



SAN JOAQUIN COUNTY OFFICE OF EDUCATION
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Date: July 21, 2023
To: SJCOE – Employees represented by **CSEA**
From: Jenny Barros, Program Manager, Payroll Services
Subject: **SISC 2023-24 Open Enrollment – Changes Effective October 1, 2023**

The SISC Health & Welfare Open Enrollment period begins NOW and **ends on Monday, August 21, 2023 at 5:00 pm. Payroll Services will be hosting the annual Health Benefits Fair on August 9, 2023 from 3:00 pm - 5:00 pm** located in the Nelson Center Auditorium, 2922 Transworld Drive, Stockton. SISC/Delta Dental/EyeMed consultants, American Fidelity, TDS 403b, Empower 403b/457 plan representatives and various vendors will be present and available to answer your questions. Come by and have your questions answered, pick up giveaways from vendors and enter to win raffle prizes. Enrollment/Change forms are available electronically, please email SJCOEPayroll@sjcoe.net to request an electronic form.

Benefit Cap Increase

- Effective July 1, 2023 the benefit cap increased to \$1,125.00 per month and is pro-rated based on employees FTE. Upon ratification of the “Me Too” provision the benefit cap will increase to \$1,175.00 per month retro-active to July 1, 2023.

***SISC Plans Changes – Effective October 1, 2023**

- SISC renamed the HSA Anchor Bronze Plan to 70% 2-Tier HSA 5000 Deductible Plan.
- SISC PPO Plans-Effective April 1, 2023 expanded primary care access through a new smart phone application, EDEN HEALTH. This new benefit enables eligible members (HSA members are exempted) to access care from a primary care provider using their cell phone. This benefit is 100% no cost to eligible members.
- MDLIVE benefit allows members to visit with a doctor 24/7 by phone, secure video or MDLive App. Effective October 1, 2023, this benefit will require a new \$10 copay for each visit. Members enrolled in an HSA compliant plan will continue to pay the full cost of the visit until their deductible is met.
- Decrease in Delta Dental Plans premiums.
- Delta Dental new benefit-Toothpic. It is an innovative, photo-based app that offers a virtual dental screening from a Delta Dental dentist, right from your smartphone.
- Decrease in EyeMed Plan premium. Effective January 1, 2024, EyeMed members will be able to access the full \$150 frame allowance when purchasing frames at Walmart, Sam’s Club or COSTCO. Currently, the allowance at these stores is \$80.

***SISC PPO/Kaiser Plans Reminders**

- SISC PPO Plans-Effective January 1, 2022, The No Surprises Act, represents a significant change in the way out-of-network providers can bill and be reimbursed.
- SISC PPO Plans-Effective April 1, 2022, Maven Maternity Care Benefit-virtual access to one-on-one maternity and postpartum support.
- All SISC Members-Effective April 1, 2022, new Online Program through the SISC EAP-members to receive mental health care, referred to as “Learn to Live”.
- SISC PPO Plans-Teladoc Medical Experts are available if you are dealing with a difficult diagnosis or questioning a treatment plan. Have your medical case reviewed by a world-renowned physician.
- SISC Kaiser members have free access to the Calm Meditation & Mindfulness App-offers a 10 minute daily Calm meditation.
- SISC Kaiser members have free access to the Ginger App-skilled emotional support coaches are ready to help you 24/7.
- All PPO plans, except the HSA plans, there is no cost (\$0 copay) for the first three visits to a primary care provider each calendar year (January-December).
- All out-of-network claims must be submitted for reimbursement within 180 days after the date of service.
- All Anthem PPO plans, all Inpatient Hip/Knee Replacement & Certain Spine procedures must be performed in a designated Blue Distinction Plus Facility.
- All PPO plans, except the HSA plans, have access to Hinge Health, conquer pain, recover from an injury, reduce stiffness in achy joints. Join for your back, knee, hip, neck, or shoulder. On average, participants cut their pain as much as 68%.
- All Anthem PPO plans have access to Carrum Health – need surgery and worried about how much it’s going to cost or where to get the best care. Also, feature reference-based pricing on the following outpatient procedures: Arthroscopy-Cataract Surgery-Colonoscopy-Upper GI Endoscopy with and without Biopsy.
- EyeMed Vision benefits include access to PLUS Providers to save additional costs.

*Additional information provided in the on-line packet by visiting the following link: <http://sjcoe.org> (under *Departments* select *Business Services, Payroll Services, Health Benefits*)

Health Savings Account (HSA)–Employer Contribution – 70% 2-Tier HSA 5000 Deductible Plan (formerly Anchor Bronze)

- In the event an employee’s premiums total is under the \$1,175 monthly benefit cap, SJCOE will contribute the excess cap dollars into the employee’s HSA account. If you currently do not have an HSA account, you will need to meet with American Fidelity within the enrollment period to set up the HSA account. To receive the excess cap dollars, you must have an HSA account. The HSA enables tax-free savings for the qualified medical expenses of “eligible individuals” and their dependents. An “eligible individual” or HSA owner is someone covered under the High Deductible Health Plan (HDHP) or 2-Tier HSA Plan and is not covered under a non-HDHP or Medicare and is not claimed as a dependent on another’s tax return. HSA contributions are tax-deductible. The 2023 calendar year maximum amount that can be contributed to an HSA is \$3,850 per individual and \$7,750 per family (2024 HSA calendar year maximums \$4,150 per individual and \$8,300 per family).

Waiver of the WABE Plan

- The purpose of SJCOE offering this enrollment option is so employees with secondary coverage will not have issues accessing their secondary coverage (which will become primary for an employee enrolled in WABE). The WABE program is premium in lieu of enrollment. Employees that choose WABE will not have medical or prescription drug coverage, they will have MDLive, Vida Health Program, EAP, Advance Medical second opinion and Biometric Screenings coverage. Employees enrolled in WABE must also enroll in the dental and vision plans offered by SJCOE. Employees electing the WABE option must also sign a “Declination of Coverage for Full Time Employees form”. Email SJCOEPayroll@sjcoe.net to obtain the Declination of Coverage form.

You will receive the complete 2023-2024 Open Enrollment Packet via email. You may access the packet electronically by visiting the following link: <http://sjcoe.org> (under *Departments* select *Business Services, Payroll Services, Health Benefits*). Again, Enrollment/Change forms are available electronically, please email SJCOEPayroll@sjcoe.net to request an electronic form. **You must submit the required forms by the deadline, Monday, August 21, 2023 (no exceptions).** Any changes made during the Open Enrollment period will be effective October 1, 2023 through September 30, 2024. If you are not making any changes to your medical, dental and/or vision coverage, no action is required. If you participate in the Section 125 Plan, medical/dependent care reimbursement or disability, you must meet with American Fidelity yearly to re-enroll and/or update premiums.

SISC Plans Rate Comparison:

SISC PPO Plans – Anthem Blue Cross	Group #	2022-23	2023-24
90% Plan E	40347A	\$1,744.00	\$1,901.00
80% Plan G	40347C	\$1,535.00	\$1,668.00
80% Plan L	40347D	\$1,350.00	\$1,467.00
High Deductible Plan HDHP-B (Health Savings Plan-HSA)	40347F	\$1,240.00	\$1,340.00
70% 2-Tier HSA 5000 Plan (Formerly Anchor Bronze)	70100B		
-Employee only		\$ 700.00	\$ 749.00
-Employee + child(ren)		\$1,099.00	\$1,193.00
WABE (no medical or Rx Benefit)			
-Employee only	WABE10397L	\$ 700.00	\$ 749.00
SISC HMO Plan			
Kaiser – includes vision benefit	606394-0070ALN	\$1,611.00	\$1,720.00
Dental Plans			
Delta Dental Premier Plan	7086-2172	\$ 98.00	\$ 93.00
Delta Dental Preferred Plan	7086-3172	\$ 91.00	\$ 85.00
Vision Plan			
EyeMed-EyeMed Plus	1036702-1001ALN	\$ 13.40	\$ 11.40

ESTIMATE YOUR MONTHLY PAYROLL DEDUCTION/OVER-CAP ONLY (Cap amount pro-rated based on FTE)

Insert the premium from your plan selection in the lines below.

Medical Plan \$ _____

Dental Plan \$ _____

Vision Plan \$ _____

Total Premium \$ _____

Less Insurance Benefit Cap \$ *** - 1,175.00**

****Payroll Deduction** \$ _____

*****Employer HSA Contribution** \$ _____

*Effective 7/1/2023 Benefit Cap is \$1,125.00 per month and pro-rated on FTE. Upon ratification of the “Me Too” provision the benefit cap will increase to \$1,175.00 per month retro-active to 7/1/2023.

**Monthly Payroll Deduction amount from Salary.

***Monthly Employer HSA Contribution.

Dependents

For SJCOE to maintain and preserve the integrity of the health plans it is the employee's responsibility to submit proof of eligibility for dependents (i.e., spouse/domestic partner, children, etc.). Federal healthcare legislation allows employees to provide healthcare coverage to their children up to age 26 regardless of financial dependence, student status, or marital status.

Who is an eligible dependent?

Spouse: The employee's legally wed spouse as defined by state law. A copy of the marriage certificate that is witnessed and signed immediately following the ceremony or Certificate of Marriage (legal document from the Hall of Records) and the previous calendar year's Federal Tax return (first page reflecting married filing status – financial information may be blacked out) must be submitted with the enrollment form and SJCOE will forward to SISC in order to add a spouse.

Domestic Partner: All couples regardless of age or sexual orientation are eligible. The employee must provide the county with a certified copy of the Declaration of Domestic Partnership that was filed with California Secretary of State, the previous calendar year's Federal Tax return (first page reflecting married filing status – financial information may be blacked out) must be submitted with the enrollment form and SJCOE will forward to SISC in order to add a domestic partner.

Child/Child of Domestic Partner: A natural child or stepchild from birth to age 26; a legally adopted child or a child who is in the process of being adopted; a child for whom the member has legal and physical custody/guardianship to age 18. Proof of eligibility will be required when adding a new dependent for an existing employee and at the time of hire for a new employee.

If you have any questions and/or need assistance in accessing the open enrollment packet electronically from website, please contact **Payroll Services** at SJCOEPayroll@sjcoe.net.

