

BRIDGES CHARTER SCHOOL

2016 - 2017

Employee Benefits Guide

OCTOBER '16 - SEPTEMBER '17



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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 Renee Schaniel at Ventura County Schools Business Services Authority (VCSBSA) office.

Enrollment Information

Who May Enroll

Please contact your school site office manager to find out more details of your eligibility. If you are eligible for benefits, then you and your eligible dependents may participate in Bridges Charter School's benefits program. Your eligible dependents include:

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

When You Can Enroll

Eligible employees may enroll at the following times:

- As a new hire, you may participate in the company's benefits program on the first day of the month following date of hire.
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment)

Paying For Your Coverage

You and the District share in the cost of the Medical/Dental/Vision benefits you elect. Any voluntary disability or cancer benefits you elect will be paid by you at discounted group rates. You have the option of having your contributions deducted before taxes are withheld for your Medical, Dental, and Vision benefits. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event.



Online Resources

You can access your benefits information whenever you want, from home or any place where you have internet access, by clicking on the "Resources" tab and selecting "Forms" on the Ventura County Schools Business Services Authority website. You'll find documents posted such as the Summary of Benefits and Coverage (SBC), annual notices, carrier benefit summaries, evidence of coverage booklets, claim forms, and much more.

The Ventura County Schools Business Services Authority website is located at:

www.vcsbsa.org

Enrollment Information

Changes To Enrollment

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

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

Note

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please contact your office manager immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage .

The Affordable Care Act and You

The Affordable Care Act (ACA) requires nearly every American to be enrolled in medical coverage or pay a penalty. This is referred to as the individual mandate. You have several options to satisfy this requirement:

- Enroll in a medical plan offered by Bridges Charter School 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 Bridges Charter School 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.

Annual Notices

Various state and federal laws require that employers provide disclosure and annual notices to their plan participants. 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



Note

To view the Bridges Charter School annual notice packet, you may access online at: <http://www.vcsbsa.org/Resources/Benefits.aspx>



Bridges Charter School offers you a choice of plans so you can choose the coverage that is best for you and your family.

Medical Insurance

Anthem Blue Cross | PPO Medical Plans

The Anthem Blue Cross Preferred Provider Organization (PPO) plans allow you to direct your own care. You are not limited to the physicians within the network and you may self-refer to specialists. If you receive care from a physician who is a member of the PPO network, a greater percentage of the entire cost will be paid by the insurance plan. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims. The percentage copay for non-emergency services from non-network providers is based on the scheduled amount.

Kaiser Permanente | HMO Medical Plan

With the Kaiser Health Maintenance Organization (HMO) plan, services must be obtained at a Kaiser facility, except in the case of emergency. Kaiser integrates all elements of healthcare such as physicians, medical centers, pharmacy, and administration in one convenient facility. In addition, Kaiser offers online tools so you can email your doctor's office, make appointments, refill prescriptions, and more.

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 you to receive a 90 day supply of your long-term or maintenance medications. In addition, when you use the Costco pharmacy, most generic medications will be free of charge! Visit any Costco retail location or use the mail order feature and benefit by having your prescriptions delivered to your door, saving you a trip to the pharmacy.

Here's how it works:

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

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



Finding a Medical Provider

Go to www.anthem.com/ca/sisc or call the number provided on your ID card.

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 Bridges Charter School. Please refer to the SBC and carrier contracts provided by SISC for additional plan details.

