



Retiree Benefits Guide

2025



Welcome to Your Retiree 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 District Office.

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Online Carrier Resources

Take advantage of the online resources available through our insurance carriers. You can locate network providers, manage your claims, obtain health and wellness information, and much more! Insurance carrier website addresses are located on [page 18](#) of this guide.

Enrollment Information

Who May Enroll

If you are a retiree, you and your eligible dependents may participate in VCSBSA's benefits program. Your eligible dependents include:

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

Required Enrollment Documentation

- Medicare Part A & B – Provide a copy of each enrollee's Medicare card with Medicare Beneficiary Identifier (MBI).
- To Enroll a Spouse – Prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out). If taxes were not filed jointly, you can complete an Affidavit of Marriage with a copy of the marriage certificate. A marriage certificate will be accepted for newly married couples where prior year tax return is unavailable.
- To Enroll a Domestic Partner – Certificate of Registered Domestic Partnership issued by State of California.

When You Can Enroll

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

- As a new retiree, you may participate in VCSBSA's benefits program within 30 days of your eligibility date. If you do not enroll for coverage within 30 days of your eligibility date, you will lose eligibility.
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)

Benefits Enrollment

All health benefit plans are effective October 1st through September 30th of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following October 1st effective date.

Changes To Enrollment

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

- 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 state's premium assistance program under 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 Human Resources 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.

Medicare Guidelines

Important Medicare Guidelines

Retirees and their spouses/domestic partners that are 65 years of age or older are required to provide proof of Medicare Parts A and B. A copy of the retiree's and spouse's/domestic partner's Medicare card must be sent to SISC prior to the first of the month in which they turn 65 (or first of the prior month if their birthday is on the 1st). Retirees must have continuous enrollment in Medicare while enrolled in a SISC retiree plan.

Retirees and covered dependents should contact Social Security three months in advance of their 65th birthday or retirement and provide proof of Medicare A and B enrollment to the district to avoid surcharges.

As a courtesy SISC will notify employees turning age 65 by mailing a letter to them. This letter will explain to them about Medicare and when they must enroll.

If proof of Medicare is not provided to SISC, a non-refundable surcharge will be applied to the monthly premium of the under-65 groups. The surcharge will be applied the first of the month in which the member turns 65 until the Medicare card is produced.

2025-2026 Missing Medicare Surcharge—Monthly	
Missing Part A	\$700
Missing Part B	\$700
Missing Parts A and B	\$1,400

Options for Retiree and/or Spouse/Domestic Partner

When One Is Over Age 65 And One Is Under Age 65

In the case of a retiree two-party contract where one person is over the age of 65 and one is under the age of 65, the following (enrollment options are available:

- Both parties remain enrolled on the group suffix for retirees under age 65 (until both parties turn 65); or
- Split the enrollment: the under age 65 person enrolls on an under age 65 group number and the over age 65 person enrolls on an over age 65 group number (different group numbers, same benefits); or
- The age 65 person with both parts of Medicare can enroll on a SISC Individual Retiree plan (if offered by the district) and the under age 65 person can remain on the under age 65 group suffix.

All of the above scenarios require the person who is age 65 or older to provide proof of Medicare enrollment to SISC. A separate enrollment form completed by the spouse or domestic partner is required if they are enrolling on a separate group number as they then become a subscriber. If the spouse/domestic partner is age 65 and actively working elsewhere and does not enroll in Medicare, SISC will require proof of other coverage. In certain circumstances a surcharge may be avoided if the spouse/domestic partner is employed and enrolled in other coverage.



Medical Benefits

Anthem Blue Cross Medical Plan Options

PPO Plan Options

The Anthem Blue Cross Preferred Provider Organization (PPO) plans allow you to direct your own care. You are not limited to the physicians within the network and you may self-refer to specialists. If you receive care from a physician who is a member of the PPO network, a greater percentage of the entire cost will be paid by the insurance plan. You may also obtain services using a non-network provider; however, 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.