Attachments

San Joaquin County Office of Education

This is a limited summary of Medical Plan Benefits for Plan Year October 2023. For detailed coverage refer to the Plan Document and SBC



	90% Plan E-20 9-35	80% Plan G-30 200/10-35	80% Plan L-30 200/10-35	90% HSA 3000 Med-Rx Same	2-Tier HSA 5000 Med-Rx Same	KAISER Vision - 30 10-30
Monthly COMPOSITE Premium Rates	\$1,901	\$1,668	\$1,467	\$1,340		\$1,720
Monthly SINGLE Premium Rate					\$749	
Monthly FAMILY Premium Rate					\$1,193	
	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS
PREVENTATIVE CARE (Includes Physical Exams & Screenings)	\$0	\$0	\$0	\$0	\$0	\$0
MEDICAL - CALENDAR YEAR Deductibles & Maximums						
Individual/Family Deductibles <i>* Includes RX</i>	\$300/\$600	\$500/\$1,000	\$2,000/\$4,000	\$3,000/\$5,200*	\$5,000/\$10,000*	\$0/\$0
Individual/Family Out-of-Pocket (OOP) Max <i>(Includes Medical Deductibles, Co-insurance & Co-pays)</i>	\$1,000/\$3,000	\$2,000/\$4,000	\$4,000/\$8,000	\$5,000/\$10,000*	\$6,350/\$12,700*	\$1,500/\$3,000
PROFESSIONAL SERVICES						
Office Visit - Urgent Care - Specialists/Consultants Pre & Post Natal Care <i>* Primary Care Provider Office Visit Copayment</i>	\$20	\$30	\$30	10%	30%	\$30
	<i>\$0 Copay for the 1st three office visits with PCP in Calendar Year</i>					
Scans: CT - CAT - MRI - PET	10%	20%	20%	10%	30%	\$0
Diagnostic X-ray & Laboratory Procedures	10%	20%	20%	10%	30%	\$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES						
In-Patient Hospital <i>(Prior Authorization Required)</i>	10%	20%	20%	10%	30%	\$0
Outpatient Hospital	10%	20%	20%	10%	30%	\$30
Outpatient Surgery <i>(Performed in Hospital or Surgery Center)</i>	10%	20%	20%	10%	30%	\$30
Emergency Room Visit <i>(Waived if Admitted)</i>	\$100	\$100; then 20%	\$100; then 20%	\$100; then 10%	\$100; then 30%	\$100
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT						
In-Patient: Facility Based Care <i>(Prior Authorization Required)</i>	10%	20%	20%	10%	30%	\$0
Out-Patient: Facility Based Care <i>(Prior Authorization Required)</i>	10%	20%	20%	10%	30%	\$30
OTHER SERVICES						
Acupuncture <i>(Limits Apply)</i>	10%	20%	20%	10%	30%	\$10/30 visits combined with Chiropractic
Ambulance <i>(Ground or Air)</i>	\$100	\$100; then 20%	\$100; then 20%	\$100; then 10%	\$100; then 30%	\$50
Chiropractic <i>(Limits Apply)</i>	10%	20%	20%	10%	30%	\$10/30 visits combined with Acupuncture
Durable Medical Equipment (DME)	10%	20%	20%	10%	30%	\$0
Physical and Occupational Therapy <i>(Limits Apply)</i>	10%	20%	20%	10%	30%	\$30
PHARMACY BENEFITS						
Individual/Family Brand & Specialty Rx Deductibles	None	\$200/\$500	\$200/\$500	Included with Medical Deductible *	Included with Medical Deductible *	None
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(Includes Rx Deductibles & Co-pays)</i>	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	Included with Medical OOP Max *	Included with Medical OOP Max *	Included with Medical OOP Max
Generic - 30 days supply	Free at Costco \$9 Other Network	Free at Costco \$10 Other Network	Free at Costco \$10 Other Network	\$9 after Deductible	\$9 after Deductible	\$10-100 day supply
Brand - 30 days supply	\$35	\$35	\$35	\$35 after Deductible	\$35 after Deductible	\$30-100 day supply
Specialty - 30 days supply	\$35 Navitus Mail ONLY	\$35 Navitus Mail ONLY	\$35 Navitus Mail ONLY	\$35 Navitus Mail ONLY after Deductible	\$35 Navitus Mail ONLY after Deductible	\$30-30 day supply
Mail Order <i>(Generic & Brand - 90 days supply)</i>	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$10-\$30/100 day supply

* Primary Care Providers are: Family or General Practitioner, Internist, Gynecologist, Obstetrician, Pediatrician or Nurse Practitioner



San Joaquin County Office of Education

This is a limited summary of Dental Plan Benefits for Plan Year October 2023. For detailed coverage refer to the Plan Document and SBC. All benefits shown assume In-Network coverage only.

	Delta Dental Plan Premier-Incentive Plan	Delta Dental Plan Preferred-PPO Plan
Monthly COMPOSITE Premium Rates	\$93	\$85
CALENDAR YEAR Deductibles & Maximums	MEMBER PAYS	MEMBER PAYS
Individual/Family Deductibles	\$0/\$0	\$0/\$0
Individual/Family Maximum-Delta Dental PPO dentists	\$1,700	\$1,500
Individual/Family Maximum-Non-Delta Dental PPO dentist	\$1,500	\$1,000
Covered Service	PLAN PAYS	PLAN PAYS
Diagnostic & Preventive Services Exams, X-rays, 2 Cleanings Per Calendar Year	70-100%	100%
Basic Services Fillings, Simple Tooth Extractions, Sealants	70-100%	100%
Endodontics Root Canals Covered Under Basic Services	70-100%	100%
Oral Surgery Covered Under Basic Services	70-100%	100%
Major Services Crowns, Inlays, Onlays & Cast Restorations	70-100%	100%
Prosthodontics Bridges, Dentures & Implants	50%	50%
Orthodontics Adult & Dependent Children	Not Covered	Not Covered
Dental Accident Benefits	100% Additional \$1,000 Benefits	100% Additional \$1,000 Benefits



San Joaquin County Office of Education

This is a limited summary of Vision Plan Benefits for Plan Year October 2023. For detailed coverage refer to the Plan Document and SBC

EyeMed Plan - A-\$0	
Monthly COMPOSITE Premium Rates	\$11.40
CALENDAR YEAR Deductibles & Maximums	
MEMBER PAYS	
Individual Copayments	\$0.00
FREQUENCY OF SERVICE	
PLAN PAYS	
Comprehensive Vision Exam	Once Every Calendar Year
Lenses	One Pair Every Other Calendar Year
Frames	One Pair Every Other Calendar Year
Contact Lenses - Non-Elective	One Pair Every Other Calendar Year
Contact Lenses - Elective	One Pair Every Other Calendar Year
BENEFIT ALLOWANCE	
PLAN PAYS	
Comprehensive Examination	100% - Participating Provider
Single Vision Lenses	100% - Participating Provider
Bifocal Lenses	100% - Participating Provider
Trifocal Lenses	100% - Participating Provider
Progressive Standard	100% - Participating Provider
Progressive - Premium Tier 1 - 4	Member pays \$85 - \$175 copay dependent upon tier - Participating Provider
Aphakic Monofocal	100% - Participating Provider
Aphakic Multifocal	100% - Participating Provider
Frames	Up to \$200- Plus Provider OR Up to \$150 - Participating Provider
Contact Lenses - Non-Elective	100% - Participating Provider
Contact Lenses - Elective	Up to \$150 - Participating Provider

WHO TO CONTACT

IMPORTANT TELEPHONE NUMBERS

Shawna Smith, SISC Benefit Plans	shsmith@siscschools.org	661-636-4669
Karen Morovich, SISC Benefit Plans	kamorovich@siscschools.org	661-636-4622
SISC Main Number		661-636-4410
Secure Document Upload	sisconnect.org	
COBRA	SISCCOBRA@siscschools.org	661-636-4410
Employee Assistance Program	www.anthemeap.com	800-999-7222
Anthem Blue Cross	www.anthem.com/ca/sisc	See IDCard
Kaiser Permanente HMO	www.kp.org/sisc	800-390-3510
Navitus (Customer Service & Mail Order)	www.navitus.com	866-333-2757
Delta Dental Plan	www.deltadentalins.com	866-499-3001
David Koop, Delta Dental Plan	Dkoop@delta.org	
EYEMED	www.eyemed.com	866-800-5457
Teladoc Medical Experts	www.teladoc.com/sisc	800-835-2362
Anthem Companion Care Retiree Plan		800-825-5541
Kaiser Senior Advantage Retiree Plan		800-464-4000
MDLive	www.mdlive.com/sisc	800-657-6169
Tangee Franco, American Fidelity	Tangee.Franco@americanfidelity.com	800-365-8306
Misha Bothe, American Fidelity	Misha.Bothe@americanfidelity.com	800 365-8306
Jorge Valencia, Legal Shield	valencia@legalshieldassociate.com	707 393-0856
Charles Bailey, TDS	cbailey@omni403b.com	866 446-1072
Charlynn Harless, Legacy Enterprises	charless@legacyconsult.com	209-200-3535

To Order New Identification Cards (ID Cards) See Applicable Plan's Website Above

With you every step of the way

Emotional Well-being Resources offer help when you need it



Change your mind. Change your life.™

Take a quick assessment to find the program that's right for you. To access our Emotional Well-being Resources:

Go to anthemEAP.com and enter your company code to log in: SISC. Call 800-999-7222 to learn more.

Effective: 1/1/22

Your emotional health is an important part of your overall health. With Emotional Well-being Resources, administered by Learn to Live, you can receive support to help you live your happiest, healthiest life.

Built on the proven principles of Cognitive Behavioral Therapy (CBT), our digital tools are available anywhere, anytime. They can help you identify thoughts and behavior patterns that affect your emotional well-being – and work through them. You'll learn effective ways to manage stress, depression, anxiety, substance use, and sleep issues.

A wealth of resources at your fingertips



Personalized, one-on-one coaching

Team up with an experienced coach who can provide support and encouragement by email, text, or phone.



Build a support team

Add friends or family members as "Teammates." They can help you stay motivated and accountable while you work through programs.



Practice mindfulness on the go

Receive weekly text messages filled with positivity, quick tips, and exercises to improve your mood.



Live and on-demand webinars

Learn how to improve mental well-being with useful tips and advice from experts.

Anthem® EAP



SISC
Self-Insured Schools of California
Schools Helping Schools

 **learntolive**

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support. Learn to Live is an education program and should not be considered medical treatment.

EAP products are offered by Anthem Life Insurance Company. In New York, Anthem EAP products are offered by Anthem Life & Disability Insurance Company. In California, Anthem EAP products are offered by Blue Cross of California using the trade name Anthem Blue Cross. Anthem is a registered trademark. Use of the Anthem EAP website constitutes your agreement with our Terms of Use.