Medical Insurance

Plan Features	Anthem Blue Cross SISC 100% D PPO Plan		Anthem Blue Cross SISC 90% G PPO Plan	
	PPO Network	Non-Network ¹	PPO Network	Non-Network ¹
Health Benefits				
Lifetime Maximum	Unlimited		Unlimited	
Calendar Year Deductible	\$300 Individual / \$600 Family		\$500 Individual / \$1,000 Family	
Out-of-Pocket Maximum	\$1,000 Individual / \$3,000 Family		\$1,000 Individual / \$3,000 Family	
Office Visits	\$20 Copay	Deductible, 0%	\$20 Copay	Deductible, 0%
Inpatient Hospitalization ²	Deductible, 0%	Deductible, 0% Max \$600/Day Benefit	Deductible, 10%	Deductible, 0% Max \$600/Day Benefit
Ambulatory Surgery Center ²	Deductible, 0%	Deductible, 0% Max \$350/Day Benefit	Deductible, 10%	Deductible, 0% Max \$350/Day Benefit
Diagnostic Lab and X-Ray	Deductible, 0%	Not Covered	Deductible, 10%	Not Covered
Emergency Services	Deductible, \$100 Copay, 0%		Deductible, \$100 Copay, 10%	
Urgent Care	\$20 Copay	Deductible, 0%	\$20 Copay	Deductible, 0%
Preventive Care	0%	Not Covered	0%	Not Covered
Physical Therapy, Occupational Therapy, Chiropractic Services ²	Administered by ASH		Administered by ASH	
	Deductible, 0%	Not Covered	Deductible, 10%	Not Covered
Acupuncture (12 Visits/Year)	Deductible, 0%	Deductible, 50%	Deductible, 10%	Deductible, 50%
Durable Medical Equipment ²	Deductible, 0%	Not Covered	Deductible, 10%	Not Covered
Mental Health / Substance Abuse - Inpatient ²	Deductible, 0%	Deductible, 0% Max \$600/Day Benefit	Deductible, 10%	Deductible, 0% Max \$600/Day Benefit
- Outpatient	Deductible, \$20	Deductible, 0%	Deductible, \$20	Deductible, 0%

Pharmacy Benefits

Pharmacy Deductible	\$0 Individual / \$0 Family		\$0 Individual / \$0 Family	
	Out-of-Pocket Maximum		\$2,500 Individual / \$3,000 Family	
Pharmacy Copay				
- Generic Drug	<u>Retail (30 Days)</u> \$9 Copay	<u>Costco (90 Days)</u> \$0 Copay	<u>Retail (30 Days)</u> \$9 Copay	<u>Costco (90 Days)</u> \$0 Copay
- Brand Name Drug	\$35 Copay	\$90 Copay	\$35 Copay	\$90 Copay
- Supply Limit	30 Days	90 Days	30 Days	90 Days

¹When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.

²Subject to utilization review or medical necessity.

Employee Contributions

Employee Tier	Plan Cost	District CAP	SISC EE Cost	Plan Cost	District CAP	SISC EE Cost
Medical/Dental/Vision - Annual Cost	\$17,012.40	\$13,338.00	\$3,674.40	\$15,641.40	\$13,338.00	\$2,303.40
Tenthly Cost	\$1,701.24	\$1,333.80	\$367.44	\$1,564.14	\$1,333.80	\$230.34

Note: If you work less than 100% FTE, please refer to your district/charter board policy on proration amounts.



Important

Plan costs and contributions are based on renewing with the same plan. If changing plans, please contact your site office manager to determine cost.

Medical Insurance

Plan Features	Anthem Blue Cross SISC 80% G PPO Plan		Anthem Blue Cross SISC 80% L PPO Plan	
	PPO Network	Non-Network ¹	PPO Network	Non-Network ¹
Health Benefits	Unlimited		Unlimited	
Lifetime Maximum	Unlimited		Unlimited	
Calendar Year Deductible	\$500 Individual / \$1,000 Family		\$2,000 Individual / \$4,000 Family	
Out-of-Pocket Maximum	\$2,000 Individual / \$4,000 Family		\$4,000 Individual / \$8,000 Family	
Office Visits	\$20 Copay	Deductible, 0%	\$30 Copay	Deductible, 0%
Inpatient Hospitalization ²	Deductible, 20%	Deductible, 0% Max \$600/Day Benefit	Deductible, 20%	Deductible, 0% Max \$600/Day Benefit
Ambulatory Surgery Center ²	Deductible, 20%	Deductible, 0% Max \$350/Day Benefit	Deductible, 20%	Deductible, 0% Max \$350/Day Benefit
Diagnostic Lab and X-Ray	Deductible, 20%	Not Covered	Deductible, 20%	Not Covered
Emergency Services	Deductible, \$100 Copay, 20%		Deductible, \$100 Copay, 20%	
Urgent Care	\$20 Copay	Deductible, 0%	\$30 Copay	Deductible, 0%
Preventive Care	0%	Not Covered	0%	Not Covered
Physical Therapy, Occupational Therapy, Chiropractic Services ²	Administered by ASH		Administered by ASH	
	Deductible, 20%	Not Covered	Deductible, 20%	Not Covered
Acupuncture (12 Visits/Year)	Deductible, 20%	Deductible, 50%	Deductible, 20%	Deductible, 50%
Durable Medical Equipment ²	Deductible, 20%	Not Covered	Deductible, 20%	Not Covered
Mental Health / Substance Abuse - Inpatient ²	Deductible, 20%	Deductible, 0% Max \$600/Day Benefit	Deductible, 20%	Deductible, 0% Max \$600/Day Benefit
- Outpatient	Deductible, \$20	Deductible, 0%	Deductible, \$30	Deductible, 0%

