telemedicine coverage with all medical plans.

Kaiser Members: Phone and Video Visits

- Log in to your Kaiser account at www.kp.org to make a free phone/video appointment with your doctor or call **800.464.4000**.
- For phone visits, the doctor will call you at the time of the appointment
- For video visits, go to <https://mydoctor.kaiserpermanente.org/ncal/vidovisit/#>, click Join your visit and log in
- There is no copay for phone or video visits

Anthem Members: MDLIVE

- MDLIVE gives you access to doctors 24/7 via phone or secure video for non-emergency medical conditions.
- **\$10 copay per visit.** MDLIVE doctors have 15 years experience practicing medicine on average. HSA members will need to meet their deductible first before having a \$10 copay.
- Pediatricians are on call.
- You can access behavioral health therapy and psychiatrist visits through MDLive
- Access MDLIVE at **888.632.2738**, visit mdlive.com/sisc or download the app from the App Store or Google Play

Common Conditions Treated With Telemedicine

| Common Conditions Treated With Telemedicine | | | |
|---|--------------|--------------------------|----------------|
| General Care | | | Pediatric Care |
| Allergies | Fever | Respiratory Infections | Cold & Flu |
| Asthma | Headache | Sinus Infections | Constipation |
| Bronchitis | Infections | Skin Infections | Ear Infections |
| Cold & Flu | Insect Bites | Sore Throat | Nausea |
| Diarrhea | Joint Aches | Urinary Tract Infections | Pink Eye |
| Ear Infections | Rashes | And More! | And More! |



Medical Benefits: Plan Highlights

| Benefits | Anthem Blue Cross SISC 100% D PPO Plan | | Anthem Blue Cross SISC 90% G PPO Plan | | Anthem Blue Cross SISC 80% G PPO Plan | |
|--|---|--|--|--|--|--|
| | PPO Network | Non-Network ¹ | PPO Network | Non-Network ¹ | PPO Network | Non-Network ¹ |
| Health Benefits | | | | | | |
| Calendar Year Deductible | \$300 Individual / \$600 Family | | \$500 Individual / \$1,000 Family | | \$500 Individual / \$1,000 Family | |
| Out-of-Pocket Maximum | \$1,000 Individual \$3,000 Family | | \$1,000 Individual \$3,000 Family | | \$2,000 Individual \$4,000 Family | |
| Office Visits | \$20 ³ Copay | Deductible, 100% | \$20 ³ Copay | Deductible, 100% | \$20 ³ Copay | Deductible, 100% |
| Inpatient Hospitalization ² | Deductible, 0% | Deductible, 100% Max \$600/Day Benefit | Deductible, 10% | Deductible, 100% Max \$600/Day Benefit | Deductible, 20% | Deductible, 100% Max \$600/Day Benefit |
| Ambulatory Surgery Center ² | Deductible, 0% | Deductible, 100% Max \$350/Day Benefit | Deductible, 10% | Deductible, 100% Max \$350/Day Benefit | Deductible, 20% | Deductible, 100% Max \$350/Day Benefit |
| Diagnostic Lab and X-Ray | Deductible, 0% | Not Covered | Deductible, 10% | Not Covered | Deductible, 20% | Not Covered |
| Emergency Services | Deductible, \$100 Copay, 0% | | Deductible, \$100 Copay, 10% | | Deductible, \$100 Copay, 20% | Deductible, \$100 Copay, 20% |
| Urgent Care | \$20 Copay | Deductible, 100% | \$20 Copay | Deductible, 0% | \$20 Copay | Deductible, 100% |
| Preventive Care | 0% | Not Covered | 0% | Not Covered | 0% | Not Covered |
| Physical Therapy, Occupational Therapy, Chiropractic Services ² | Through ASH | | Through ASH | | Through ASH | |
| | Deductible, 0% | Not Covered | Deductible, 10% | Not Covered | Deductible, 20% | Not Covered |
| Acupuncture (12 Visits/Year) | Deductible, 0% | Deductible, 50% | Deductible, 10% | Deductible, 50% | Deductible, 20% | Deductible, 50% |
| Durable Medical Equipment ² | Deductible, 0% | Not Covered | Deductible, 10% | Not Covered | Deductible, 20% | Not Covered |
| Mental Health /Subs Abuse - Inpatient ² | Deductible, 0% | Ded, 100% Max \$600/Day | Deductible, 10% | Ded, 100% Max \$600/Day | Deductible, 20% | Ded, 100% Max \$600/Day |
| - Outpatient | Deductible, \$20 | Ded, 100% | Deductible, \$20 | Ded, 100% | Deductible, \$20 | Ded, 100% |
| Pharmacy Benefits | | | | | | |
| Pharmacy Deductible | \$0 Individual / \$0 Family | | \$0 Individual / \$0 Family | | \$0 Individual / \$0 Family | |
| Out-of-Pocket Maximum | \$2,500 Individual / \$3,000 Family | | \$2,500 Individual / \$3,000 Family | | \$2,500 Individual / \$3,000 Family | |
| Pharmacy Copay | <u>Retail (30 Days)</u> | <u>Costco (90 Days)</u> | <u>Retail (30 Days)</u> | <u>Costco (90 Days)</u> | <u>Retail (30 Days)</u> | <u>Costco (90 Days)</u> |
| - Generic | \$9 Copay | \$0 Copay | \$9 Copay | \$0 Copay | \$9 Copay | \$0 Copay |
| - Brand Name | \$35 Copay | \$90 Copay | \$35 Copay | \$90 Copay | \$35 Copay | \$90 Copay |
| - Supply Limit | 30 Days | 90 Days | 30 Days | 90 Days | 30 Days | 90 Days |

