



2026

Employee Benefits Guide



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 MUPU'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

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

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 Platinum Proactive Care Plan *New!*

The Anthem Blue Cross Platinum Proactive Care Plan eliminates deductibles and coinsurance. It has a copay-based plan design to provide more predictable costs. The plan has \$0 copays for essential services such as primary care, urgent care, outpatient mental health, physical medicine, and most lab work. You will still have access to the full Anthem Blue Cross PPO network and are able to continue to direct your own care. Additionally, many commonly used prescriptions will be available without any member copay when prescribed by a primary care physician.

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/videovisit/#>, 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.
- **\$0 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 \$0 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			
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

SISC Platinum Proactive Care PPO Plan (new!)

With this plan, there are \$0 copays for key services like primary care, urgent care, mental health, physical therapy, and most lab work. Get predictable costs, access to the full Anthem Prudent Buyer PPO network, and an enhanced Navitus pharmacy benefit with more \$0-cost prescriptions. For more details, [click here](#) or scan the QR code to the right.



Cost Factors

Lifetime Maximum Benefit

Calendar Year Deductible

Out-of-Pocket Maximum¹

- Individual
- Family

Health Services

Office Visit Copay

- Preventive Care²
- Primary Care Physician²
- Specialist²
- Urgent Care
- Mental Health & Substance Abuse²

Inpatient Hospitalization

Outpatient Surgery

- Hospital
- Freestanding Facility

Lab

X-Ray

Complex Imaging

Emergency

Chiropractic²

Acupuncture²

Prescription Drugs

Walk-In (Network/Costco)

Mail Order (Navitus)

Platinum Proactive Care PPO

In-Network

Unlimited

\$0

\$2,000
\$4,000

You Pay

No charge
No charge
\$70 copay
No charge
No charge

\$400 copay/day

\$1,200 copay
\$400 copay

\$0 - \$100 copay³

\$0 - \$150 copay³

\$300 - \$500 copay³

\$600 copay (waived if admitted)

No charge (preauthorization required after 5th visit)

No charge (12 visits/year)

You Pay

\$0 - \$90³

Specialty only: \$35

¹ The annual out-of-pocket maximum applies to copays and does not include out-of-network balance billing charges. Refer to plan documents for more detailed information.

² Includes virtual and office visits

³ [Click here](#) or scan the QR code above for more details on copay amounts.

Quick Video: Understanding Medical Plan Terms

Learn more about how the medical plans work: <https://info.burnhambenefits.com/videos/terms>.

Network

This new plan is still considered an Anthem PPO plan. Members will still have access to the full **Anthem Blue Cross PPO network (Prudent Buyer PPO)**. You can still access the same care and services without having to change providers or medications. And just like with our other Anthem PPO plans, you still have the flexibility to go in or out of network, and you can still self-refer to specialists.

Accessing Your Benefits - Digital ID Cards

IMPORTANT! Please note that you will NOT be mailed a physical ID Card under this plan. Instead, individuals will use a digital ID card. To get your digital ID card, you will need to do the following:
Create and register for an online account at: <https://myhealthhub.app>

- Your digital ID card will be available in your member portal when you log-in
Present your digital ID card to your provider whenever you receive care. You may also email a copy of your digital ID card to your provider through the member portal

Viewing and Managing Your Benefits

Creating an online account or downloading the mobile app are two easy and convenient ways to start viewing and accessing your benefits. When you do this, you can manage your benefits, access plan documents, track claims, view ID cards, find wellness resources, and more!

Go to <https://myhealthhub.app> or follow the instructions below:



Registering is easy!

1. Download the My Health Hub mobile app by scanning the QR code.
2. Click **Create an Account Here**.
3. Fill in the required information to create your account.

Additional Resources

- **Benefits Summary** See plan design details of the PlatinumProactive Care plan in the benefits summary. Please see the attached PDF document or [click here](#).
- **Proactive Care Advocate** Need additional help? Get answers to questions about the Platinum Proactive Plan by calling your Proactive Care Advocate at [\(866\) 259-5540](tel:8662595540).



