



Under & Over 65 Retirees



# Retiree Benefits Guide

January 1, 2024—September 30, 2024



Welcome to your Ventura County Community College District 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.

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# Enrollment Information

## Who May Enroll

If you are an eligible retiree over or under the age of 65, you and your eligible dependents may participate in the District benefits program. Your eligible dependents include:

- Legally married spouse
- Certificated Surviving spouse/domestic partner. Domestic partners must be registered with the state of California in order to be eligible for the SISC plans
- Legal Guardianship up to age 18
- Children, step children and/or adopted children up to age of 26, regardless of student or marital status

## Required Enrollment Documentation

To enroll your spouse/domestic-partner or dependent children, you will need to provide completed enrollment forms as well as the following supporting documents, as applicable, within thirty (30) calendar days:

- 1040 Tax Form (most recent year)
- Marriage Affidavit (If married filing separately)
- Marriage Certificate (only for new marriages)
- Birth Certificate (for children)
- Declaration of Domestic Partnership issued by the State of California
- Proof of legal Guardianship or adoption

## When You Can Enroll

As a retiree, you may enroll at the following times:

- As a newly eligible retiree, you may participate in the district's benefits program within 30 days of your eligibility date. If you do not enroll for coverage within 30 days of your eligibility, you will lose eligibility permanently.

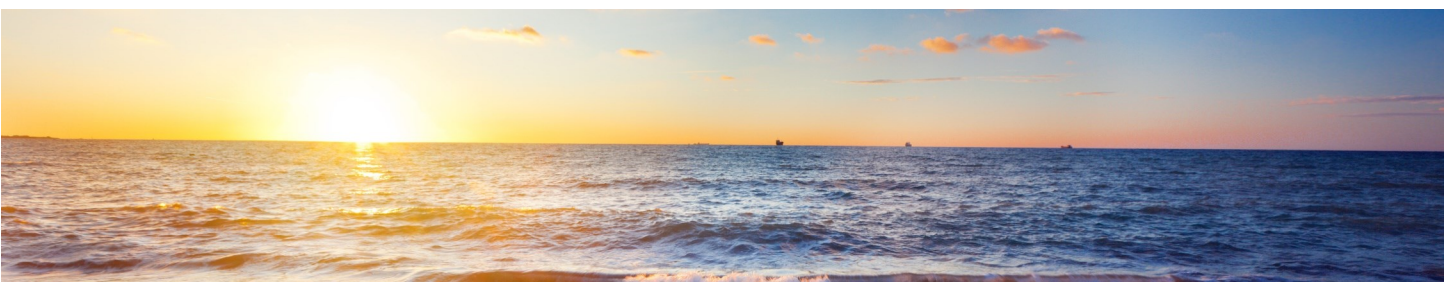
## Changes to Enrollment

You cannot change or cancel your election(s) outside of the Annual Open Enrollment period unless you have a qualifying event and notify the district Within 30 days of a qualifying event as defined by the IRS. Examples include but are not limited to the following:

- Marriage, divorce, legal separation or annulment
  - *Ex-spouse's are ineligible for insurance through SISC. It is the responsibility of the employee to insure the ex-spouse through a different pool if mandated by the courts.*
- Birth or adoption of a child
- A qualified medical child support order
- Death of a dependent
- Loss of dependent coverage from another health plan
- Change in your residence (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
- Becoming eligible for State premium subsidy (MediCal) or Medicare

**Important Notes:** Please note that 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. As a retiree, if you do not update your coverage within 30 days from the qualifying event, you will not be able to add coverage for your spouse or dependent in the future.

Retirees must enroll during this open enrollment or forfeit future enrollment rights permanently with SISC.



# Enrollment Information

## Medical Plan Eligibility by Retiree Status

Please refer to the chart below to determine which benefits are available to you, depending on if you and/or your dependents are a Retiree Under 65 or a Retiree Over 65. When there are some members is over the age of 65 and the others are under the age of 65, the following enrollment options are available:

- **Retiree or spouse is over 65 and the other is under age 65:**
  - Both members remain enrolled on the Retiree under age 65 until both parties turn 65
  - or the over age 65 person with both parts of Medicare can enroll in any of the Retiree over 65 plans and the under age 65 person can remain on the Retiree under age 65 plan.
- **Both retiree and spouse are over age 65:**
  - Both members enroll in a Retiree over 65 plan
- **Both retiree and spouse are over age 65 and there is a dependent under age 65:**
  - All members remain enrolled on the Retiree under age 65 until all parties turn 65 and the under 65 dependent drops off
  - Or the over age 65 person with both parts of Medicare can enroll in any of the Retiree over 65 plans and the under age 65 persons can remain on the Retiree under age 65 retiree plan.