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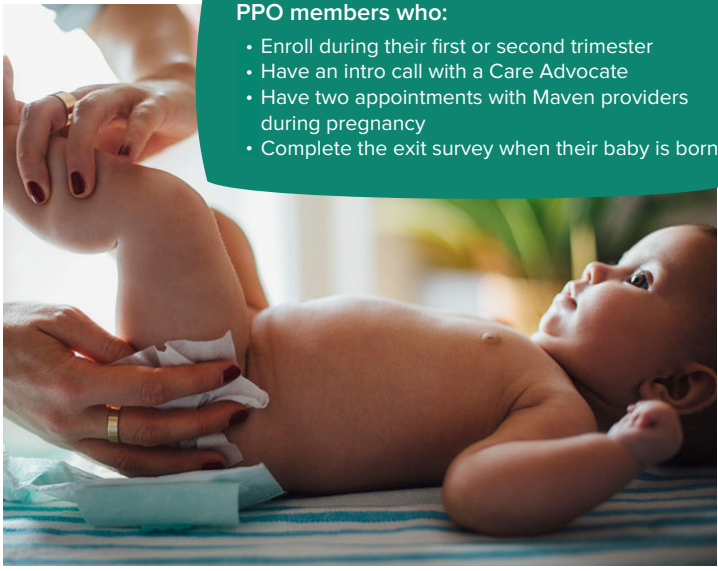


Free on-demand care for your parenthood journey

SISC is providing PPO members with free access to Maven virtual care for pregnancy and postpartum support. Use Maven for 24/7 access to doctors, specialists, coaches, and trustworthy content tailored to your experience.

Free 6-month diaper subscription for SISC PPO members who:

- Enroll during their first or second trimester
- Have an intro call with a Care Advocate
- Have two appointments with Maven providers during pregnancy
- Complete the exit survey when their baby is born



What is Maven?

Maven offers 24/7 virtual access to one-on-one maternity and postpartum support. Eligible SISC PPO members are matched with a Care Advocate who connects them to trustworthy maternity and postpartum content.

How do I use Maven?

Download and log into the Maven Clinic app to access maternity and postpartum doctors, specialists, coaches, mental health experts, and so much more.

Support at every stage of your journey

Pregnancy

- ✓ Midwives, OB-GYNs, Doulas
- ✓ Birth Planning
- ✓ Prenatal Nutritionists
- ✓ Mental Health Specialists
- ✓ Loss Support

Postpartum

- ✓ Infant Care Advice
- ✓ Pediatricians
- ✓ Lactation Counseling
- ✓ Infant Sleep Coach

Return to work

- ✓ Emotional Support
- ✓ Back-to-Work Support
- ✓ Career Coaching



To activate your membership:
Download the Maven Clinic app
Visit mavenclinic.com/join/SISC
Scan the QR code

Enrollment is confidential and will not be shared with your employer.



Hip, Knee and Spine Surgeries

Blue Distinction+ Requirement

Learn more about finding a Blue Distinction+ hospital before scheduling a procedure

In order to be covered by the Preferred Provider Organization (PPO) plan, hip and knee replacements and certain inpatient spine surgeries must be performed at an Anthem Blue Cross Blue Distinction+ center. Read more to find out key details before getting surgery.

The highest quality of care

For particular surgeries, some hospitals deliver better outcomes than others. Hospitals meeting the requirements for the Blue Distinction+ (BD+) designation outperform their peers in the areas that impact patient health care the most – quality, safety and efficiency. BD+ Centers meet affordability criteria and deliver better results – including fewer complications and readmissions – than other hospitals.

For a specific list of hip, knee and spine procedures that are part of the program, please call the Customer Service number on the back of your ID card.

Finding a Blue Distinction+ hospital

- Go to [anthem.com/ca/sisc/find-care/](https://www.anthem.com/ca/sisc/find-care/).
- Scroll down to **Blue Distinction Centers and Centers of Medical Excellence**.

If you need help finding a surgeon who practices at a Blue Distinction+ hospital, you may want to ask your primary care doctor or orthopedic specialist to assist you. There is also often an Orthopedic Program Director at each BD+ hospital that can assist you with finding surgeons that are part of their program, as well as provide you detailed information about what their program offers.

Are you considering a hip, knee or spine surgery?

If you're considering surgery, the SISC Expert Medical Opinion program can provide a second opinion with a top specialist in the field of joint replacement and spine surgery. They'll handle the collection of medical records and provide you an expert consultation on the phone or online.

Call **1-855-380-7828** to start a second opinion, or visit [teladoc.com/sisc](https://www.teladoc.com/sisc) to learn more.

Travel Assistance

If there is no Blue Distinction+ center within 50 miles from where you live, a travel benefit is available to you. It pays for travel for the patient and a companion. It also includes a concierge service called HealthBase that serves as a link between patients and doctors. Anthem Customer Service can connect you with a HealthBase representative who will help with travel arrangements, accommodations and setting up appointments including medical record collection and transfer.

Exceptions

Although rare, there may be times when you may be able to go to a non-Blue Distinction+ center. For example:

- Emergencies.
- Additional complications such as cancer.
- Patient is under the age of 18.
- **SISC is secondary to other primary benefits.**
- Patient lives outside of California.

The benefits of an HSA

Available only for SISC members enrolling in an Anthem Blue Cross HSA Compatible Plan

Planning for health care expenses is not only about money. It is about you. A health savings account (HSA) can help you meet your personal goals and help you reach them on your own terms.

What is an HSA?

An HSA offers tax-free savings for the qualified medical expenses of “eligible individuals” and their dependents. An “eligible individual” or HSA owner is someone covered under an HSA-compatible, High-Deductible Health Plan (HDHP) who is not covered under a non-HDHP or Medicare plan and not claimed as a dependent on another’s tax return. To see a list of qualified medical expenses go to www.irs.gov/publications/p502.

HSA advantages

- HSA contributions are tax-deductible.
- Interest on an HSA is tax-deferred.
- HSAs are portable and owned by the individual, meaning, you can take any money left in the account with you if you leave your employer (SISC) and continue to use the HSAs.
- HSA holders 55 and older can save an extra \$1,000, which means \$4,850 for an individual and \$8,750 for a family for 2023.
- Unspent balances from one year roll over to the following year and can accumulate over a lifetime to help pay for uncovered Medicare expenses after retirement.
- In the event of the HSA holder’s death, HSA balances pass on free of tax to their spouse, if the spouse is the named beneficiary.

We are here to support you

For guidance about your health benefits, programs, and services, visit anthem.com/ca/sisc.



Anthem Blue Cross is the trade name of Blue Cross of California, Independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

1041528CAMEABC BV Rev. 05/22



Frequently asked questions

Q: Who can contribute to an HSA?

A: The HSA is funded by contributions from the employee, employer, or both.

Q: What is the maximum amount that can be contributed to an HSA?

A: \$3,850 for an individual and \$7,750 for a family for 2023.

Q: How does the HSA plan work?

A: Money in the HSA can be used to pay for covered qualified medical expenses and prescriptions not paid by the HDHP. The HSA dollars used apply toward the plan’s annual deductible. If all of the dollars are not spent, the money remaining in the account will roll over to the following year.

Q: Can I enroll in an HSA if I currently have a general purpose medical FSA?

A: If you or your spouse participates in a general purpose flexible spending account (FSA), you would not be eligible for an HSA. According to the Internal Revenue Service (IRS), a general purpose FSA is considered “other insurance.” You may be eligible for an HSA the following year, assuming you or your spouse are no longer participating in a general purpose FSA.

Q: Who do I contact to set up an HSA?

A: SISC does not handle HSAs so if you would like to set one up, contact any insured bank, credit union, or other entity that meets the IRS standards for being a trustee or custodian for an individual retirement account (IRA) or Archer Medical Savings Accounts (MSA).

Q: Are there any minimum yearly deductibles required by law?

A: Yes. Minimum yearly deductibles required by law are \$1,500 for individual coverage and \$3,000 for family coverage.

Q: Are there yearly out-of-pocket expense limits?

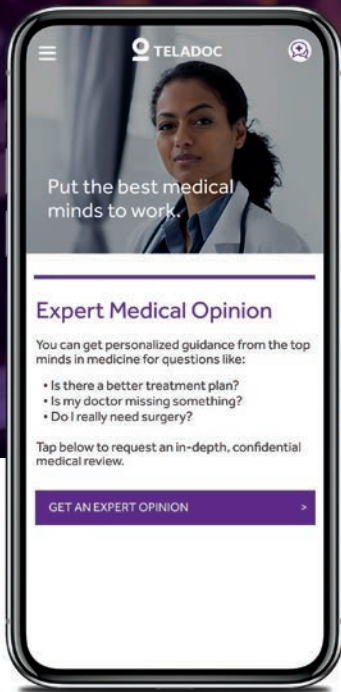
A: Yes. Yearly out-of-pocket expenses (deductibles, copays, and other amounts, but not premiums) cannot exceed \$7,500 for individual coverage and \$15,000 for family coverage in 2023.

HSA eligibility and contribution limits

How these limits are determined for married individuals

This table assumes that all other HSA eligibility requirements have been established and neither spouse has any other accident and health type coverage.

		Employee				
		No coverage of any kind	Self-only non-HDHP coverage	Self-only HDHP coverage	Family non-HDHP coverage	Family HDHP coverage
Legal spouse	No coverage of any kind	Cannot establish an HSA.	Cannot establish an HSA.	Employee is an eligible individual and can establish an HSA. The maximum contribution is the self-only contribution amount. Legal spouse cannot establish an HSA.	Cannot establish an HSA.	Employee is an eligible individual and can establish an HSA. The maximum contribution is the family contribution amount. Legal spouse cannot establish an HSA.
	Self-only non-HDHP coverage	Cannot establish an HSA.	Cannot establish an HSA.	Employee is an eligible individual and can establish an HSA. The maximum contribution is the self-only contribution amount. Legal spouse cannot establish an HSA.	Cannot establish an HSA.	Employee is an eligible individual and can establish an HSA. The maximum contribution is the family contribution amount. Legal spouse cannot establish an HSA.
	Self-only HDHP coverage	Legal spouse is an eligible individual and can establish an HSA. The maximum contribution is the self-only contribution amount. The employee cannot establish an HSA.	Legal spouse is an eligible individual and can establish an HSA. The maximum contribution is the self-only contribution amount. The employee cannot establish an HSA.	The employee and legal spouse are both eligible individuals and each can establish an HSA. The maximum contribution for each is the self-only contribution amount.	If legal spouse is not covered by employee's coverage, legal spouse is eligible to establish an HSA. The maximum contribution is the self-only contribution amount. If legal spouse is covered by the employee's benefits, the legal spouse cannot establish an HSA. The employee cannot establish an HSA.	Employee and legal spouse are both eligible individuals and can establish HSAs. They are treated as having only family coverage. The maximum contribution is the family contribution amount, to be divided between them by agreement.
	Legal spouse: Family non-HDHP coverage	Cannot establish an HSA.	Cannot establish an HSA.	If employee is not covered by legal spouse's coverage, employee is eligible to establish an HSA. The maximum contribution is the self-only contribution amount. If the employee is covered by the legal spouse's coverage, the employee cannot establish an HSA. Legal spouse cannot establish an HSA.	Cannot establish an HSA.	If the employee is not covered by the legal spouse's coverage, the employee is eligible to establish an HSA. The maximum contribution is the family contribution amount. If the employee is covered by the legal spouse's coverage, the employee cannot establish an HSA. The legal spouse may not establish an HSA.
	Family HDHP coverage	Legal spouse is an eligible individual and may establish an HSA. The maximum contribution is the family contribution amount. The employee cannot establish an HSA.	Legal spouse is an eligible individual and may establish an HSA. The maximum contribution is the family contribution amount. Employee cannot establish an HSA.	Employee and legal spouse are both eligible individuals and may establish HSAs. They are treated as having only family coverage. The maximum combined contribution by employee and legal spouse is the family contribution amount, to be divided between them by agreement.	If legal spouse is not covered by the employee's benefits, the legal spouse is eligible to establish an HSA. The maximum contribution is the family contribution amount. If legal spouse is covered by employee's coverage, the legal spouse cannot establish an HSA. Employee cannot establish an HSA.	Employee and legal spouse are both eligible individuals and can establish HSAs. The maximum combined contribution by employee and legal spouse is the family contribution amount, to be divided between them by agreement.