HDHP/HSA Plan (Minimum Value)

The Anthem Blue Cross PPO High Deductible Health Plan (HDHP) is similar to the other PPO plans, but with some important differences. The HDHP includes a high deductible, and no coinsurance applies until the deductible is met for both medical and pharmacy benefits.

Kaiser Permanente | HMO Medical Plan

With the Kaiser Permanente Health Maintenance Organization (HMO) plan, all of your care must be directed through a Kaiser Permanente facility including any specialty care. You will receive benefits only if you use the doctors, clinics, and hospitals that belong to the Kaiser medical group except in the case of an emergency.

Prescription Drug Coverage

Anthem Blue Cross | Pharmacy Benefits

Navitus Health Solutions is the Pharmacy Benefits Manager (PBM) 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.

Kaiser Permanente | Pharmacy Benefits

You must obtain covered items at a Plan Pharmacy or through Kaiser Permanente's mail-order service unless you obtain the item as part of covered Emergency Services, Post-Stabilization Care, or Out-of-Area Urgent Care. Please refer the facility directory on Kaiser Permanente's website at kp.org for a list of Plan Pharmacies in your area, except that Plan Pharmacies are subject to change at any time without notice. Mail-order services vary by item and are subject to change at anytime without notice. For the current locations of Plan Pharmacies, please call our Member Service Contact Center 24 hours a day, seven days a week (except closed holidays) at 1-800-464-4000.

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, your 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.

Here's how it works:

1. Take your prescription to any Costco pharmacy, You do not need to be a Costco member.
2. Present the pharmacist with your insurance card.
3. Get your generic medications (excluding some narcotic plan medications and some cough medications) for free. You will pay \$35 for a 30 day supply of brand name drugs or \$90 for a 90 day supply of brand name drugs. Due to Medicare Part D restrictions, this program does not apply to the CompanionCare pharmacy benefit.

Medical Benefits (Under 65)

	Option 1 Anthem Blue Cross PPO 100% D/\$20	Option 2 Anthem Blue Cross PPO 90% G/\$20	Option 3 Anthem Blue Cross PPO 80% G/\$20
	In- Network	In- Network	In- Network
Health Benefits			
Deductible (Annual)	\$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
Co-Insurance (Plan Pays)	100% after Ded	90% after Ded	80% after Ded
Office Visit Copay	\$20 Copay ¹	\$20 Copay ¹	\$20 Copay ¹
Hospitalization	0% after Ded	10% after Ded	20% after Ded
Lab and X-Ray	0% after Ded	10% after Ded	20% after Ded
Emergency Services	\$100 Copay, 0% after Ded	\$100 Copay, 10% after Ded	\$100 Copay, 20% after Ded
Urgent Care	\$20 Copay	\$30 Copay	\$20 Copay
Chiropractic (Limits Apply)	0% after Ded	10% after Ded	20% after Ded
Pharmacy Benefits			
Pharmacy Deductible	none	none	none
Out of Pocket Maximum	\$2,500 Individual /\$3,500 Family	\$2,500 Individual /\$3,500 Family	\$2,500 Individual /\$3,500 Family
Retail Pharmacy			
- Generic Formulary	\$9 Copay	\$9 Copay	\$9 Copay
- Brand Name Formulary	\$35 Copay	\$35 Copay	\$35 Copay
- Supply Limit	30 Days	30 Days	30 Days

1. The first three visits with a primary care provider for each calendar year will be no charge.



Finding a Medical Provider

- Anthem Blue Cross: Go to www.anthem.com/ca/sisc or call **800.322.5709**.
- Kaiser Permanente: Go to www.kp.org or call **800.464.4000**.