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 Deductible, 0% Not Covered		Through ASH Deductible, 10% Not Covered		Through ASH 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 Ded, 100%	Deductible, 30%	Ded, 100% Max \$600/Day Ded, 100%	Deductible, 100%	Ded, 100% Max \$600/Day Ded, 100%	No Charge \$10 Copay (Individual) \$5 Copay (Group)
Deductible, \$30		Deductible, 30%		Deductible, 100%		
\$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

Quality and Cost Comparison Tools

Different facilities may charge different amounts for the same service.

The Anthem Blue Cross *Estimate Your Cost for a Procedure* tool at www.anthem.com/ca/sisc allows you to estimate and compare cost and quality for medical procedures and facilities. This tool allows you to estimate your share of the cost before you have a medical procedure.

You can also get a personalized estimate with Kaiser Permanente at <http://info.kaiserpermanente.org/html/estimatingyourtreatmentcosts>.

Quest Wellness Screening

All SISC medical plan members are eligible for a free wellness screening through Quest Diagnostics. This biometric screening can provide important insights into your health risks. When you complete this screening, you will know your health numbers and can connect with your doctor to help manage health risks and prevent chronic disease.



Quest Diagnostics has more than 2,250 Patient Service Centers nationwide where you can get your screening. Here's how to schedule an appointment:

- Go to My.QuestForHealth.com.
- Use Registration Key: SISC2026.
- In the **Wellness Screening** section, under Patient Service Center, select **Schedule a Screening**,
- If you schedule as a walk-in, you may be required to make an appointment upon check-in.
- You will receive an email when your results are ready to view online.

If you'd like to speak with Quest, you can reach them at **(855) 623-9355**.

Please note, any member awards will be distributed to the email used at registration within 30 days of the completed appointment.

Teladoc Expert Second Opinion

This benefit provides all SISC medical plan members with free support for making clear, informed medical decisions from leading medical experts. Teladoc can help answer medical questions, double-check a diagnosis, provide when help deciding on a treatment plan, or give guidance about surgery. Benefits include:



- Unlimited access to a top physician if you or a family member receive a difficult diagnosis.
- Your Physician Case Manager is backed by a team of leading doctors around the world, and the team collaborates to determine/confirm the correct diagnosis and the optimal plan for treatment.
- Your Physician Case Manager helps navigate the ins and outs of the healthcare system, making care more efficient and helping ease stress.
- Receive on-demand support in understanding the course of treatment, what to expect, and what the likely results are.

You can access Teladoc at **(855) 201-9925** or by visiting teladoc.com/SISC.

Medical Benefits: Health Plan Perks

Anthem Employee Assistance Program

The District provides employees with support for a wide variety of challenges through the SISC Anthem

Employee Assistance Program (EAP). If you or a family member needs assistance with personal, family or work-life balance issues, you can contact the EAP for confidential assistance.

You can access the EAP by calling (800) 999-7222 or by visiting www.anthemEAP.com (to log in, enter SISC as the program name). EAP benefits include the following:



Support and Counseling

The Employee Assistance Program (EAP) provides confidential support in balancing a wide array of challenges with up to 6 free counseling sessions per issue per benefit year, plus unlimited phone support for:

- Relationship difficulties
- Marriage, family or parenting concerns
- Managing change and stress
- Depression and anxiety
- Addiction and recovery
- Grief and loss
- Work/life balance
- Personal growth
- And more

Talkspace

You have the option to access your six free counseling sessions through Talkspace. You can also have unlimited messaging with a counselor, including text, voice, and video message. Talkspace's clinical network includes thousands of licensed counselors specializing in stress, anxiety, depression, eating disorders, substance use, sleep, identity struggles, chronic issues, trauma, grief, relationships, healthy living, and more. Self-guided exercises such as journaling and meditation are available to supplement counseling.