World-renowned medical advice for you and your family.

If you or a dependent is facing a serious medical issue,
make sure you get the right advice.

With Teladoc, you can:



Have a world-renowned
physician review a diagnosis
and treatment plan



Get expert medical
guidance if you have been
admitted into the hospital



Get personalized
answers to medical
questions, big or small



Find a leading
local physician for you
and your family

Get the answers you need from our Medical Experts.
Call us to get started: 1-855-380-7828

Visit www.teladoc.com/sisc | Download the app



Navitus Customer Care 24/7

Navitus Customer Care is available seven days a week, 24-hours a day. Specialists are happy to assist you with your questions.

Common questions include:

- Is my drug covered?
- What is my copay?
- What are my mail order benefits?
- Is my pharmacy part of the Navitus network?
- How do I know if my drug requires prior authorization?
- Are there lower cost drug options available?

PPO, HMO, Active, Retiree & COBRA plan members contact Navitus Customer Care. They can be reached at 866-333-2757, TTY: 771

If members are at a pharmacy and without their ID card, the below information may be helpful:

- Member ID number
- PCN: NVT
- BIN: 610602

Medicare Part D (CompanionCare) plan members contact Navitus Customer Care. They can be reached at 866-270-3877, TTY: 771

If members are at a pharmacy and without their ID card, the below information may be helpful:

- Member ID number
- PCN: EGWP
- BIN: 610602

Mail Service

If members would like to register for mail service or have questions on the status of their prescription mail date, they may contact Costco Pharmacy at 800-607-6861.

Physicians may fax an Rx to: 800-633-0334.

Costco Customer Service is available Monday through Friday from 5:00 a.m. to 7:00 p.m. PST and Saturday from 9:30 a.m. to 2:00 p.m. PST.

Specialty Pharmacy Service

For more information on specialty drugs, contact Navitus SpecialtyRx. They can be reached at: 855-847-3553. Common examples of specialty medications include Humira, Enbrel, Copaxone, Avonex and Gleevec.



Toothpic

A new photo-based teledentistry app for PPO™ & Premier® plan members



Member FAQs

What is Toothpic?

Toothpic is an innovative, photo-based teledentistry app that offers a virtual dental screening from a Delta Dental dentist, right from your smartphone.

How does Toothpic work?

To receive your virtual dental screening through the Toothpic app, just answer a few short questions about your oral health history and the reason for your visit. The app will help you take six guided photos of your teeth, gums and areas of concern. Your case and photos are sent securely through the app to a Delta Dental dentist for review. In under 24 hours, you'll get a comprehensive and personalized diagnostic report on your results. Every issue is explained and marked on your photo with severity, treatment options and cost estimations so you know where you stand on your oral health goals and any next steps to take to achieve those goals.

How can I take pictures of my mouth with my phone?

All you need is a mirror, a brightly lit room or natural sunlight, and your smartphone. We recommend you take the photos in a place that offers some privacy and where you feel comfortable.

The Toothpic app optimizes for high resolution imagery and will guide you through the process of taking photos, with clear instructions before and after each specific photo is taken. The app will indicate if your photo is too blurry and prompt you to retake it to ensure the highest quality photo for your report. There is no limit to the number of times you can retake a photo.

When should I use Toothpic?

If you are experiencing a specific dental issue or have a question about your overall oral health, use Toothpic to:

- ✓ Ease your dental concerns and anxieties with a trusted confidential diagnosis from a Delta Dental dentist.
- ✓ Address non-emergency dental issues with a virtual screening to understand the severity of your issue and get advice on what to do next.
- ✓ Receive a virtual dental screening during off hours, when the dentist office is closed, or on your own time, without an appointment.

- ✓ Experience the convenience of a virtual dental screening without leaving the comfort of your own home, especially if your dentist is far away, or there are only a few providers in your area.
- ✓ Get a safe “no-contact” dental screening from a Delta Dental dentist to monitor your oral health or check in on a specific non-emergency dental concern.

When should I not use Toothpic?

If you are having a dental emergency please call 911.

For urgent dental issues that require immediate care, please find more information at www.deltadentalins.com/individuals/guidance/urgent-care.html

Please note that a Toothpic virtual dental screening will not be able to provide a prescription for medication.

What information is included in my report?

With a Complete Care Report, a Delta Dental dentist can review your photos and report on:

- | | |
|----------------|--------------------------|
| ✓ Cavities | ✓ Crowding |
| ✓ Gum disease | ✓ Children's oral health |
| ✓ Orthodontics | ✓ Chipped teeth |
| ✓ Oral hygiene | ✓ Other dental concerns |

The dentist will highlight any areas of concern on the photos you share, and provide notes explaining next steps and possible treatments or home care regimens.

Note that the Toothpic virtual screening is not meant for treating emergency or urgent issues. Instead it's meant to help establish how serious your concern is by providing a trusted dental consultation when it's not practical for you to visit your dental office.



Member FAQs

Is a Toothpic virtual dental screening covered under my plan?

Toothpic's virtual dental screening is an additional way for you to access professional dental care. If your plan is eligible, Toothpic's virtual dental screening will be covered as a diagnostic exam (CDT code D0140). For members with employer-sponsored PPO and Premier plans, most plans cover diagnostic services at low or no cost.

Deductibles, annual maximums, co-insurance and frequency limitations apply. A Toothpic virtual dental screening will count as one of your diagnostic exams for the year. Most plans cover two diagnostic exams per year.

If you are covered under another insurance company or do not have dental insurance, you may still receive a Toothpic virtual dental screening by paying \$35.

Which Delta Dental plans are eligible for Toothpic?

Currently, Toothpic is available to members covered under an employer-sponsored Delta Dental PPO™ or Delta Dental Premier® plan, or an Individual Delta Dental PPO or AARP PPO plan. Some Delta Dental plan types do not allow members to use their benefits to pay for a Toothpic virtual dental screening. If your plan is not eligible, you may still receive a Toothpic virtual dental screening by paying \$35.

Ineligible plans: DeltaCare® USA, Medicare Advantage or Medicare Supplement plans, federal employer-sponsored dental plans and state-sponsored dental plans, including Denti-Cal, employer-sponsored plans with networks other than PPO or Premier (also known as custom networks).

How much does Toothpic cost?

There is no additional charge to use the app.

If you have an eligible plan, your virtual dental screening will be covered as part of your benefits. Please see the question, "Is a Toothpic virtual dental screening covered under my plan?" for more details.

If your plan is not eligible for this virtual dental screening as a covered benefit, you may continue with the assessment by paying \$35.

Who are the dentists providing the virtual dental screenings?

The dentists providing virtual dental screenings for Delta Dental members are part of Delta Dental's PPO and Premier network, so you can trust the quality of care you will receive.

In addition to Delta Dental's credentialing process, dentists on Toothpic are separately credentialed and verified through Dentistat, the nation's largest dental credentialing verification organization.

Can I receive a virtual dental screening from my own dentist on this app?

The app connects you to the first available Delta Dental dentist within your state, who may or may not be the dentist you see regularly. This dentist will review your case and photos and provide a personalized report of your oral care issue or question within 24 hours.

Can I request to connect with a specialty dentist?

The app connects you to the first available Delta Dental dentist within your state. All dentists on the app are equipped to identify oral health issues and provide treatment recommendations and next steps if your case requires further care. You can use the in-app dentist directory to find a specialty dentist. However, you will need to visit them in person.

How do I register for an account on Toothpic?

Register for an account at deltadental.toothpic.com or with the link provided to you in the emails from Delta Dental, from your employer, or on Delta Dental's member website.

To create an account, simply enter the email address where you prefer to receive your private dental report and create a password. (We recommend using your personal email so you are notified directly on your phone when your report is ready.)

How can I download Toothpic?

After registering for an account, you will see a QR code you can scan with your smartphone camera. This will take you directly to the app download page on your phone. You can also enter your mobile phone number and a download link will be sent. After you download and open the Toothpic app, you will be automatically logged in.

Does Toothpic work on both iPhone and Android?

The Toothpic app is available for both Apple iPhone and Android smartphones. Use the [registration website](#) to create an account and download the app for access to a virtual dental screening.

Where can I find my member or enrollee ID?

You can access your digital ID card by logging in to your [Delta Dental online account](#) and following the instructions to access your digital ID card or print your coverage details. Your member ID is a 12-digit number found on your digital ID card. It may also be called your Subscriber ID, or Policyholder ID.



Member FAQs

How do I know which Delta Dental company is providing my coverage?

On your digital ID card, the Delta Dental company name that provides your coverage is after the “Provided by” field.

What if I lose or forget my password?

If you have lost or forgotten your password for your Toothpic account, you can always request a new one. Just go to the forgot password page in the app or [Toothpic website](#). Enter the email address you used to register, and we will send you instructions to reset your password.

How many times can I use Toothpic?

A virtual dental screening received through the Toothpic app is considered a covered diagnostic assessment under your existing Delta Dental plan and is subject to your plan’s frequency limitations, co-insurance and annual maximums (also see the question: Which Delta Dental co-insurance plans are eligible for Toothpic?)

If you exceed your diagnostic exams frequency limitation (most plans cover two diagnostic exams per year), have exceeded your annual maximum or if your plan is not eligible, you have the option to pay at an out-of-pocket rate of \$35 for a screening.

Can my dependents use Toothpic?

If your dependents are covered under your Delta Dental PPO plan, they can use Toothpic to obtain a virtual dental screening. Each dependent will need to register for a separate account.

Can Toothpic be used to evaluate my child’s dental issue?