¹ When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.

² Subject to utilization review or medical necessity.

³ The first 3 primary care visits you pay \$0.

Medical Benefits: Plan Highlights

| Anthem Blue Cross SISC 80% L PPO Plan | | Anthem Blue Cross HSA \$5,000 | | Anthem Blue Cross MEC 2-Tier | | Kaiser Permanente HMO Plan |
|---|--|---|--|--|--|---|
| PPO Network | Non-Network ¹ | PPO Network | Non-Network ¹ | PPO Network | Non-Network ¹ | HMO Network |
| \$2,000 Individual / \$4,000 Family | | \$5,000 Individual / \$10,000 Family | | \$9,000 Individual / \$18,000 Family | | None |
| \$4,000 Individual \$8,000 Family | | \$6,350 Individual \$12,700 Family | | \$9,000 Individual \$18,000 Family | No limit person/ No limit family | \$1,500 Individual \$3,000 Family |
| \$30 ³ Copay | Deductible, 100% | Deductible, 30% | Deductible, 100% | Deductible, 100% | Deductible, 100% | \$10 Copay |
| Deductible, 20% | Deductible, 100% Max \$600/Day Benefit | Deductible, 30% | Deductible, 100% Max \$600/Day Benefit | Deductible, 100% | Deductible, 100% Max \$600/Day Benefit | No Charge |
| Deductible, 20% | Deductible, 100% Max \$350/Day Benefit | Deductible, 30% | Deductible, 100% Max \$350/Day Benefit | Deductible, 100% | Deductible, 100% Max \$350/Day Benefit | \$10 Copay |
| Deductible, 20% | Not Covered | Deductible, 30% | Not Covered | Deductible, 100% | Not Covered | No Charge |
| Deductible, \$100 Copay, 20% | | Deductible, \$100 Copay, 30% | | Deductible, 0% | | \$100 Copay |
| \$30 Copay | Deductible, 100% | Deductible, 30% | Deductible, 100% | Deductible, 100% | Deductible, 100% | \$10 Copay |
| 0% | Not Covered | 0% | Not Covered | 0% | Not Covered | No Charge |
| Through ASH | | Through ASH | | Through ASH | | \$10 Copay |
| Deductible, 20% | Not Covered | Deductible, 30% | Not Covered | Deductible, 100% | Not Covered | |
| Deductible, 20% | Deductible, 50% | Deductible, 30% | Deductible, 50% | Deductible, 100% | Deductible, 50% | \$10 Copay |
| Deductible, 20% | Not Covered | Deductible, 30% | Not Covered | Deductible, 100% | Not Covered | No Charge |
| Deductible, 20% | Ded, 100% Max \$600/Day | Deductible, 30% | Ded, 100% Max \$600/Day | Deductible, 100% | Ded, 100% Max \$600/Day | No Charge |
| Deductible, \$30 | Ded, 100% | Deductible, 30% | Ded, 100% | Deductible, 100% | Ded, 100% | \$10 Copay (Individual) \$5 Copay (Group) |
| \$200 Individual / \$500 Family | | Medical Deductible Applies | | Medical Deductible Applies | | None |
| \$2,500 Individual / \$3,000 Family | | Medical Out-of-Pocket Max Applies | | Medical Out-of-Pocket Max Applies | | None |
| <u>Retail (30 Days)</u> \$10 Copay Ded, \$35 Copay 30 Days | <u>Costco (90 Days)</u> \$0 Copay Ded, \$90 Copay 90 Days | <u>Retail (30 Days)</u> \$9 Copay \$35 Copay 30 Days | <u>Costco (90 Days)</u> \$18 Copay \$90 Copay 90 Days | <u>Retail (30 Days)</u> Deductible, 100% Deductible, 100% 30 Days | <u>Costco (90 Days)</u> Deductible, 100% Deductible, 100% 90 Days | <u>Retail</u> \$10 Copay \$10 Copay 100 Days |

