



# EMPLOYEE BENEFITS

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PLAN YEAR:  
10/01/2023 - 09/30/2024



# Welcome to Your Rio School District Employee Benefits!

This brochure 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 Maria Gracia Ramirez, Sr Benefits Specialist at (805) 485-3111 ext. 2136.

## CONTENTS

Important Information .....	2	Life and AD&D Insurance .....	8
Enrollment Information .....	3	Employee Assistance Program .....	8
Medical Insurance .....	4	SISC Value Added Programs....	9
Pharmacy Benefits .....	6	Flexible Spending Accounts .....	12
Dental Insurance .....	7	Resources and Contacts .....	13
Vision Insurance .....	7	Employee Portion Payments .....	14

## IMPORTANT INFORMATION

### The Affordable Care Act and You

The Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Rhode Island, Vermont, or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay the penalty for the 2023 tax year – these states have an individual mandate requirement.

- Enroll in a medical plan offered by The District or another group plan.
- Purchase coverage through a health insurance marketplace.
- Enroll in coverage through a government sponsored program.
- 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, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For more information on your coverage options, please visit [www.healthcare.gov](http://www.healthcare.gov).

### Annual Notices

State and federal laws require that employers provide disclosure and annual notices to their plan participants. The District will distribute all federally required annual notices upon hire and during each annual open enrollment period. To access the Rio School District annual notice packet please visit. <https://rioschools.org/departments/human-resources/>

The following is a list of the annual notices:

- Medicare Part D Notice of Creditable Coverage
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns’ and Mothers’ Health Protection Act
- Special Enrollment Rights
- Medicaid & Children’s Health Insurance Program
- Summary of Benefits and Coverage

# ENROLLMENT INFORMATION

## Who May Enroll

All regular full-time employees and their eligible dependents may participate in Rio School District's benefits program. We will require that you submit documentation to prove dependent eligibility (marriage certificate, State registration for domestic partner, birth certificate).

Your eligible dependents include:

- Legally married spouse
- Children under age 26
- Registered same sex domestic partners

## When Can You Enroll

Eligible employees may enroll at the following times:

- During open enrollment.
- As a new hire, you may participate in the District's benefit plans on the first of the month following your date of hire.
- Within 31 days of a qualified change in family status as defined by the IRS - see changes to enrollment.
- You may enroll for Supplemental Life and AD&D insurance at any time, subject to proof of good health and carrier approval.

## Benefit Enrollment Requirement

All probationary and permanent employees who work 90% or more of the full-time equivalent for the applicable job classification are required to participate in one of the options offered by the district. An eligible employee who works less than 90% of the full-time equivalent for the applicable job classification or receives less than 90% of the amount that is contributed towards an eight-hour full-time employee may decline coverage. It is not an option to "Opt-Out" at this time, unless you are covered by Medi-Cal or Tricare.

## Benefit Costs

Rio School District currently provides Medical, Dental, Vision, Basic Life and AD&D and Employee Assistance Program benefits. The Supplemental Life and AD&D benefits you elect will be paid by you at group discounted rates. You may set aside part of your pre-tax earnings to participate in our Flexible Spending Accounts. *Please refer to Page 14 of this guide for the 2023 – 2024 10thly deduction amounts.*

## Changes To Enrollment

The benefit elections you make will be in effect from October 1, 2023 to September 30, 2024. There will be an annual open enrollment period next year, during which you can make new benefit elections for the following October 1st effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualified change in family status as defined by the IRS.

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

Coverage for a new spouse or newborn child is not automatic. If you experience a change in family status, you have 31 days to update your coverage. Please contact The Risk Management Technician immediately to complete the appropriate election forms as needed. If you do not update your coverage within 31 days from the family status change, you must wait until the annual open enrollment period to update your coverage.

# MEDICAL INSURANCE

**Kaiser HMO Medical Plan:** With the Kaiser Health Maintenance Organization (HMO) plan, services must be obtained at a Kaiser facility. Kaiser integrates all elements of healthcare such as physicians, medical centers, pharmacy and administration in one convenient facility.

**Blue Shield HMO Medical Plan:** Under the Blue Shield Health Maintenance Organization (HMO) plan, you must choose a primary care physician (PCP) or medical group. All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.