Yes, you may use Toothpic if you are the parent or legal guardian of your child. To use Toothpic for a child under the age of 13, you will need to create a new account with a unique email address. You will be asked to provide guardian consent and contact information, in compliance with the Child Online Privacy Protection Act (COPPA).

Can I send this report to my dentist?

Your Toothpic report is an informational tool to help you monitor your oral health and understand next steps in your dental care journey. Since the data and reports are yours to use and keep, you may share your assessment results with your treating dentist if you wish. Toothpic cannot route your patient information to your dentist. Any estimated costs for treatment options provided by Toothpic may not include the application of your dental benefits coverage and are for reference only. Actual treatment costs, should you use to take the next step for treatment, will vary.

How can I view my Explanation of Benefits (EOB) after I receive a virtual dental screening?

Toothpic has integrations with Delta Dental to check for real-time eligibility and benefits within the app. Your virtual dental screening will be processed as a covered benefit, if you are eligible. If you receive a virtual dental screening through the Toothpic app, you may view your EOB online once your claim has been processed by logging into your [Delta Dental online account](#) and following the instructions to view your visits.

Is the Toothpic app available in different languages?

The Toothpic app and virtual dental screenings made by Delta Dental dentists are only available in English at this time.

What communications will I receive from Toothpic?

When you register for Toothpic, an account is created to securely manage your information related to your virtual screenings. Your email address associated with your Toothpic account will be used to communicate how to use the app, notify you when your report is ready and request feedback on the program. Toothpic will not use your email address for any marketing or promotional purposes, and Toothpic will not share your email with any third-party vendors. You may opt out of Toothpic emails anytime by clicking “Unsubscribe” at the bottom of any Toothpic email. However you may miss important information such as when your diagnostic screening report is ready from your dentist.

What communications will I receive from Delta Dental?

Your Delta Dental online account is kept separate from your Toothpic account and is used to manage your benefits information. If you have selected paperless communications, Delta Dental may send product information on how to register and download Toothpic, periodic reminders, and announcements on new features released on the Toothpic app. Delta Dental will send you a standard EOB by email or U.S. mail, based on your communications preferences, after you have received your dental checkup from Toothpic, similar to how you receive an EOB when you visit the dentist today after an examination.



Member FAQs

Is my health information secure when accessing it through the app?

Toothpic is a HIPAA-compliant platform. This means your data is safe, secure and held to the highest security and regulatory standards. Toothpic holds your data in a safe and secure environment on-shore in the United States. Our platform uses military-grade AES-256 encryption and is subject to ISO 9001 quality audits.

How will Toothpic use my data?

Toothpic uses the information you provide when signing up to help operate the service more effectively, troubleshoot technical issues and identify which information is of most interest to users. When you create a case, you provide Toothpic with your health information. This information is shared securely through the Toothpic platform with a Delta Dental dentist to produce your personalized dental screening report.

For more details, please see the [Toothpic Privacy Policy](#).

Who can I talk to if I have questions about the app?

There are several ways to get answers to your questions. First, see if they're addressed in this FAQ.

If you'd like to chat with a Toothpic Customer Care agent, log in to the Toothpic app on your phone, navigate to the Home screen and click on the messaging icon.

At any stage, you can also email support@toothpic.com and Toothpic Customer Care will assist you online.

Customer Care is available to help you Monday to Friday, from 5am to 9pm PT.

Your feedback is always welcome and is extremely important to us. After you receive your report, you'll be given an opportunity to give feedback on the app experience.

If you have questions regarding your member benefits, digital ID card or claims: log into your [Delta Dental online account](#) online or contact the [Delta Dental Contact Center](#).

If you have a grievance, you can submit the relevant form for your plan:

[Delta Dental PPO, DPO and Delta Dental Premier](#).

Delta Dental PPO™ and Delta Dental Premier® are underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In Texas, Delta Dental PPO provides a dental provider organization (DPO) plan.

Delta Dental is a registered trademark of Delta Dental Plans Association.

Expect more from your benefits

EyeMed vision benefits include access to PLUS Providers to help you save even more

You save more at an in-network provider – an average of 71% more off the retail price of eye exams and glasses.* Choosing a PLUS Provider can boost those savings.

Since PLUS Providers are already in our network, the extra perks are built right into your vision benefits. No promo codes, no coupons, no paperwork, no claims. The same vision care, plus a little more savings.



The choice is yours

Find plenty of in-network eye doctors—including PLUS Providers—on our Provider Locator.

Just look for the PLUS.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS[®]

PEARLE
EYE
VISION

OPTICAL



Save even more
with PLUS Providers

\$50
Additional frame
allowance from
PLUS Providers*

*Compared to \$150 frame
allowance at other EyeMed
in-network providers

Find an eye doctor
(Insight Network
Network)

- eyemed.com
- EyeMed Members App
- For LASIK, call
1.800.988.4221

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SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam at PLUS Provider	\$0 copay	Up to \$40
Exam	\$0 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit & Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit & Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame at PLUS Provider	\$0 copay; 20% off balance over \$200 allowance	Up to \$105
Frame - Retail	\$0 copay; 20% off balance over \$150 allowance	Up to \$105
Frame - Wholesale*	\$0 copay; balance over \$105 allowance	Up to \$105
STANDARD PLASTIC LENSES		
Single Vision	\$0 copay	Up to \$30
Bifocal	\$0 copay	Up to \$50
Trifocal	\$0 copay	Up to \$70
Lenticular	\$0 copay	Up to \$70
Progressive - Standard	\$0 copay	Up to \$50
Progressive - Premium Tier 1 - 4	\$85 - 175 copay	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 85 copay	Up to \$23
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Standard < 19 years of age	\$0 copay	Up to \$20
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance	Up to \$105
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	Up to \$105
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing exam and aids; call 1.877.203.0675	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY		
	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every calendar year	Once every calendar year
Frame	Once every other calendar year	Once every other calendar year
Lenses	Once every other calendar year	Once every other calendar year
Contacts Lenses	Once every other calendar year	Once every other calendar year
(Plan allows member to receive either contacts and frame, or frame and lens services)		

QL-0000059933

*Available at wholesale providers, such as Costco Optical; discounts do not apply. View the provider locator to find wholesale providers.

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training; subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate.

San Joaquin County Office of Education

SECTION 125 BENEFITS OPEN ENROLLMENT

Plan Year: 10/1/2023 – 9/30/2024

Use the QR Code or link to schedule your appointment



<https://enroll.americanfidelity.com/E8757D52>

or call 800-365-8306

PLEASE READ:

Please meet with your American Fidelity Representative to learn more about all your benefits offered through payroll deductions.

IMPORTANT: For those employees who wish to enroll, continue or make changes to your Medical Reimbursement or Dependent Day Care Account for the next plan year, you must meet with your American Fidelity Representative.

Tangee Franco, CA Lic. #OB04772
Northern California Branch Office
9355 E. Stockton Blvd., Ste. 110
Elk Grove, CA 95624
1-800-365-8306 · 916-683-8306

AMERICAN FIDELITY 
a different opinion



Your Benefits Overview

Enrolling in the same plans as last year may seem like the easiest way to go. But things change. It might be time to change your insurance too.

Get help with your options. Stop by and see an American Fidelity account manager.



Flexible Spending Accounts

- help with out-of-pocket medical expenses and dependent day care costs
- let you take money from your paycheck, pre-tax
- allow you to use the funds for eligible costs incurred during the plan year

americanfidelity.com/info/fsa



Healthcare Flexible Spending Accounts

- let you take money from your paycheck, pre-tax
- allow you to put money into an account to pay for eligible medical costs

americanfidelity.com/info/fsa



Hospital Indemnity Insurance

AF™ Limited Benefit Hospital Indemnity Insurance

- helps pay for out-of-pocket costs, like a hospital stay
- when used with a Health Savings Account allows for a tax benefit and potential savings

americanfidelity.com/info/hospital-indemnity



Accident Only Insurance

AF™ Limited Benefit Accident Only Insurance

- may help manage out-of-pocket costs to treat injuries resulting from a covered accident
- provides benefit payments directly to you

americanfidelity.com/info/accident

Plan Year
10/1/2023 - 9/30/2024

AMERICAN FIDELITY 
a different opinion

EMPLOYER BENEFIT
SOLUTIONS
FOR EDUCATION

Stroke is a **leading cause** of serious, long-term disability in the United States.

American Heart Association: Heart Disease and Stroke Statistics 2019 At-a-Glance, p.2 February 2019.



Cancer Insurance

AF™ Limited Benefit Individual Cancer Insurance

- may help ease the financial burden of cancer treatment, so you can focus on recovery
- provides benefit payments directly to you

americanfidelity.com/info/cancer



Life Insurance

AF™ Life Insurance may help ensure your family is financially protected in the event of a loss. You own the policy, so you can take it with you to a different job or into retirement.

americanfidelity.com/info/life



Annuities

Annuities can be used within a 403(b) Plan, 457(b) Plan, Traditional IRA, or Roth IRA. They can be an important tool in your retirement savings plan.

americanfidelity.com/info/annuities



Your Benefits, Your Account

You deserve easy, fast access to your insurance benefits and reimbursement accounts. With an online account, you'll find all your information in one place.

Register today.

americanfidelity.com/register

Flexible Spending Accounts

Everyone likes saving money.

Flexible spending accounts (FSA) allow you to save part of your paycheck, before taxes, to pay for eligible costs throughout the year.

Types of Accounts

- Healthcare FSAs
- Limited Purpose FSAs
- Dependent Care Accounts

Explore your savings options at americanfidelity.com/info/fsa



To calculate medical costs that may not be covered by insurance, visit americanfidelity.com/fsa-worksheet

Examples of Eligible Expenses

- Asthma treatments
- Chiropractic care
- Contact lenses
- Copays
- Dental services
- Eye exam/eyeglasses
- Fertility treatments
- Laser eye surgery
- Over-the-counter bandages
- Physical exams
- Physical therapy
- Prescriptions
- Prenatal care
- Sunscreen with 15 SPF or higher
- Walkers/wheelchairs

americanfidelity.com/eligible-expenses

An Easy Way to Pay for Expenses

Would you like to gain tax savings when paying for medical or dependent care costs? With a Section 125 Plan, your money can be taken from your paycheck pre-tax and used for eligible costs. And since your money is taken out pre-tax, it reduces your taxable income, and allows you to take home more money in each paycheck.

How Does it Work?