	Retiree Under 65 Plans available if anyone enrolled is under age 65	Retiree Over 65 Plans available if <u>everyone</u> enrolled is over age 65
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### Medical Benefits

SISC Anthem PPO 90-C \$20 5/20 RX Plan	Eligible	N/A
SISC Anthem PPO 80-G \$20 5/20 RX Plan	Eligible	N/A
SISC Kaiser Traditional HMO \$10 10 RX Plan	Eligible	N/A
SISC Anthem HMO Premier Full Network 10 5/20 RX	Eligible	N/A
SISC Anthem HMO Premier Select Network 10 5/20 RX	Eligible	N/A
SISC Anthem Blue Cross PPO 100-A Plan 0/20 RX (EGWP)	N/A	Eligible
Kaiser Permanente Senior Advantage (KPSA)	N/A	Eligible
CompanionCare Medicare Supplement Plan	N/A	Eligible

### Dental Benefits

Delta Dental PPO Plus Premier	Eligible	Eligible
Delta Dental HMO	Eligible	Eligible

### Vision Benefits

EyeMed Vision Plan	Eligible	Eligible
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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/domestic partner is required if they are enrolling in 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.



# Medicare Requirements

## Important Medicare Guidelines

Retirees and their spouses/domestic partners that are age 65 or older are required to provide proof of Medicare Parts A and B. A copy of the Medicare card for the retiree and the spouse/domestic partner must be sent to SISC prior to the first of the month in which they turn 65 (or the first of the prior month if the birthdate falls on the first of the month), or when first enrolled in a SISC plan. Retirees must have continuous enrollment in Medicare while enrolled in a SISC retiree plan. Your benefits will remain with Anthem Blue Cross or Kaiser Permanente, and Medicare will continue to be the primary insurance for those enrolled that are age 65 or older.

Retirees and covered dependents should contact Social Security three months in advance of their 65th birthday or retirement, and provide the district proof of Medicare Parts A and B enrollment to avoid surcharges. This non-refundable surcharge will be passed along to the retiree for failure to comply with requirements to provide proof of Medicare Part A and/or B enrollment card. As a courtesy, SISC will notify employees turning age 65 by mailing a letter to them. This letter will have an explanation on Medicare and when they must enroll.

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

## Important Carrier Information

SISC does not allow retirees to waive coverage and re-enroll at a later date. **IMPORTANT: If you do not enroll in a plan now, you will lose coverage eligibility permanently.** This is designated by the carriers. It is your responsibility to enroll yourself and your dependents by submitting a enrollment form and any required documentation as proof of dependent status.

2024 Missing Medicare Surcharge	
Missing Part A	\$625
Missing Part B	\$625
Missing Parts A and B	\$1,250



# Medical Benefits

## Medical Insurance

### Anthem Blue Cross | PPO & HMO Medical Plans

The Anthem Blue Cross Preferred Provider Organization (PPO) plans allows you to direct your own care. 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. 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.

HMO plans require you to select a Primary Care Provider (PCP) who will direct your care to a specialist when needed.

### 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.



### Finding a Medical Provider

Anthem PPO or HMO participants should go to [www.anthem.com/ca/sisc](http://www.anthem.com/ca/sisc) or call (800) 322-5709.

Kaiser Permanente HMO participants should go to [www.kp.org](http://www.kp.org) or call (800) 464-4000.

## 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.

### Costco Retail Pharmacy and Mail Order Program

Costco makes it easy for SISC Anthem Blue Cross PPO members 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. Due to Medicare restrictions free Costco generics are not available to those enrolled in the CompanionCare. 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:

Take your prescription to any Costco pharmacy. You do not need to be a Costco member.

Present your insurance card to the pharmacist.

Get your generic medications (excluding some narcotic plan medications and some cough medications) for free. You will pay \$20 for a 30 day supply of brand name drugs or \$90 for a 90 day supply of brand name drugs.

### Kaiser Permanente | Pharmacy Benefits

You must obtain covered items at a Kaiser Plan Pharmacy or Kaiser 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 to the facility directory on Kaiser Permanente's website at [kp.org](http://kp.org) for a list of Plan Pharmacies in your area (note that plan pharmacies are subject to change at any time without notice). Mail-order services vary by item and are also subject to change at anytime without notice. For the current locations of Plan Pharmacies, please call the Member Service Contact Center at 800-464-4000.

