



2019-20 Open Enrollment

Dear STSIG Member,

Open enrollment begins August 1, 2019 and runs through September 6, 2019. The plan year runs from October 1, 2019 to September 30, 2020.

This will be a PASSIVE open enrollment. It is recommended that all STSIG members login to PlanSource to verify all personal and dependent information is correct. If you intend to make a change to your medical plan selection and/or enroll or terminate benefits for a dependent, you will need to login to PlanSource to complete those changes. Instructions to make changes in PlanSource are included in this packet and are on our website at www.stsigipa.com.

Shasta County Office of Education (SCOE) requests its members making changes in PlanSource to complete the "Annual Survey Questions" listed on the top of the benefits selection page.

STSIG provides rates to districts, but not to individual employees because each district has a different employee benefit contribution (CAP). Please ask your school district's human resource staff for specific rates.

Enclosed in this packet:

- Highlights of the 2019-20 Changes
- 2019-20 Medical Plan Comparison Sheet
- Pharmacy Benefits Information
- Dependent Eligibility Documentation Chart
- PlanSource open enrollment instructions
- Prestige Flyer
- Value-Added Services
- Wellness Incentive Program information
- MDLIVE telemedicine Information
- Advance Medical Second Opinion Services
- Employee Assistance Program (EAP) information
- Eyeconic Vision Discount Information
- Hip, Knee and Spine Surgeries Blue Distinction Plus Information
- Solera Diabetes Prevention Program Information
- Ambulatory Surgery Center Requirement Information

STSIG staff are available to help members with the PlanSource online enrollment process by phone at 530-221-6444 or in person by appointment. STSIG business hours are Monday through Friday from 8:00am to 4:00pm. If you reach the office voice mail, please leave a message and your call will be returned as quickly as possible.

Thank you,
STSIG Staff

Highlights of the 2019-20 Changes, effective October 1, 2019

Medical

- No change.
- Dependency documentation is required for all new dependent enrollments.
- Go to www.stsigjpa.com to view plan summaries and full plan descriptions.

Pharmacy

- No changes. Visit Navitus' website (www.navitus.com) for formulary updates throughout the year.

STSIG Health Saving Account Contributions (HSA)

- All first-time enrollees in either the HSA-A, HSA-B, or the Minimum Value HSA Plan (high deductible health plans - HDHP) will receive a one-time \$500 individual or \$1,000 family (more than one enrolled) contribution from STSIG. Districts will deposit the STSIG contribution into individual accounts by December 15th.
- No contributions will be made by STSIG for existing or former enrollees in a qualified high deductible health plan (HDHP) who have already received a contribution.
- Payflex will terminate health saving account with no activity for 12-months and those who are no longer on a qualified medical plan. The funds are placed in a trust holding account until claimed. PayFlex will contact those affected by mail prior to termination of account.

Medical Wellness Incentive

- Active and Early Retiree Members, and their enrolled spouses, who complete the wellness incentive between November 1, 2019 and October 31, 2020 will receive a \$100 gift card between December and January.

Dental

- No change.

Vision

- Frame and contact lens allowances will increase from \$175 to \$200.

Prestige Medical Clinic

- Reminder: All active, early retiree members, and dependents enrolled in a medical plan may use qualified services at Prestige at no cost for PPO members and only \$20 per visit for HDHP members who are actively contributing to a health saving account.
- Services not included in membership include TB or Tetanus shots, vaccinations, durable medical items, formal reads of x-rays, labs not included on the annual wellness panel. Please contact Prestige for a list of covered services.
- Members are allowed one free wellness exam and one set of approved wellness labs per calendar year.
- Members enrolled in Medicare are not eligible to participate.
- Discount memberships are offered for non-enrolled family members. Contact Prestige directly for information.

STSIG MEDICAL PLANS effective 10-1-2019 to 9-30-2020

Health Savings Acct Qualified

Health Savings Acct Qualified

Health Savings Acct Qualified

Plan Name	80C	80G	80K	80M	HSA - A	HSA - B	Minimum Value HSA
Deductible Calendar Year	One person \$200 Family Each \$200 Family Max \$500	One person \$500 Family Each \$500 Family Max \$1,000	One person \$1,000 Family Each \$1,000 Family Max \$2,000	One person \$3,000 Family Each \$3,000 Family Max \$6,000	One person \$1,500 Family Each \$2,700 Family Max \$3,000	One person \$3,000 Family Each \$3,000 Family Max \$5,200	One person \$5,000 Family Each \$5,000 Family Max \$10,000
Co-insurance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible	30% after deductible
Out-of-Pocket Maximum In Network Services	One person \$1,000 Family Each \$1,000 Family Max \$3,000	One person \$2,000 Family Each \$2,000 Family Max \$4,000	One person \$3,000 Family Each \$3,000 Family Max \$6,000	One person \$4,000 Family Each \$4,000 Family Max \$8,000	One person \$3,000 Family Each \$3,000 Family Max \$6,000	One person \$5,000 Family Each \$5,000 Family Max \$10,000	One person \$6,350 Family Each \$6,350 Family Max \$12,700
Office Visit Co-pay - includes prenatal and postnatal	\$20 Deductible waived	\$30 Deductible waived	\$30 Deductible waived	\$40 Deductible waived	Deductible applies	Deductible applies	Deductible applies
Prestige Office Visit	\$0	\$0	\$0	\$0	\$20 (\$0 for wellness exam)	\$20 (\$0 for wellness exam)	\$20 (\$0 for wellness exam)
Tele-Medicine Mental Health (MD Live)	\$5	\$5	\$5	\$5	\$40	\$40	\$40
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
In-Network Physical Medicine (Limits)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible	30% after deductible
Diagnostic X-Rays / Labs	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible	30% after deductible
Acupuncture (12 visits)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible	30% after deductible
Mental Health - Outpatient Care (PA)	\$20 Deductible waived	\$20 Deductible waived	\$20 Deductible waived	\$20 Deductible waived	10% after deductible	10% after deductible	30% after deductible
Ambulance Co-pay	\$100	\$100	\$100	\$100	10% + \$100	10% + \$100	30% + \$100
ER Copay (in addition to deductible and coinsurance)	\$100 - waived if admitted	\$100 - waived if admitted	\$100 - waived if admitted	\$100 - waived if admitted	\$100 - waived if admitted	\$100 - waived if admitted	\$100 - waived if admitted
In-Network Durable Medical Equipment	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible	30% after deductible
JPA HSA Contribution for first time enrollees - Paid November 30th. No contribution for existing enrollees					\$500/\$1,000	\$500/\$1,000	\$500/\$1,000