Look at the example below. Jane makes \$4,000 per paycheck and is paid monthly. Under a Section 125 Plan, she would save \$82.96 a month. That's a savings of \$995.52 a year. To calculate your possible savings, visit americanfidelity.com/s125-calculator

Earnings & Hours	Without 125	With 125
Gross Pay	\$4,000	\$4,000
Health Insurance	-\$300	-\$300
Health FSA Contribution	N/A	-\$300
Taxable Income	\$3,700	\$3,400
Taxes (Federal & State @ 20%)	-\$740	-\$680
Less Estimated FICA (7.65%)	-\$283.05	-\$260.10
Out-of-Pocket Medical Expenses	-\$300	N/A
Take Home Pay	\$2,376.95	\$2,459.90



A savings of \$995.52 a year

Where allowable by law. If you are subject to FICA taxes, there might be a reduction in your social security benefit due to the reduction of FICA contributions. Example is hypothetical for illustrative purposes only. Please consult your tax advisor for actual tax savings.

Health Savings Accounts

Save money wisely for healthcare costs.

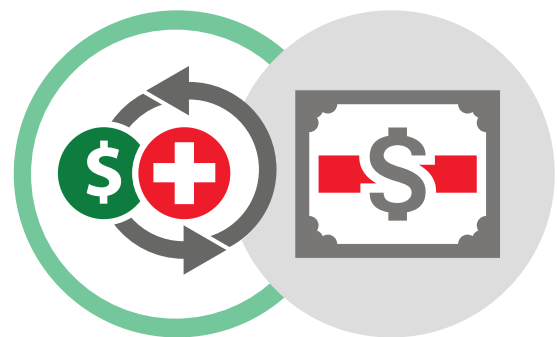
Health Savings Accounts (HSA) allow people who are covered by a qualified High Deductible Health Plan (HDHP) to pay for eligible medical costs tax-free* or save the account balance for later years.

You earn interest, which you can invest once a required balance is reached, and any unused money can carry over year after year.

Your HSA is yours! If you leave your current employer or retire, you can take it with you wherever you go.

Learn all about HSAs at americanfidelity.com/info/hsa

** HSA contributions are not subject to federal income tax and most states income tax. State income tax may apply in California and New Jersey. Please consult a tax advisor for your state's specific rules.*



Examples of Eligible Expenses

- Asthma treatments
- Eye exam/eyeglasses
- Physical therapy
- Chiropractic care
- Fertility treatments
- Prescriptions
- Contact lenses
- Laser eye surgery
- Prenatal care
- Copays
- Over-the-counter bandages
- Sunscreen with 15 SPF or higher
- Dental services
- Physical exams
- Walkers/wheelchairs

americanfidelity.com/eligible-expenses

Online Account Support

Your Benefits, Your Account

Within your online account, you'll find all your benefits and reimbursement information in one place.



File a Claim

Submit claims for your insurance benefits or reimbursement accounts



Track Claims

View the status of your benefits and reimbursements claims



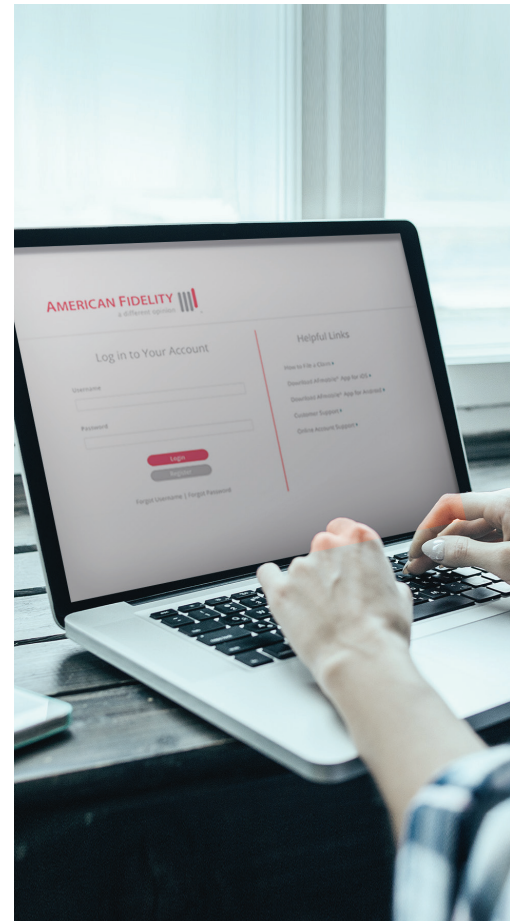
Upload Documentation

Attach receipts and documentation for claims



Manage Preferences

Edit your profile, enroll in direct deposit, and elect communication preferences



Schedule Your Appointment

<https://enroll.americanfidelity.com/E8757D52>



Point your smart phone camera at the QR code and open the link that appears.

IRAs/Roth IRAs: Not generally qualified benefits under Section 125 Plans. Please contact your tax advisor for information regarding your specific situation.

Northern California Branch Office
9355 E. Stockton Blvd., Suite 110
Elk Grove, CA 95624
800-365-8306 • 866-679-1797

SB-33041-0120



American Fidelity Assurance Company
americanfidelity.com

Limitations, exclusions and waiting periods may apply.

You're invited: Carrum Refresher



Need surgery but worried about how much it's going to cost or where to get the best care?

Join us for a refresher on Carrum Health and learn how this special benefit often covers up to 100% of surgery costs* and gives you access to the best surgeons in the nation.

We cover over 100 procedures including: hip/knee replacements and certain spine procedures.

Please Join Us

Sign up for our upcoming webinar:



May 23, 2023

9:00 a.m. PT

Scan QR Code to sign up

Prefer to talk one-on-one?

Visit carrum.me/sisc, or
Call (888) 855-7806

*Carrum Health is a special surgery benefit for eligible SISC members enrolled in an Anthem Blue Cross or Blue Shield PPO plan. With the exception of second opinions, due to IRS regulations, members on an HSA plan must pay their deductible, but coinsurance is waived. Second opinions are provided at no cost to the member and do not require payment of any deductible. Per IRS rules, a portion of any covered travel expenses will be reported as taxable income.

Sign up and start the program today!



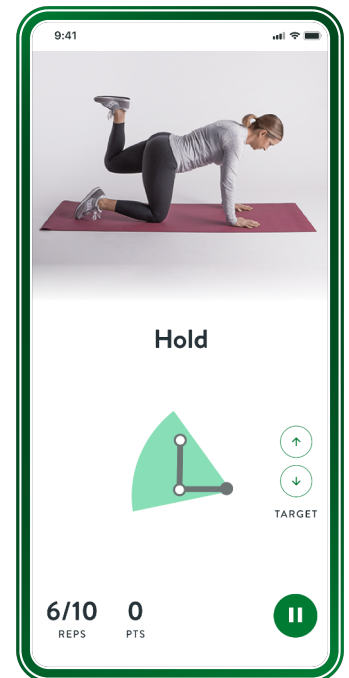
Conquer back and joint pain without drugs or surgery

We provide all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your needs, technology for instant feedback in the app, personal coach and physical therapist. Best of all, **it's free** — 100% covered by SISC for you and eligible family members.

Sign up today for help with any of the following:

- Conquer pain or limited movement
- Recover from a past injury
- Reduce stiffness in achy joints

Join for your **back, knee, hip, neck, or shoulder**. On average, participants cut their pain as much as 68%*!



Scan the QR code to learn more or apply at hinge.health/sisc or call (855) 902-2777

¿Tiene dolor o una lesión?

Envíe un correo electrónico a hola@hingehealth.com o marque el número siguiente para obtener más información sobre las soluciones de Hinge Health.

Eligibility: Available for free to employees, dependents 18+, and pre-65 retirees enrolled in an Anthem PPO or Blue Shield PPO medical plan with SISC as their primary insurance. HSA plan members are not eligible.

*Participants with chronic knee and back pain after 12 weeks. Bailey, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. JMIR. (2020).

Need a doctor? No long wait. \$10 copay. Always open.



With MDLIVE, you can visit with a doctor 24/7 from your home, office or on-the-go.

Welcome to MDLIVE! Your anytime, anywhere doctor's office.

Visit a doctor by phone, secure video, or MDLIVE App. Pediatricians are available 24/7, and family members are also eligible. Behavioral health and psychiatric visits are available from the convenience of your own home.

Per IRS guidelines, HSA members are responsible for the full cost of the visit until their deductible is met.

Your COPAY is \$10

**Your copay is \$10
for all visits**

HSA Members must meet annual plan deductible before accessing \$10 visits.



U.S. board-certified doctors with an average of 15 years of experience.



Consultations are convenient, private and secure.



Prescriptions can be sent to your nearest pharmacy, if medically necessary.

We treat over 50 routine medical conditions including:

- Acne
- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Fever
- Headache
- Insect Bites
- Nausea / Vomiting
- Pink Eye
- Rash
- Respiratory Problems
- Sore Throats
- Urinary Problems / UTI
- Vaginitis
- And More



Download the app.
Join for free. Visit a doctor.

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1-800-657-6169



Take advantage of no cost benefits to help you get and stay healthy



BENEFIT HIGHLIGHTS



AVAILABILITY AND HOW TO GET STARTED

24/7 Help with Personal Concerns

SISC Employee Assistance Program

Access free, confidential resources for help with emotional, marital, financial, addiction, legal, or stress issues.

All employees at member districts

Call 800-999-7222

Visit anthemEAP.com and enter SISC



24/7 Virtual Primary Care Doctor

Eden Health

Virtually connect with a primary care physician to manage all your physical and mental healthcare needs. Eden providers diagnose conditions, manage prescriptions, refer to specialists, and answer follow up questions using video visits or live chat.

Anthem and Blue Shield PPO members

Scan the QR code to download the Eden Health app, and register for your Eden Health membership.



Personal Health Coaching

Vida Health

Get one-on-one health coaching, therapy, chronic condition management, health trackers and other tools and resources online or via phone.

Anthem and Blue Shield members

Call 855-442-5885

Visit vida.com/sisc



24/7 Physician Access—Anytime, Anywhere

MDLive

Access to virtual visits with psychiatrists and therapists for members age 10 and up. Virtual urgent care services are available to all members. Physicians can prescribe medication when appropriate.

Anthem and Blue Shield members

Call 888-632-2738

Visit mdlive.com/sisc



Free Generic Medications

Costco

Access most generic medications at no cost through Costco retail and mail order pharmacies. You don't need to be a Costco member.

Anthem and Blue Shield members

Call 800-774-2678 (press 1)

Visit costco.com





Expert Medical Opinions

Teladoc Medical Experts

Get answers to health care questions and second opinions from world-leading experts.

Anthem, Blue Shield, and Kaiser Permanente members

Call 800-835-2362

Visit teladoc.com/SISC



Physical Therapy for Back or Joint Pain

Hinge Health

Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.

Anthem and Blue Shield PPO members

Call 855-902-2777

Visit hingehealth.com/sisc



24/7 Access to Virtual Maternity and Postpartum Support

Maven

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.