Pharmacy Benefits

Pharmacy Deductible	\$0 Individual / \$0 Family		\$200 Individual / \$500 Family	
Out-of-Pocket Maximum	\$2,500 Individual / \$3,000 Family		\$2,500 Individual / \$3,000 Family	
Pharmacy Copay	<u>Retail (30 Days)</u>	<u>Costco (90 Days)</u>	<u>Retail (30 Days)</u>	<u>Costco (90 Days)</u>
- Generic Drug	\$9 Copay	\$0 Copay	\$10 Copay	\$0 Copay
- Brand Name Drug	\$35 Copay	\$90 Copay	Ded, \$35 Copay	Ded, \$90 Copay
- Supply Limit	30 Days	90 Days	30 Days	90 Days

¹ When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.

² Subject to utilization review or medical necessity.

Employee Contributions

Employee Tier	Plan Cost	District CAP	SISC EE Cost	Plan Cost	District CAP	SISC EE Cost
Medical/Dental/Vision - Annual Cost	\$14,756.40	\$13,338.00	\$1,418.40	\$12,719.40	\$12,719.40	\$0.00
Tenthly Cost	\$1,475.64	\$1,333.80	\$141.84	\$1,271.94	\$1,271.94	\$0.00

Note: If you work less than 100% FTE, please refer to your district/charter board policy on proration amounts.



Important

Plan costs and contributions are based on renewing with the same plan. If changing plans, please contact your site office manager to determine cost.

Medical Insurance

Plan Features	Anthem Blue Cross Minimum Value PPO Plan		Anthem Blue Cross 2-Tier Anchor Bronze PPO Plan	
	PPO Network	Non-Network ¹	PPO Network	Non-Network ¹
Health Benefits	Unlimited		Unlimited	
Lifetime Maximum	Unlimited		Unlimited	
Calendar Year Deductible	\$5,000 Individual / \$10,000 Family		\$5,000 Individual / \$10,000 Family	
Out-of-Pocket Maximum	\$6,350 Individual / \$12,700 Family		\$6,350 Individual / \$12,700 Family	
Office Visits	\$60 Copay (3 Visits), 30% ³	Deductible, 0%	\$60 Copay (3 Visits), 30% ³	Deductible, 0%
Inpatient Hospitalization ²	Deductible, 30%	Deductible, 0% Max \$600/Day Benefit	Deductible, 30%	Deductible, 0% Max \$600/Day Benefit
Ambulatory Surgery Center ²	Deductible, 30%	Deductible, 0% Max \$350/Admit Benefit	Deductible, 30%	Deductible, 0% Max \$350/Admit Benefit
Diagnostic Lab and X-Ray	Deductible, 30%	Not Covered	Deductible, 30%	Not Covered
Emergency Services	Deductible, \$100 Copay, 30%		Deductible, \$100 Copay, 30%	
Urgent Care	\$60 Copay (3 Visits), 30% ³	Deductible, 0%	\$60 Copay (3 Visits), 30% ³	Deductible, 0%
Preventive Care	0%	Not Covered	0%	Not Covered
Physical Therapy, Occupational Therapy, Chiropractic Services ²	Deductible, 30%	Not Covered	Deductible, 30%	Not Covered
Acupuncture (12 Visits/Year)	Deductible, 30%	Deductible, 50%	Deductible, 30%	Deductible, 50%
Durable Medical Equipment ²	Deductible, 30%	Not Covered	Deductible, 30%	Not Covered
Mental Health / Substance Abuse - Inpatient ²	Deductible, 30%	Deductible, 0% Max \$600/Day Benefit	Deductible, 30%	Deductible, 0% Max \$600/Day Benefit
- Outpatient	\$60 Copay (3 Visits), 30% ³	Deductible, 0%	\$60 Copay (3 Visits), 30% ³	Deductible, 0%

Pharmacy Benefits

Pharmacy Deductible	Medical Deductible Applies		Medical Deductible Applies	
	Medical Out-of-Pocket Maximum Applies		Medical Out-of-Pocket Maximum Applies	
Out-of-Pocket Maximum	Medical Out-of-Pocket Maximum Applies		Medical Out-of-Pocket Maximum Applies	
Pharmacy Copay	<u>Retail (30 Days)</u>	<u>Mail Order (90 Days)</u>	<u>Retail (30 Days)</u>	<u>Mail Order (90 Days)</u>
- Generic Drug	\$9 Copay	\$18 Copay	\$9 Copay	\$18 Copay
- Brand Name Drug	\$35 Copay	\$90 Copay	\$35 Copay	\$90 Copay
- Supply Limit	30 Days	90 Days	30 Days	90 Days

¹ When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.

