



2023-24 Medicare Retiree Open Enrollment Handout

Dear STSIG Member,

Open enrollment begins August 1, 2023, and runs through September 2, 2023. The plan year begins October 1, 2023, and ends September 30, 2024.

We encourage all retirees on Medicare or those who will be enrolling in Medicare to view the “Medicare Retiree Only” virtual open enrollment meeting on our website at www.stsigipa.com. Questions can be emailed to benefits@stsig.org.

This will be a PASSIVE open enrollment. It is recommended that all STSIG members log in 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 log in 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) has transferred all retirees on Medicare to the SISC Direct Billing program, so this meeting does not apply to Direct Billing retirees. Contact SISC for any open enrollment requirements.

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:

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STSIG staff is available to help members with the PlanSource online enrollment process by phone at 530-221-6444 or email at lgrant@stsig.org. STSIG business hours are Monday through Friday from 8:00 am to 4:00 pm. 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



2023-24 Highlights, effective October 1, 2023
Medicare Retirees

Medical

- Kannact Digital Health Coaching has started. Sign up anytime.
- MD Live \$10 Copay.
- HSA-A Family Deductible increase to \$3000 expected 1-1-2024.
- Maven Pregnancy Program introduced.
- All PPO medical plans will allow three primary care visits with no copays.
- All Hip, Knee, and Spine surgery must be done by a surgeon at a Blue Distinction Plus facility.
- Effective 10-1-2021, the Skilled Nursing Facility / Inpatient Rehabilitation combined day limit will increase to 150 days.
- Anthem requires email addresses for all members to transition to digital ID cards.
- Local hospitals and doctors do not know who is in the "Anthem Network." The member's responsibility is to verify if a provider, lab, or supplier is in the network. Any balance not paid by Anthem is the member's responsibility.
- Out-of-network claims must be submitted within 6-months of service. Late submissions will be denied.
- Dependency documentation is required for all new dependent enrollments.
- Go to www.stsigipa.com to view plan summaries and full plan descriptions.

Pharmacy

- Plan 80M copay on generic drugs is \$10 and \$35 on Brand drugs (decrease).
- Covid 19 vaccine is no longer covered out-of-network and is subject to standard plan cost-sharing in-network.
- Covid 19 over-the-counter tests are no longer covered.
- Visit Navitus' website (www.navitus.com) for formulary updates throughout the year.

Dental

- Rate Decrease
- All Shasta College employees and retirees will switch to Dental Plan #9 effective 10-1-23.

Vision

Addition to all vision plans:

- Anti-glare coating with a \$20 copay
- Ultraviolet protection with no copay

How And When To Enroll In Medicare Parts A&B

- Contact Social Security by calling (1-800-772-1213), visiting a local office or you may be able to enroll online at www.socialsecurity.gov
- *You have two (2) opportunities to enroll in Medicare A&B, do NOT miss your opportunity or you will be penalized.*

Initial Enrollment Period

If you ARE already receiving benefits from Social Security:

You will be automatically enrolled starting the first day of the month you turn 65. **Contact Social Security.**

If you are NOT yet receiving benefits from Social Security:

Strongly Recommend contacting Social Security **3 months prior** to your 65th birthday (1st opportunity)
OR
3 months prior to your retirement date if still working after age 65 (2nd opportunity)

If you have deferred Medicare Part B for some reason and now need to enroll. **Contact Social Security.**

General Enrollment Period – **Penalty Applies**

If you don't sign up for Part A and Part B when you're first eligible, (age 65 or retirement) you will have the opportunity to enroll between January 1 and March 31 each year, for a July 1 effective date.

Late enrollment penalty (LEP):

Premium goes up 10 percent for each 12-month period that you decline coverage. This is not a one-time penalty, **but continues throughout enrollment.**

Note: Completing the application form and submitting it doesn't automatically enroll you in Medicare Part B. Social Security must first determine if you're eligible.

Active employees working at age 65 and older. STSIG/SISC does not require Medicare until the employee becomes retired, then Medicare is required.