¹ When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.

² Subject to utilization review or medical necessity.

³ The first 3 primary care visits you pay \$0.

Medical Benefits: Health Plan Perks



For All SISC Health Plan Members

Health Smart's Health Improvement Program

Health Smarts is voluntary, confidential and offered to you at no cost if you participate in a district-offered medical plan. Health Smart is a comprehensive program that includes an online health assessment, digital health coaching, and condition management (administered by Anthem Blue Cross).

To access the Health Smart's Health Improvement Program, contact SISC.

Expert Medical Opinions - Teledoc Medical Experts

SISC offers a valuable expert second opinion service through Teledoc. This benefit can be used to ensure that you and your family get the best healthcare possible. The service is free, easy and 100% confidential. Teledoc matches patients to the leading doctors on their specific conditions. They will work with the patient to be sure of their diagnosis and recommend the best path for treatment. You should use Teledoc when you:

- Have a documented diagnosis from a doctor and would like an expert's second opinion regarding the diagnosis and treatment plan
- Find yourself confronting a complex medical condition
- Would like your medications or treatment plan reviewed
- Are scheduled for surgery or a major procedure

With Teledoc, members receiving a medical opinion have unlimited concierge access to a specialist. To take advantage of your Expert Medical Opinions benefit, go to www.teladoc.com/SISC or call **800.835.2362**.

Active & Fit Discounted Gym Memberships

With the Active & Fit Direct program, you can choose from over 11,500 participating fitness centers and YMCAs nationwide for a much lower cost than you would pay on your own. Plus, access to 6,500+ guided workout videos. Other advantages include:

- Use the online fitness tracking feature, which uses a variety of wearable devices and apps
- You pay only \$25 a month (plus \$25 enrollment fee and taxes)
- Free guest pass
- Option to switch fitness centers

To learn more and enroll, log into www.activeandfitdirect.com/fitness/anthemSO and click "Join Now".

Additional Health Benefits

For Anthem PPO Plan Members

Diabetes Prevention Program - Lark

A 16 week cutting edge program that can help members with prediabetes lose weight, adopt healthy habits and significantly reduce their risk of developing diabetes. Available at no cost to members who qualify.

You will have access to choose from an array of national and local programs, like Weight Watchers, Jenny Craig, Retrofit and HealthSlate. While these programs differ, most include the following elements:



| | | | |
|----------------------------|----------------|---------------------------|--|
| Access to a personal coach | Weekly lessons | A small group for support | Tools like a wireless scale or an activity tracker |
|----------------------------|----------------|---------------------------|--|

To find out if you qualify for the program, take a 1 minute quiz at www.lark.com/anthemBC.

Vida Digital Coaching

Anthem plan members have access to Vida Digital Coaching, a virtual care platform that treats a full range of lifestyle, chronic and behavioral health conditions; simply call **855.442.5885** or visit vida.com/sisc.