² Subject to utilization review or medical necessity.

³ Deductible applies.

Employee Contributions

Employee Tier	Plan Cost	District CAP	SISC EE Cost	Medical Only		
				Plan Cost	District CAP	SISC EE Cost
Medical/Dental/Vision - Annual Cost	\$10,733.40	\$10,733.40	\$0.00	EE \$6,090.00 <u>EE+CH \$9,492</u>	EE \$6,090.00 <u>EE+CH \$9,492</u>	EE \$0.00 <u>EE+CH \$0.00</u>
Tenthly Cost	\$1,073.34	\$1,073.34	\$0.00	EE \$609.00 EE+CH \$949.20	EE \$609.00 EE+CH \$949.20	EE \$0.00 EE+CH \$0.00

Note: If you work less than 100% FTE, please refer to your district/charter board policy on proration amounts.



Important

Plan costs and contributions are based on renewing with the same plan. If changing plans, please contact your site office manager to determine cost.

Medical Insurance



Note

If you work less than 100% FTE, please refer to your district/charter board policy on proration amounts.

Important

Plan costs and contributions are based on renewing with the same plan. If changing plans, please contact your site office manager to determine cost.

Plan Features	Kaiser Permanente HMO Plan
Health Benefits	
Lifetime Maximum	Unlimited
Calendar Year Deductible	None
Out-of-Pocket Maximum	\$1,500 Individual / \$3,000 Family
Office Visits	\$10 Copay
Inpatient Hospitalization ²	No Charge
Ambulatory Surgery Center ²	\$10 Copay
Diagnostic Lab and X-Ray	No Charge
Emergency Services	\$100 Copay
Urgent Care	\$10 Copay
Preventive Care	No Charge
Physical Therapy, Occupational Therapy	\$10 Copay
Chiropractic/Acupuncture (30 Visits/Year)	\$10 Copay
Durable Medical Equipment ²	No Charge
Mental Health / Substance Abuse - Inpatient - Outpatient	No Charge \$10 Copay (Individual) \$5 Copay (Group)
Pharmacy Benefits	
Pharmacy Deductible	None
Out-of-Pocket Maximum	None
Pharmacy Copay - Generic Drug - Brand Name Drug - Supply Limit	<u>Retail (30 Days)</u> \$10 Copay \$10 Copay 100 Days

Employee Contributions

Employee Tier	Plan Cost	District CAP	SISC EE Cost
Medical/Dental/Vision— Annual Cost Tenthly Cost	\$14,921.40 \$1,492.14	\$13,338.00 \$1,333.80	\$1,583.40 \$158.34



Finding a Medical Provider

Go to www.kaiserpermanents.org or call the number provided on your ID card.

Medical Insurance

Tips for Using Your Medical Benefits

1 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 most importantly... save your life! Take advantage of these no cost benefits now to hopefully avoid major illnesses and costs in the future.

2 Use urgent care centers versus hospital emergency rooms whenever possible.

Frequently, patients seek the services of the hospital emergency department for ailments or injuries that could be treated more economically, and just as effectively, at an urgent care center. It is not always easy to determine when you should choose urgent care over the hospital emergency department. The following lists offer some guidance, but are not necessarily all-inclusive.

Examples of URGENT CARE situations	Examples of EMERGENCY situations
<p>Any illness or injury that would prompt you to see your primary care physician</p> <p>INCLUDING BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Accidents and falls • Sprains • Back problems • Breathing difficulties • Abdominal pain • Minor bleeding/cuts • High fever • Vomiting, diarrhea or dehydration • Severe sore throat or cough • Mild to moderate asthma 	<p>Any accident or illness that may lead to loss of life or limb, serious medical complication or permanent disability</p> <p>INCLUDING BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Chest pain* • Seizures • Shock • No pulse • Unconscious or catatonic state • Sudden dizziness, loss of coordination or balance • Severe abdominal pain • Severe or uncontrollable bleeding • Broken bones or compound fractures • Severe difficulty breathing or shortness of breath • Spinal cord or back injury • Severe burns • Major head injuries • Ingestion of poisons or obstructive objects • Animal, snake or human bites

*Do not drive if you believe you may be experiencing a heart attack, call 911 immediately!

