



ASCC Retiree Benefits Guide

2026-2027

October 1, 2026 - September 30, 2027

Under & Over 65 Retirees

Welcome to Your Retiree Benefits!

Welcome to your Ventura County Community College District 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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The Affordable Care Act and You

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 most 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;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.
- Have no coverage and incur a tax penalty;

Because the District's medical plans are considered affordable and meet minimum value under Health Care Reform, you will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace.



For More Information on the Affordable Care Act

To learn more about the Affordable Care Act and your coverage options, visit www.healthcare.gov.

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, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by the District. Please refer to the SBCs and carrier contracts provided by our health plan carriers for additional plan details.



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
- 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
- Domestic partnership tax form, lease agreement, or utility billing with Domestic partner's name on bill
- 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 forfeit future enrollment rights with SISC.

Changes to Enrollment

Our medical benefit plans are effective October 1st through September 30th of each year. Dental and vision plans are effective January 1st through December 31st of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following plan year effective date. 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-spouses are ineligible for insurance through SISC. It is the responsibility of the retiree 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 until Open Enrollment.

Medicare Requirements

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 EVERYONE enrolled is over age 65
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 Anthem PPO Proactive Diamond 9/35 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

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 an enrollment form and any required documentation as proof of dependent status.

2026—2027 Missing Medicare Surcharge	
Missing Part A	\$700
Missing Part B	\$900
Missing Parts A and B	\$1,600



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 or call **(800) 322-5709**.
- Kaiser Permanente HMO participants should go to www.kp.org or call **(800) 464-4000**.

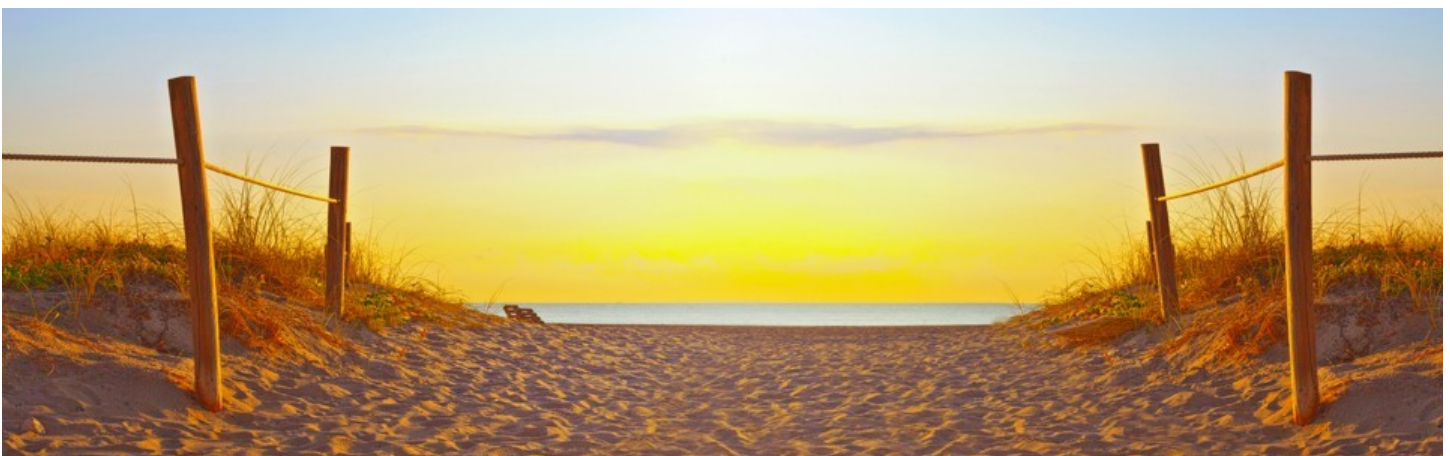
Prescription Drug Coverage

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.