# Medical Benefits (Under 65)

Plan Name	Anthem PPO 90-C \$20, Rx 5-20	Anthem PPO 80-G \$20, Rx 5-20
	In-Network (Prudent Buyer PPO)	In-Network (Prudent Buyer PPO)
<b>Health Benefits</b>		
Calendar Year Deductible - Individual / Family	\$200 / \$500	\$500 / \$1,000
Co-Insurance (Plan Pays)	90%	80%
Office Visit Copay - Primary Care Physician - Specialist Office Visit	\$20 Copay* \$20 Copay	\$20 Copay* \$20 Copay
Out-of-Pocket Maximum - Individual / Family	\$1,000 / \$3,000	\$2,000 / \$4,000
Hospitalization - Inpatient / Outpatient	Ded, 10%	Ded, 20%
Lab and X-Ray	Ded, 10%	Ded, 20%
Emergency Services	\$100 Copay, then Ded, 10%	\$100 Copay, then Ded, 20%
Urgent Care	\$20 Copay	\$20 Copay
Preventive Care (annual exams, flu shots etc.)	100% covered	100% covered
Chiropractic (subject to medical necessity) <i>Through American Specialty Health (ASH)</i>	Ded, 10% (Prior Auth required after 5th visit)	Ded, 20% (Prior Auth required after 5th visit)
<b>Pharmacy Benefits</b>		
Pharmacy Deductible - Individual / Family	\$0	\$0
Out of Pocket Maximum	\$1,500 / \$2,500	\$1,500 / \$2,500
Retail Pharmacy - Generic Formulary - Brand Name Formulary - Costco (30 day) - Generic-Brand	\$5 Copay \$20 Copay \$0 / \$20	\$5 Copay \$20 Copay \$0 / \$20
Mail Order Pharmacy - Generic Formulary—Costco - Brand Name Formulary-Costco - Specialty Copay (Navitus Mail-In)	\$0 Copay \$50 Copay \$20 Copay / 30 days	\$0 Copay \$50 Copay \$20 Copay / 30 days

\*PPO plans feature \$0 copay for the first three primary care visits each calendar year.

Annual deductible and out-of-pocket maximums are based on a calendar year (January 1st –December 31st)

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

# Medical Benefits (Under 65)

Plan Name	Kaiser Permanente HMO \$10, RX \$10	Anthem HMO Premier \$10 5/20
	In-Network (Kaiser Permanente)	In-Network Full (California Care) or Select (Select HMO)
<b>Health Benefits</b>		
Calendar Year Deductible		
- Individual	\$0	\$0
- Family	\$0	\$0
Co-Insurance (Plan Pays)	100%	100%
Office Visit Copay		
- Primary Care Physician	\$10 Copay	\$10 Copay
- Specialist Office Visit	\$10 Copay	\$10 Copay
Out-of-Pocket Maximum		
- Individual	\$1,500	\$1,000
- Family	\$3,000	\$2,000
Hospitalization		
- Inpatient	100% covered	100% covered
- Outpatient	\$10 Copay	100% covered
Lab and X-Ray	100% covered	100% covered
Emergency Services	\$100 Copay	\$100 Copay
Urgent Care	\$10 Copay	\$10 Copay
Preventive Care (annual exams, flu shots, etc.)	100% covered	100% covered
Chiropractic & Acupuncture Benefit <i>Administered through American Specialty Health (ASH)</i>	\$10 Copay Services must be prior approved	\$10 Copay Services must be prior approved
	Max 30 Visits combined/Year	Max 50 Visits/Year*
Hearing Aids	\$500 allowance /aid	50% coinsurance
Frequency	Every 3 years	Every 3 years
<b>Pharmacy Benefits</b>		
Pharmacy Deductible		
- Individual / Family	\$0	\$0
Out of Pocket Maximum	\$0	\$1,500 / \$2,500
Retail Pharmacy		
- Generic Formulary	\$10 Copay	\$5 Copay
- Brand Name Formulary	\$10 Copay	\$20 Copay
		\$0 / \$20 Costco
Mail Order Pharmacy		
- Generic Formulary	\$10 Copay / 100 days	(Costco Mail-In) \$0 Copay
- Brand Name Formulary	\$10 Copay / 100 days	\$50 Copay
- Specialty Copay	\$10 Copay / 30 days	\$20 Copay / 30 days (Navitus Mail-In)