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 (Under 65)

	Option 4 Anthem Blue Cross PPO 80% L/\$30	Option 5 Anthem Blue Cross HSA \$5,000 (formally Minimum Value)	Option 6 Kaiser Traditional HMO \$10
	In- Network	In- Network	In- Network Only
Health Benefits			
Deductible (Annual) Out of Pocket Maximum	\$2,000 Individual/\$4,000 Family \$4,000 Individual /\$8,000 Family	\$5,000 Individual/\$10,000 Family \$6,350 Individual/\$12,700 Family	\$0 Individual/\$0 Family \$1,500 Individual/\$3,000 Family
Co-Insurance (Plan Pays)	80% after Ded	70% after Ded	100% after Ded
Office Visit Copay	\$30 Copay ¹	30% after Ded	\$10 Copay
Hospitalization	20% after Ded	30% after Ded	0%
Lab and X-Ray	20% after Ded	30% after Ded	0%
Emergency Services	\$100 Copay, 20% after Ded	\$100 Copay, 30% after Ded	\$100 Copay
Urgent Care	\$30 Copay	30% after Ded	\$10 Copay
Chiropractic (Limits Apply)	20% after Ded	30% after Ded	\$10 Copay / 30 visit limit
Pharmacy Benefits			
Pharmacy Deductible Out of Pocket Maximum	\$200 Individual/\$500 Family \$2,500 Individual /\$3,500 Family	Medical deductible applies Medical Out-of-pocket applies	None Medical Out-of-pocket applies
Retail Pharmacy - Generic Formulary - Brand Name Formulary - Supply Limit	\$10 Copay \$35 Copay 30 Days	\$9 Copay \$35 Copay 30 Days	\$10 Copay \$10 Copay 100 Days

1. The first three visits with a primary care provider for each calendar year will be no charge.



Medical Benefits

Health Savings Account (HSA) – For Anthem HSA-B Plan Members Only

What is an HSA?

A Health Savings Account, also known as an HSA, is a tax savings account that can be funded with tax-exempt dollars by you, a family member or anyone else on your behalf. When you contribute to an HSA, your taxable income is lowered and your take-home pay may increase. Interest and investment earnings on HSA funds are generally tax-free.

You can open up a HSA bank account with any financial institution of your choice. Money from the HSA can help pay for eligible medical expenses not covered by the Anthem, including the deductible and coinsurance. See www.irs.gov for a full list of eligible expenses. You can only have this account if you are enrolled in a qualified high deductible plan such as Guadalupe Union School District's Anthem HDHP MV Plan.

Who's Eligible

You're eligible to open an HSA if:

- You enroll in a qualifying high-deductible health plan such as the Anthem Blue Cross HDHP Plan.
- Your **only** coverage is a high-deductible health plan. If you are covered under your spouse's plan and that plan is not a high-deductible plan, you are not eligible to contribute to an HSA.
- You are not covered by a traditional Health Care Flexible Spending Account (FSA) through your spouse.
- **You have not signed up for Medicare coverage.**

HSA Contributions

The maximum contribution that can be made into an HSA account in 2025 is \$4,300 for an individual and \$8,550 for a family.

Important HSA Facts

Pay Healthcare Expenses

Each time you have a qualified health expense, you decide whether to:

- Pay out of your pocket and let your HSA grow, earning interest for future eligible expenses (e.g., medical expenses during retirement).
- Use your HSA to pay for eligible medical expenses such as your annual deductible and coinsurance. Your HSA can also help pay for vision care, dental care and prescription drugs. (For a complete list of eligible expenses, visit www.irs.gov.)

HSA Accounts are Portable

Any money in your HSA that you don't spend rolls over from year to year. If you change jobs, switch to another medical plan or even retire, your HSA and the money in it is yours to keep. You can choose to save it to pay for eligible health care expenses tax-free in retirement.



Medical Benefits

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.



Additional Benefits

Anthem Blue Cross Retiree 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. The EAP provides you and your household members with free, confidential assistance to help with personal/professional problems that may interfere with work or family responsibilities. You are encouraged to utilize services early in the progression of a problem before situations significantly impact your personal life or work.