To access Talkspace, call the Anthem EAP at (800) 999-7222 or visit talkspace.com/associatecare and use "SISC" as your organization name. You can download the Talkspace app on your mobile phone or access it on your desktop computer using a Chrome, Firefox, Safari, or Edge browser.

Identity Monitoring and Theft Resolution

- 24/7/365 free identity monitoring and theft resolution services through IDnotify.
- 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

- A library of articles on legal topics and issues.
- 100 legal forms for a variety of family and consumer situations, plus State-specific legal forms.
- Articles and resources that address estate planning questions.
- [Financial Calculators](#) that help you to get answers and explore different options regarding home and personal financing, investing, and retirement.

Learn to Live Wellbeing Support

- Access free, customized online programs based on proven principals of Cognitive Behavioral Therapy (CBT) to manage stress, depression, anxiety, substance use and sleep issues

Seminars, Articles, Savings Center

- Online resources for a wide array of topics, including both a library of articles and on-demand seminars.
- Discount shopping program provided through Perks At Work, with discounts of up to 25% on name brand, practical, and luxury items.

Additional Health Benefits

For Anthem PPO Plan Members

Active & Fit Direct Discounted Gym Memberships

Active and Fit Direct allows you to enroll in 12,000+ participating fitness centers and YMCAs nationwide for only \$28/month (plus \$28 enrollment fee and taxes). There are no annual fees or long-term contracts, and you can switch gyms at any time. In addition:

- You have access to 9,300+ On-Demand Fitness videos.
- 5,700+ Premium Gym Options at exercise studios, outdoor experiences, and others, with 20% - 70% discounts at most locations.
- Use the online fitness tracking feature, which uses a variety of wearable devices and apps.
- To learn more:
 - Anthem plan members: <https://www.anthem.com/ca/sisc/health-wellness>.

Midi

Expert Menopausal Relief Telehealth

Anthem PPO plan members can now get expert menopausal telehealth support. Hormonal changes in midlife can bring on a host of symptoms that are often misunderstood. Midi's expert clinicians can help you find safe, effective solutions menopause-related issues such as:



- | | | |
|-----------------------|---------------------------|------------------------------|
| • Trouble sleeping | • Hot flashes | • Mood issues |
| • Weight changes | • Painful sex, low libido | • Menopause after cancer |
| • Brain fog | • Period problems | • Menopause with cancer risk |
| • Hair & skin changes | • Bone loss | |

Midi connects you to expert clinicians via virtual visits. After discussing your symptoms and health history, they help you get any necessary lab tests and create a personalized care plan. Treatments may include:

- FDA-approved hormonal medications
- Non-hormonal medications
- Supplements and botanicals
- Lifestyle coaching
- Wellness therapies

To start your Midi journey, visit www.joinmidi.com/sisc.

Rula

Support With Helping Find an In-Network Therapist

Rula makes it easy to find and book therapy appointments online.

- Complete a quick questionnaire about your therapy preferences and register.
- Choose a therapist from Rula's recommendations.
- Rula will verify your insurance information and will let you know your payment estimate prior to your first appointment.
- You'll receive an confirmation one to two days before your appointment, along with a video link.
- Learn more at <https://rula.com/SISC>. You can also call (323) 676-7360.



Additional Health Benefits

For Anthem PPO Plan Members

Vida Therapy and Health Coaching

- Anthem plan members have free access to Vida. This virtual care platform can help with nutrition, weight loss, building healthy habits, mental health, and overall wellbeing.
- With Vida, your coach or therapist will personalize a plan for you, and help guide you every step of the way.
- To learn more, call **(855) 442-5885** or visit vida.com/sisc.



Costco Free Generic Medications and Discounts

- Anthem plan members can receive free generic medications at Costco in addition to standard Costco discount pricing on other prescription drugs (narcotics, pain relievers and cough syrup with pain reliever are not eligible for the free generic medication offer).
- 90 day supplies of free generic medications are available through the Costco mail order program. Costco membership is not required.
- Per IRS guidelines, HSA members will need to satisfy their deductibles before using this program.
- You can get you and your covered family members' prescription delivered from your local Costco for free with Instacart. You can simply call your local Costco and let the pharmacy staff know that you would like to transfer your prescription.
 - Once a prescription is filled a text is sent with the link to access Instacart for free.
- For more information, call **(800) 774-2678** (press 1) or visit costco.com.