Active employee and early retiree under age 65 = group plan is primary
Retiree over 65 or with Medicare = Medicare is primary, group plan is secondary

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

STSIG MEDICAL PLANS effective 10-1-2023 to 9-30-2024

Health Savings Acct Qualified

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Plan Name	80C	80G	80K	80M	HSA - \$1500	HSA - \$3000	HSA - \$5000
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 \$3,000 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
Telemedicine Health (MD Live)	\$10	\$10	\$10	\$10	\$40	\$40	\$40
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physical Medicine (5 visits)	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	\$30 Deductible waived	\$30 Deductible waived	\$40 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

Pharmacy Plans with Navitus Health Solution					Co-pays 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	\$0	\$0 (30 day) after deductible	\$0 (30 day) after deductible	\$0 (30 day) after deductible
Generics - 30 day	\$9	\$9	\$9	\$10	\$9 after deductible	\$9 after deductible	\$9 after deductible
Specialty/ Brand	\$35	\$35	\$35	\$35 after deductible	\$35 after deductible	\$35 after deductible	\$35 after deductible

It is the member's responsibility to verify specific coverage items or plan details with the carriers of each program - Information from STSIG staff is general guidance only

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 High Deductible 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.stsigpa.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 formular 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-\$1500, HSA-\$3000, and the HSA-\$5000 plan.

PLAN 200 10-35 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 - formulary	\$9	FREE	FREE	FREE	N/A
	Brand - formulary	\$35	\$35	\$90	\$90	N/A
	Specialty* - formulary	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 10-35	Brand/Specialty Deductible	\$200 Individual / \$500 Family			\$200 Individual / \$500 Family	N/A
	Generic - formulary	\$10	\$0	\$0	\$30	N/A
	Brand - formulary	\$35	\$35	\$105	\$105	N/A
	Specialty* - formulary	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

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

Navitus pharmacy benefits are limited to the Navitus drug formulary which is subject to changes without notice.

Plan 200 Brand Drugs - deductibles must be met before copay applies.



Effective 10/01/2020

\$0 PCP Co-Pays

SISC Anthem and Blue Shield PPO* members receive \$0 co-pays on their first three in-network primary care office visits** every calendar year.

Primary care is associated with better quality, better efficiency, and **better health outcomes.**

Primary care providers can provide care for everything from chronic disease management to seasonal allergies and the common cold. They can also refer you to a specialist if needed.

\$0 office visit co-pays apply to physicians with any of the following credentials:

- General Practice
- Family Practice
- Nurse Practitioner
- Internal Medicine
- Pediatrics
- Obstetrics & Gynecology

Visit **anthem.com/ca/sisc** or **blueshieldca.com/sisc** to locate a primary care provider today.



*Not applicable to HSA members.

**\$0 copay for first three office visits applicable to office visit only. Additional cost share(s) may apply to any other service(s) or procedures (i.e., x-ray, lab, surgery) performed in office.

 Please recycle.

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.



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 Doctor” from the right-hand side of the screen, choose “Ambulatory Surgical Centers” in the search bar, then choose your 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
Deer Creek Surgery Center Affiliate	127 Raley Blvd., Ste 125 Chico, Ca 95928	530- 720-0176
Skyway Surgery Center	121 Raley Blvd. Chico, CA 95928	530-230-2000
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
Updated 5-25-2023		

Member districts of Shasta-Trinity Schools JPA enjoy a variety of services and benefits. It is the intent of STSIG to ensure all members have access to helpful programs that increase the value of membership and promote a *safe and healthy life.*



PRESTIGE URGENT AND PRIMARY CARE



Prestige
Urgent Care

Prestige offers STSIG members unlimited access to urgent and primary care for most medical conditions. They treat a full spectrum of acute and chronic conditions either by appointment or walk-in at their two Redding locations 7 days a week. The

Prestige memberships are at no cost to PPO medical plan members and \$20 per visit for members enrolled in a high-deductible medical plan.

Locations:

3689 Eureka Way, Redding CA 96001 (530) 244-4577

85 Hartnell Ave., Suite 100, Redding Ca 96002 (530) 262-6001

CHRONIC MEDICAL CONDITION HEALTH COACHING



Kannact™

If you are living with a condition like Diabetes, High Blood Pressure, High Cholesterol, Thyroid Disease, Obesity, or any Chronic Condition, it can add extra layers of stress to our already busy lives. Kannact can help. If you join the Kannact program, they'll pair you with a passionate health coach, provide you with digital tools you can use with your phone or laptop, and send you free testing supplies to save you money every month. And they always keep your health information private.