Pharmacy Plans with Navitus Health Solution					Co-pays apply after deductible is met		
Out of Pocket Maximum	Individual \$2,500 Family \$3,500	Individual \$2,500 Family \$3,500	Individual \$2,500 Family \$3,500	Individual \$2,500 Family \$3,500	see medical OOP Max	see medical OOP Max	see medical OOP Max
Deductible	\$0	\$0	\$0	Individual \$200 Family \$500	medical deductible applies	medical deductible applies	medical deductible applies
Costco Generics	\$0	\$0	\$0	\$5 (30 day) \$15 (90 day)	\$0 (30 day) after deductible	\$0 (30 day) after deductible	\$0 (30 day) after deductible
Generics - 30 day	\$9	\$9	\$9	\$15	\$9 after deductible	\$9 after deductible	\$9 after deductible
Specialty/ Brand	\$35	\$35	\$35	\$50 after deductible	\$35 after deductible	\$35 after deductible	\$35 after deductible

The medical deductible runs from January 1 to December 31 every year. Deductible amounts paid towards the PPO plans in the fourth quarter of the calendar year (October 1 - December 31) will be credited to the current year as well as the following calendar year. Does not apply to HSA-A, HSA-B, or Minimum Value plans.

90 day prescriptions and mail order service only available through **Costco**.

Specialty Pharmacy: Navitus SpecialtyRX is mandatory.

The above information is for general guidance - please see full plan descriptions for complete details located at www.stsigjpa.com (medical program page)

PHARMACY BENEFIT INFORMATION

Generic Substitution

If a brand name medication has a generic equivalent available, the pharmacy or mail order facility will automatically fill the prescription with a generic when the brand name is not medically necessary. If the physician or member requests to have a brand name medication dispensed when it is not medically necessary, the member will pay the difference in the cost of the brand and generic medication plus the generic co-pay.

There is a Clinical Review Process through which it is possible to have a determination made as to whether or not a brand name drug is medically necessary. The member's physician may contact customer service to initiate the review process. If approved as medically necessary, the member will pay the brand co-pay. Some restrictions apply.

Mail Order Pharmacy

Service Members may use the mail order pharmacy for their maintenance medications. A member can order a 90-day supply and have the convenience of having the medications shipped directly to their home (or alternate address) by paying the co-pays shown below. Everything a member needs to place an order should be available by calling Navitus' customer service AT 866-333-2757. Please note: Not all prescriptions can be filled by mail order.

What is a Specialty Medication?

Specialty medications are high-cost injectable, infused, oral, or inhaled medications that generally require special handling and may be subject to special rules such as quantity limits, prior authorization and/or step therapy. These medications have become a vital part of the treatment for chronic illnesses and complex diseases such as multiple sclerosis, rheumatoid arthritis and cancer. Some medications may involve special delivery and instructions that not all pharmacies can easily provide. These medications require personalized coordination between the member, the prescriber and pharmacy. Navitus Specialty helps patients stay on track with treatment while offering the highest standard of compassionate care through personalized support, free delivery and refill reminders. Most medications classified as Specialty can be found on the SISC Drug List located on Navitus' secure member website Navi-Gate for Members at www.navitus.com.

Deductible Plans (on brand name drugs only)

Deductible plans (Plan 80M) create consumer awareness by requiring the member to share in more of the cost of brand name medications. Since generics are not subject to the brand name only deductible, these plans encourage members to consider lower cost generic alternatives.

These plans help to keep the cost of the monthly premium down. The deductible works the same way as a medical deductible. It is based on a calendar year. Like most SISC pharmacy plans, members enrolled in the deductible plans still have access to zero or reduced co-pays on most generic drugs at Costco.

PLAN 9-35 apply to the following medical plans: 80C, 80G, and 80K.

PLAN 9-35 apply to the following plans after the medical deductible has been met: HSA-A, HSA-B, and the Minimum Value plan.