\* 20 combined visits through the designated IPA, 30 combined visits through ASH



# Medical Benefits (Over 65 Only)

Plan Name	Anthem Blue Cross 100-A \$0 (EGWP)	Kaiser Permanente Senior Advantage (KPSA)
	PPO Network Prudent Buyer	HMO Network Kaiser Permanente
<b>Health Benefits</b>	Medicare pays first	Medicare pays first
Calendar Year Deductible	None	None
Out-of-Pocket Maximum <sup>1</sup>	\$1,000 Individual / \$3,000 Family	\$1,000 Individual
Office Visits	100% Covered	\$10 Copay
Inpatient Hospitalization <sup>2</sup>	100% Covered	100% Covered
Ambulatory Surgery Center <sup>2</sup>	100% Covered	\$10 per procedure
Diagnostic Lab and X-Ray	100% Covered	No Charge
Emergency Services	\$100 Copay	\$50 Copay per visit
Urgent Care	100% covered	\$10 Copay
Preventive Care (annual exams, well woman exams, flu shot, etc.)	100% covered	100% covered
Chiropractic & Acupuncture Benefit	100% Covered (12 visits max per benefit period for acupuncture)	\$10 Copay (30 combined visits max per year)
Durable Medical Equipment <sup>2</sup>	100% Covered	100% Covered
Mental Health / Substance Abuse - Inpatient <sup>2</sup> - Outpatient	100% Covered 100% Covered	100% Covered \$10 Copay per visit
Hearing Aids	100% Covered up to \$700 maximum Every 24 months	\$500 Allowance / aid Every 3 years
<b>Pharmacy Benefits*</b>	<b>In-Network Only</b>	<b>In-Network Only</b>
Pharmacy Deductible	None	None
Pharmacy Copay (Retail) - Generic Drug - Brand Name Drug - Supply Limit	\$0 Copay \$20 / \$40 / \$60 Copay 30 / 60 / 90 Days	\$10 Copay \$20 Copay Up to 100 Days
Mail Order Pharmacy - Generic Formulary - Brand Name Formulary - Specialty Copay	(Costco Mail-In) \$0 Copay / 90 days \$50 Copay / 90 days \$50 Copay / 90 days (Navitus Mail-in)	\$10 Copay / 100 days \$20 Copay / 100days \$20 Copay / 100days

<sup>1</sup> 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.

<sup>2</sup> Subject to utilization review or medical necessity.

**\*Important Note:** The 65+ PPO Retiree Prescription Plans are EGWP Medicare Part D Rx Plans. Your Medicare Part D plan and will have 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 Only)

## CompanionCare Medicare Supplement Plan

CompanionCare is for retirees over the age of 65 and is a supplement to Medicare. **Retiree must have Medicare Parts A & B in order to participate.** Medicare is billed as the primary insurance and CompanionCare is billed as the secondary insurance. It is to your advantage to use a participating Anthem Blue Cross provider who accepts assignment of Medicare benefits. If you use a provider who does not accept assignment of Medicare benefits, the provider or member must file the claim twice, once for the Medicare payment and then again for the plan payment. Vision benefits is covered through EyeMed Vision. Prescription coverage is through Navitus. SISC will automatically enroll CompanionCare members in Medicare Part D for prescription medications.

Plan Name	CompanionCare Medicare Supplement Plan	
	2024 Medicare*	2024 CompanionCare*
<b>Health Benefits</b>		
Inpatient Hospital (Part A)	Pays all but first \$1,600 for 1st 60 days	Pays \$1,600
	Pays all but \$400/day for the 61st-90th day	Pays \$400 a day
	Pays all but \$800 a day Lifetime Reserve for 91st to 150th day	Pays \$800 a day Pays 100% after Medicare and Lifetime Reserve are exhausted, up to 365 days lifetime
	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 \$200/day for 21st—100th day	Pays \$200 a day for 21st—100th day
	Pays nothing after 100th day	Pays nothing after 100th day
Deductible (Part B)	\$226 Part B deductible per year	Pays \$226
Basis of Payment (Part B)	80% Medicare Approved (MA) charges after Part B deductible	Pays 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	Pays 20% MA charges Pays nothing
Physical/Speech Therapy (Part B)	80% MA charges up to the Medicare annual benefit amount	Pays 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
<b>Pharmacy Benefits</b>		
<b>Navitus Health Solutions</b>		
Outpatient Prescription Drugs	Certain preventative medications are available for \$0	
Retail Pharmacy 1-30 day supply	\$9 generic / \$35 brand-name	
31-60 day supply	\$18 generic / \$90 brand-name	
61-90 day supply	\$27 generic / \$105 brand-name	
Mail Order / Costco 30 -90 day supply	\$9-\$18 generic / \$35-\$90 brand name	

**Important Note:** If a spouse/domestic partner qualifies for enrollment in CompanionCare, they would enroll on their own contract.