You can visit our STSIG - Kannact website at www.Kannact.com/STSIG to enroll now.

This is a no-cost benefit.

24/7 HELP WITH PERSONAL CONCERNS



Employee Assistance Program

Access free, confidential resources if you or a family member needs help with emotional, marital, financial, addiction, legal, or stress issues.

Call 1-800-999-7222 Or go to anthemEAP.com and enter **SISC**

This is a no-cost benefit.

EXPERT MEDICAL OPINIONS



TELADOC™

Get the answers to your health care questions, find a local physician, or review a diagnosis and treatment plan from world-renowned experts by web, phone, or app at no cost to you.

Call 1-800-835-2362 Or go to Teladoc.com/sisc

24/7 PHYSICIAN ACCESS – ANYTIME, ANYWHERE



Consult with doctors and pediatricians over the phone or use online videos 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.

Register by calling MDLive at 1-888-632-2738 Or go to mdlive.com/sisc

\$10 for PPO members and \$40 for HDHP members



FREE GENERIC MEDICATIONS



On our PPO pharmacy plans, members can get free most generic medications at Costco and through Costco Mail Order (excludes certain pain and cough

medications), and members on High Deductible plans can get free generic medications after their deductible has been met. Costco membership is not required.

Call 530-222-0199 Or stop by the Redding Location, 1300 Dana Dr, Redding CA 96003. If outside of Redding call 1-800-774-2678 to find a local Costco

This is a no-cost benefit.

ENHANCED CANCER BENEFIT



Contigo Health is partnering with STSIG/SISC to offer an Oncology Center of Excellence Program to help covered members navigate their cancer diagnosis and treatment journey.

Call 877-220-3556 (Monday-Friday 6 a.m. to 6 p.m.)

This is a no-cost benefit for PPO members. 100% covered after meeting HSA deductibles if applicable.

NO COST HIP, KNEE, AND SPINE SURGICAL OPTIONS



Get access to top-quality surgeons at Scripps with no out-of-pocket cost for members enrolled in a PPO medical plan. All medical bills, including deductibles, coinsurance, and even travel expenses are covered.

Call 1-888-855-7806

This is a no-cost benefit for PPO medical plan members.

DIABETES PREVENTION PROGRAM



Take control of your health. Prevent diabetes and start improving your overall health and well-being today with LARK. If you qualify, you can get access to a weight loss program and 24/7 coaching support. Lark provides a 16-week cutting-edge program that helps with

weight loss, and adopting healthy habits, and can significantly reduce your risk of developing diabetes. Go to lark.com/anthemBC and take a 1-minute quiz to see if you qualify.

This is a no-cost benefit.

DISCOUNTED EYEGLASSES



VSP members can utilize this program for discounted eyewear. First, create an account at vsp.com. Then, go to eyeconic.com

This benefit is a 20% savings on glasses and sunglasses.



PREGNANCY AND POSTPARTUM SUPPORT



SISC provides 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.

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

DISCOUNTED GYM MEMBERSHIPS



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 the fitness center for participation.

Members log in to anthem.com/ca/sisc, Scroll down to "Value Added Benefits" and visit "[Active And Fit: ASH Gym Discount](#)".

This is a low-cost benefit.

DISCOUNTED HEARING AIDS



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 the national average prices.

Call 1-866-754-1607

This is a low-cost benefit.



Delta Dental offers – [Virtual Consult](#). The program connects members and dentists for real-time video appointments.

Visit <https://www1.deltadentalins.com/virtual-consult>

[Toothpic](#) – is a photo-based teledentistry app that offers virtual dental screenings.

Visit deltadental.toothpic.com

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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:

\$10

*All enrolled SISC PPO members and Anthem HMO members.