PLAN 200 15-50 apply to the following medical plans: 80M

		WALK-IN			MAIL	
DAYS SUPPLY		NETWORK 30 DAY	COSTCO 30 DAY	COSTCO 90 DAY	COSTCO 90 DAY	NAVITUS 30 DAY
PLAN 9-35	Generic	\$9	FREE	FREE	FREE	N/A
	Brand	\$35	\$35	\$35	\$90	N/A
	Specialty*	N/A	N/A	N/A	N/A	\$35
	Out-of-Pocket Maximum	\$2,500 Individual / \$3,500 Family			\$2,500 Individual / \$3,500 Family	N/A
PLAN 200 15-50	Brand/Specialty Deductible	\$200 Individual / \$500 Family			\$200 Individual / \$500 Family	N/A
	Generic	\$15	\$5	\$15	\$15	N/A
	Brand	\$50	\$50	\$135	\$135	N/A
	Specialty*	N/A	N/A	N/A	N/A	\$50
	Out-of-Pocket Maximum	\$2,500 Individual / \$3,500 Family			\$2,500 Individual / \$3,500 Family	N/A

* Drugs designated as Specialty Drugs are only available in 30-day supplies through the mail from Navitus.

DEPENDENT ELIGIBILITY DOCUMENTATION CHART

The following verification documents are required to enroll a dependent in health benefit plans. STSIG requires the Social Security Numbers for all dependents to be covered on the plans and reserves the right to request additional documentation to substantiate eligibility.

DEPENDENT TYPE	REQUIRED DOCUMENTATION
Spouse	<ul style="list-style-type: none"> • Prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out). • For newly married couples where prior year tax return is not available a marriage certificate will be accepted.
Domestic Partner	Certificate of Registered Domestic Partnership issued by State of California (AB 205 Compliant) <ul style="list-style-type: none"> • SISC Affidavit of Domestic Partnership (when applicable) (Enrolling a Domestic Partner may cause the employer contribution to become taxable)
Children, Stepchildren, and/or Adopted Children up to age 26	<ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name, and child's DOB) • Legal Adoption Documentation
Legal Guardianship up to age 18	<ul style="list-style-type: none"> • Legal Court Documentation establishing Guardianship
Disabled Dependents over age 26	Anthem Blue Cross (All items listed below are required) <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Anthem Disabled Dependent Certification Form

QUALIFYING EVENTS OR STATUS CHANGES OUTSIDE OF OPEN ENROLLMENT

Effective date will be determined by the qualifying event date that allows for no break in service.

This table is not all inclusive and is subject to STSIG approval, retro, and participation guidelines.

Employee/Retiree experiences the following qualifying event	Employee/ Retiree MAY make the following change within 31 days of the qualifying event	REQUIRED Documentation: Change form and applicable documents below
Birth, Adoption, or Legal Guardianship NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> • Enroll self, if applicable • Enroll newly eligible child and any other eligible dependents • Change health plans when options are available 	<ul style="list-style-type: none"> • Birth certificate indicating parents' full names; or • Adoption/Guardianship documents issued by a court
Loss of Coverage Elsewhere NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> • Enroll self, spouse/domestic partner, and any eligible dependent children, if applicable • Change health plans when options are available 	<ul style="list-style-type: none"> • Proof of Loss of Coverage • Other enrollment forms/documents as applicable
Marriage or Commencement of Domestic Partnership NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> • Enroll self, if applicable • Enroll spouse/domestic partner and any newly eligible dependent children • Change health plans when options are available 	<ul style="list-style-type: none"> • Marriage Certificate; or • Declaration of Domestic Partnership filed with the California Secretary of State; or • SISC Domestic Partnership Affidavit, if applicable (opposite-sex domestic partners) • Other enrollment forms/documents as applicable
Divorce or Termination of Domestic Partnership NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> • Drop spouse/domestic partner • Drop stepchildren gained from marriage or domestic partnership • Enroll self and any newly eligible dependent children who lost eligibility under spouse/domestic partner's plan • Change health plans when options are available 	<ul style="list-style-type: none"> • Final Divorce Decree; or • Dissolution of Domestic Partnership filed with the California Secretary of State; or • SISC Affidavit of Termination of Domestic Partnership (opposite-sex domestic partners) • Other enrollment forms/documents as applicable
Death of Dependent (spouse/ domestic partner or child) NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> • Remove the dependent from coverage • Change health plans when options are available 	<ul style="list-style-type: none"> • Death Certificate and Membership Change Form
Qualified Medical Child Support Order (QMCSO) requiring enrollment of dependent child	<ul style="list-style-type: none"> • Enroll self, if not already enrolled in coverage • Enroll dependent child named on the QMCSO to employee's health coverage • Change health plans when options are available 	<ul style="list-style-type: none"> • Membership Change Form • Birth Certificate indicating parents' full names; and • Qualified Medical Child Support Order (QMCSO) court document
Change in Employment Status (e.g., Part-time to Full-time, Full-time to Part-time, Hourly to Salaried, Unpaid Leave of Absence, Change in Bargaining Unit, Active to Retiree, etc.)	<ul style="list-style-type: none"> • Enroll self, spouse/domestic partner, and any eligible dependent children, if applicable • Drop coverage, if applicable • Change health plans when options are available 	<ul style="list-style-type: none"> • Proof of employment change; and • Other enrollment forms/documents as applicable
Gain or Loss of Entitlement to Medicare/Medicaid coverage by covered person NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> • Enroll self, spouse/domestic partner, and any eligible dependent children, if applicable • Drop coverage for person who became entitled and enrolled in Medicare/Medicaid • Change health plans when options are available 	<ul style="list-style-type: none"> • Proof of Enrollment in or Loss of Coverage in Medicare/Medicaid (whichever applicable) • Other enrollment forms/documents as applicable