MDLive

Anthem plan members have access to MDLIVE visits for a \$0 copay. This telemedicine service provides convenient 24/7 access to board certified doctors, pediatricians, and licensed therapists via online video, phone or secure email. You can use MDLive:

- When you'd like to access mental health support and resources.
- 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.



To access MDLive, visit www.mdlive.com/sisc or call **(888) 632-2738**. Be prepared to provide your name, the patient's name, your member identification number and your phone number.

Lark Diabetes Prevention Program

Anthem Blue Cross 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 SISC 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
- As part of the program, you will also receive a wireless scale that uploads your information to the app automatically so you can easily track your progress and share it with your coach.
- Lark will also send you a personal activity tracker, as long as you stay active in the program.
- 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.

Additional Health Benefits

For Anthem PPO Plan Members

Centivo Care

Anthem PPO plan members have free, 24/7 access to a Care Team who works together to offer you primary care and answers to follow-up care questions through the Centivo Care app. The app is available to you and your dependents at no cost.

You can receive help with:

- Diagnoses and treatments
- Prescription refills
- Scheduled video visits or live chat with a primary care physician
- In-network specialist referrals
- Answers to follow-up care questions



To learn more, <https://centivocare.com/sisc>.

Note: per IRS regulations, SISC members enrolled on an HSA plan must meet deductible before accessing \$0 visits.

Lantern

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.

Lower Pricing for Certain Surgical Procedures

- 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 your procedure at an in-network outpatient facility, only the amounts below will be paid for the procedure. You will be responsible for paying the remaining amount in full.
- There is no benefit limit when you obtain these procedures at an in-network Ambulatory Service Center.
- For questions, please contact the customer service number on your medical ID card.

	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

Additional Health Benefits

For Anthem PPO Plan Members

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

- Anthem PPO plan members can 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 or visit info.carrumhealth.com/sisc.



Hinge Health — Physical Therapy for Back and Joint Pain

- Anthem PPO plan members can receive free, personalized, digitally delivered therapy for back and joint pain.
- Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching, and personalized exercise therapy.
- Reduce your back and joint pain in just 15 minutes a day.
- To access your Hinge Health benefit, call (855) 902-2777 or visit hingehealth.com/sisc.

Maven Maternity and Postpartum Support

Anthem PPO plan members can access virtual care for pregnancy and postpartum support through Maven at no cost. Use Maven for unlimited, on-demand care from doctors, specialists, and coaches.

- Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialists, coaches and other maternity providers to help deal with pregnancy and postpartum concerns.
- Maven provides comprehensive support through pregnancy, postpartum, return-to-work transitions, and potential miscarriage.
- Video chat or message with 30+ types of providers at no charge, from OB-GYNs and Pediatricians to Lactation Consultants and Infant Sleep Coaches.
- Free 6-month diaper subscription when you:
 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 after your baby is born



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

WellTheory

Autoimmune Support

Take control of your autoimmune health. Work with expert coaches to fill gaps left by medications and ease chronic symptoms like pain, fatigue, and digestive issues

- Offers science-backed nutrition and lifestyle care
- Learn more at www.welltheory.com/sisc/explore.



InsureOne

Free Colorectal Screening for PPO Members Age 45+

Anthem PPO plan members have an annual opportunity to receive a free FIT test. This free, easy-to-use home test screens for lower gastrointestinal (GI) tract bleeding that may be caused by colorectal cancer or other lower GI disorders. Why sign up for this test?