Anthem and Blue Shield PPO members

Call 855-442-5885

Visit mavenclinic.com/join/SISC



Hip, Knee, and Spine Surgical Benefit

Carrum Health

Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel and medical bills.

Anthem and Blue Shield PPO members

Call 888-855-7806

Visit carrumhealth.com/sisc



Enhanced Cancer Benefit

Contigo Health

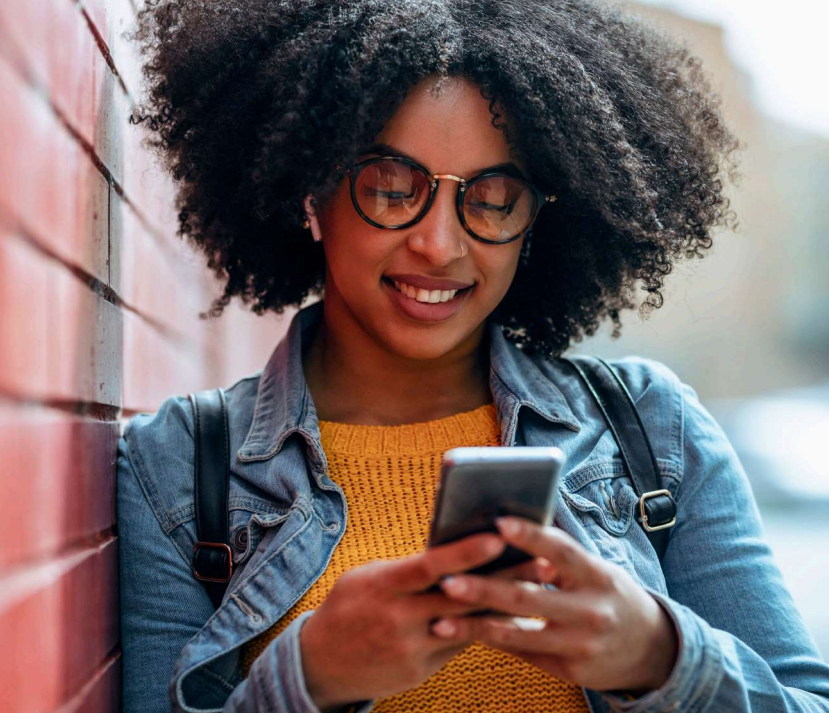
Consult experts on initial diagnosis and development of a care plan. Benefit includes care coordination services with at home provider, transportation, and more.

Anthem and Blue Shield PPO members

Call 877-220-3556

Visit sisc.contigohealth.com





The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use SydneySM Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.



Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.



Scan the QR code to download the Sydney Health app.

You can also set up an account at [anthem.com/ca/register](https://www.anthem.com/ca/register) to access most of the same features from your computer.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare professional in your plan's network. If you receive care from a doctor or healthcare professional not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan, ©2020-2022 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health. Anthem Blue Cross is the trade name of Blue Cross of California, Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association, Anthem is a registered trademark of Anthem Insurance Companies, Inc.

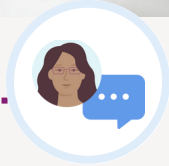
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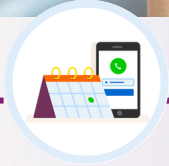
A personal health coach or therapist to help you get healthier



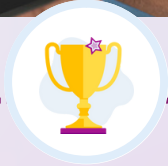
1
Download the Vida Health app



2
Choose SISC as your organization



3
Choose your coach or therapist and schedule your first session



4
Develop new healthy habits and reach your goals

Vida Health – your free health benefit through SISC – will match you with a health coach or therapist who will help you manage diabetes, lose weight, feel less stressed, and make lifestyle changes that lead to a happier, healthier life.

Vida will help you get healthier. That's why SISC will cover the cost for you.

With Vida, you'll get a virtual coach or therapist to help you with things like:



Losing weight



Managing and preventing diabetes



Lowering blood pressure or cholesterol



Getting more exercise



Reducing stress



Feeling better and healthier overall



Explore your new benefit now

Visit vida.com/SISC to learn more about Vida. For help signing up, email support@vida.com.



Meet Karen

Because of Vida, I've lowered my blood sugar and my cholesterol. More importantly, I feel better. I have less pain, more energy, and a better relationship with food. I found exercise that I love and made changes that I know will last. Vida has changed my life for the better, perhaps even saved my life.

Anthem and Blue Shield PPO and HMO members over the age of 18 (Excluding 65+ Plans) are eligible for Vida Health. HSA members are not eligible for this program.



You time. Anytime.

Try the Calm app for self-care and better sleep

Calm is an app that uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. Adult members can get Calm at kp.org/selfcareapps. Calm is:

- The #1 app for meditation and sleep
- Hand-picked by Kaiser Permanente physicians
- Confidential and easy to use



Adult members can get the Calm app at no cost

Practicing mindfulness with Calm can help you build resilience and support your overall emotional health and wellness. Anyone can benefit from Calm, and the app offers something for everyone:

- A new 10-minute Daily Calm meditation every day
- Guided meditations covering anxiety, stress, gratitude, and more
- Sleep Stories (soothing bedtime tales for grown-ups)
- Music for focus, relaxation, and sleep
- Calm Masterclasses taught by world-renowned experts and celebrities

The Calm app is not available to KP Washington members at this time.

Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 601 Union St., Suite 3100, Seattle, WA 98101

24/7 emotional support with the Ginger app

The Ginger app offers 1-on-1 support for many common challenges – from anxiety, stress, and low mood to issues with work, relationships, and more. Ginger’s skilled emotional support coaches are ready to help 24/7. Kaiser Permanente members can use the app at no cost, no referral needed.^{1,2,3,4}

What can employees do with Ginger?

- Text with a coach anytime, anywhere, 24/7.
- Discuss goals, share challenges, and create an action plan with their 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 with their coach to adjust action plans as needed.

Ginger’s emotional support coaching can help employees with anxiety

47% of Ginger users with anxiety saw their symptoms improve.⁵

Around-the-clock support is always available

Employees can access personalized support in their moment of need.



1. The Ginger app and coaching services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. The app and coaching services are not available to any members under 18 years old. 2. The app and coaching services are neither offered nor guaranteed under contract with the FEHB Program, but are made available to enrollees and family members, 18 and older, who become members of Kaiser Permanente. 3. The app and coaching services are not available to Medi-Cal members. 4. Kaiser Permanente members can text with a coach using the Ginger app for 90 days per year. After the 90 days, members can continue to access the other services available on the Ginger app for the remainder of the year at no cost. 5. Sarah Kunkle et al., “Association Between Care Utilization and Anxiety Outcomes in an On-Demand Mental Health System: Retrospective Observational Study,” *Journal of Medical Internet Research*, January 2021.

Employees can get Ginger now at kp.org/coachingapps/ncal



Updated: July 11, 2023

Active Employees & Medicare

All employees and their dependents, even those employees and dependents age 65 and older, will be covered under the district's plan with primary coverage. Primary coverage means that the district's medical plan pays claims first.

A dependent that is receiving social security benefits and covered under their spouse's district's coverage is not required to enroll in Medicare Part A if the spouse is still an active employee of the district, because the district's plan is primary.

All American citizens that have paid into Social Security for 40 or more quarters are eligible for Medicare Part A premium free. Meaning they are eligible for Part A at no cost.

All American citizens enrolling in Medicare Part B & Part D, must pay a premium for Part B & D coverage. The amount of the premium is means tested, meaning that the amount of each American citizen's premium is based on the individual's annual income.

Three months prior to your 65th birthday active employees and their dependents should meet with a Social Security retirement planner to ensure that when they do retire, they will not experience a delay in receiving their social security benefits and Medicare coverage. When meeting with the Social Security planner be sure to advise them that you or your spouse is still employed and covered under the district's medical plan so you are not required to enroll in Medicare Part A, B or D. Providing this information when you first meet with Social Security will ensure that you are not charged a penalty for not enrolling in Medicare when you are first eligible.

Retiree & Medicare

Now that you are retired you will be eligible for Medicare and depending on your agreement with the district you may also be eligible to continue coverage under the district's medical plan with coverage that will supplement Medicare. This means that Medicare will pay your claims first; and then the district's coverage will pay the benefits applicable to the medical plan under which you are enrolled, less the amount Medicare paid.

If you are eligible to continue under the district's medical plan, the district will continue to contribute to the cost of the premium up to the district's contribution cap. As was the case when you were an active employee, if the district's contribution does not cover the entire premium you will be required to pay the district for the difference.

If you are not eligible to remain under the district's plan, you are eligible to enroll in a similar SISC medical plan under the San Joaquin County Schools self-pay retiree plan (RSEMP). Under the RSEMP you will be responsible for paying 100% of the premium.



Updated: July 11, 2023

There cannot be a lapse of coverage between your active enrollment and your enrollment as a retiree. For example, if you lose your coverage as an active employee or district paid retiree on September 30 you must enroll as a retiree or (RSEMP) self-pay retiree effective October 1.

Retiree Mandatory Medicare Enrollment

SISC Retiree PPO Medical Plans

If you or your dependent are eligible to enroll in **Medicare Part A** and you are retired, you are **required** to enroll in Medicare Part A. If you do not enroll in Medicare Part A when you are first eligible your SISC premiums will be assessed a large penalty. Effective October 1, 2023 the penalty for not enrolling in **Medicare Part A is \$625 a month** plus your monthly premium.

If you or your dependent are eligible to enroll in **Medicare Part B** and you are retired, you are **required** to enroll in Medicare Part B. If you do not enroll in Medicare Part B when you are first eligible your SISC premiums will be assessed a large penalty. Effective October 1, 2023 the penalty for not enrolling in **Medicare Part B is \$625 a month** plus your monthly premium.

If you or your dependent are eligible to enroll in **Medicare Parts A & B** and you are retired, you are **required** to enroll in Medicare Parts A & B. If you do not enroll in Medicare Parts A & B when you are first eligible your SISC premiums will be assessed a large penalty. Effective October 1, 2023 the penalty for not enrolling in **Medicare Parts A & B is \$1,250 a month** plus your monthly premium.

If you or your dependent are eligible to enroll in **Medicare Parts A & B**, and you are retired, you are **required** to enroll in **Medicare Part D** if you wish to enroll in a SISC medical plan.

SISC Retiree Kaiser Medical Plans

Kaiser's Senior Advantage Plan is a Medicare Risk plan. This means that you sign a form transferring the cost for all your medical treatment from Medicare to Kaiser.

Kaiser also requires that Medicare eligible employees enroll in Medicare.

Medicare Insurance Coverage

Generally, you are eligible for Medicare benefits if you have worked for at least 10 years in Medicare-covered employment and are 65 years old and a citizen or permanent resident of the United States.