\*Based on current Medicare benefits—subject to change by Medicare

# Medical Benefits

## Additional Health Benefits

When you enroll in one of the medical plans, you receive a number of additional health benefits. These are listed out below.



### MDLive (*All Anthem PPO Retirees*)

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. There is a \$10 copay, regardless of your medical plan's regular office visit copay.

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](http://www.mdlive.com/sisc) or call (888) 632-2738. 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 Expert Opinions (*All SISC Retirees*)

SISC offers a valuable expert second opinion service through Teladoc to Anthem members. 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 can help Anthem members when they:

- Are dealing with complex medical conditions
- Are considering surgery or a major procedure
- Have questions about managing a health condition
- Want a second opinion on a documented diagnosis or treatment plan

For more information, visit [www.teladoc.com/sisc](http://www.teladoc.com/sisc) or call (800) 835-2362.



### Eden Health App (*Under 65 Retirees Only*)

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

Receive help with:

Diagnoses and treatments	Special referrals	Scheduled video visits or live chat
Prescription refills	Mental Health Support	

Simply download the Eden Health app from the App Store or Google Play store and register.



### Health Smarts Health Improvement Program (*All SISC Retirees*)

- Health Smarts is voluntary, confidential and offered to you at no cost when you participate in a district-offered medical plan. This comprehensive program is administered by Anthem Blue Cross and includes an online health assessment, digital health coaching, and condition management. This program is available to both Anthem and Kaiser members.



# Medical Benefits

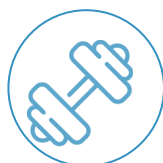
## Additional Health Benefits, continued

When you enroll in one of the medical plans, you receive a number of additional health benefits. These are listed out below.



### Active & Fit DIRECT Discounted Gym Memberships (*Anthem & Kaiser Members*)

Choose from over 11,000+ 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 \$28 a month (plus \$28 enrollment fee and taxes). Find more information at [anthem.com/ca/sisc](https://anthem.com/ca/sisc). Kaiser Permanente members are also eligible for the Active & Fit program and can access the program at [kp.org/choosehealthy](https://kp.org/choosehealthy).



### Silver&Fit: No Cost Access to Fitness Club or Exercise Center (*CompanionCare 65+ Retirees Only*)

- Fun group classes made for adults
- Option to work out at home using up to 2 Home Fitness Kits per year (17 to choose from)
- The Silver&Fit connected program, a fun and easy way to track exercise at a facility or through a wearable fitness device or app and earn rewards
- To take part in this program:
  - Go to [www.silverandfit.com](https://www.silverandfit.com)
  - Register to use the website
  - Find a fitness facility or select the Home Fitness Program
  - Take your fitness card to the fitness facility



### Enhanced Hip and Knee Replacement and Spine Surgery Benefit (*Anthem PPO Under 65 Retirees Only*)

SISC partners with Carrum Health to provide Anthem PPO members with exclusive access to top-quality surgeons at Scripps Hospital in San Diego for hip and knee replacements, and many inpatient spine surgeries. Patients receive:

- Personalized “concierge” support
- No medical bills; coinsurance and deductibles are waived
- Travel expenses are covered for the patient and one adult companion

To access this benefit, visit <https://info.carrumhealth.com/sisc> or call (888) 855-7806.

For Kaiser Permanente members, when you need chiropractic or acupuncture care, follow these simple steps:

- Find an ASH Plans Participating Provider near you by going to [ashlink.com/ash/kp](https://ashlink.com/ash/kp) or call 800-678-9133.
- Schedule an appointment
- Pay for your office visit when you arrive for your appointment



### Lark Diabetes Prevention Program (*Anthem PPO Members except CompanionCare*)

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

# Medical Benefits

## Additional Health Benefits, continued

When you enroll in one of the medical plans, you receive a number of additional health benefits. These are listed out below.



### Medical Transportation *(Available to KPSA Members)*

Never miss an important medical appointment. For your retirees who can't drive, this benefit can provide them with up to 24 annual one-way rides to go to or from:

- Lab visits
- Doctor appointments
- Pharmacies to pick up medications or medical equipment



### Meal Delivery *(Available to KPSA Members)*

After an inpatient stay at a hospital or skilled nursing facility, this program helps retirees get back to health more quickly with fresh and nutritious meal deliveries. This new benefit includes:

- 3 dietitian-designed meals a day, for up to 4 weeks — a total of 84 meals
- Delivery to any address in coverage region
- More than 70 entrée options, including heart-healthy, diabetic-friendly, and gluten-free meals

## Life Balance Benefits

### Anthem Blue Cross | Retiree Assistance Program (EAP)

If you are enrolled in one of the district's 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 or professional problems that may interfere with work/life balance.