- Colon cancer may start with no symptoms but is highly preventable.
- When caught early, the colorectal cancer 5-year survival rate is 90%. Only 4 of 10 instances are caught early.
- When caught at later states, the 5-year survival rate drops and individuals may have to receive chemotherapy, radiation therapy, and/or surgery.
- Request your free test at <https://my.questforhealth.com>. Register for an account using the registration key SISC2026. You can also call (855) 623-9355.

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.

Dental Benefits Perks

Delta Tele-Dentistry Toothpic*

An innovative app that offers virtual dental screenings to **Delta Dental Members** for non-urgent issues from a Delta Dental PPO Dentist right from your smartphone in under 24 hours. Virtual assessments from in-network dentists as a covered benefit for PPO and Premier plan members.

Receive a fast and easy dental screening without an appointment, even when the dentist office is closed – from anywhere in the US. Address non-emergency dental issues to understand the severity of an issue and get treatment options. Save time and experience the convenience of getting a dental checkup without leaving the comfort of their home. Take the first step in getting care for members who don't see a dentist regularly, and proactively get ahead of issues before it worsens.

A virtual dental screening is covered as a diagnostic exam and will count towards diagnostic exam frequency limitations. Toothpic's app is HIPAA-compliant, and all health information stored and sent through the app is encrypted, safe and secure. For more information visit deltadental.toothpic.com.

Delta Dental—Virtual Consultant*

Virtual Consult connects **Delta Dental members** and dentists for real-time video appointments. It's totally secure and HIPAA-compliant, and it's available with your existing Delta Dental PPO or Delta Dental Premier plan. When you have an urgent issue, even if it's after hours, Virtual Consult makes getting a dentist's advice simple.

Virtual Consult is great if you are experiencing an urgent dental issue, don't have a regular dentist, can't take time of work or have difficulty visiting the dentist's office, aren't feeling well or visiting the dentist's office isn't recommended.

- Get urgent dental care for issues such as pain or pressure, bumps or swelling, cuts or lesions, chipped teeth and bleeding. You can even get e-prescriptions for pain or infections sent directly to the pharmacy of your choice.

Visit deltadentalvirtualconsult.com for more information and to learn how to download and use Virtual Consult.

* Important Note

These alternative dental care options are available to those enrolled in a Delta PPO plan. They count as one of your in-person annual exams and cost sharing may apply. This coverage is subject to any applicable maximums and deductibles.

SmileWay Program*

Oral health issues can exacerbate other medical conditions, including heart disease. If you have medical conditions that affects your oral health, Delta Dental's SmileWay program can help support your good health with free access to additional teeth and gum cleanings. To be eligible for SmileWay, you must be diagnosed with one of the following conditions:

- | | | | |
|---------------------------------|------------|-----------------------|--------------------------|
| • Amyotrophic lateral sclerosis | • Diabetes | • Cancer | • Chronic kidney disease |
| • Huntington's disease | • Stroke | • Heart Disease | • HIV/AIDS |
| • Opioid misuse and addiction | • Lupus | • Joint replacement | • Rheumatoid Arthritis |
| • Sjogren's syndrome | | • Parkinson's disease | |

SmileWay benefits includes 100% coverage for one scaling and root planning procedure per quadrant and 100% coverage for four of the following in any combination:

- Prophylaxis
- Periodontal maintenance procedure
- Scaling in the presence of moderate or severe gingival inflammation

To learn more about SmileWay, visit www1.deltadentalins.com/members/smileway-wellness-benefits.html.

* This coverage is subject to any applicable maximums and deductibles under the terms and conditions outlined in your plan's Evidence of Coverage.

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)	\$180 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.

*Increase frame allowance goes into effect 1/1/26



Finding a Vision Provider

Go to www.vsp.com or call 800.877.7195.



Vision Benefits

SISC XP Health Vision Discount Plan

SISC is pleased to offer a NEW vision plan called XP Health Vision Discount Plan. This unique offering provides you significant savings on prescription eyewear and contact lenses.

Step 1: Get an annual exam from an XP Health Vision plan provider to assess your eye health and to receive an eyewear prescription.