\$40 for HDHP members



Download the App

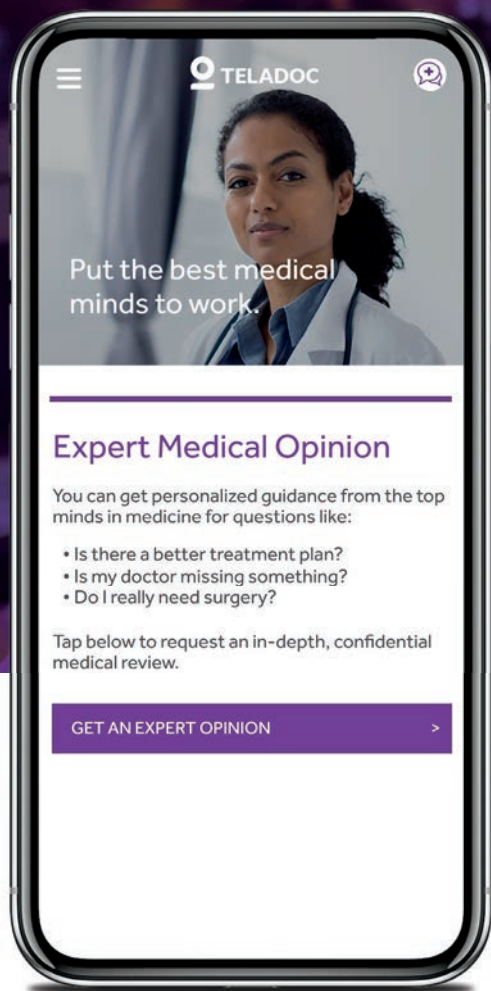
Doctor visits are easier and more convenient with the MDLIVE App. Be prepared. Download today.



Exceptional Care,
Anywhere.

MDLIVE.com/SISC

1-888-632-2738



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: 1-800-TELADOC (835-2362)**

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

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.

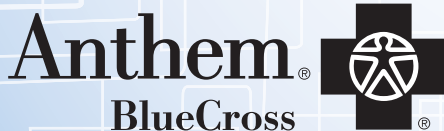
How we can help

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.

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. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Browse with benefits.



eyeconic®

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.



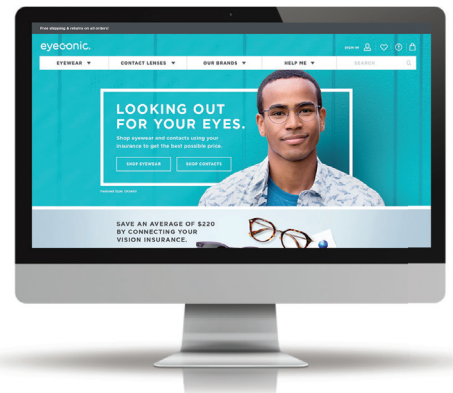
You get exclusive savings year round.

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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SISC Enhanced Cancer Benefit

A cancer diagnosis is scary.

If you or a covered family member is facing cancer diagnosis, ***you are not alone.***

The SISC Oncology Center of Excellence benefit is here to help you navigate the cancer journey.

The benefit offers free access for SISC members* covered by an Anthem or Blue Shield PPO plan to the City of Hope. The program includes:

- An in-person evaluation – (travel costs covered for patient and a companion)
- A recommended care plan from a cancer expert who will discuss it with you and your treating oncologist.
- Continued access to cancer care experts for 12 months following the evaluation.

*Per IRS guidelines, this benefit is subject to the deductible for members enrolled on HSA plans. Excluding 65+ PPO Plans.

Learn more about the program and initiate care by calling Health Design Plus at 877-220-3556, Monday through Friday, 6 a.m. to 6 p.m. PT.



Delta Dental – Virtual Consult:

Use your benefits to see a dentist online

A new virtual dentistry tool for members is here. Say hello to Delta Dental – Virtual Consult.

Virtual Consult connects Delta Dental members and dentists for real-time video appointments. It's totally secure and HIPAA-compliant, and it's available for free¹ with your existing Delta Dental PPO™ or Delta Dental Premier® plan².

When you have an urgent issue, even if it's after hours³, Virtual Consult makes getting a dentist's advice simple. Even if you don't have a dentist that you see regularly, Virtual Consult makes urgent care, e-prescriptions and check-ins with Delta Dental dentists accessible from the comfort of your own home.

Virtual Consult is great if you...

- Are experiencing an urgent dental issue
- Don't have a regular dentist
- Can't take time off work or have difficulty visiting the dentist's office
- Aren't feeling well or visiting the dentist's office isn't recommended



deltadentalins.com



Virtual Consult

What can I do with Virtual Consult?