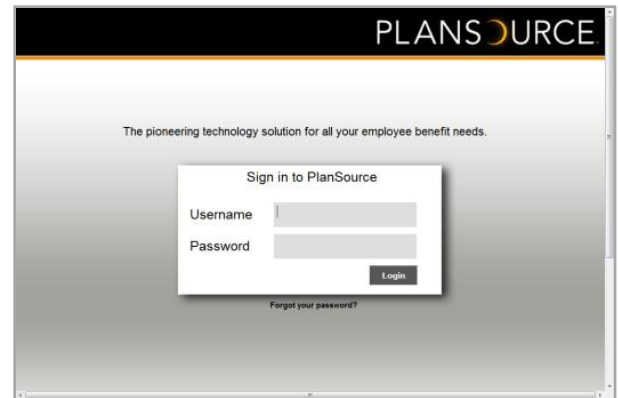
ONLINE OPEN ENROLLMENT INSTRUCTIONS

1. Login

ENROLLMENT URL:

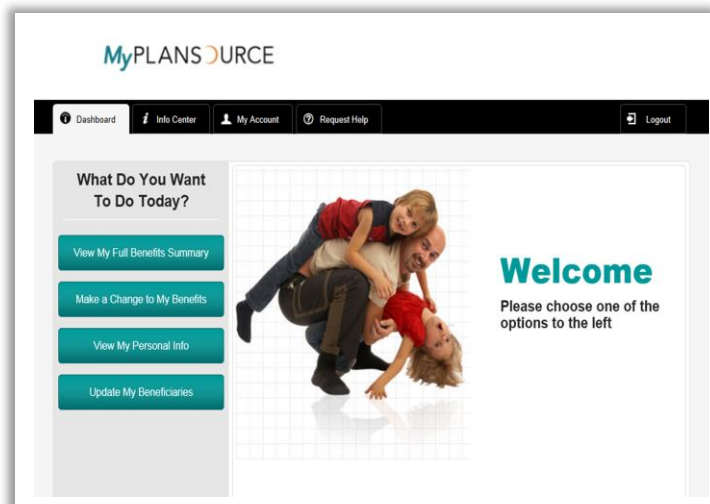
<https://benefits.plansource.com>

- **USERNAME:** Your user name is the following: the first initial of your first name, up to the first six characters of your last name, and the last four of your SSN. For example: If your name is Jane Anderson and the last four of your SSN is 1234, your user name would be janders1234
- **PASSWORD:** Your birthdate in YYYYMMDD format. For example: If your birthdate is August 14, 1962, your password would be 19620814. At initial login, you will be prompted to change your password. All previous passwords will reset to the above format on October 20th.



2. Launch Enrollment

- Click on **“Make a Change to My Benefits”**
Click on **“Enroll –Annual”** to begin the annual open enrollment process. Be sure to verify all personal information is correct.



3. Enroll

- Follow the enrollment through each step of the enrollment process from top to bottom
- In making your elections, choose the plan option of choice or select the “Decline” option (full-time employees may not decline coverage) and then select “Continue” after each election has been made until you reach the confirm page.

The screenshot shows the 'Select your Medical Plan' step in the enrollment process. The top navigation bar includes 'Step 1: Your Info', 'Step 2: Your Dependents', 'Step 3: Your Benefits' (current step), and 'Step 4: Your Summary'. On the right, a sidebar displays 'Your Cost' at \$3.67 per pay period, '28 Days Left' to enroll, and 'My Benefits' with a list of selected options: Employee Assistance (\$0.00), Basic Employee Life (\$0.00), and Basic Long Term (\$3.67). The main content area shows a summary of the selected plan: Anthem PPO - Non CA. It includes a table with columns for PLAN TYPE, COINSURANCE, DEDUCTIBLE, and OFFICE VISIT. The table shows a PPO plan with In-Network 20% Member and Out-of-Network 40% Member coinsurance, a \$250/Individual/\$750/Family deductible, and an In-Network \$20/Visit, Out-of-Network 40% office visit rate. Below the table, there are sections for 'LEVELS' and 'COST' for both 'EMPLOYEE ONLY' (\$47.68) and 'EMPLOYEE + 1 DEPENDENT' (\$102.93). A 'Decline' section is also present with a 'DECLINE' button. At the bottom, there are 'Back' and 'Continue' buttons.

4. Confirm Enrollment Selections

- Once you complete all coverage elections, you will land on the Confirmation Statement. Click the “Confirm Enrollment” button at the bottom of the page to complete your enrollment process.