This plan may help in situations such as relationship difficulties, marriage/family situations, stress, managing change, legal and financial problems, work-related concerns, anxiety and depression. The EAP also serves more serious concerns such as alcohol and drug problems, family violence and threats of suicide.

You and your household members can receive up to six counseling sessions per problem. If a problem requires more lengthy or specialized treatment than the EAP is intended to provide, the EAP will refer you to Anthem Blue Cross to help you locate a participating Anthem Blue Cross Medical provider.

Emergencies handled by staff members are available by phone 24/7 on a toll-free basis.

The EAP will make every effort to see you within 48 hours, but if you are in crisis, you will be provided same-day service.



Accessing the EAP

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

Value Based Purchasing Reminder!

Reference pricing for five common procedures that can be performed safely at an Ambulatory Surgery Center (ASC) at costs significantly lower than at a hospital are listed below.

- If you choose to have you procedure at an in-network outpatient facility, only the amounts below will be paid for the procedure.
- The remaining amount will be paid in full by the member.
- There is no limit at an in-network Ambulatory Service Center.
- Members with questions should contact the customer service number on their ID cards.

	Maximum Benefit at an in-network outpatient hospital facility	There is no limit at an in-network Ambulatory Service Center (ASC)
	In-Network	ASC Facility
Arthroscopy	\$4,500	n/a
Cataract Surgery	\$2,000	n/a
Colonoscopy	\$1,500	n/a
Upper GI Endoscopy with Biopsy	\$1,250	n/a
Upper GI Endoscopy without Biopsy	\$1,000	n/a

Medical Benefits

Additional Medical Benefits Provided Through SISC

Health Smarts 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 Smarts 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 Smarts health improvement program, contact SISC at the number shown on your medical ID card.

MDLive

As a Medical plan participant, you have access to MDLive, a service that provides 24/7 access to board certified doctors and pediatricians by online video, phone or secure email. Doctors will ask you some questions to help determine your health care needs. Based on the information you provide, advice will include general health care and pediatric care specific to you or your dependent’s condition. This service is subject to a **\$10 copay** regardless of your Medical plan’s regular office visit copay, except HDHP/HSA participants who will need to pay the cost in full until the plan deductible has been satisfied.

When to use MDLive:

- If you’re considering a visit to an emergency room or urgent care center for a non-emergency medical issue.
- When your primary care doctor is not available.
- When you are traveling and in need of medical care.
- During or after normal business hours, nights, weekends and holidays.
- To request prescription drugs or to get refills.

Common Conditions Treated by MDLive			
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!

To access MDLive, go to www.mdlive.com/sisc or call **800.657.6169**. Be prepared to provide your name, the patient’s name (if you're not calling for yourself), your member identification number and your phone number.

SISC Medical Experts Opinion (through Teladoc)

SISC offers a valuable expert second opinion service through Teladoc. 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.

Teladoc 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 Teladoc 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 SISC Medical Experts Opinion through Teladoc, members receiving a medical opinion have unlimited concierge access to a specialist. To take advantage of this benefit, go to www.teladoc.com/sisc or call **800.835.2362**.

Medical Benefits

Additional Medical Benefits Provided Through SISC

Lark Diabetes Prevention Program (*under 65 retirees only*)

Anthem has partnered with Lark to offer a diabetes prevention program that can help you determine if you're at risk for prediabetes and if needed, take steps to address it.

You can participate in this program at no extra cost as part of your health plan. Track your progress, check in with your coach, and learn more about prediabetes right in Lark's free mobile app. This program is flexible, convenient, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health and decrease your risk over time

Go to www.lark.com/anthemBC and take a quick one-minute survey to see if you could benefit from Lark's diabetes prevention program.