Carrum Health— No Cost Hip, Knee, and Spine Surgical Options

Access top-quality surgeons at Scripps with no out-of-pocket cost through Carrum Health. All medical bills, including deductibles, coinsurance and even travel expenses are covered. To learn more, call Carrum Health at **888.855.7806**.

Digital Programs for Back or Joint Pain - *Hinge Health*

This innovative program provides personalized, digitally delivered therapy for back and joint pain. To access your Hinge Health benefit, call **855.902.2777** or visit hingehealth.com/sisc.

Cancer Benefit - Oncology Center of Excellence Program (Contigo)

Consult experts who can help you navigate the complex world of cancer treatment. Services include assistance in receiving an accurate initial diagnosis and developing a comprehensive care plan. Also covers care coordination services with a home provider, transportation benefits and more.

Maven Maternity and Postpartum Support

A virtual care for pregnancy and postpartum support. Use Maven for 24/7 access to doctors, specialist, coaches, and trustworthy content tailored to your experience.

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

There is a free 6-month diaper subscription for SISC PPO members who:

1. Enroll during the first or second trimester
2. Have an intro call with a Care Advocate
3. Have two appointments with Maven providers during pregnancy
4. Complete the exit survey when their baby is born

To activate your membership, download the Maven Clinic app or visit mavenclinic.com/join/SISC.

Eden Health App

New SISC Benefit for Anthem members

As part of your SISC PPO Medical Benefits, you have **free** 24/7 access to a Care Team who works together to offer you primary care, mental health support and answers to follow-up questions through the Eden Health app. This app is available to you and your dependents age 18 and older at no cost.

Simply download the app from the App Store or Google Play store and register. Not available to HSA members.

Additional Health Benefits



For Kaiser HMO Plan Members

Healthy Lifestyle Programs

You have access to an array of free programs designed to support you in cultivating good health, fitness and well being. To learn more and/or join any of them, go to kp.org/healthylifestyles.

Healthy Lifestyle Programs for Chronic Conditions

These programs are designed to support people living with chronic conditions or health issues. Go to kp.org/healthylifestyles to join them. Programs include:

- Care for Diabetes: Receive support in managing diabetes to help you lead a healthier, more satisfying life.
- Care for Your Health: A customized plan to help you handle medications and treatments, and deal with daily challenges
- Care for Pain: A personalized pain management plan can help you enjoy life to the fullest while dealing effectively with your chronic pain.

Wellness Coaching

Partner with a wellness coach (available in both English and Spanish) at no cost to you. Programs are available to help you:

- Manage your weight
- Quit tobacco
- Reduce stress
- Increase activity
- Eat healthier

Call [866.862.4295](tel:866.862.4295) to get started.

ChooseHealthy Discounts

This program offers a directory of complementary care, an online store, fitness club discounts, savings on health products and services, and more. When you register for ChooseHealthy, you'll also receive a free annual Premium Membership (a \$69.95 value). This membership gives you access to online resources and tools to help you achieve your health and fitness goals. You can develop a personalized exercise or meal plan, track your progress, and more.

To get started, go to kp.org, log in, click the Health and Wellness tab, and scroll down to Programs and Classes. You may also call [877.335.2746](tel:877.335.2746).

Medical Benefits: Tips

Tips on Getting the Most from Your Health Benefits

1 Ask Questions

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.

2 Utilize your Free Preventive Care Benefits to Stay Healthy.

In-network preventive care benefits are covered at no charge to you. Take advantage of these no cost benefits now to hopefully avoid major illnesses and the costs they bring in the future.

3 Get the Right Health Care and Save Money

Choosing the right care for your medical situation will help save you money out-of-pocket:

- **Doctor's Office Visit** or **Telemedicine** visit: These are the best choices for non-urgent medical issues.
- **Urgent Care:** This is the best choice for non-life threatening medical issues that require immediate in-person care when you can't get an appointment for a Doctor's Office Visit.
- **Emergency Room:** You should use the Emergency Room for life threatening emergencies, or for other issues that require immediate in-person medical care outside Urgent Care hours.