The screenshot shows the Confirmation Statement page. The top navigation bar includes 'Step 1: Your Info', 'Step 2: Your Dependents', 'Step 3: Your Benefits' (current step), and 'Step 4: Your Summary'. On the right, a sidebar displays 'Your Cost' at \$185.94 per pay period, '28 Days Left' to enroll, and 'My Benefits' with a list of selected options: Medical (\$102.93), Dental (\$4.18), Employee Assistance (\$0.00), Basic Employee Life (\$0.00), Voluntary Employee (\$0.00), Voluntary Spouse (\$1.38), Basic Long Term (\$3.67), Colonial Plans (\$0.00), and Health Care Reimbursement (\$0.15). The main content area shows a summary of the selected plan: Anthem PPO - Non CA. It includes a table with columns for PLAN TYPE, COINSURANCE, DEDUCTIBLE, and OFFICE VISIT. The table shows a PPO plan with In-Network 20% Member and Out-of-Network 40% Member coinsurance, a \$250/Individual/\$750/Family deductible, and an In-Network \$20/Visit, Out-of-Network 40% office visit rate. Below the table, there are sections for 'LEVELS' and 'COST' for both 'EMPLOYEE ONLY' (\$47.68) and 'EMPLOYEE + 1 DEPENDENT' (\$102.93). A 'Decline' section is also present with a 'DECLINE' button. At the bottom, there are 'Back' and 'Continue' buttons.



STSIG / PRESTIGE PARTNERSHIP

LOCATIONS:

3689 Eureka Way, Redding
Mon-Sat: 9am to 9pm
Sun: 10am-6pm
Primary Care and Walk-in
530-244-4577

85 Hartnell Ave, Redding
Mon-Fri: 9am to 5pm
Primary Care and Walk-in
530-262-6001

WEBSITE:

www.prestigeuc.com

Primary Care and Wellness Exams

-By appointment only
-Same day appointments
generally available

We are pleased to provide urgent care walk-in service and scheduled primary care visits for covered members.

-The Prestige membership is provided to active employees and their covered dependents enrolled in a STSIG medical plan, as well as pre-Medicare retirees and their covered dependents enrolled in a STSIG medical plan as a benefit of belonging to STSIG.

-Most services will be provided at no cost to members on the 80C, 80G, 80K or 80M plans. ***No membership dues. No copays. No deductibles. No insurance hassles.***

-HSA-A, HSA-B and Minimum Value plan members with a health savings account will pay a \$20 fee for each visit due to IRS regulations. There is no cost for the annual wellness exam and the approved annual blood panel.

Services included in Membership:

Office visits/physical exams, Urgent Care/Injury Care, X-Rays, Sutures, DMV Physicals, Annual Wellness exam, and Approved Annual Blood panel.

Services not included in Membership:

Formal read of X-Rays if needed, Tetanus Injection, Vaccinations, Lab services, TB Testing, Durable Medical Equipment (Sleeves, crutches, supports).

Please contact Prestige directly for more information on services included in your membership.

For any questions regarding this Member Announcement, please contact your district office or Shasta Trinity Schools Insurance Group at 530-221-6444.

Shasta-Trinity Schools Insurance Group
85 Hartnell, Ste. 200, Redding, CA 96002
www.stsigipa.com

May 2019

VALUE-ADDED SERVICES OFFERED BY STSIG 2019-2020

Get Started	Program Details	Costs
EAP Call 1-800-999-7222 Or Go to anthemEAP.com and enter SISC	24/7 Help with Personal Concerns <i>Employee Assistance Program</i> Access free, confidential resources if you or a family member needs help with emotional, marital, financial, addiction, legal, or stress issues.	No Cost
Advance Medical Call 1-855-201-9925 Or Go to advance-medical.net/sisc	Expert Medical Opinions <i>Advance Medical</i> Get answers to your health care questions and medical opinions from world-leading experts.	No Cost
MDLive Register by calling MDLive at 1-888-632-2738 Or Go to mdlive.com/sisc	24/7 Physician Access – Anytime, Anywhere <i>MDLive</i> Consult with doctors and pediatricians over the phone or using online video for medical conditions such as cold, fever, sore throat, flu, infection, and children's health issues. Physicians can prescribe medication when appropriate. Online behavioral health visits are also available.	\$5 for PPO members \$40 for HDHP members
Costco Call 1-800-774-2678 (press 1) to ding a Costco location.	Free Generic Medications <i>Costco</i> On our PPO pharmacy plans, members can get free generic medications at Costco and through Costco Mail Order (excludes certain pain and cough medications) and member on High Deductible plan can get free generic medications after their deductible has been met. Costco membership not required.	No Cost
Carrum Health Call 1-888-855-7806	No Cost Hip, Knee, and Spine Surgical Options <i>Carrum Health</i> Get access to top-quality surgeons at Scripps with no out-of-pocket cost. All medical bills, including deductibles, coinsurance and even travel expenses are covered.	No Cost
Solera4ME Got to solera4me.com/sisc and take a 1-minute quiz to see if you qualify.	Diabetes Prevention Program <i>Solera4ME</i> If you qualify, you can get access to a 16-week cutting-edge program that helps with weight loss, adopting healthy habits and can significantly reduce your risk of developing diabetes.	No Cost
Active & Fit Direct Members log into anthem.com/ca/sisc, click "Discounts" and visit "Special Offers".	Discounted Gym Memberships <i>Active & Fit Direct</i> Choose from participating fitness centers and YMCAs nationwide for a much lower cost than you would pay on your own. You pay only \$25 a month (plus \$25 enrollment fee and taxes). Verify directly with fitness center for participation.	Low Cost
TruHearing Call 1-866-754-1607	Discounted Hearing Aids <i>TruHearing</i> Use your \$700 hearing aid allowance through Anthem to purchase hearing aids. Just go to a TruHearing provider to be fitted and adjusted for a wide variety of the latest digital hearing aids. You will save about \$980 per hearing aid compared to national average prices.	Low Cost
Eyeconic Create an account at vsp.com Go to eyeconic.com	Discounted Eye Glasses <i>Eyeconic</i> VSP members can utilize this program for discounted eyewear.	20% savings on glasses and sunglasses

WHO: Primary Subscribers and Spouses. Subscriber's spouses may also earn the 2020 wellness incentive by completing the same requirements and submitting a separate wellness tracker.