Step 2: Go to xp.health.com/sisc to set up a free account and order eyewear online at wholesale prices. Use the websites free tools to help you choose the frames that feel good and help you look your best:

- Face scan and AI recommendation technology,
- Augmented Reality try-on, and
- Home try-on

Frames

You can order up to two frames per year and when you choose frames, your options include:

- 800+ premium frames available at \$0 cost to you
- 1,800+ designer frames available for \$50 - \$125
- 400+ luxury frames available for \$75 - \$225

Lenses

Up to two pairs of single, bi-focal and tri-focal durable polycarbonate lenses are provided at no cost to you. You can upgrade to premium progressive lenses for a \$95 copay. One pair of lenses can be for sunglasses.

Several lenses coatings are provided at no cost to you, including UV protection, advanced anti-glare protection, dust, smudge, water, and scratch resistance, and advanced blue/violet light protection.

You can also purchase lenses upgrades as follows:

- Photochromic lenses (transition): \$75
- Tinted lenses: \$30
- High index lenses (1.67): \$30
- High index lenses (1.74): \$60

Learn more about the XP Health Vision Discount plan and different brands of frames available to you at <https://www.flipsnack.com/burnham/sisc-xp-health-vision-discount-plan/full-view.html>

Contact Lenses

You can purchase an annual supply of contact lenses at wholesale pricing in addition to frames.

Learn More and Take Advantage of Your XP Health Vision Discount Benefits

Chat and sign up at xp.health.com/sisc. You can also email at concierge@xphealth.com.



Voluntary Benefits



Voluntary Insurance Plans

You have the opportunity to customize your coverage through voluntary insurance plans provided through American Fidelity.

Short Term Disability (STD) Insurance

Short Term Disability Insurance provides income replacement if you become disabled due to accident, sickness or pregnancy.

Long Term Disability (LTD) Insurance

This plan provides income replacement if you become disabled for an extended period of time.

Accident Only Insurance

Accident Only Insurance provides 24-hour coverage for accidents that occur both on and off the job and can help offset your medical expenses.

Cancer Insurance

This plan makes benefit payments directly to you if you are diagnosed for cancer; you can use cash for copays, hospital stays, or even house and car payments.

Life Insurance

You can protect your loved ones with either both Term Life and Whole Life Insurance or both!

403(b) Plan

You can save money and reduce your taxable income by deducting pre-tax deductions directly from your paycheck to fund your retirement account.

To Learn More About the Voluntary Plans

For information regarding your voluntary insurance plans, please contact your American Fidelity Account Manager, Anthony Magallanes at (951) 200-5573.

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 \$3,400 pre-tax per year in 2026. The limits for 2027 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 \$7,500 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.costco.com/pharmacy 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
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Vision Plan

Vision Service Plan (VSP)	800.877.7195 www.vsp.com
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Employee Assistance Program

Anthem Employee Assistance Program (EAP) - Learn to Live	800.999.7222 anthemEAP.com (enter SISC as program name)
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Voluntary Plans

American Fidelity	800.654.8489 www.americanfidelity.com
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Flexible Spending Accounts

SISC FLEX	800.972.1727 ext.4416 http://sisc.kern.org/flex
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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
Hinge Health	855.902.2777 hingehealth.com/sisc
Lantern Cancer Care	855.961.4533 https://lanterncare.com
Active&Fit	www.anthem.com/ca/sisc
Teledoc—Medical Second opinion	800.835.2362 www.teladoc.com/SISC
Centivo (Formerly Eden Health)	https://centivocare.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.

[illegible]

This image shows a blank sheet of white paper designed for writing. It features horizontal ruling lines spaced evenly down the page. At the very top, there is a decorative border consisting of a row of small green dots. The rest of the page is filled with solid light gray horizontal lines, providing a guide for handwriting or typing. There are no margins, text, or other markings on the page.



2211 Michelson Drive, Suite 1200 | Irvine, California 92612
Telephone: (949) 833-2983 | Fax: (949) 833-9549

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.