You may qualify for Medicare coverage if you are younger than 65 with a disability or with End-Stage Renal disease (permanent kidney failure requiring dialysis or transplant).

Approximately three months prior to your 65th birthday you will receive information on your upcoming Medicare eligibility directly from Medicare by regular mail. We encourage you to **read this information carefully.**



Updated: July 11, 2023

Medicare ~ Parts A & B

Medicare has three parts - levels of coverage:

- ✚ Part A ~ Hospital insurance covers inpatient care in hospitals, including critical access hospitals and skilled nursing facilities, hospice, and some home health care (but not for custodial or long-term care).
- ✚ Part B ~ Medical insurance covers doctors, outpatient hospital care and other medical services.
- ✚ Part D ~ Prescription Drug coverage.

Medicare Enrollment

You may not be required to pay for Medicare Part A (premium-free) if you paid enough Medicare taxes while you were working. You may be eligible for premium-free Medicare Part A if:

- ✚ You are under age 65, disabled, and have received benefits from Social Security or the Railroad Retirement Board for at least 24 months based on that disability.
- ✚ You are age 65 or over and have worked at least 10 years under Medicare-covered employment.
- ✚ You are eligible for Medicare because of End-Stage Renal Disease.

If you or your spouse worked less than 10 years in Medicare-covered employment you may still be eligible to enroll in Medicare. You will have to meet certain requirements and pay a premium; your premium amount will depend on how many years you worked. Medicare premiums are subject to change on January 1 each year.

To be eligible for Medicare you must be age 65 or older, a resident of the U.S., and either:

- ✚ A U.S. Citizen, or
- ✚ An alien lawfully admitted for permanent residence who has lived in the U.S. without a break for the five-year period immediately before the month you meets all other requirements, and

For more information about enrolling in Medicare, you should contact the Social Security Administration at (800) 772-1213.

There are three separate opportunities to enroll in Medicare: the Initial Enrollment Period, the General Enrollment Period, and the Special Enrollment Period.

✚ Initial Enrollment Period

The initial enrollment period for Medicare is a seven-month period that begins three months before the month you turn age 65 and ends three months after you turn age 65.

If you are disabled and getting benefits from Social Security or the Railroad Retirement Board, the initial enrollment period generally begins three months before the 25th month of entitlement.



Updated: July 11, 2023

If you are not already getting benefits from Social Security or the Railroad Retirement Board and you are turning age 65 in the next three months, you can sign up for Medicare when you apply for retirement benefits.

If you do not sign up for Medicare Part B during your initial enrollment period you may have to pay extra for Medicare Part B premium. The cost of Medicare Part B will go up 10% for each full 12-month period that you were eligible for Medicare Part B but did not enroll. You will have to pay this penalty (called a premium surcharge) as long as you have Medicare Part B.

If you do not sign up for Medicare Part B when you are first eligible during the initial enrollment period, you may be able to sign up during two other enrollment periods:

General Enrollment Period

This period runs from January 1 through March 31 of each year. During this time, you can sign up for Medicare Part B at the local Social Security office. If you get benefits from the Railroad Retirement Board, you should call the local RRB office or (800) 808-0772.

Special Enrollment Period

The special enrollment period is available if you are eligible for Medicare based on age 65 or disability but waited to enroll in Medicare Part B because you were working and had group health plan coverage through the district.

CalSTRS

(800) 228-5453 ~ CalSTRS Medicare Premium Payment Program
www.calstrs.com

If you retired prior to January 1, 2001, you are eligible for CALSTRS Medicare Premium Payment Program.

The California State Teachers Retirement System (STRS) offers financial assistance for members that are at least 65 and are not eligible to receive Medicare Part A premium-free. The CalSTRS Medicare Premium Payment Program pays the Medicare Part A premium if the retiree did not pay into Medicare and now is required to pay a monthly premium.

Under the CalSTRS Medicare Premium Payment Program, CalSTRS will pay your Medicare Part A premium if you do not qualify for Medicare Part A without paying a premium and meet the eligibility requirements.

This benefit is not available to your spouse or beneficiary(ies). Federal regulations require that you also enroll in Medicare Part B. You will have to pay the Medicare Part B premium.



Updated: July 11, 2023

As a convenience, CalSTRS can deduct your Medicare Part B premium from your monthly retirement benefit and forward the payment to the Centers for Medicare and Medicaid Services, the federal agency that administers Medicare.

You must meet the following CalSTRS Medicare Premium Payment Program eligibility requirements:

- ✚ Be a retired or disabled CalSTRS member receiving a monthly benefit
- ✚ Age 65 or older
- ✚ Not eligible for premium-free Medicare Part A
- ✚ Enrolled in Medicare Part A and Medicare Part B

WHAT IS THE DIFFERENCE BETWEEN 403(b) and 457(b) PLANS?

403(b) and 457(b) – How Do They Compare?		
FEATURES	403(b)	457(b)
Type of plan	Voluntary Defined Contribution Plan	Voluntary Defined Contribution Plan
Elective deferral limits*	\$22,500; or 100% of compensation <i>(whichever is less)</i>	\$22,500; or 100% of compensation <i>(whichever is less)</i>
Age 50+ catch-up	\$7,500	\$7,500
‘Special catch-up provisions’ <i>(please consult a financial services professional)</i>	Yes; 15 year catch up \$3000 Requires calculation for eligibility determination (Employee may not qualify)	Yes; Final 3 year catch up \$22,500 Requires calculation for eligibility determination (Employee may not qualify)
Roth (after-tax) Contributions	Yes, if adopted by Plan Sponsor	Yes, if adopted by Plan Sponsor
Loans**	Yes; up to 50% of account balance and no more than \$50,000 per calendar year	Yes; 1 loan at a time, up to 50% of account balance and no more than \$50,000 per calendar year
Required Minimum Distribution rules apply	Yes	Yes
Rollovers from other qualified plan	Yes	Yes***
Rollovers from 403(b) plan	Yes	Yes***
Rollovers from governmental 457(b) plan	Yes	Yes
Eligible Distribution w/out IRS penalty	Age 55 with severance from employment; or Age 59 ½ if still in service	Any age with severance from employment; or 70 ½ if still in service****
Hardship Withdrawal Requirements*	Safe Harbor Rules: • Eviction/foreclosure • Medical • Purchase primary residence • Post-secondary education • Burial/funeral • Repair of casualty damage to principal residence	Unforeseeable Emergency: • Illness or accident of participant, spouse or dependent • Loss of property due to casualty • Other extraordinary events beyond participant control

This chart reflects what is permissible by the Internal Revenue Service as well as within plans administered by TDS. Please note that all plans may differ and each listed option may not be allowable in your Employer’s 403(b) or 457(b) Plan.

*The limits on contributions to a 457(b) plan are not combined with the limits allowed to be contributed to the same employee’s 403(b) account. The 403(b) limits are aggregated with 401(k) and / or 401(a) limits. Roth account and traditional account limits are aggregated.

**Some investment providers may not permit for all options such as loans or hardship withdrawals. Contact your investment provider for details on your account’s loan/hardship availability. Contact TDS for obtaining transaction authorization at (866) 446-1072.

*** Vendor must confirm ability to track funds separately in accordance with IRS requirements.

****Age 59.5 is available when the provision is selected by the employer / plan.

Online Process to Start, Stop, or Change 403(b)/457(b) Contributions

As Third-Party Administrator for the 403(b)/457(b) plan, Tax Deferred Solutions (TDS) provides employees with an option to submit Salary Reduction Agreement (SRA) requests online. As an IRS requirement, the SRA process must be completed before making any changes to 403(b)/457(b) contributions. TDS online services are available 24 hours a day, 7 days a week.

IMPORTANT: If you intend to make a 403(b)-contribution adjustment for the current month, the Online SRA must be submitted and accepted before the 15th of the month. If you are requesting 457(b) contribution adjustment, it must be submitted before the 15th of the month before the intended payroll date. (Example: A 457(b) Adjustment submitted on January 14th would be applied the last day in February.)

To submit a new 403(b)/457(b) contribution election using the online SRA process, please follow the steps listed below:

1. Visit the TDS website at www.TDSplans.org
2. To navigate to the District page, select the State (CA)
3. Under the Employee Name section, begin to type the District name until options populate in the drop-down list. Using your mouse, highlight and select the District name. **Warning:** hitting the enter button before highlighting and selecting the district name will take you back to the beginning.
3. Once the District name is selected, click on the blue “show details” button
4. If you are making changes to a 403(b), continue forward. If you are making changes to a 457(b), click on the “457(b) tab” before continuing.
5. Under Salary Reduction Agreement (SRA) select the Online SRA to start, stop, and/or change your contribution elections.
Please Note: Use “current date” as the effective date unless you would like the contribution change to be applied in a future payroll instead of the next available payroll.
6. After you have completed the required fields and submitted your request, you will be provided a tracking number. Please keep this tracking number for future reference. (You may be asked for this number if you call the TDS Service Center)
7. Be sure to monitor the email inbox or telephone number provided on the SRA. If TDS has questions about your submission, they will reach out using the information provided. Once the SRA is processed and approved, your election choice(s) are reported to the payroll department for application.

Deferred Compensation 457(b) – Easy Retirement Savings

This retirement savings account is designed to supplement your pensions and social security benefits. You can deduct a portion of your paycheck and invest in mutual funds and/or a fixed interest account. Every dollar you set aside for your future helps get you closer to your retirement goals.

Here are the benefits:

1. It's a simple and convenient way to save money for retirement. Your contributions are deducted automatically each pay period, and can be adjusted at any time.
2. There is no contribution fee for this benefit. There is no maintenance fee for this benefit.
3. You may save on taxes. You can save before-tax to reduce your taxable income. You can also save after-tax via a Roth option.
4. Contribution Limits for 2023: Up to \$22,500 for all employees; Up to \$30,000 if age 50 or older; and up to \$45,000 if within three years of retirement age.
5. You may participate in both a 403(b) and 457(b) and save up to the max amount in both!
6. There is no penalty to withdraw your pre-tax retirement savings prior to age 59 ½ should you separate early, retire, or change careers. Tax consequences may result from this, and you should speak to a tax advisor prior to requesting a withdrawal.
7. Choose between 37 investment choices, target funds, and an interest earning account. Investment performance and details can be found at the link below:

<https://participant.empower-retirement.com/participant/#/investmentInformation/743404-01>

Enrolling in the 457b is easy:

- Please contact **David McCray at 209-666-5289** or email david.mccray@empower.com to discuss in further detail, including how to enroll, additional questions, fund performance, expenses, important disclosures, or other details.
 - Enrollment Materials Available here: <https://tdsplans.org/Forms/457EnrollmentPacket.pdf>
 - Schedule a virtual meeting to discuss the benefit here: <https://sjcoe457.empowermytime.com/>
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