WHAT: The Wellness Incentive rewards you for engaging in your own health journey. Each participant may earn a \$100 gift card.

WHEN: All activities need to be completed and proof of activities submitted on the STSIG Wellness Tracker by October 31, 2020. The award will be given in December 2020.



Why are we incentivizing health and wellness? We want you to stick around, and healthy members are happy members!

To Earn Your Incentive:

DO THIS:

Mandatory Wellness Exam

-Between November 1, 2019-October 31, 2020

-Although not required, we encourage wellness exams to be completed at **Prestige Urgent Care** which is included in your Prestige membership at no cost.

-Approved wellness labs done at **Prestige Urgent Care** will be at no cost to the member - one set of labs per calendar year.

Labs done at any other lab will be processed through the medical program and member costs may apply.

AND ANY TWO OF THESE:

Mammogram screening

Bone Density test and screening for osteoporosis

Colonoscopy screening/Cologuard

Annual vision screening

Two dental cleanings with oral assessment

Flu Shot between September 1 and October 31, done at pharmacy or District sponsored on-site flu shot clinic.

STSIG Health Fair

Healthy Biometrics (Blood Pressure 130/85 or less AND BMI 29.9 or less)

Accumulate 400 points on Fit Thumb for exercise

JPA-Approved Health Seminar

JPA or District Approved Health Challenge

JPA or District Open Enrollment Meeting

Prestige Urgent Care: 3689 Eureka Way 530-244-4577 or 85 Hartnell Ave. 530-262-6001

Please note:

All wellness activities are tracked by completing and submitting the Wellness Tracker to lgrant@stsig.org or fax to 530-221-6225. Find the tracker form at <http://www.stsigjpa.com/html/Wellness.htm> (bottom of page).

Neither Anthem nor pharmacies will be providing reports to STSIG for wellness activities.



24/7/365 on-demand access to affordable, quality healthcare. Anytime, Anywhere.

With MDLIVE, you can visit with a doctor 24/7 from your home, office or on the go. Our network of Board Certified doctors is available by phone or secure video to assist with non-emergency medical conditions.

Who are our doctors?

MDLIVE has the nation's largest network of telehealth doctors. On average, our doctors have 15 years of experience practicing medicine and are licensed in the state where patients are located. Their specialties include primary care, pediatrics, emergency medicine and family medicine. Our doctors are committed to providing convenient, quality care and are always ready to take your call.

Are my children eligible?

Yes. MDLIVE has pediatricians on call 24/7/365. Please note, a parent or guardian must be present during any interactions involving minors.

Common Conditions We Treat

- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Diarrhea
- Ear Infections
- Fever
- Headache
- Infections
- Insect Bites
- Joint Aches
- Rashes
- Respiratory Infections
- Sinus Infections
- Skin Infections
- Sore Throat
- Urinary Tract Infections
- And More!

Pediatric Care

- Cold & Flu
- Constipation
- Ear Infections
- Nausea
- Pink Eye
- And More!

When should I use MDLIVE?

- Instead of going to the ER or an urgent care center for a non-emergency issue
- During or after normal business hours, nights, weekends and even holidays
- If your primary care doctor is not available
- To request prescription refills (when appropriate)
- If traveling and in need of medical care

How much does it cost?

Your copay for this service is:

\$5

*All enrolled SISC PPO members and Anthem HMO members.

\$40 for HDHP members



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Doctor visits are easier and more convenient with the MDLIVE App. Be prepared. Download today.



Exceptional Care,
Anywhere.

MDLIVE.com/SISC

1-888-632-2738

Expert Medical Opinions

How can you be sure of your diagnosis? Do you have the best treatment plan? Where can you get a reliable medical opinion?

Advance Medical matches patients to the leading doctors on their specific conditions, who work with you to be sure of your diagnosis and recommend the best path for treatment.

Ask us anything.

Talk to a doctor whenever you need

Our doctors have the time and freedom to help you and your family one-to-one, to help you understand what's happening, how to navigate the healthcare system, and get the best answers to your biggest questions, without delay.

With a focus on relationship-based care, our program brings medicine back to its human roots as a caring profession.



When it's your loved ones, it matters

We lessen the burden of caring for a sick family member, by getting the correct diagnosis and recommending the optimal course of treatment.

Save money, save heartache

The right diagnosis always saves you money. You'll avoid unnecessary procedures, harmful medications, and missed time at work. But your health matters more than the money you'll save. This is about saving time, saving anxiety, saving heartache, and saving lives.



It's free, it's easy, it's 100% confidential.
855.201.9925 | advance-medical.net/sisc

Advance Medical is fully sponsored by Self-Insured Schools of California.



All of Advance Medical's services including Expert Medical Opinion are available at no cost to all members covered by a SISC health plan.