Active&Fit

With the Active & Fit Direct program, you can choose from over 9,000 participating fitness centers and YMCAs nationwide for a much lower cost than you would pay on your own

- Use the online fitness tracking feature, which uses a variety of wearable devices and apps
- You pay only \$25 a month (plus \$25 enrollment fee and taxes)
- To learn more: Log into www.anthem.com/ca/sisc
- Click "Discounts"
- Visit "Special Offers"

Silver&Fit

This program is now available with the Companion Care - Medicare Supplemental Plan at no cost to you.

- Register online to get more details on local fitness centers, home fitness programs and fun fitness challenges.
- Learn how to track your exercise and get rewarded for being active.
- Go to www.SilverandFit.com to register and find more details on program offerings.

Hinge Health

- Personalized, digitally delivered therapy for back, knee, shoulder, neck and hip pain
- To access your Hinge Health benefit, call **855.902.2777** or visit www.hingehealth.com/sisc.

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. Examples include nutrition, weight loss, mental health, and building healthy habits
- To learn more, call **855.442.5885** or visit www.vida.com/sisc.

Anthem PPO Retirees Under Age 65 Only

If you or a covered family member are diagnosed with cancer, you can receive treatment support through Lantern. This benefit provides:

- **Guided support:** A personal oncology nurse will partner with you through every step of your cancer journey.
- **Access to excellent care:** Cancer Care Direct gives you access to the top national cancer centers if needed.
- **Expert review and advice:** Cancer Care Direct can coordinate expert reviews of your diagnosis and treatment plan, to make sure you're getting the right care, at the right place, at the right time.

To learn more, visit <https://lanterncare.com> or call **(855) 961-4533**.

Medical Transport and Meal Delivery (*Kaiser Senior Advantage Members Only KPSA*)

- For retirees who don't drive, this benefit can provide up to 24 one-way rides to Lab visits, Doctor appointments or to pick up medications or medical equipment.
- After an inpatient stay at a hospital or skilled nursing facility, you can get back to health more quickly with fresh and nutritious meal deliveries. This benefit includes 3 meals a day for up to 4 weeks, delivery to any address in coverage region with more than 70 entrée options, including heart-healthy, diabetic-friendly, and gluten-free meals.
- Go to kp.org/sisc for more information.

Hearing Aid Benefits

Hearing aid benefits are included with three of our benefit plans:

Kaiser Permanente Medicare Health Plan Hearing Care Benefits

Hearing services for Kaiser Permanente members are provided through:

- Kaiser Permanente Audiology Department
- HEARx West, a joint venture between Kaiser Permanente and HearUSA, which works with your health plan to provide a broad range of affordable hearing care products and services.

If you have hearing loss, you receive an allowance toward the purchase of a hearing aid in each year once every three years. (You pay any costs above the allowance.) When you purchase your hearing aids through HEARx, you receive a limited warranty for a three-year period. (Please note that batteries, repairs, and accessories are paid 100% by you.)

You can receive hearing care benefits through the Kaiser Permanente Audiology Department or from HEARx and will be charged for an office visit copay. Hearing aids and products can be purchased through HEARx in Southern California. To find a HEARx facility near you, call [800.700.3277](tel:800.700.3277) or visit hearusa.com.

Delta Dental Hearing Aid Benefits

If you are enrolled in a Delta Dental plan, you receive hearing aid coverage through Amplifon. This benefit provides you with:

- Access to the best hearing aid prices, guaranteed. Receive 62% average savings off retail pricing. If you find a lower price at another local provider, Amplifon will not only match it, they'll beat it by 5%. No-interest financing is available.
- Choice of top hearing aid brands. Amplifon offers access to the nation's leading hearing aid brands featuring the latest technology. All products are backed by a 60-day no-risk trial.
- Thousands of hearing care providers, with a broad network of hearing clinics across the nation
- Industry-leading support for your purchase, including one year of free follow-up care, two years of free batteries and a three-year product warranty for all hearing aid purchases.