Benefits	Kaiser Permanente HMO	Blue Shield HMO
	Kaiser Facilities Only	Network
Lifetime Maximum	unlimited	unlimited
Deductible (Annual) - Individual / Family	\$0 / \$0	\$0 / \$0
Co-insurance (Plan Pays)	100%	100%
Physician Office Visit - PCP - Specialist	\$10 copay \$10 copay	\$10 copay \$30 Access+ Specialist
Out of Pocket Maximum - Individual / Family	\$1,500 / \$3,000	\$1,000/\$2,000
Hospitalization - Inpatient - Outpatient Facility - Outpatient Surgery	100% 100% \$10 copay	100% 100% 100%
Emergency Services	\$100 copay	\$100 copay
Urgent Care	\$10 copay	\$10 copay
Wellness Exams	100%	100%
Chiropractic	\$10 / 30 visits (includes Acupuncture)	\$10 copay/30 visits/year (includes Acupuncture)
Prescription Drugs - Retail Supply Limit - Generic Formulary - Brand Name Formulary - Non Formulary - Mail Order - Mail Order Supply Limit Out of Pocket Maximum	100 days \$10 copay \$10 copay not covered \$10 / \$10 100 days n/a	30 days \$5 copay \$20 copay not covered \$10 / \$50 90 days \$1,500 / \$2,500
<b>10thly Contributions</b>		
Dental \$1,500 Plan	\$183.32 / Month	\$330.08 / Month
Dental \$3,000 Plan	\$184.52 / Month	\$331.28 / Month

# MEDICAL INSURANCE

**Blue Shield PPO Medical Plan:** With the Blue Shield Preferred Provider Organization (PPO) plan, you have the freedom to choose your doctor without using a primary care physician (PCP) and you may self-refer to specialists. You may use a PPO provider whose negotiated rates provide richer levels of benefits with claim forms filed by the providers. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges (balance billing) and you may be responsible for filing claims.

**Benefit Enhancement:** Member's enrolling in either of the plans below will have no charge for the first three visits to a primary care doctor. Visits beyond that will be charged at the regular doctor copay below.

Benefits	Blue Shield PPO 90% Plan C \$20		Blue Shield PPO 80% Plan G \$30		Blue Shield PPO 80% Plan E \$20	
	Network	Non-Network	Network	Non-Network	Network	Not-Network
Lifetime Maximum	unlimited		unlimited		unlimited	
Deductible (Annual)						
- Individual	\$200		\$500		\$300	
- Family	\$500		\$1,000		\$600	
Co-insurance (Plan Pays)	90%	50%*	80%	50%	80%	50%
Physician Office Visit						
- PCP	\$20 copay	50%*	\$30	50%*	\$20	50%*
- Specialist	\$20 copay	50%*	\$30	50%*	\$20	50%*
Out of Pocket Maximum						
- Individual	\$1,000		\$2,000		\$1,000	
- Family	\$3,000		\$4,000		\$3,000	
Hospitalization						
- Inpatient	90%	All charges above \$600/day*	80%	All charges above \$600/day*	80%	All charges above \$600/day*
- Outpatient Surgery	90%	All charges above \$350/day*	80%	All charges above \$350/day*	80%	All charges above \$350/day*
Emergency Services	\$100 copay, 90%		\$100 copay, 80%		\$100 copay, 80%	
Urgent Care	\$30 copay	50%*	\$30 copay	50%*	\$20 copay	50%*
Wellness Exams	100%	not covered	100%	not covered	100%	not covered
Chiropractic	90%	50%*	80%	50%*	80%	50%*
	20 visits/year	20 visits/year	20 visits/year	20 visits/year	20 visits/ year	20 visits/ year
Prescription Drugs						
- Retail Supply Limit	30 days	n/a	30 days	n/a	30 days	n/a
- Generic Formulary	\$7 copay	not covered	\$9 copay	not covered	\$9 copay	not covered
- Brand Name Formulary	\$25 copay	not covered	\$35 copay	not covered	\$35 copay	not covered
- Non Formulary	not covered	n/a	Not covered	n/a	Not covered	n/a
Out of Pocket Maximum						
- Individual	\$1,500	n/a	\$2,500	n/a	\$2,500	n/a
- Family	\$2,500		\$3,500		\$3,500	

## 10thly Contributions

Dental \$1,500 Plan	\$348.08 / Month	\$219.80 / Month	\$275.36 / Month
Dental \$3,000 Plan	\$349.28 / Month	\$221.00 / Month	\$276.56 / Month

Deductibles and copayments marked with a (\*) do not accrue to calendar-year copayment maximum. This is only a brief summary of the benefits. Please refer to the Evidence of Coverage or Summary Plan Description for details on the limitations and exclusions.