Employee Assistance Program

Have questions about home, work or family?

Maybe you're a few months behind on bills and want to get back on track. Or you're new to town and looking for a daycare center. Whatever your concern, a call to the Employee Assistance Program (EAP) can help you through it.

What is EAP anyway?

You may have heard about EAP but aren't sure what it is. EAP is a service available to you and members of your household at no extra cost. It's designed to help you with everyday problems and questions, big or small. No need to fill out paperwork or make an appointment to speak with an EAP staff member. Just call 800-999-7222 or visit anthemEAP.com. You'll be connected in an instant, and we're here 24 hours a day, every day, to help you.

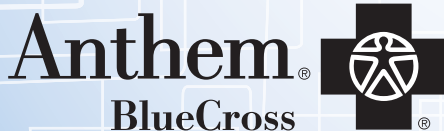
How we can help

When you or a household member contacts us, we'll work with you to figure out the next steps. If you need counseling, we can arrange several free visits with a licensed professional. If you have money or legal questions, we can put you in touch with a financial advisor or a lawyer.

If online help is more your style, visit anthemEAP.com. You'll find articles, checklists, quizzes and other helpful tools. You can browse resources, attend a webinar or take an online class—right at your own desk. Here are just some of the topics covered:

- Workplace safety
- Child and elder care resources
- Tobacco cessation
- Grief and loss
- Family health
- Home improvement
- Addiction and recovery
- Dealing with identity theft

Remember, EAP is here for you 24/7, so you can call at the time and place that are right for you. Your privacy is important to us. No one will know you've called EAP unless you give them permission in writing.*



*In accordance with federal and state law, and professional ethical standards.

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See why Eyeconic® is the most seamless way to buy eyewear online.



Eyeconic connects your eyewear, your insurance coverage, and the VSP® doctor network.

Your vision and wellness come first with VSP. Now, your benefit includes **eyeconic.com**®, an eyewear store for VSP members.

When you choose Eyeconic, you'll enjoy:

- Applying your benefit directly to your purchase.
- Browsing a huge selection of contact lenses and designer frames 24/7—and using the virtual try-on feature.
- Buying without risk—Eyeconic offers free shipping and returns. Plus, if you find the same merchandise at a lower price, we'll refund the difference.*
- Personal attention—Each qualifying purchase includes a complimentary frame adjustment or contact lens consultation.
- Peace of mind—Eyeconic will verify your prescriptions and perform a 25-point inspection.



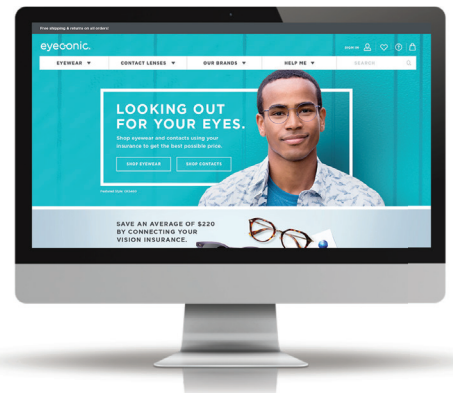
You get exclusive savings year round.

Already used your benefits for the year? As a VSP member, you still receive 20% savings on glasses and sunglasses at Eyeconic.



It's easy to use your VSP benefit.

1. **Create an account at vsp.com.** Review your vision benefit and access your eligibility and coverage information, including how to apply your benefits at Eyeconic.
2. **Find superior eye care near you.** The decision is yours—choose a conveniently located VSP doctor or any out-of-network provider. Visit **vsp.com** or call **800.877.7195** to find the best provider for you.
3. **Check out Eyeconic and browse the frame brands you love.** You can connect to your VSP benefits, upload your prescription and order your glasses following your WellVision Exam®.



Just a few of the great brands you can choose from at Eyeconic!

Nine West
Nike
Lacoste
Flexon®
Calvin Klein
bebe®

Get started today.
It's more seamless.
More human.
More Eyeconic.

*Terms and conditions apply. Visit eyeconic.com/faqs for more details.

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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.

- Select



Blue Distinction Centers+

- Scroll down to find the links to the hip, knee or spine BD+ Centers.

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 **1-855-201-9925** to start a second opinion, or visit advance-medical.net/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.



DIABETES PREVENTION PROGRAM

One in three Americans is at risk for type 2 diabetes. Joining a Diabetes Prevention Program can help reduce that risk by giving you the tools to adopt healthy habits, be more active and lose weight.

If you are at risk, you can sign up for a Diabetes Prevention program at no cost through Anthem Blue Cross. Take a 1-minute quiz to learn your risk and then answer a few questions to get matched with your best fit program.

ARE YOU AT RISK?

Over 86 Million Americans have pre-diabetes and most don't know it. Prediabetes means your blood glucose (sugar) level is higher than normal, but not high enough to be diagnosed as diabetes. This condition raises your risk of developing type 2 diabetes, stroke and heart disease.

Factors that will affect your risk:

Weight: Having a Body Mass Index (BMI) over 25

Family History: Having a parent, brother, or sister with type 2 diabetes

Age: Being 45 years or older

Activity Levels: Being physically active less than 3 times a week

Ethnicity: African Americans, Hispanic/Latino Americans, American Indians, Pacific Islanders, and some Asian Americans are at higher risk.