4 Use Generic Drugs When Available

The best way to save on prescriptions is to use generic medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay.

Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

5 Use the Mail-Order Prescription Drug Benefit for Maintenance Medications

If you take medications on a long term basis, the mail order prescription drug benefit can save you money.



Save Money on Your Health Care Expenses

When you use your Flexible Spending Account (see page 15) to pay for eligible, unreimbursed medical, dental and vision care expenses, you reduce your taxable income and can save money on taxes.

Dental Benefits

Delta Dental PPO Incentive Plan

With the Delta Dental Preferred Provider Organization (PPO) Incentive plan, you may visit a PPO Dentist, a Premier Dentist, or an out-of-network Dentist. When you utilize a PPO or Premier Dentist, your out-of-pocket expenses will be less, however, you will usually pay the lowest amount for services when you visit a Delta Dental PPO Dentist. Delta Dental PPO Network Dentists are contracted dentists that have agreed to a fee schedule as payment in full.

The Delta Dental Incentive Plan offers the largest network of providers. You may change providers at anytime. The Incentive Plan starts coverage at 70% the first year and percentages increase by 10% for each year of participation (two office visits within a 12-month period). Upon completion of 4 years of active participation, coverage is set at 100% allowable.

| Plan Name | Delta Dental Incentive DD 1000 PPO Plan | | |
|---|---|----------------------|--------------------------------|
| | In-Network (PPO) | In-Network (Premier) | Non-Delta Network ¹ |
| Dental Benefits | | | |
| Calendar Year Maximum | \$1,200 ² | \$1,000 | \$1,000 |
| Calendar Year Deductible | None | | |
| Diagnostic & Preventive Services - Exams, 3 cleanings per calendar year, x-rays | 70%-100% | 70%-100% UCR | 70%-100% UCR |
| Basic Services - Fillings, simple tooth extractions, sealants - Endodontics (root canals), oral surgery - Periodontics (gum treatment) | 70%-100% | 70%-100% UCR | 70%-100% UCR |
| Major Services - Crowns, inlays, onlays, cast restorations | 70%-100% | 70%-100% UCR | 70%-100% UCR |
| Prosthetic Services - Bridges, dentures, implants | 50% | 50% UCR | 50% UCR |
| Dental Accident Services | 100%, \$1,000 Maximum | | |
| Orthodontia | Not Covered | | |

- 1 Dentists who are out-of-network have not agreed to pricing, and may bill you for the difference between what Delta Dental approves and what the dentist usually charges.
- 2 Effective January 1, 2025 you will have \$1,500 in maximum benefits when you seek care from an In-network PPO provider.



Finding a Dental Provider

Go to www.deltadentalins.com or call 866.499.3001. Refer to the PPO or Premier networks when prompted.

We recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

Vision Benefits

VSP Vision PPO

The Vision Service Plan (VSP) provides professional vision care and high-quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you use a non-network provider, you will be responsible for paying all charges at the time of your appointment and will be required to file an itemized claim with VSP Vision.

VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes 50,000 access points nationwide. VSP also contracts with Costco Optical, Visionworks, and other affiliate retail providers. Please note, benefits may vary at affiliate locations.

| Plan Name | VSP Vision Signature C PPO Plan | |
|----------------------------------|---------------------------------|--------------------------|
| | Network | Non-Network ¹ |
| Vision Benefits | | |
| Copay | | |
| - Examination | \$20 Copay | N/A |
| - Materials | \$25 Copay | N/A |
| Examination (Every 12 Months) | 0% | \$35 Reimbursement |
| Lenses (Every 12 Months) | | |
| - Single Vision | 0% | \$25 Reimbursement |
| - Bifocal | 0% | \$40 Reimbursement |
| - Trifocal | 0% | \$50 Reimbursement |
| Frames (Every 12 Months) | \$150 allowance | \$30 Reimbursement |
| Contact Lenses (Every 12 Months) | In Lieu of Frames and Lenses | |
| - Cosmetic / Elective | \$150 Benefit | \$90 Reimbursement |
| - Medically Necessary | 0% | \$250 Reimbursement |
| Laser Vision Correction | Discounts Apply | Not Covered |

¹ When using the non-network tier, you are responsible for paying all of the charges at the time of your appointment and filing a claim for reimbursement.