You can take advantage of your Amplifon hearing aid benefit by visiting www.amplifonusa.com/deltadentalins or calling [888.779.1429](tel:888.779.1429).

VSP Hearing Aid Benefits Through TruHearing

VSP members receive savings on brand-name hearing aids through the TruHearing Hearing Aid Discount Program. This benefit provides you and your family:

- Access to a national network of more than 7,000 hearing healthcare providers
- Selection of more than 90 digital hearing aids in 400 styles
- Savings of up to 60% on brand-name hearing aids

Hearing aid purchases include:

- One year of follow-up visits for fittings, adjustments, and cleanings
- 60-day money-back guarantee
- 80 replacement batteries

To access your TruHearing benefit, visit the TruHearing website at www.truhearing.com/vsp or call [877.396.7194](tel:877.396.7194).



Medical Benefits (Over 65)

Medical Plan Options

	Option 1 Anthem Blue Cross PPO Plan 100-A EGWP Rx \$0/\$35 Direct Bill available	Option 2 Anthem Blue Cross PPO Plan 100-A EGWP Rx \$0/\$35; \$200 Ded Direct Bill available	Option 3 Kaiser (KPSA) HMO \$10; Rx \$10 Direct Bill available
	PPO Network	PPO Network	In-Network Only
Health Benefits			
Deductible (Annual)	None	None	None
Out-of-Pocket Maximum ¹	\$1,000 Individual / \$3,000 Family	\$1,000 Individual / \$3,000 Family	\$1,500 Individual / \$3,000 Family
Co-Insurance (Plan Pays)	100%	100%	100%
Office Visit Copay	\$0 Copay	\$0 Copay	\$10 Copay
Hospitalization ²	0%	0%	0%
Lab and X-Ray	0%	0%	0%
Emergency Services	\$100 Copay, 0%	\$100 Copay, 0%	\$100 Copay
Urgent Care	\$0 Copay	\$0 Copay	\$10 Copay
Chiropractic (Limits Apply) ²	Administered by ASH 0%	Administered by ASH 0%	Administered by ASH \$10 Copay /30 visit limit
Pharmacy Benefits*	EGWP Medicare Part D Rx Plan	EGWP Medicare Part D Rx Plan	
Pharmacy Deductible	None	\$200	\$0
Pharmacy Copay	<u>Retail</u> \$0 Copay	<u>Retail</u> \$0 Copay	<u>Retail</u> \$10 Copay
- Tier 1 Drugs	\$35 Copay	\$35 Copay	\$10 Copay
- Tier 2 Drugs	\$35 Copay	\$35 Copay	\$10 Copay
- Supply Limit	30 Days	30 Days	Up to 100 Days

¹ When using the non-network tier, you are responsible for all amounts exceeding the fee schedule. Non-covered expenses do not apply to Out-of-Pocket maximum. Member copayments and coinsurance for Emergency Medical Care with a Non-PPO provider also apply to the Out-of-Pocket maximums.

² Subject to utilization review or medical necessity.

***Important Note:** The 65+ PPO Retiree Prescription Plan for Option 1 is EGWP Medicare Part D Rx Plans. You will be auto-enrolled into Medicare Part D plan and will receive a separate ID card from your medical plan. Medicare Part D Income Related Monthly Premium Adjustment Amount (IRMAA) will apply. High income earners must pay a monthly amount to Medicare.

Medical Benefits (Over 65)

CompanionCare Medicare Supplement Plan

CompanionCare is for retirees over the age of 65 and is a supplement insurance coverage for Medicare. Retiree must have Medicare parts A & B in order to participate. Medicare is billed as the primary insurance. CompanionCare is billed as the secondary insurance. It is to your advantage to use a participating Blue Cross provider who accepts assignment of Medicare benefits. If you use a provider who does not accept assignment of Medicare benefits, the provider of service or member must file the claim twice; once for the Medicare payment and then again for the plan payment. Vision wear is covered through VSP (Vision Service Plan).