# MEDICAL INSURANCE – MEMBER DISCOUNTS

## Kaiser Permanente

- **10,000 Steps® Program:** Reap the benefits of a healthier lifestyle with a program designed to help you increase your physical activity level and work toward a goal of walking 10,000 steps each day. As a participant in this program, you can use a pedometer to record your steps each day.
- **Complementary Health and Fitness Programs:** You can feel more relaxed with massage therapy, sign up for acupuncture and chiropractic care, and get in shape with select fitness club memberships.

Visit <https://members.kaiserpermanente.org> for more information

## Blue Shield

- **Prenatal Program:** This program gives expectant parents 24/7 access to experienced maternity nurses as well as prenatal information including a popular pregnancy or parenting book at no additional cost.
- **Chronic Disease Management:** Programs include Asthma Management, Diabetes Management, Coronary Artery Disease (CAD) Management, Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease (COPD).
- **Care Management:** Programs include LifeMAP and Guided Imagery Program, Neonatal Intensive Care Unit (NICU) Case Management Program, Complex and Chronic Complex Case Management Programs, Catastrophic Injury Case Management Program, and Transplant Program.
- **24 Hour Fitness:** Enjoy waived enrollment fees and discounts on monthly membership dues
- **Weight Watchers:** Get discounts on three- and 12-month subscriptions, monthly passes, and at-home kits.
- **Alternative Care:** Get access to alternative health and wellness services at a discount – at least 25% off published fees from participating acupuncture, massage therapy, and chiropractic practitioners.
- **Health and Wellness Products:** Receive discounted rates on quality health improvement products with free shipping on most items such as vitamins, herbal supplements, homeopathic remedies, diet and sports nutrition, yoga and fitness equipment, personal body care, health and wellness books, audio, and DVD products.
- **Vision Service:** Get 20% off published retail prices when you use a participating provider in the Discount Vision Program network for exams, frames, lenses, and more.
- **QualSight LASIK:** Members in California receive a 20% discount off providers' usual and customary fees on traditional and custom LASIK surgery.

Visit [www.blueshieldca.com](http://www.blueshieldca.com) for more information

# PHARMACY BENEFITS

Navitus Health Solutions is the Pharmacy Benefits Manager (PBM) for our Blue Shield Medical plans. You are urged to use generic drugs when they are available. Costco makes it easy for you to receive a 90 day supply of your long-term or maintenance medications. In addition, when you use the Costco pharmacy, your generic medications will be free of charge! Visit any Costco retail location or use the mail order feature and benefit by having your prescriptions delivered to your door, saving you a trip to the pharmacy.

Here's how it works:

1. Take your prescription to any Costco pharmacy, You do not need to be a Costco member.
2. Present the pharmacist with your insurance card.
3. Get your generic medications (excluding some narcotic plan medications and some cough medications) for free. You will pay \$35 (\$25 on the 90C plan) for a 30 day supply of brand name drugs or \$90 (\$60 on the 90C plan) for a 90 day supply of brand name drugs.

Due to Medicare Part D restrictions, this program does not apply to the CompanionCare pharmacy benefit.

# DENTAL INSURANCE

The Delta Dental PPO plans are preferred provider dental plans. You may visit a PPO dentist, a Premier dentist, or a non-network dentist. When you utilize a PPO or Premier dentist, your out of pocket expenses will be less, however, you will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist. If you obtain services using a non-network dentist, you will incur much higher out-of-pocket expenses and you may be responsible for filing claims. **It is important to note that if you** chose the Delta PPO, it is a limited provider network. You must check with your Dentist to make sure they are a Delta PPO provider. If you chose the Delta PPO Plan and then return to the Delta Incentive Plan at the next Open Enrollment, you will begin your coverage at the 70% level.