Finding a Vision Provider

Go to www.vsp.com or call **800.877.7195**.

Voluntary Benefits

American Fidelity Voluntary Benefits

You may purchase individual policies from American Fidelity including Disability Income Protection and Cancer Supplement. To learn more, please contact your American Fidelity representative, Tony Orsini, at **800.365.9180** ext 320.

Life Balance Benefits

Anthem Blue Cross Employee Assistance Program

If you are enrolled in one of our medical plans, you will automatically be enrolled in the Employee Assistance Program (EAP) through Anthem Blue Cross. This program is available 24/7/365 and provides significant support in a wide variety of areas.

Learn To Live

Emotional well-being resources at your fingertips.

- Personalized, one-on-one coaching
- Build support team by adding family members to keep you motivated and accountable
- Receive weekly text messages filled with positivity, quick tips, and exercises to improve your mood
- Access live and on-demand webinars to improve mental well-being with useful tips and advice from experts.

Simply take a quick assessment to find the program that's right for you. Visit anthemEAP.com (to log in, enter SISC as the program name) or call **800.999.7222**.

Support and Counseling

Provides confidential support in balancing a wide array of challenges in areas such as:

- Relationship difficulties
- Managing change and stress
- Legal and financial problems
- Marriage, family or parenting concerns

The EAP provides you with to 6 counselling sessions per issue per benefit year

Identity Monitoring and Theft Resolution

Receive free identity monitoring and theft resolution services through IDnotify

- IDnotify customer care team is available, with robust knowledge in credit and non-credit restoration, with CITRMS (Certified Identity Theft Risk Management Specialist), FCRA, and FACTA certifications.
- Your IDnotify specialist will help you determine if an identity theft event has occurred and guide you through any necessary restoration activities.

Legal and Financial Resources

The EAP provides a wide array of legal and financial resources:

- Legal Assist: A library of articles on legal topics and issues
- Legal Forms: 100 legal forms for a variety of family and consumer situations
- State Specific Legal Forms: Advanced directives and instructions for each state
- Estate Planning: Articles and resources to address estate planning questions
- Financial Calculators: Will allow you to get answers and explore different options regarding home and personal financing, investing, and retirement
- Pocketsmith Discount: PocketSmith Personal Financial Manager is an online tool that uses an innovative calendar-based approach to help employees quickly and easily manage their personal finances.

Seminars and Articles

The EAP provides online resources for a wide array of topics, including both a library of articles and on-demand seminars

Savings Center

Savings and discounts are available through the EAP:

- Discount shopping program that is provided through Perks At Work
- Discounts of up to 25% on name brand, practical, and luxury items



Accessing the EAP

Visit anthemEAP.com (to log in, enter SISC as the program name) or call **800.999.7222**.

Tax Savings Benefits

Flexible Spending Accounts

You can set aside money in Flexible Spending Accounts (FSA) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You choose how you want to receive reimbursement for your eligible expenses. You may use a debit card provided by SISC Flex (Navia), sign up for direct deposit to your bank account or you may have a check sent to your home.

Please remember that if you are using your debit card, you must save your receipts, just in case Navia/SISC needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

Your FSA elections expire each year on December 31. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll. Open Enrollment for the FSA runs September 1 through November 1 for the upcoming plan year.

Health Care Spending Account

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays, expenses that exceed plan limits, over-the-counter drugs, and menstrual supplies. You may defer up to \$3,200 pre-tax per year in 2024. The limits for 2025 have not yet been released.

Dependent Care Spending Account

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to \$5,000 pre-tax per year. You can use the Dependent Care Spending Account to be reimbursed for: Licensed nursery schools, qualified childcare centers, after school programs, summer camps (under age 13), preschool, and adult daycare facilities.



Benefits Video: Flexible Spending Accounts

This quick video explains how Flexible Spending Accounts work and how they can help you save money:
<http://video.burnhambenefits.com/fsa>

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule. According to this rule, you must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year. If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.