With Virtual Consult, you can:

- **Get urgent dental care** for issues such as pain or pressure, bumps or swelling, cuts or lesions, chipped teeth and bleeding. You can even **get e-prescriptions** for pain or infections sent directly to the pharmacy of your choice.
- **Have a live video consultation** with a Delta Dental dentist from the comfort of **your own home** or anywhere you have a camera and internet-equipped computer.
- **Get follow-up instructions sent to you** and visit summaries and histories **made available for your regular dentist**. Your medical information and visit history will also be stored in your secure profile for any future visits.

Ready to get started?

Visit <https://www1.deltadentalins.com/virtual-consult> for more information and to learn how to download and use Virtual Consult. For best results, please use Chrome as your browser and close any VPN or firewall connections before your appointments.

¹ Members who have 100% coverage for oral evaluations and who have not exceeded their frequency limitations for office visits or limited oral evaluations are eligible to use Virtual Consult. There are no additional costs to use the platform.


² Delta Dental PPO and Delta Dental Premier are open networks that allow you to visit any licensed dentist, either in the PPO network, where you will save the most on out-of-pocket costs, or the moderate cost Premier network. Outside the Delta Dental network, there are no cost protections. Members who visit a network dentist receive the advantages of no billing beyond the charges allowed by the plan and the submission of claims by dentists. In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

³ Please note that availability of Virtual Consult providers may vary based upon state and appointments are subject to schedule availability.

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deltadentalins.com

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EF37 #129611 (rev. 01/21)

Connect with a dentist from home with Toothpic!

Brought to you by Delta Dental¹

Toothpic is a photo-based teledentistry app for PPO™ and Premier® plan members that offers virtual dental screenings from a Delta Dental dentist

Answer a few questions about your oral health and take photos of your mouth from your smartphone.

Receive a personalized dental report in under 24 hours, including:

- ✓ A diagnostic screening from a Delta Dental dentist²
- ✓ A review of your photos with issues marked for concern
- ✓ Care and treatment recommendations and access to Delta Dental's provider directory for continued care



How to register

- 1 Scan this QR code with your smartphone or visit deltadental.toothpic.com
- 2 Click on Register Now to create an account and download Toothpic
- 3 Open Toothpic and log in to your account to get started!

1. Delta Dental of California, Delta Dental of New York, Inc., Delta Dental of Pennsylvania, Delta Dental Insurance Company and affiliated companies. Delta Dental is a registered trademark of Delta Dental Plans Association.

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



Lark's diabetes prevention program

Frequently asked questions

If you are one of the roughly 88 million Americans with prediabetes,¹ Lark has a program that can help you address it with healthy lifestyle changes before it develops into type 2 diabetes. The following are answers to commonly asked questions about the digital program.

Q: What does it mean to have prediabetes?

A Having prediabetes means your blood sugar levels are higher than they should be. If you have prediabetes, you are at higher risk of heart attack, stroke, and developing type 2 diabetes. However, making small lifestyle changes can help you improve your health and prevent diabetes.

Q: How do I know if I am at risk for prediabetes?

A: Most people with prediabetes aren't aware they have it because they don't show symptoms and doctors don't routinely test for it. Key risk factors for prediabetes include your age, family history, weight, and activity level.¹ To determine your risk level and whether you are eligible for Lark's program, visit lark.com/anthemBC.

Q: What is a diabetes prevention program (DPP)?

A A diabetes prevention program uses guidelines from the CDC to teach you about prediabetes and help you make small lifestyle changes that can significantly reduce your chance of developing type 2 diabetes or other health issues.

Q: What is included in the Lark DPP?

A: Lark's diabetes prevention program includes access to a digital coach. Your coach is available 24/7 to offer friendly, personalized, text message-based coaching through the Lark mobile app. There are no meetings to attend or phone calls to schedule in advance. You can check in whenever and wherever it is convenient for you, right from your smartphone. As part of the program, you will also receive a wireless scale that uploads your information to the app automatically so you can easily track your progress and share it with your coach. Lark will even send you a personal activity tracker, as long as you stay active in the program.

Q: What topics can a Lark coach help me address?