This plan may help in situations such as relationship difficulties, marriage/family situations, stress, managing change, legal and financial problems, work-related concerns, anxiety, depression and more. The EAP can also address 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 session per problem. If a problem requires more length 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 are handled by staff members who 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 provided same-day service.
- Evening appointments are available.

### Talkspace

The SISC Anthem EAP allows you and your household members (age 13 and older) to use Talkspace to access your six free EAP visits (per issue). Once you choose your licensed counselor, you also have unlimited messaging with them, including text, voice, and video messages.

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. The Talkspace counselor network covers 32 different languages. Self-guided exercises such as journaling and meditation are available to supplement counseling.

**Accessing the EAP:** Go to [www.anthemEap.com](http://www.anthemEap.com) (Program Name: SISC) or call **(800) 999-7222** to be immediately connected to an EAP counselor.

# 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 costs will be, if any.

### 2 Utilize Your Free Preventive Care Benefits to Stay Healthy

Preventive care benefits are covered at no charge to you. Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and potentially save your life! Take advantage of these no-cost benefits now to hopefully avoid major illnesses and costs 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 MDLive visit: This is a good choice 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 are not able to 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 medical care outside of Urgent Care hours.

### 4 Use Generic Drugs When Available

#### Anthem Blue Cross

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 (in fact, at Costco, you can obtain many generic drugs for free!)

Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established, frequently used medications that do not require expensive advertising.

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.

#### Kaiser Permanente

- The best way to save on prescriptions is to use generic medications as opposed to brand name drugs. You may request mail-order service by phone, at your next visit or online at [kp.org/rxrefill](http://kp.org/rxrefill) (you can register for a secure account at [kp.org/registernow](http://kp.org/registernow)). Please note not all drugs can be mailed and restrictions and limitations apply.

### 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.



#### Educational Video

Benefits terminology can get confusing. Click on the link below to watch a quick video to learn the basics of how our medical plans work: <http://video.burnhambenefits.com/terms/>.



# Dental Benefits

## Delta Dental | DHMO Plan

With the Dental Health Maintenance Organization (DHMO) plan through Delta Dental, you are required to select a general dentist to provide your dental care. You will contact your general dentist for all of your dental needs, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO plan booklet. Please keep a copy of your booklet to refer to when utilizing your dental care. This will show the applicable copays that apply to all of the dental services that are covered under this plan.

## Delta Dental | PPO Plus Premium Plan

This plan allows you to access services from any dentist you wish. When you utilize in-network dentists, your out-of-pocket expenses will be less. When you obtain services from out-of-network dentists, you will be responsible for the difference between the covered amount (Usual, Customary and Reasonable, or UCR) and the actual charges, and you may be responsible for filing claims.

You receive 70% coverage for most services during your first year in the plan. Your coverage will increase by 10% each year (to a maximum of 100%) provided you visit the dentist at least once during the year. If you do not use the plan in a given year, the percentage remains at the level attained the previous plan year. If you become ineligible for benefits and later regain eligibility,

	DeltaCare HMO (CSEBO)	Delta Dental PPO Plus Premier Plan (CSEBO)	
Provisions	In-Network Only	In-Network PPO and Premier	Out-of-Network
Calendar Year Deductible	None	None	None
Calendar Year Maximum Benefit	Unlimited	\$2,500	\$2,500
<b>Diagnostic and Preventive Care</b>	<b>Plan pays</b>	<b>Plan pays</b>	<b>Plan pays</b>
Exams, Cleanings, X-rays	100% covered	100%	100% of UCR
<b>Basic Care</b>	<b>Plan pays</b>	<b>Plan pays</b>	<b>Plan pays</b>
Fillings, Simple Extractions, Sealants, Endodontics, Periodontics, Oral Surgery	Copays vary; see Plan Summary for details	70% – 100%	70% – 100% of UCR
<b>Major Care</b>	<b>Plan pays</b>	<b>Plan pays</b>	<b>Plan pays</b>
Crowns, Inlays, Onlays, Cast Restorations	Copays vary; see Plan Summary for details	70% – 100%	70% – 100% of UCR
<b>Prosthodontics</b>	<b>Plan pays</b>	<b>Plan pays</b>	
Dentures, Bridges	Copays vary; see Plan Summary for details	70%	50% of UCR
Implants	Not covered	70%	50% of UCR
<b>Orthodontia</b>	<b>Plan pays</b>	<b>Plan pays</b>	
Children Up to Age 26 and Adults	Copays vary; see Plan Summary for details	Not covered	

**Note:** We strongly recommend that 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.

## Finding In-Network Dental Providers

Go to [www.deltadentalins.com](http://www.deltadentalins.com) or call (866) 499-3001 for a **Delta Dental PPO provider**. PPO participants should refer to the Delta Dental network when prompted.