In the example below, Dan estimates that he will have approximately \$1,200 in out-of-pocket health care expenses next year and is looking to increase his take-home pay.

| Dan's Pay, Taxes and Health Care Expenses | Without the Health Care FSA | With the Health Care FSA |
|---|-----------------------------|--------------------------|
| Gross Pay (Annual) | \$35,000 | \$35,000 |
| Pre-tax Health Care FSA | \$0 | \$1,200 |
| Taxable Gross Income | \$35,000 | \$33,800 |
| Payroll Taxes (at 30%) | \$10,500 | \$10,140 |
| Health Care Cost | \$1,200 | \$0 |
| Net Pay | \$23,300 | \$23,660 |
| Annual Net Pay Increase | \$0 | \$360 |

Resources and Contacts

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact the Payroll & Benefits Department

| Medical Plans | |
|--|---|
| Anthem Blue Cross PPOs - Phone - Website - Prescription Drugs — Navitus - Prescription Drugs — Costco (SISC) - Telemedicine—MDLIVE (SISC) | Call SISC - See Medical ID Card www.anthem.com/ca/sisc 866.333.2757 800.607.6861 www.pharmacy.costco.com 888.632.2738 www.mdlive.com/sisc |
| Kaiser Permanente HMO | Call SISC - See Medical ID Card www.kp.org |
| Dental Plan | |
| Delta Dental | 866.499.3001 www.deltadentalins.com |
| Vision Plan | |
| Vision Service Plan (VSP) | 800.877.7195 www.vsp.com |
| Employee Assistance Program | |
| Anthem Employee Assistance Program (EAP) - Learn to Live | 800.999.7222 anthemEAP.com (enter SISC as program name) |
| Voluntary Plans | |
| American Fidelity | 800.654.8489 www.afadvantage.com |
| Flexible Spending Accounts | |
| SISC FLEX | 800.972.1727 ext.4416 http://sisc.kern.org/flex |
| Additional Benefits Provided Through SISC for Kaiser Members | |
| Health Smart’s Health Improvement Program | Call SISC - See Medical ID Card |
| Calm mobile app | www.kp.org/selfcareapps |
| Wellness Coach | 866.862.4295 https://healthy.kaiserpermanente.org/health-wellness/wellness-coaching |
| Total Health Assessment | www.kp.org/tha |
| Additional Benefits Provided Through SISC for Anthem Members | |
| Diabetes Prevention Program - Lark | www.lark.com/anthemBC |
| Maven Maternity and Postpartum Support | Mavenclinic.com/join/SISC |
| Vida Digital Coaching | 855.442.5885 vida.com/sisc |
| Carrum Health | 888.855.7806 www.carrumhealth.com/sisc |
| Hinge Health | 855.902.2777 hingehealth.com/sisc |
| Oncology Center of Excellence Program | 877.220.3556 www.sisc.contigohealth.com |
| Active&Fit | www.anthem.com/ca/sisc |
| Teledoc—Medical Second opinion | 800.835.2362 www.teladoc.com/SISC |
| Eden Health | www.edenhealth.com/sisc |

Important Information

Annual Notices

The District plans are partially arranged by the District and governed by its plan rules and documents. ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The District distributes annual notices to new-hires, and each year during open enrollment:

- **Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by the District's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.
- **Women's Health and Cancer Rights Act (WHCRA):** This act contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** This act affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.
- **Special Enrollment Rights:** Plan participants are entitled to certain special enrollment rights outside of the District's open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.
- **Medicaid & Children's Health Insurance Program:** Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.

To view the Ventura County Schools Business Service Authority annual notice packet online, visit: <https://vcsbsa.org/services/benefits/health/>

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage. This guide is designed to help you understand the medical plan options offered to you by Ventura County Schools Business Service Authority. Please refer to the SBC and carrier contracts provided by SISC for additional plan details.

Individual Health Care Mandate

Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the current tax year. In addition, several other states, including Massachusetts, New Jersey, and Vermont, as well as the District of Columbia, have reinstated an individual mandate requirement, and others are considering doing so.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by the District or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

However, if you choose to purchase coverage through the marketplace, because the District's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For more information, go to www.healthcare.gov.



Learn more at www.burnhambenefits.com

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact Human Resources.

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