A: Your Lark coach provides personalized support and guidance in several areas to help reduce your risk of developing type 2 diabetes, including:

- Weight loss and weight management
- Prediabetes-specific nutrition that doesn't involve counting calories
- Weekly prediabetes education, with daily check-ins to help you stay on track
- Stress management and identifying stress triggers
- Sleep and physical activity

Your coach also learns about you over time and customizes your coaching experience based on your goals and progress.

Q: How do I start my digital Lark coaching?

A: First, visit lark.com/anthemBC and take the one-minute Prediabetes Risk Test to determine if you are at risk for prediabetes. If the test indicates that you have prediabetes or are likely to have prediabetes, you'll be given a link to download Lark from the App Store® or Google Play™. You can begin interacting with your digital Lark coach immediately.

Q: How much does Lark's DPP cost?

A: Lark's DPP is included at no extra cost as part of your Anthem health benefits, and includes access to the mobile app. The wireless connected scale also comes at no extra cost.

Q: Will Lark share my personal data with my employer?

A: No. Lark may share generalized data, such as the number of employees using the program or the average amount of weight lost by employees, but Lark does not share individually identifiable data with your employer.

Q: Do people see results with Lark?

A: Yes. There are tens of thousands of people improving their health with Lark. After one year on the program, 40% of Lark members lose 5% of their starting weight.² This weight loss has been shown to greatly reduce the risk of developing type 2 diabetes.

Q: If I'm not good with technology will Lark's digital program still work for me?

A: Yes, Lark is for everyone. If you can text, you can use Lark. In fact, Lark users over the age of 50 have slightly better results than younger Lark users.³

lark.com/anthemBC



**Don't let prediabetes control your future.
Let Lark show you how small changes now
can lead to better health moving forward.
Scan this QR code with your smartphone and
take the one-minute quiz to determine your risk.**

¹ Centers for Disease Control and Prevention website: *Prediabetes – Your Chance to Prevent Type 2 Diabetes* (accessed October 2020); cdc.gov.

² Lark internal data.

³ Lark internal data, *Clinical outcomes from older adults in a digital diabetes prevention program*.

Diabetes Prevention Program is provided by Lark, an independent company.

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Open Enrollment Instructions

To enroll in benefits, go to: [PlanSource Login](https://benefits.plansource.com/) <https://benefits.plansource.com/>

Login Page – if you are not using a API

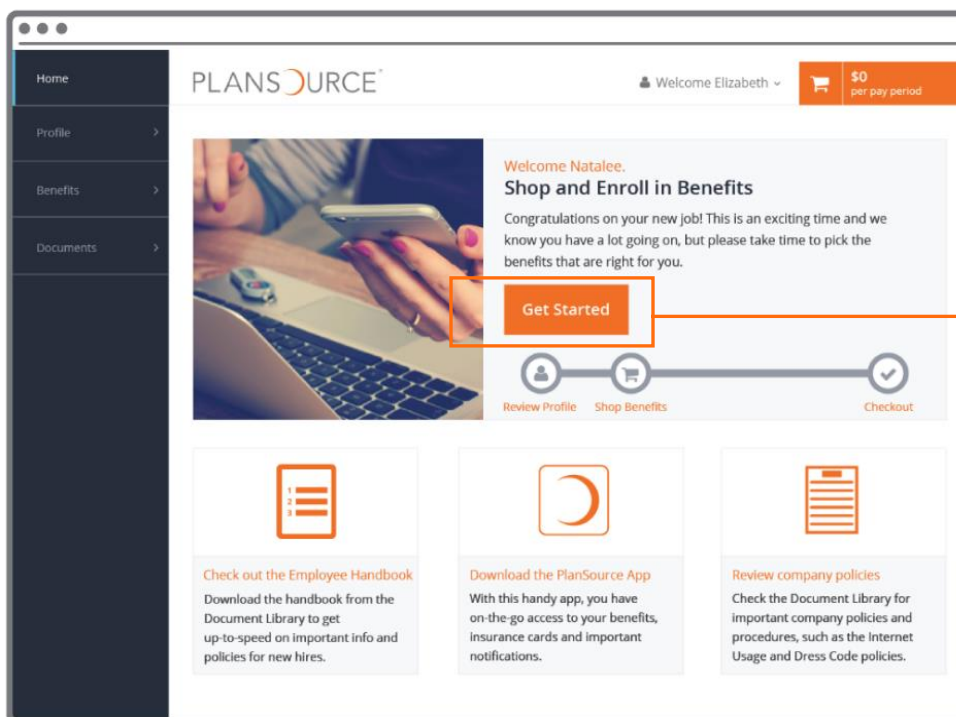
Enter your username and password.