# Dental Benefits

## Additional Dental Benefits

When you enroll in a district-sponsored medical plan, you receive a number of additional dental benefits as outlined below.

### Delta Dental—SmileWay Program\*

Chronic conditions and the medications used to treat them can impact oral health. If you or a covered family member has been diagnosed with a chronic medical condition like diabetes, cancer or rheumatoid arthritis, you may benefit from additional teeth and gum cleanings.

Take advantage of expanded coverage to help safeguard your oral health. To qualify, you or a covered family member must be diagnosed with any of the following:

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

### SmileWay Wellness Benefits

100% Coverage	One periodontal scaling and root planning procedure per quadrant per calendar or contract year*
Four of the following (any combination) per calendar or contract year*	
100% coverage	Prophylaxis (teeth cleaning)
	Periodontal Maintenance procedure
	Scaling in presence of moderate or severe gingival inflammation

\*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

## Vision Plan | PPO Vision Plan

You receive vision coverage through EyeMed vision. With this plan, you receive greater benefits if you utilize a network provider. If you access services from an out-of-network provider, you are responsible for paying all charges at the time of your appointment and will be required to file an itemized claim with EyeMed.

	EyeMed Vision Plan	
Vision Exam	In-Network	Out-of-Network
Copay	No charge	Covered up to \$40
Frequency	Once every 12 months	
Eyeglasses		
Frames		
– PLUS Provider	Covered up to \$180 PLUS Provider	N/A
– Retail	Covered up to \$130; 20% off balance	Covered up to \$91
– Wholesale (Costco Optical)	Covered up to \$91	Covered up to \$91
Lenses		
– Single Vision	No charge	Covered up to \$30
– Bifocal	No charge	Covered up to \$50
– Trifocal	No charge	Covered up to \$70
– Standard Progressive	No charge	Covered up to \$50
Frequency	Once every 12 months	
Contact Lenses		
Medically Necessary	No charge	Covered up to \$300
Elective	Covered up to \$130	Covered up to \$91
Frequency	Once every 12 months in lieu of frames and lenses	

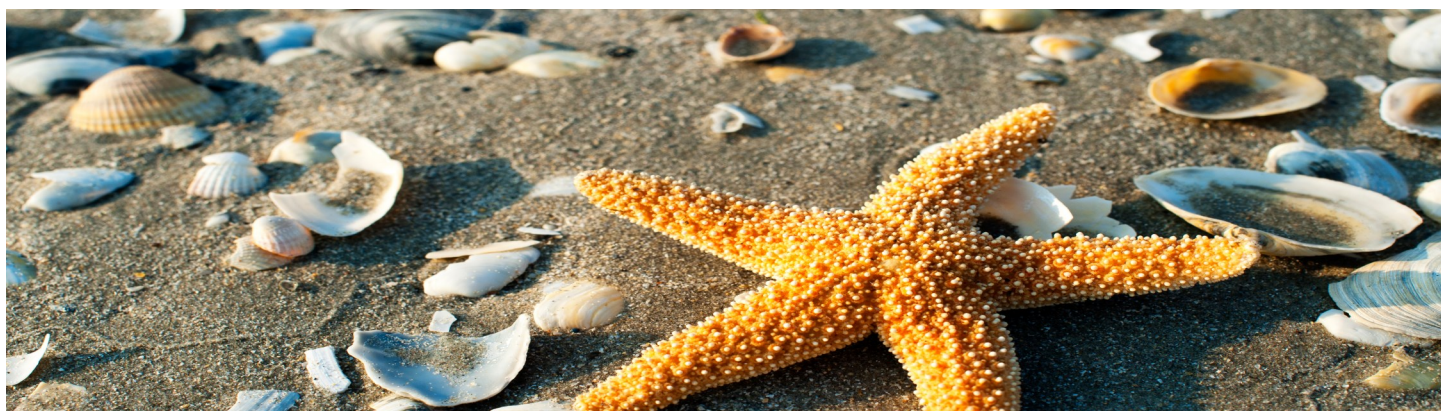


### Finding a Vision Provider

Find a provider from the **Insight Network**.