Prescription program is through Navitus. SISC will automatically enroll CompanionCare members in Medicare Part D for prescription medications.

Please remember! If you are enrolled in CompanionCare, you may not move back to a District sponsored plan (Blue Cross PPO). Exception to this rule: If you move out of California, you may enroll in a District sponsored plan.

Companion Care Medicare Supplement Plan - 40003A (Direct Bill)		
	2025 Medicare	2025 CompanionCare
Health Benefits		
Inpatient Hospital (Part A)	Pays all but first \$1,676 for 1st 60 days	Pays \$1,676
	Pays all but \$419 /day for the 61st-90th day	Pays \$419 a day
	Pays all but \$838 a day Lifetime Reserve for 91st to 150th day	Pays \$838 a day
	Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage)	Pays 100% after Medicare and Lifetime reserve are exhausted up to 365 days per lifetime
Skilled Nursing Facilities (must be approved by Medicare)	Pays 100% for 1st 20 days	Pays nothing
	Pays all but \$209.50/day for 21st—100th day	Pays \$209.50 a day for 21st—100th day
	Pays nothing after 100th day	Pays nothing after 100th day
Deductible (Part B)	\$257 Part B deductible per year	Pays \$257
Basis of Payment (Part B)	80% Medicare Approved (MA) charges after Part B deductible	20% MA charges including 100% of Medicare Part B deductible
Medical Services (Part B) - Doctor, x-ray, appliances and ambulance - Laboratory	80% MA charges 100% MA charges	20% MA charges Pays nothing
Physical/Speech Therapy (Part B)	80% MA charges up to the Medicare annual benefit amount	20% MA charges up to the Medicare annual benefit amount (PT & ST combined)
Blood (Part B)	80% MA charges after 3 pints	Pays 1st 3 pints un-replaced blood and 20% MA charges
Travel Coverage (when outside the US for less than 6 consecutive months)	Not covered	Pays 80% inpatient hospital, surgery, anesthetist and in-hospital visits for medically necessary services for 90 days of treatment per lifetime
Pharmacy Benefits		
Outpatient Prescription Drugs - Retail Pharmacy (30 day supply) - Mail Order / Costco (90 day supply)	Navitus \$9 generic / \$35 brand-name \$18 generic / \$90 brand-name	
Pharmacy benefits administered through Navitus Health Solutions Medicare Rx using a Medicare D formulary. Some exclusions and prior authorizations may apply. Members that have questions regarding their medication coverage can call Navitus Health Solutions Medicare Rx at 866.270.3877 or TYY users please call 711.		
** Medicare deductible amounts listed are adjusted annually.		

Dental Benefits

Delta Dental PPO Incentive Plan—(SISC)

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.

Premier Network Dentists are contracted dentists that are not in the PPO Network, so members can still receive the benefit of the dentist’s contracted fee. When you see an out-of-network dentist, Delta will pay the Usual, Customary and Reasonable (UCR) up to the Annual Maximum. If you obtain services using an out-of-network dentist, you will incur much higher out-of-pocket expenses and you may be responsible for filing claims.

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.

	Option 1: Delta Dental (SISC) DD Incentive 1000; 3rd cleaning*			Option 2: Delta Dental (SISC) DD Incentive 1500*—Direct Bill		
	PPO Network	Premier Network	Out of Network	PPO Network	Premier Network	Out of Network
Dental Benefits						
Calendar Year Maximum						
2025	\$1,500	\$1,000	\$1,000	\$2,000	\$1,500	\$1,500
2026	\$1,500	\$1,000	\$1,000	\$2,000	\$1,500	\$1,500
Deductible (Annual) - Individual / Family	None			None	None	None
Preventive (Plan Pays) Exams, X-Rays, Cleanings	70-100% 3 cleanings per year	70-100%	70-100%	70-100%	70-100%	70-100%
Basic Services (Plan Pays) Fillings, Oral Surgery, Endodontics, Periodontics	70-100%	70-100%	70-100%	70-100%	70-100%	70-100%
Major Services (Plan Pays) Crowns, Prosthetics	70-100% 50% Prosthetics	70-100% 50% Prosthetics	70-100% 50% Prosthetics	70-100% 50% Prosthetics	70-100% 50% Prosthetics	70-100% 50% Prosthetics
Orthodontia	No benefit			No benefit	No benefit	No benefit