Username: Your username is the first initial of your first name, up to the first six letters of your last name, and the last four digits of your SSN.

For example, if your name is Taylor Williams, and the last four digits of your SSN are 1234, your username would be twillia1234.

Password: Your initial password is your birthdate in the YYYYMMDD format.

So, if your birthdate is June 4, 1979, your password would be 19790604. The first time you log in, you will be prompted to change your password.



Homepage

On the Homepage, click “Get Started” to begin.

Home | PLANSOURCE[®] | Welcome Elizabeth | \$0 per pay period

Profile

My Profile
My Family
Beneficiaries

Review Your Profile * Indicates required field

Basic Info

First Name Natalee	Middle Name Elizabeth	Last Name Jones
-----------------------	--------------------------	--------------------

Contact Info

Address 1 * 15017 Emerald Coast Pkwy	Address 1
City * Destin	State/Province * Florida
Zip/Postal Code * 32540	

Profile

First, you'll be asked to review and update your profile and ensure that all information listed about yourself and your family members is correct.

Home | PLANSOURCE[®] | Welcome Elizabeth | \$0 per pay period

Shop for Medical

Figuring out which plan is right for you and your family can be a little complicated. But don't worry, we're going to help you figure it out. Watch these videos to learn about the different types of ...

Additional Content (3):

- Premiums, Deductibles, Copays and Out-of-Pocket Maximums
- What is In-and-Out-of-Network?
- What is Coinsurance?

Please select family covered:

Yourselves

Edit Family Covered

Filter Plans

Max cost per pay period @ \$500

Max deductible (annual) @ \$10,000

Max out-of-pocket (annual) @ None

Edit Preferences

Sort by: Recommended

Select Carrier: --

Select a Plan

Current & Recommended Plan	aetna	aetna	Cigna
HDHP \$5000 Deductible	HDHP Select 70 - \$10,000 Deductible	Open Access Value \$1500	
\$57.58 Cost per pay period	\$51.92 Cost per pay period	\$75.00 Cost per pay period	
Deductible: \$5,000 Copay: 80% Coinsurance: 80%/20%	Deductible: \$10,000 Copay: 70% Coinsurance: 80%/20%	Deductible: \$1,500 Copay: \$20/\$50 Coinsurance: 80%/20%	
View Plan	View Plan	View Plan	

aetna	aetna	aetna
PPO \$500 Open Plan	PPO \$1000 Open Plan	PPO \$2000 Open Plan
\$63.46 Cost per pay period	\$68.49 Cost per pay period	\$78.05 Cost per pay period
Deductible: \$500 Copay: \$20/\$50 Coinsurance: 80%/20%	Deductible: \$1,000 Copay: \$20/\$50 Coinsurance: 80%/20%	Deductible: \$2,000 Copay: \$20/\$50 Coinsurance: 80%/20%
View Plan	View Plan	View Plan

[Decline Medical Benefits](#)

Shop for Benefits

You can then begin shopping for benefits!