Go to [www.eyemed.com](http://www.eyemed.com) or call (866) 939-3633.

Eye360 provides enhanced benefits when members visit a PLUS Provider—a select group of providers in the EyeMed network. With Eye360, members receive an additional \$50 frame allowance at PLUS Providers—on top of their base plan's benefits.





# Hearing Aid Benefits

## Hearing Aid Benefits and Discounts

As a SISC member you may be eligible for hearing aid benefit or discount provided you are enrolled in the applicable plans

### Kaiser KPSA Members: HEARx

Hearing services for Kaiser Permanente members are provided together with:

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

As a Kaiser Permanente member, you'll get a \$500 allowance toward the purchase of a hearing aid in each ear. This credit is available once every 3 years. If your hearing aids costs more than your allowance, you'll need to pay the difference.

You may use your hearing aid benefit at any of the HEARx West locations in Southern California. To find a location near you, visit [hearusa.com](https://hearusa.com) or call **1-800-700-3277**. If you don't live near a HEARx West Facility, a HEARx West representative can you find a provider in your area.

### Anthem Members: NationsHearing

Receive hearing screenings and in-home service at no additional cost. You can also receive hearing aids at a discounted rate.

### Anthem Members: Amplifon

Save on top-quality care and ongoing service and support for your hearing aids.

### Anthem Members: Hearing Care Solutions

Receive no-cost hearing exams and discounts on hearing aids. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, batteries for two years, and unlimited visits for one year.

Learn more about Anthem Special Offers:

Log in to [anthem.com/ca](https://anthem.com/ca), choose Care, and select Discounts

### Delta Dental: Amplifon

Delta members have access to discounts on hearing aids through Amplifon Hearing Health Care. Amplifon offers access to the nation's leading hearing aid brands featuring the latest technology. With Amplifon you can access a 62% average savings off retail pricing. Amplifon offers a price match on most hearing devices if you find a lower price at another local provider.

With Amplifon you get:

- One year of free follow-up care
- Two years of free batteries and a
- Three year product warranty for all hearing aid purchases

Amplifon has a broad network of hearing clinics across the nation. To get started;

1. Call Amplifon at **1-888-779-1429**. A patient Care Advocate will help you find a hearing care provider near you
2. Your advocate will explain the discount process, ask you a few simple questions, then help you make an appointment
3. Amplifon will send you and your selected provider the necessary information to activate your hearing aid discounts.

You can also visit [www.amplifonusa.com/deltadentalins](https://www.amplifonusa.com/deltadentalins) to get started.

# 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](#).

## Anthem Blue Cross—Medical

Member Services ..... See ID Card  
Carrier Website ..... [www.anthem.com/ca/sisc](http://www.anthem.com/ca/sisc)

## Kaiser Permanente — Medical

Member Services ..... (800) 464-4000  
Carrier Website ..... [www.kp.org](http://www.kp.org)

## Delta Dental — Dental

Member Services ..... PPO - (866) 499-3001  
HMO - (800) 422-4234  
Carrier Website ..... [www.deltadentalins.com](http://www.deltadentalins.com)

## Vision Plan (EyeMed)—Vision

Member Services ..... (866) 939-3633  
Carrier Website ..... [www.eyemed.com](http://www.eyemed.com)

## Navitus—Pharmacy

Member Services ..... (866) 333-2757  
Carrier Website ..... [www.navitus.com](http://www.navitus.com)

## Costco-Pharmacy (Anthem plans only)

Member Services..... (800) 774-2678 (find location; press 1)

## Retiree Employee Assistance Plan (EAP)

Member Services ..... (800) 999-7222 (program name: SISC)  
Carrier Website ..... [www.anthemead.com](http://www.anthemead.com)

## Additional Benefits Provided by SISC

MDLive Member Services ..... (888) 632-2738  
MDLive Website ..... [www.mdlive.com/sisc](http://www.mdlive.com/sisc)  
Expert Medical Opinion Member Services ..... (800) 835-2362  
Expert Medical Opinion Website ..... [www.teladoc.com/sisc](http://www.teladoc.com/sisc)  
Carrum Health Member Services ..... (888) 855-7806  
Carrum Health Website..... <https://info.carrumhealth.com/sisc>

## Medicare

Member Services ..... (800) 633-4227  
Carrier Website ..... [www.medicare.gov](http://www.medicare.gov)



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

Learn more at [www.burnhambenefits.com](http://www.burnhambenefits.com)

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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 Human Resources.