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 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: Retirees Under Age 65 Only

New Proactive Platinum PPO Co-pay plan

The Proactive PPO plan eliminates deductibles and coinsurance. Some features of these plans:

- \$0 copays for essential services like primary care, urgent care, outpatient mental health, physical medicine, most lab work
- Predictable costs
- Full Anthem PPO Network

Many commonly used prescriptions will be available for a \$0 copay when prescribed by a primary care physician, such as:

- Asthma inhalers like Qvar, Arnuity Ellipta, Albuterol
- Diabetic medications like Ozempic, Jardiance, Mounjaro, Rybelsus, Tulicity
- Insulins like insulin lispro, Humalog, Semglee
- Anticoagulants like Xarelto, Eliquis
- Specialty Medicines like Dupixent, Xoliar
- Biosimilars like Adalimumab-adaz, Hadlima

Plan Name

Health Benefits

Calendar Year Deductible - Individual Family
Co-insurance (Plan Pays)
Office Visit Copay - Primary Care Physician - Specialist Office Visit
Out of Pocket Maximum - Individual / Family
Hospitalization
Outpatient Surgery - Hospital / Freestanding Facility
Emergency Services
Urgent Care
Preventive Care (annual exams, flu shots etc.)
Chiropractic (subject to medical necessity) <i>Through American Specialty Health (ASH)</i>

Pharmacy Benefits

Pharmacy Deductible - Individual / Family
Out of Pocket Maximum
Retail Pharmacy - Generic Formulary - Brand Name Formulary - Costco (30 day) - Generic / Brand
Mail Order Pharmacy - Generic Formulary—Costco - Brand Name Formulary-Costco - Specialty Copay (Navitus Mail-In)

Anthem PPO Anthem Blue Cross PPO Proactive Platinum
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In-Network (Prudent Buyer PPO)

Calendar Year Deductible - Individual Family	\$0
Co-insurance (Plan Pays)	100%
Office Visit Copay - Primary Care Physician - Specialist Office Visit	\$0 \$70
Out of Pocket Maximum - Individual / Family	\$2,000 / \$4,000
Hospitalization	\$400/day
Outpatient Surgery - Hospital / Freestanding Facility	\$1,200 / \$400
Emergency Services	\$600 (waived if admitted)
Urgent Care	\$0
Preventive Care (annual exams, flu shots etc.)	100%
Chiropractic (subject to medical necessity) <i>Through American Specialty Health (ASH)</i>	\$0 (Prior Auth required after 5th visit)

Pharmacy Deductible - Individual / Family	\$0
Out of Pocket Maximum	\$2,500 / \$3,500
Retail Pharmacy - Generic Formulary - Brand Name Formulary - Costco (30 day) - Generic / Brand	\$9 Copay \$35 Copay \$0 / \$35
Mail Order Pharmacy - Generic Formulary—Costco - Brand Name Formulary-Costco - Specialty Copay (Navitus Mail-In)	\$0 Copay \$90 Copay \$35 Copay / 30 days

Medical Benefits: Retirees Under Age 65 Only

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)
Health Benefits		
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)
Pharmacy Benefits		
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)



Medical Benefits: Retirees Under Age 65 Only

	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)
Health Benefits		
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
Pharmacy Benefits		
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	\$0 Copay (Costco Mail-In)
- Brand Name Formulary	\$10 Copay / 100 days	\$50 Copay (Costco Mail-In)
- 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: Retirees Age 65+ Only

Plan Name	Anthem Blue Cross 100-A \$0 (EGWP)
	PPO Network Prudent Buyer
Health Benefits	Medicare pays first
Calendar Year Deductible	None
Out-of-Pocket Maximum ¹	\$1,000 Individual / \$3,000 Family
Office Visits	100% Covered
Inpatient Hospitalization ²	100% Covered
Ambulatory Surgery Center ²	100% Covered
Diagnostic Lab and X-Ray	100% Covered
Emergency Services	\$100 Copay
Urgent Care	100% covered
Preventive Care (annual exams, well woman exams, flu shot, etc.)	100% covered
Chiropractic & Acupuncture Benefit	100% Covered (12 visits max per benefit period for acupuncture)
Durable Medical Equipment ²	100% Covered
Mental Health / Substance Abuse - Inpatient ² - Outpatient	100% Covered 100% Covered
Hearing Aids	100% Covered up to \$700 maximum Every 24 months
Pharmacy Benefits*	In-Network Only
Pharmacy Deductible	None
Pharmacy Copay (Retail) - Generic Drug - Brand Name Drug - Supply Limit	- \$0 Copay \$20 / \$40 / \$60 Copay 30 / 60 / 90 Days
Mail Order Pharmacy - Generic Formulary - Brand Name Formulary - Specialty Copay	\$0 Copay / 90 days (Costco Mail-In) \$50 Copay / 90 days (Costco Mail-In) \$50 Copay / 90 days (Navitus Mail-in)

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

² Subject to utilization review or medical necessity.