GET STARTED TODAY

It's quick, it's easy, it's free, it matches your lifestyle and improves your health. What are you waiting for? Find out if you qualify with the 1-minute quiz. Visit solera4me.com/sisc today.

CHOOSE A PROGRAM THAT FITS

There are many options to choose from for the Diabetes Prevention Program (DPP). Some programs meet weekly in person with a coach and a small group for support. Other programs are done entirely online using your computer or mobile phone.

You'll have the opportunity to choose the program where you think you'll be most successful. Here are some of the programs currently available:

weightwatchers

lark

HealthSlate

RETROFIT™



TOOLS AND SUPPORT

While every Diabetes Prevention Program (DPP) is a little bit different, most programs include the following:



Access to a personal
health coach



Weekly
sessions



A small group
for support



Tools like a wireless scale
or an activity tracker

STEPS TO GET STARTED

- 1) Take the 1-minute quiz at solera4me.com/sisc
- 2) Enter your health plan details (have your Health Plan ID card handy).
- 3) Answer a few questions to get matched with a lifestyle change program.
- 4) Smile — You've taken the first step to a healthier you!

Solera4me is provided by Solera Health, an independent company.

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Value-Based Purchasing Benefit Change

We continually evaluate ways to keep the cost of health benefits affordable without impacting access to high quality and safe care.

Multiple studies indicate that when it comes to healthcare, cost does not correlate to quality. Common procedures can be several times more expensive at one site compared to another without any evidence of better quality or safety.

In our quest to keep the cost of health benefits affordable and enhance the value of care, effective October 1, 2018 we will be introducing reference pricing for five common procedures that can be performed safely at an **Ambulatory Surgery Center (ASC)** at costs significantly lower than at a hospital.

	Arthroscopy	Cataract Surgery	Colonoscopy	Upper GI Endoscopy with Biopsy	Upper GI Endoscopy without Biopsy
Maximum benefit at an in-network outpatient hospital facility	\$4,500	\$2,000	\$1,500	\$1,250	\$1,000
There is no limit at an in-network Ambulatory Service Center (ASC)	There is no benefit change at an ASC. The limits at an outpatient hospital facility do not apply at an ASC.				

Here's how it works:

- ✓ In-network ASC – pay regular deductible and co-insurance – **no benefit change!**
- ✓ In-network Hospital outpatient facility - pay regular deductible and co-insurance **PLUS amounts that exceed the reference price.**

Benefits of an ASC:

- ❖ ASCs use the same equipment, medications and supplies as hospital surgical suites.
- ❖ The average facility fees at ASCs are substantially lower than at hospitals.
- ❖ ASCs tend to be more specialized and with less exposure to a wide range of infections.
- ❖ ASCs tend to be high-volume facilities. High-volume facilities are typically associated with having good outcomes.
- ❖ ASCs have established track records of providing quality outcomes that are at least as good as or better than hospitals.

Provisions for exceptions to use an in-network hospital:

- If the physician provides clinical justification for using a hospital.
- If member lives more than 30 miles from an ASC
- If a procedure cannot be scheduled in a medically appropriate timely manner due to available ASCs not having capacity.
- Emergencies

Members should contact Anthem at 800-825-5541 with questions.

Instructions to find a Surgery Center near you:

Log into your account on anthem.com, choose “Find A Doctor” from the right hand side of the screen, choose “Hospitals and Facilities” under I’m looking for a:, choose “Surgical Centers” under Who specializes in:, then choose you zip code and choose Search.

Call Anthem at 800-825-5541 for an exception if a surgery center is not within 30 miles of your home.

Ambulatory Surgery Centers (ASC) within 100 miles of Redding, CA.

Before scheduling any services at any facility below confirm with the provider or Anthem that this facility is a current participant.

Riverside Surgery Center	2801 Park Marina Dr. Redding, CA 96001	530-244-2273
Shasta Eye Surgery	950 Butte St. Redding, CA 96001	530-223-2500
Advanced Eye Surgery Center	627 W East Ave. Chico, CA 95926	530-342-1800
Eye Life Institute	6283 Clark Rd. Ste 10 Paradise, CA 95969	530-877-2020
Court Street Surgery Center	2184 Court St. Redding, CA 96001	530-246-4444
Redding Surgery Center	2439 Sonoma St. Redding, CA 96001	530-241-1303
Northstate Plastic Surgery Center	1260 East Ave. Ste. 100 Chico, CA 95926	530-345-5702
The Cardiovascular Surgical Center	2415 Sonoma St. Redding, CA 96001	530-241-1144
Redding Endoscopy Center	2179 Rosaline Ave. Redding, CA 96001	530-246-7000
Apogee Surgery Center	1238 West St. Redding, CA 96001	530-241-5499
Norcal Anesthesia and Pain Affiliates	647 W. East Ave. Chico, Ca 95926	323-932-9352
Humboldt Physicians Surgery and Laser Center	3226 Timber Fall Ct. Eureka, CA 95503	707-443-9777
Mercy Surgery Center	2175 Rosaline Ave. Ste A Redding, CA 96001	530-225-7400
Chico Surgery Center	615 W East Ave. Chico, CA 95926	530-895-1800
Skyway Surgery Center	121 Raley Blvd. Chico, CA 95928	530-230-2000
Updated 5-20-2019		