3 Use generic and over the counter drugs when available.

The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay. 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 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.

4 Use the Costco retail pharmacy or mail-order program for maintenance medications.

The Costco mail order service is a fast, easy and convenient way to save time and money on your maintenance medications. You can order additional supplies of medication, and generic drugs are free of charge. Additional information is located on page 4 of this guide.

Dental Insurance

PPO Dental Plan

With the Delta Dental Preferred Provider Organization (PPO) dental plan, 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.



Note

We strongly recommend you ask your dentist for a pre-determination 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.

Plan Features	Delta Dental DD 1000 PPO Plan	
	In-PPO Premier Network	Non-Delta Network ¹
Dental Benefits		
Calendar Year Maximum	\$1,200	\$1,000
Calendar Year Deductible	None	
Diagnostic & Preventive Services Exams, 2 cleanings per cal year, x-rays	70%-100%	70%-100% UCR
Basic Services Fillings, simple tooth extractions, sealants Endodontics (root canals), oral surgery Periodontics (gum treatment)	70%-100%	70%-100% UCR
Major Services Crowns, inlays, onlays, cast restorations	70%-100%	70%-100% UCR
Prosthodontic Services Bridges, dentures, implants	50%	50% UCR
Dental Accident Services	100% \$1,000 Maximum	
Orthodontia	Not Covered	

¹When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.

Employee Contributions

Employee Tier	Dental Cost
Annual Cost	Included with Medical



Finding a Dental Provider

Go to www.deltadentalins.com or call 866.499.3001. Refer to the PPO or Premier networks when prompted.

Vision Insurance

PPO Vision Plan

The VSP Vision plan provides professional vision care and high quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with VSP Vision.

Network Name	VSP Vision Signature B PPO Plan	
	Network	Non-Network
Vision Benefits		
Copay		
- Examination	\$20 Copay	N/A
- Materials	\$25 Copay	N/A
Examination	0%	\$35 Reimbursement
Lenses		
- Single Vision	0%	\$25 Reimbursement
- Bifocal	0%	\$40 Reimbursement
- Trifocal	0%	\$50 Reimbursement
Frames	\$150 Benefit	\$30 Reimbursement
Contact Lenses	In Lieu of Frames and Lenses	
- Cosmetic / Elective	\$105 Benefit	\$90 Reimbursement
- Medically Necessary	0%	\$250 Reimbursement
Laser Vision Correction	Discounts Apply	Not Covered
Frequency		
- Examination	12 Months	
- Lenses	12 Months	
- Frames	24 Months	



Note

VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes 37,000 access points nationwide. Most of the U.S. population lives within four miles of a VSP provider.

¹When using the non-network tier, you are responsible for paying all of the charges at the time of your appointment and filing a claim for reimbursement.

Employee Contributions

Employee Tier	Vision Cost
Annual Cost	Included with Medical



Finding a Vision Provider

Go to www.vsp.com or call 800.877.7195.

Additional Benefits

Voluntary Plans

American Fidelity

You may purchase individual policies from American Fidelity including Disability Income Protection and Cancer Supplement. Speak with an American Fidelity Representative if you are interested in learning more.



Enrolling in Voluntary Plans

Contact your American Fidelity representative, Tony Orsini, at 800.365.9180 ext 320.

Employee Assistance Program

If you are enrolled in one of our medical plans, you will automatically be enrolled in the Employee Assistance Program (EAP) through Anthem Blue Cross. The EAP provides you and your household members with free, confidential assistance to help with personal/professional problems that may interfere with work or family responsibilities. You are encouraged to utilize services early in the progression of a problem before situations significantly impact your personal life or work. This plan may help in situations such as relationship difficulties, marriage/family situations, stress, managing change, legal and financial problems, work-related concerns, anxiety and depression. The EAP also serves more serious concerns such as alcohol and drug problems, family violence and threats of suicide.

Features of EAP

- As a medical plan participant, this plan is available to you and all of your household members.
- There is no cost for EAP services; no co-pays or forms required.
- You and your household members can receive up to six counseling sessions per problem. If a problem requires more lengthy or specialized treatment than the EAP is intended to provide, the EAP will refer you to Anthem Blue Cross to help you locate a participating Anthem Blue Cross Medical provider.
- Emergencies handled by staff members are available by phone 24/7 on a toll-free basis.
- The EAP will make every effort to see you within 48 hours, but if you are in crisis, you will be provided same-day service.
- Evening appointments are available.