	Delta Dental Incentive PPO Plan 1500			Delta Dental PPO 3000		
	PPO Network	Premier Network	Non-Network	PPO Network	Premier Network	Non-Network
Calendar Year Maximum	\$1,500 <sup>1</sup>	\$1,500		\$3,000	\$1,000	
Deductible (Annual) - Individual / Family	None / None	None / None		None / None	\$25 / \$75	
Preventive (Plan Pays)	70%-100% <sup>2</sup>	70%-100% <sup>2</sup>	70%-100% <sup>2</sup>	100%	50%	50%
Basic Services (Plan Pays)	70%-100% <sup>2</sup>	70%-100% <sup>2</sup>	70%-100% <sup>2</sup>	100%	50%	50%
Major Services (Plan Pays)	70%-100% <sup>2</sup>	70%-100% <sup>2</sup>	70%-100% <sup>2</sup>	100%	50%	50%
Prosthodontics Services (Plan Pays)	50%	50%	50%	50%	50%	50%
Orthodontia - Child Only	50% to \$500 benefit per lifetime			50% to \$500 benefit per lifetime		

Incentive Plan:

<sup>1</sup>The plan provides an additional \$200 toward the calendar year maximum when you visit a PPO dentist. Starting 1/1/24, the plan will pay an additional \$500 towards the calendar year maximum when you visit a PPO dentist

<sup>2</sup>Delta Dental will pay 70% of the allowed fees for covered diagnostic, preventive, basic, cast and crown benefits during the first year you are eligible. This percentage will increase 10% each year (to a maximum of 100%) if you visit the dentist at least once during the year. If you do not use the plan during a calendar year, your percentage will remain.

# VISION INSURANCE

	EyeMed Vision PPO Plan	
	Network	Non-Network
Examination (One Every Calendar Year)	\$0– PLUS Provider \$20—Insight Network Provider	Plan pays up to \$40
Lenses (One Every Calendar Year) - Single Vision - Bifocal - Trifocal	100% 100% 100%	Plan pays up to \$30 Plan pays up to \$50 Plan pays up to \$70
Frames (One Every Other Calendar Year)	\$200 Allowance– PLUS Provider \$150 Allowance– Network Provider	Plan pays up to \$105
Contact Lenses (One Pair Every Calendar Year)	In Lieu of Frames and Lenses	
- Cosmetic / Elective - Medically Necessary	Plan pays up to \$150 100%	Plan pays up to \$105 Plan pays up to \$300

## BASIC LIFE AND AD&D INSURANCE

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the company. Rio School District pays for coverage, offered through Mutual of Omaha, in the amount of \$12,000. If your death is due to a covered accident or injury, your beneficiary will receive an additional amount through Accidental Death and Dismemberment (AD&D) coverage.

## SUPPLEMENTAL LIFE AND AD&D INSURANCE

In addition to the company provided Basic Life and AD&D benefits, you may elect to purchase Supplemental Term Life and AD&D insurance at group rates provided by Mutual of Omaha. You pay for this coverage with after-tax dollars through convenient payroll deductions.

**Employee:** You may purchase Supplemental Life insurance coverage for yourself in increments of \$10,000 up to a maximum of \$500,000, not to exceed 5 times your basic annual earnings. Guarantee issue is available for new hires during the initial eligibility period for an amount of 5 times your annual salary, or \$150,000, whichever is less.

**Spouse:** If you buy coverage for yourself, you may also purchase coverage for your eligible spouse. Benefits for your spouse are available in increments of \$5,000 to a maximum of \$250,000 and may not exceed 100% of your employee election. If you elect this benefit during your initial eligibility period (upon hire), you will not have to complete the health statement, except for amounts that exceed the guarantee issue amount of 100% of your employee election or \$50,000.

**Child(ren):** If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren) in the amount of \$10,000.

You may enroll for Supplemental Life and AD&D insurance anytime during the year as long as you provide proof of good health. To provide proof of good health, you will be asked to complete a health questionnaire and are subject to insurance carrier approval. The insurance company may approve or decline coverage based on a review of your health history.

## EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) provides employees and their household members with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities and obligations.

Services are available 24 hours a day, 7 days a week via a toll-free nationwide number. Employees and their household members can receive up to 6 counseling sessions per person, per problem, per year.

To Access EAP Benefits: Go to [www.anthemEAP.com](http://www.anthemEAP.com) or you may call (800) 999-7222 to be immediately connected to an EAP counselor.

### Important Note:

A beneficiary is the person or entity who you designate to receive your death benefits. Choosing a beneficiary and keeping your beneficiary up-to-date is an essential part of owning life insurance. Please remember to review your beneficiary designation as new situations arise, such as the birth or adoption of a child, marriage or divorce. You may call the Human Resources Department for a copy of the Beneficiary Designation Form as needed.