***Important Note:** The 65+ PPO Retiree Prescription Plans are EGWP Medicare Part D Rx Plans. Your Medicare Part D plan 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: Retirees Age 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	
	2026 Medicare*	2026 CompanionCare*
Health Benefits		
Inpatient Hospital (Part A)	Pays all but first \$1,736 for 1st 60 days	Pays \$1,736
	Pays all but \$434/day for the 61st-90th day	Pays \$434 a day
	Pays all but \$868 a day Lifetime Reserve for 91st to 150th day	Pays \$868 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 \$217/day for 21st—100th day	Pays \$217 a day for 21st—100th day
	Pays nothing after 100th day	Pays nothing after 100th day
Deductible (Part B)	\$283 Part B deductible per year	Pays \$283
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, anesthesiologist and in-hospital visits for medically necessary services for 90 days of treatment per lifetime
Pharmacy Benefits		
Navitus Health Solutions		
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	

Medical Benefits: Retirees Age 65+ Only

Plan Name	Kaiser Permanente Senior Advantage (KPSA)
	HMO Network Kaiser Permanente
Health Benefits	Medicare pays first
Calendar Year Deductible	None
Out-of-Pocket Maximum ¹	\$1,000 Individual
Office Visits	\$10 Copay
Inpatient Hospitalization ²	100% Covered
Ambulatory Surgery Center ²	\$10 per procedure
Diagnostic Lab and X-Ray	No Charge
Emergency Services	\$50 Copay per visit
Urgent Care	\$10 Copay
Preventive Care (annual exams, well woman exams, flu shot, etc.)	100% covered
Chiropractic & Acupuncture Benefit	\$10 Copay (30 combined visits max per year)
Durable Medical Equipment ²	100% Covered
Mental Health / Substance Abuse - Inpatient ² - Outpatient	100% Covered \$10 Copay per visit
Hearing Aids	\$500 Allowance / aid Every 3 years
Pharmacy Benefits*	In-Network Only
Pharmacy Deductible	None
Pharmacy Copay (Retail) - Generic Drug - Brand Name Drug - Supply Limit	- \$10 Copay \$20 Copay Up to 100 Days
Mail Order Pharmacy - Generic Formulary - Brand Name Formulary - Specialty Copay	\$10 Copay / 100 days \$20 Copay / 100days \$20 Copay / 100days

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

² Subject to utilization review or medical necessity.

***Important Note:** The 65+ PPO Retiree Prescription Plans are EGWP Medicare Part D Rx Plans. Your Medicare Part D plan 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: SISC “Benefit Extras”

SISC Medical Plan Retirees (not available to CompanionCare)

Teladoc Expert Second Opinion: SISC Medical Plan Retirees

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.



SISC Medical Anthem Plan Retirees (not available to CompanionCare)

MDLive: Anthem Retirees Only

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 Retirees Only

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.



Medical Benefits: SISC “Benefit Extras”

SISC Medical Anthem Plan Retirees (not available to CompanionCare)

Active & Fit Direct Discounted Gym Memberships: Anthem SISC Retirees

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, visit <https://www.anthem.com/ca/sisc/health-wellness>.



Anthem

Costco Free Generic Medications and Discounts: Anthem SISC Retirees

Costco makes it easy for SISC Anthem Blue Cross 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. **(Important: Due to Medicare restrictions free Costco generics are not available to those enrolled in 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 \$50 for a 90 day supply of brand name drugs.

If you are enrolled in an under 65 plan, 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](https://www.costco.com).



Medical Benefits: SISC “Benefit Extras”

CompanionCare Members (Retirees Age 65+)

Silver&Fit: CompanionCare Retirees Age 65+ Only

The Silver&Fit HealthyAging and Exercise program is available to all CompanionCare retirees age 65+. You may participate in any of the following at no cost to you (unless specified otherwise):



- **Get Started Program:** Answer a few online questions about your fitness level and goals to receive a personal exercise plan, including suggested workout videos.
- **8,000+ Digital Workout Videos:** Go to www.SilverandFit.com or download the Silver&Fit mobile app to view workout videos, perfect for all fitness levels.
- **Standard and Premium Fitness Network Choices:** participating fitness centers or select YMCAs, many with exercise classes for older adults. You also have access to 4,000+ Premium locations including fitness centers, studios, and unique fitness experiences for a buy-up price.
- **Healthy Aging Coaching:** Coaches will help you meet your fitness, nutrition, and lifestyle goals during scheduled phone sessions. You can create your own Healthy Aging Life Plan, choose areas to focus on, set goals and stay motivated!
- **Home Fitness Kits:** Pick your favorite kit once every benefit year (note: once selected, Home Fitness Kits cannot be exchanged)).
 - Fitbit Wearable Fitness Tracker Kit
 - Garmin Wearable Fitness Tracker Kit
 - Pilates Kit
 - Beginner Strength Kit
 - Intermediate Strength Kit
 - Advanced Strength Kit
 - Beginner Swim Kit
 - Advanced Swim Kit
 - Beginner Yoga Kit
 - Intermediate/Advanced Yoga Kit