Finding a Dental Provider

Go to www.deltadentalins.com or call 866.499.3001.

- Option 1: Refer to the Delta PPO or Premier network.
- Option 2: Refer to the Delta PPO network.

Note: We strongly 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

Vision Service Plan (VSP)

The VSP vision plan 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 utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with VSP. VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes 37,000 access points nationwide. Most of the U.S. population lives within four miles of a VSP provider.

	VSP (SISC) Signature C \$20/\$25	VSP (SISC) Signature C \$20—Direct Bill
	VSP Network	VSP Network
Vision Benefits		
Copay		
- Examination	\$20 Copay	\$20 Copay
- Materials	\$25 Copay	Combined with Exam
Examination	\$20 Copay 15% savings on a contact lens exam (fitting and evaluation)	\$20 Copay 15% savings on a contact lens exam (fitting and evaluation)
Lenses		
- Single Vision	100% covered after copay	100% covered
- Bifocal	100% covered after copay	100% covered
- Trifocal	100% covered after copay	100% covered
- Standard Progressive	100% covered after copay	100% covered
- Premium Progressive	\$80-\$90	\$80-\$90
- Custom Progressive	\$120-\$160	\$120-\$160
Frames	Allowance after \$25 Copay \$170 Featured Frame Brands \$150 All other frames \$150 Walmart & Costco Plus 20% savings on the amount over your allowance	Allowance \$170 Featured Frame Brands \$150 All other frames \$150 Walmart & Costco Plus 20% savings on the amount over your allowance
Contact Lenses	\$180 Allowance after copay* In Lieu of Frames and Lenses	\$180 Allowance* In Lieu of Frames and Lenses
Laser Vision Correction	Discounts Apply	Discounts Apply
Frequency		
- Examination	Every Calendar Year	Every Calendar Year
- Lenses	Every Calendar Year	Every Calendar Year
- Frames	Every Other Year	Every Calendar Year
- Contact Lenses	Every Calendar Year	Every Calendar Year

*Increased Frame allowance goes into effect 1/1/26



Finding a Vision Provider

Go to www.vsp.com or call **800.877.7195**. Refer to the VSP Signature network when prompted,

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 Human Resources of District Office.

Medical - SISC/Anthem Blue Cross

Member Services	800.564.7475
Anthem Website	www.anthem.com/ca/sisc
Navitus Pharmacy	866.333.2757
Costco Mail Order Pharmacy	800.607.6861

Dental - Delta Dental

Member Services	866.499.3001
Carrier Website	www.deltadentalins.com

Vision - VSP

Member Services	800.877.7195
Carrier Website	www.vsp.com

Additional Benefits Provided by SISC

Health Smarts Member Services	661.636.4410
Health Smarts Website	www.sishealth.com
MDLive Member Services	800.657.6169
MDLive Website	www.mdlive.com/sisc
SISC Medical Experts Opinion Member Services (through Teladoc)	800.835.2362
Teladoc Website.....	www.teladoc.com/sisc
Hinge Health Member Services	855.902.2777
Hinge Health Website	www.hingehealth.com/sisc
Vida Digital Coaching	855.442.5885
Vida Digital Coaching Website	www.vida.com/sisc
Centivo Care.....	
Centivo Care Website.....	https://centivocare.com/sisc



NOTES



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Learn more at www.baldwin.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 district'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 the Risk Management Department.