## LARK

Blue Shield PPO and HMO members are able to join a 16-week, cutting-edge program that can help you lose weight, adopt healthy habits and significantly reduce your risk of developing diabetes. The program is available at no cost and most programs have access to personal health coach, group support, weekly lessons and tools such as a wireless scale or an activity tracker.

Members are able to choose from array of national and local programs like

- Weight Watchers
- Retrofit
- Jenny Craig
- Healthslate

## ACTIVE&FIT DIRECT

Available to employees enrolled in a Kaiser plan offered through SISC. Members have access to more than 9000+ participating fitness centers and YMCAs nationwide for a low price of \$25.00 (+\$25 enrollment fee and applicable taxes).

The program offers:

- Online Directory Map Locator
- Free Guest Pass
- Option to Switch Fitness Centers
- Online Fitness Tracking

## Health Smart's Health Improvement Program

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

## MDLIVE

As a Medical plan participant, you have access to MDLIVE, a service that provides 24/7 access to board certified doctors and pediatricians by online video, phone or secure email. Doctors will ask you some questions to help determine your health care needs. Based on the information you provide, advice will include general health care and pediatric care specific to you or your dependent's condition. This service is subject to a \$10 copay regardless of your Medical plan's regular office visit copay.

### 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.

**How to use MDLive:** Visit [www.mdlive.com/sisc](http://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.

## Accessing Additional Benefits

- Take the 1 minute quiz at [lark.com/anthemBC](http://lark.com/anthemBC) to see if you qualify.
- To enroll in Active&Fit Direct, Kaiser members can go [www.choosehealthy.com](http://www.choosehealthy.com) or call (877) 335-2746.
- Health Smart's Health Improvement Program: Contact SISC
- 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.
- Teladoc: Go to [Teladoc.com/sisc](http://Teladoc.com/sisc) or call 800.835.2362 to get more information.

## VIDA DIGITAL COACHING

- Blue Shield PPO plan members have access to Vida Digital Coaching, a virtual care platform that treats a full range of lifestyle, chronic and behavioral health conditions. Examples include nutrition, weight loss, mental health, and building healthy habits.
- To learn more, call **855-442-5885** or visit [vida.com/sisc](https://vida.com/sisc)

## CITY OF HOPE ONCOLOGY

- If you receive a cancer diagnosis, this benefit provides an in-person evaluation with confirmation of diagnosis and development of a customized treatment plan at no charge.
- To learn more, visit [cityofhope.org](https://cityofhope.org) or call **(877) 220-3556**

## CARRUM HEALTH—No Cost Hip, Knee and Spine Surgical Options

- Access top-quality surgeons at Scripps with no out-of-pocket cost through Carrum Health
- All medical bills, including deductibles, coinsurance and even travel expenses are covered
- To learn more, call Carrum Health at **(888) 855-7806**.

## EDEN—Health App for PPO Plan Members

As part of your SISC Blue Shield 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
- Prescription refills
- Scheduled video visits or live chat with a primary care physician
- Specialist referrals
- Mental health support

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

## MAVEN—Maternity and Postpartum Support

- A virtual care for pregnancy and postpartum support. Use Maven for 24/7 access to doctors, specialist, coaches, and trustworthy content tailored to your experience.
- Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialist coaches and other maternity providers to help deal with pregnancy and postpartum concerns.
- Free 6-month diaper subscription for SISC PPO members who:
  1. Enroll during the first or second trimester
  2. Have an intro call with a Care Advocate
  3. Have two appointments with Maven providers during pregnancy
  4. Complete the exit survey when their baby is born
- To activate your membership, download the Maven Clinic app or visit [mavenclinic.com/join/SISC](https://mavenclinic.com/join/SISC)

## TELADOC - Medical Second Opinion

SISC is now offering a valuable expert second opinion service through **Teladoc**. This benefit can be used to ensure that you and your family get the best healthcare possible. The service is free, easy and 100% confidential.