To get started with Silver&Fit, visit www.silverandfit.com or call (877) 427-4788.



Medical Benefits: SISC “Benefit Extras”

Anthem Retirees Under Age 65 Only

Vida Therapy and Health Coaching: Anthem Retirees Under Age 65 Only

- 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.



Anthem PPO Retirees Underage Age 65 Only

Centivo Care: Anthem PPO Retirees Under Age 65 Only.

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>.

Medical Benefits: SISC “Benefit Extras”

Anthem PPO Retirees Underage Age 65 Only

Lantern — Enhanced Cancer Benefit: Anthem PPO Retirees Under Age 65 Only

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

This benefit provides:

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



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

Lower Pricing for Certain Surgical Procedures: Anthem PPO Retirees Under Age 65 Only

- 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.

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



Medical Benefits: SISC “Benefit Extras”

Anthem PPO Retirees Under Age 65 Only

Hinge Health — Physical Therapy for Back and Joint Pain: Anthem PPO Retirees Under Age 65 Only

- 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.



Carrum Health — No-Cost Hip, Knee, and Spine Surgical Options: Anthem PPO Retirees Under Age 65 Only

- 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.



Maven Maternity and Postpartum Support: Anthem PPO Retirees Under Age 65 Only

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.



Medical Benefits: SISC “Benefit Extras”

KPSA Retirees Only

Medical Transportation KPSA Retirees Only

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 KPSA Retirees Only

- 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

Kaiser Retirees Only

Gym Membership-One Pass Select Affinity from Optum Kaiser Retirees Only

One Pass can help with a fitness routine, whether you work out at home or at a gym.

- At the gym— choose from the largest nationwide network of gyms and fitness locations.
- At home— work out at home with live, digital fitness classes or on-demand workouts. The custom workout builder can be used to create routines tailored to your fitness level and interests.
- Group classes— Join a group class or find local clubs and social events that match your interest.
- To get started:
 - Visit Youronepass.com
 - Click “Get Started” to register. Enter your First Name, Last Name, Date of Birth, and Health Plan Member ID.
 - Once you're registered, you'll receive a Member Code. Be sure to write down your code to keep it handy. You will need to enter it each time you register for a new fitness location or other One Pass service.
 - Start searching for gyms by clicking on the “Find a gym” page.



- To learn more, call (877) 614-0618 or visit onepass.com



SISC Anthem Retiree Assistance Program

The District provides retirees with support for a wide variety of challenges through the SISC Anthem Retiree Assistance Program (EAP). If you or a family member needs assistance with personal, family or work-life balance issues, you can contact the RAP 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 Retiree Assistance Program (RAP) 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

- 24/7/265 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 and Articles

- Online resources for a wide array of topics, including both a library of articles and on-demand seminars.

Savings Center

- Discount shopping program provided through Perks At Work, with discounts of up to 25% on name brand, practical, and luxury items.

Life Balance Benefits

Kaiser Mental Health and Wellness Apps Kaiser and KPSA Retirees

Kaiser offers three apps to help support your mental/emotional wellbeing at <https://kp.org/selfcareapps>.

- **Calm** is the #1 app for meditation, mental resilience, and sleep — designed to help lower stress, reduce anxiety, and more. Kaiser Permanente members can access all the great features of Calm at no cost, including:
 - The Daily Calm, exploring a fresh mindful theme each day
 - More than 100 guided meditations
 - Sleep Stories to soothe you into deeper and better sleep
 - Video lessons on mindful movement and gentle stretching
- **Headspace Care** (formerly Ginger) is available to all Kaiser members at no cost for up to 90 days. The Headspace Care app offers immediate 1 on 1 support for coping with many common challenges such anxiety, stress, low mood, issues with work or relationships and more. With Headspace Care, you can:
 - Text with a coach anytime, anywhere, 24/7
 - Discuss goals, share challenges, and create an action plan with your coach
 - Get personalized, interactive skill-building tools from a library of more than 200 activities
 - View recaps from each texting session, track progress, and work your coach to adjust you action plans



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://www.hearusa.com) or call (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

Nations Hearing

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

Amplifon

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

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://www.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.