Accessing the EAP

Go to www.anthemeap.com (Program Name: SISC) or call 800.999.7222 to be immediately connected to an EAP counselor.

Additional Benefits

Flexible Spending Accounts

You can set aside money in Flexible Spending Accounts (FSA) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You choose how you want to receive reimbursement for your eligible expenses. You may use a debit card provided by SISC Flex, sign up for direct deposit to your bank account or you may have a check sent to your home.

Please remember that if you are using your debit card, you must save your receipts, just in case American Fidelity needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

Important Note About the FSA

It is important to note that your FSA elections will expire each year on December 31st. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll. Open Enrollment for the FSA runs September 1 through November 1 for the upcoming plan year.

Health Care Spending Account (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 \$2,550 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 pre-tax per year.

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.

Example

Dan estimates that he will have approximately \$1,200 in out-of-pocket health care expenses next year and is looking to increase his

	Without the Health Care FSA	With the Health Care FSA
Gross Pay (Annual)	\$35,000	\$35,000
Pre-tax Health Care FSA	\$0	\$1,200
Taxable Gross Income	\$35,000	\$33,800
Payroll Taxes (at 30%)	\$10,500	\$10,140
Health Care Cost	\$1,200	\$0
Net Pay	\$23,300	\$23,660
Annual Net Pay Increase	\$0	\$360

Additional Benefits

Additional Benefits Provided by SISC

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 \$5 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.

GRAND ROUNDS

SISC is now offering a valuable new benefit called **Grand Rounds**. This benefit can be used to ensure that you and your family get the best healthcare possible. The Grand Rounds services are fully covered and available to you and your covered dependents for free! The benefit consists of two major components:

1. **GRAND ROUNDS OPINIONS** – A written second opinion delivered from a world-leading expert specializing in the area of need. You should use Grand Rounds 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
2. **GRAND ROUNDS VISITS** – A customized referral to an in-person office visit with a highly-ranked physician in your insurance network. You and your covered dependents should use Grand Rounds when you:
 - Want to see a physician in-person, within your insurance network
 - Recently move and need to find new doctors
 - Are looking for new doctors for your children
 - Need to see a new type of specialist

Grand Rounds connects you with highly-ranked doctors specializing in your area of need, and ensures you get answers to any healthcare questions you may have. Grand Rounds provides a team that will handle all of the arrangements for you throughout the process, including filling out forms, collecting historical medical records and booking appointments.



Accessing Additional Benefits

- Health Smart's Health Improvement Program: Contact SISC
- MDLIVE: Go to 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.
- Grand Rounds: Go online to www.grandrounds.com/SISC or call 844.252.3056 to register today.

Resources and Contacts

Below is a list of insurance carrier contacts, should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact the Payroll & Benefits Department.

Medical - SISC / Anthem Blue Cross

Member Services	Call SISC - See Medical ID Card
Anthem Blue Cross Website	www.anthem.com/ca/sisc
Kaiser Website.....	www.kaiserpermanente.org
Pharmacy Services - Navitus	866.333.2757
Costco Mail Order Phone	800.607.6861
Costco Mail Order Website	www.pharmacy.costco.com

Dental - Delta Dental

Member Services	866.499.3001
Delta Dental Website	www.deltadentalins.com

Vision - VSP Vision

Member Services	800.877.7195
VSP Vision Website	www.vsp.com

Employee Assistance Program - Anthem Blue Cross

Member Services	800.999.7222
Anthem Blue Cross Website	www.anthem.com/ca/sisc

Voluntary Products - American Fidelity

American Fidelity Member Services	800.654.8489
American Fidelity Website	www.afadvantage.com

Flexible Spending Account - SISC FLEX

Member Services	800.972.1727 ext.4416
Carrier Website	http://sisc.kern.org/flex

Additional Benefits Provided by SISC

Health Smart's Health Improvement Program	Call SISC - See Medical ID Card
MDLIVE Member Services	888.632.2738
MDLIVE Website	www.mdlive.com/sisc
ConditionCare Member Services	800.621.2232
Grand Rounds.....	844.252.3056



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Telephone: (949) 833-2983 | Fax: (949) 833-9549

Learn more at www.burnhambenefits.com

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 Payroll & Benefits Department.