- Teladoc matches patients to the leading doctors on their specific conditions. They will work with the patient to be sure of their diagnosis and recommend the best path for treatment. You should use Teladoc when you:
- Have a documented diagnosis from a doctor and would like an expert's second opinion regarding the diagnosis and treatment plan
- Find yourself confronting a complex medical condition
- Would like your medications or treatment plan reviewed
- Are scheduled for surgery or major procedure

## DELTA DENTAL—SMILEWAY PROGRAM

SISC members with the following health conditions will also have access to additional teeth and gum cleanings:

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	

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

## DELTA DENTAL— TELE-DENTISTRY TOOTHPIC\*

- • An innovative app that offers virtual dental screenings for non-urgent issues from a Delta Dental PPO Dentist right from your smartphone in under 24 hours. Virtual assessments from in-network dentists as a covered benefit for PPO and Premier plan members.
- • Receive a fast and easy dental screening without an appointment, even when the dentist office is closed – from anywhere in the US. Address non-emergency dental issues to understand the severity of an issue and get treatment options. Save time and experience the convenience of getting a dental checkup without leaving the comfort of their home.
- • For more information visit [deltadental.toothpic.com](http://deltadental.toothpic.com)

## DELTA DENTAL—VIRTUAL CONSULT\*

- • Virtual Consult connects Delta Dental members and dentists for real-time video appointments. It's totally secure and HIPAA-compliant, and it's available with your existing Delta Dental PPO or Delta Dental Premier plan. When you have an urgent issue, even if it's after hours, Virtual Consult makes getting a dentist's advice simple.
- • Virtual Consult is great if you are experiencing an urgent dental issue, don't have a regular dentist, can't take time of work or have difficulty visiting the dentist's office, aren't feeling well or visiting the dentist's office isn't recommended.
- • Get urgent dental care for issues such as pain or pressure, bumps or swelling, cuts or lesions, chipped teeth and bleeding. You can even get e-prescriptions for pain or infections sent directly to the pharmacy of your choice.
- • Visit [deltadentalvirtualconsult.com](http://deltadentalvirtualconsult.com) or more information and to learn how to download and use Virtual Consult.

***\*These alternative dental care options are available to those enrolled on a Delta PPO or Incentive plan. They count as one of your in-person annual exams and cost sharing applies for those with incentive levels less than 100%.***

# FLEXIBLE SPENDING ACCOUNTS

You can set aside money in Flexible Spending Accounts (FSA) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You choose how you want to receive reimbursement for your eligible expenses. A new enrollment is required each year, even if you do not plan to change the amount(s) set aside. Please remember you will be asked to submit your receipts to American Fidelity for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

**Health Care Spending Account (HCSA):** This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. Employees may defer up to **\$3,050** pre-tax per year.

**Dependent Care Assistance Plan (DCAP):** This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to **\$5,000** per year.

## Important Note About the FSA

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

How You Can Save Money With the FSA	Without the Health Care FSA	With the Health Care FSA
Gross Annual Pay	\$45,000	\$45,000
Pre-Tax Health Care FSA	Not Elected	\$1,200
<b>Taxable Gross Income</b>	<b>\$45,000</b>	<b>\$43,800</b>
Payroll Taxes (at 30%)	\$13,500	\$13,140
Health Care Cost	\$1,200	\$0
Net Pay	\$30,300	\$30,660
<b>Annual Net Pay Increase</b>	<b>\$0</b>	<b>\$360</b>



# RESOURCES AND CONTACTS

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact The Risk Management Technician at 805-485-3111 ext 2136.

## Medical – Kaiser Permanente

Member Services .....	(800) 464-4000
Carrier Website .....	<a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>

## Medical – Blue Shield of California

HMO Member Services .....	(855) 599-2657
PPO Member Services .....	(855) 599-2657
Navitus Member Services.....	(866) 333-2757
Costco Mail Order Pharmacy .....	(800) 607-6861
Blue Shield Website .....	<a href="http://www.blueshieldca.com/sisc">www.blueshieldca.com/sisc</a>
Navitus Website .....	<a href="http://www.navitus.com">www.navitus.com</a>

## Medical – Individual Retiree Plans / Medicare Advantage Plans

Kaiser Senior Advantage .....	(800) 464-4000
Blue Shield 65+ HMO Medicare Advantage .....	(800) 776-4466
Companion Care .....	(800) 825-5541

## Teladoc

Member Services .....	(800) 835.2362
Website .....	<a href="http://Teladoc.com/sisc">Teladoc.com/sisc</a>

## Dental – Delta Dental

Member Services .....	(866) 499-3001
Carrier Website .....	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>

## Vision – EyeMed Vision

Member Services .....	(866) 800-5457
Carrier Website .....	<a href="http://www.eyemed.com">www.eyemed.com</a>