Amplifon gives you 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 to get started.

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, 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, will start at 70%.

	DeltaCare HMO (CSEBO)	Delta Dental PPO Plus Premier Plan (CSEBO)	
	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
Diagnostic and Preventive Care	Plan pays	Plan pays	Plan pays
Exams, Cleanings, X-rays	100% covered	100%	100% of UCR
Basic Care	Plan pays	Plan pays	Plan pays
Fillings, Simple Extractions, Sealants, Endodontics, Periodontics, Oral Surgery	Copays vary; see Plan Summary for details	70% – 100%	70% – 100% of UCR
Major Care	Plan pays	Plan pays	Plan pays
Crowns, Inlays, Onlays, Cast Restorations	Copays vary; see Plan Summary for details	70% – 100%	
Prosthodontics	Plan pays	Plan pays	
Dentures, Bridges	Copays vary; see Plan Summary for details	70%	
Implants	Not covered	70%	
Orthodontia	Plan pays	Plan pays	
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 or call (866) 499-3001 for a **Delta Dental PPO provider**. PPO participants: refer to the Delta Dental network when prompted.

Dental Benefits

Additional Dental PPO Benefits

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

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

SmileWay benefits include:

- 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

EyeMed | 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.

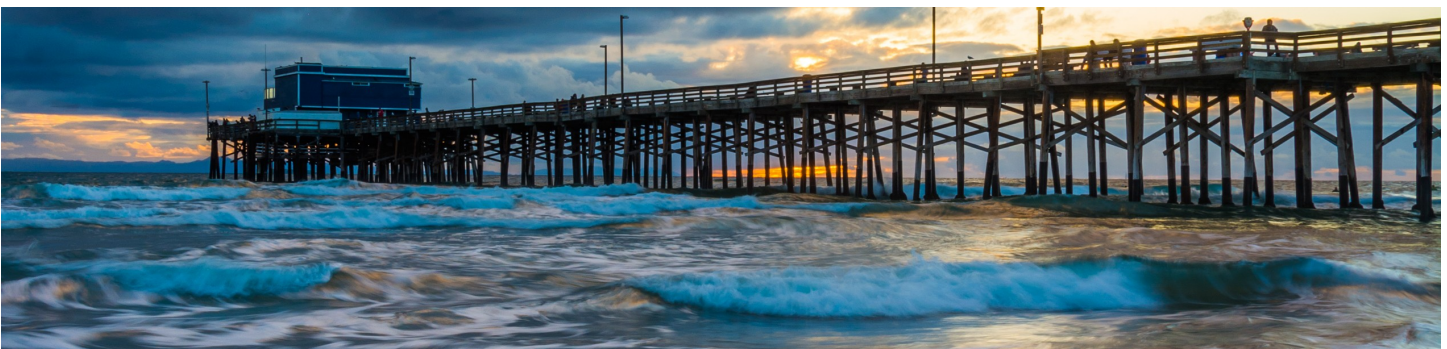
	EyeMed Vision Plan	
	In-Network	Out-of-Network
Vision Exam		
Copay	No charge	Covered up to \$40
Frequency	Once every 12 months	
Eyeglasses		
Frames PLUS Provider Retail Wholesale (Costco Optical)	Covered up to \$180 PLUS Provider Covered up to \$130; 20% off balance Covered up to \$91	N/A Covered up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



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 (800) 825-5541
Carrier Website www.anthem.com/ca/sisc

Kaiser Permanente — Medical

Member Services (800) 464-4000
Carrier Website www.kp.org

Delta Dental — Dental

Member Services PPO - (866) 499-3001
HMO - (800) 422-4234
Carrier Website www.deltadentalins.com

EyeMed—Vision

Member Services (866) 939-3633
Carrier Website www.eyemed.com

Navitus—Pharmacy

Member Services (866) 333-2757
Carrier Website www.navitus.com

Costco-Pharmacy (Anthem plans only)

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

Retiree Assistance Plan (EAP)

Member Services (800) 999-7222 (program name: SISC)
Carrier Website www.anthemep.com

Additional Benefits Provided by SISC

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





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

Learn more at www.baldwin.com

This Retiree 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.