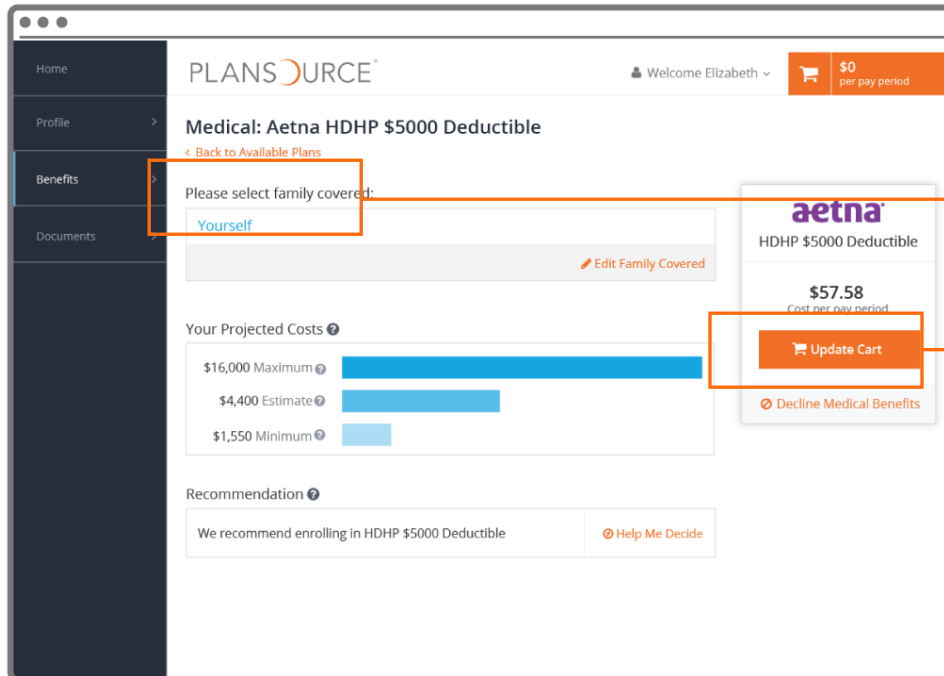
Educational material about the specific plan type is available at the top of the page.

Filter

If your company offers three or more plans, you'll be able to filter available plans based on a variety of criteria.

Plan Overview

Plan choices are displayed on "cards," which provide a brief summary of what is included in the plan. Click a card to get more detail.



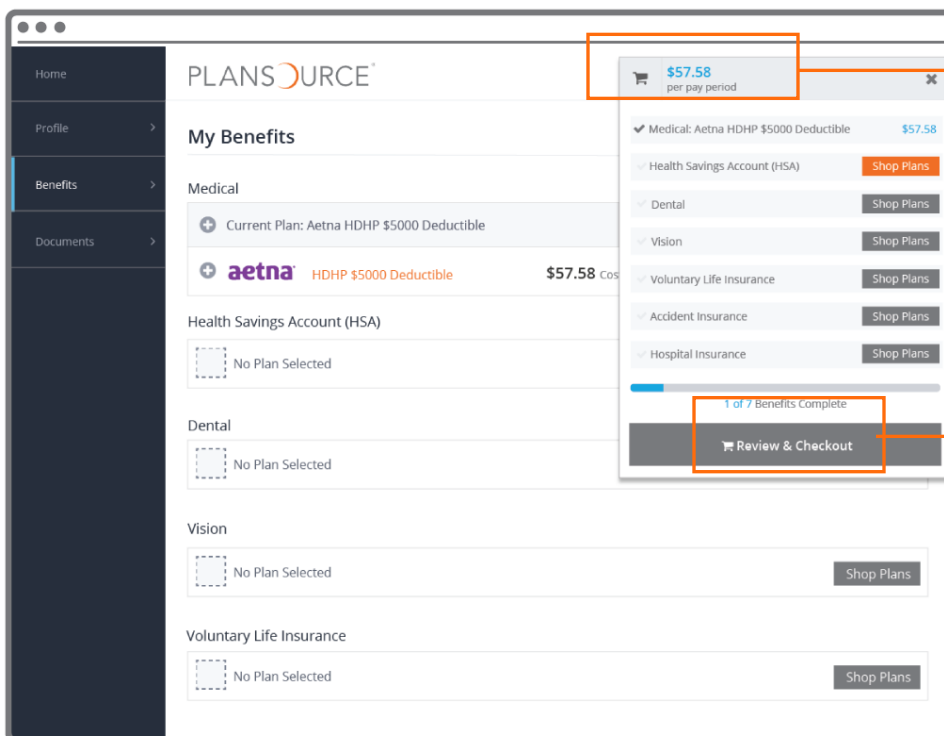
Plan Details

The plan detail page will give you information about each plan, including deductible, cost per pay period and projected costs.

Select Plan

To select a plan, indicate which family members are covered by clicking “edit family covered” and select the card for each family member you’d like to be on the plan.

Click “Update Cart” to choose the plan.



Shopping Cart

The shopping cart displays a running total of your combined benefits costs and shows your progress. You will need to select or decline a plan in each benefit type before you can check out.

Checkout

To finalize your choices, click “Review and Checkout.” You must complete the checkout process in order to be enrolled in benefits.