## Life and AD&D Insurance – Mutual of Omaha

Member Services .....	(800) 775-8805
Carrier Website .....	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>

## Employee Assistance Program – Anthem Blue Cross

Counselor Services .....	(800) 999-7222
Carrier Website .....	<a href="http://www.anthem.com/ca/sisc">www.anthem.com/ca/sisc</a>

## Flexible Spending Accounts – American Fidelity

Member Services .....	(800) 325-0654
Carrier Website .....	<a href="http://www.afadvantage.com">www.afadvantage.com</a>

## Additional Benefits Provided by SISC

MDLIVE Member Services .....	888.632.2738
MDLIVE Website .....	<a href="http://www.mdlive.com/sisc">www.mdlive.com/sisc</a>
LARK Website.....	<a href="http://Lark.com/anthemBC">Lark.com/anthemBC</a>
Active&Fit Direct Website .....	<a href="http://www.anthem.com/ca/sisc">www.anthem.com/ca/sisc</a>

# 2023 – 2024 HEALTH & WELFARE EMPLOYEE PORTION PAYMENTS TENTHLY DEDUCTIONS

Health plans include Delta Dental 1500 Plan					
	Option 1	Option 2	Option 3	Option 4	Option 5
	Kaiser HMO	Blue Shield HMO	Blue Shield PPO 90% Plan C	Blue Shield PPO 80% Plan E	Blue Shield PPO 80% Plan G
Medical	\$18,363.00	\$22,032.00	\$22,482.00	\$20,664.00	\$19,275.00
Dental	\$1,173.00	\$1,173.00	\$1,173.00	\$1,173.00	\$1,173.00
Vision	\$140.40	\$140.40	\$140.40	\$140.40	\$140.40
Life	\$16.56	\$16.56	\$16.56	\$16.56	\$16.56
<b>TOTAL ANNUAL</b>	\$19,692.96	\$23,361.96	\$23,811.96	\$21,993.96	\$20,604.96
<b>CAP</b>	\$15,110.00	\$15,110.00	\$15,110.00	\$15,110.00	\$15,110.00
<b>DIFFERENCE</b>	\$4,582.96	\$8,251.96	\$8,701.96	\$6,883.96	\$5,494.96
<b>EMPLOYEE 40%</b>	\$1,833.18	\$3,300.78	\$3,480.78	\$2,753.58	\$2,197.98
<b>10thly Deduction</b>	<b>\$183.32</b>	<b>\$330.08</b>	<b>\$348.08</b>	<b>\$275.36</b>	<b>\$219.80</b>

Health plans include Delta Dental 3000 Plan					
	Option 6	Option 7	Option 8	Option 9	Option 10
	Kaiser HMO	Blue Shield HMO	Blue Shield PPO 90% Plan C	Blue Shield PPO 80% Plan E	Blue Shield PPO 80% Plan G
Medical	\$18,363.00	\$22,032.00	\$22,482.00	\$20,664.00	\$19,275.00
Dental	\$1,203.00	\$1,203.00	\$1,203.00	\$1,203.00	\$1,203.00
Vision	\$140.40	\$140.40	\$140.40	\$140.40	\$140.40
Life	\$16.56	\$16.56	\$16.56	\$16.56	\$16.56
<b>TOTAL ANNUAL</b>	\$19,722.96	\$23,391.96	\$23,841.96	\$22,023.96	\$20,634.96
<b>CAP</b>	\$15,110.00	\$15,110.00	\$15,110.00	\$15,110.00	\$15,110.00
<b>DIFFERENCE</b>	\$4,612.96	\$8,281.96	\$8,731.96	\$6,913.96	\$5,524.96
<b>EMPLOYEE 40%</b>	\$1,845.18	\$3,312.78	\$3,492.78	\$2,765.58	\$2,209.98
<b>10thly DEDUCTION</b>	<b>\$184.52</b>	<b>\$331.28</b>	<b>\$349.28</b>	<b>\$276.56</b>	<b>\$221.00</b>

Cap reflected above applies to 100% FTEs.

NOTE: 10thly Deduction is based on your current plan selection. If you make a plan change at renewal, please contact Maria Gracia Ramirez for your updated 10thly Deduction. Your 10 deductions are taken from September through June.





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This brochure 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 brochure are subject to change without notice. Continuation of any benefit plan or coverage is at the District's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Human Resources Department.

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