



2020-21 Medicare Retiree Open Enrollment

Dear STSIG Member,

Open enrollment begins August 1, 2020 and runs through September 4, 2020. The plan year runs from October 1, 2020 to September 30, 2021.

Due to Covid-19 virus there will not be any in-person meetings this open enrollment. 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. Question can be emailed benefits@stsig.org.

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. Retirees without access to a computer may use paper change forms or call STSIG for assistance in making changes.

Shasta County Office of Education (SCOE) requests its retirees 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 2020-21 Changes
- 2020-21 Medical Plan Comparison Sheet
- Primary Care Physician (PCP) First 3-Visits
- Pharmacy Benefits Information
- Dependent Eligibility Documentation Chart / Qualifying Event Chart
- Value-Added Services
- PlanSource open enrollment instructions
- MDLIVE telemedicine Information
- Blue Distinction Plus / Dual Coverage Coordination
- Medicare 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 email lgrant@stsig.org. 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 2020-21 Changes, effective October 1, 2020
Medicare Retirees

Medical

- All PPO medical plans will allow three primary care visits with no co-pays per calendar year.
- 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.

Dental

- No change.

Vision

- No change.

Important Dates

August 1, 2020 – Open Enrollment Begins
September 4, 2020 – Open Enrollment ends at midnight – no changes after this date except for qualifying events.
October 1, 2019 – New plan year begins- if you made changes to your medical coverage you will receive a new medical card in October.

STSIG MEDICAL PLANS effective 10-1-2020 to 9-30-2021

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 \$2,800 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 Mental Health (MD Live)	\$5	\$5	\$5	\$5	\$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	\$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

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	\$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

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 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.stsigpa.com (medical program page)



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.

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

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

Open Enrollment Instructions

To enroll in benefits, go to: www.plansource.com/login.

Login Page

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.

Enroll in Benefits

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.

Shop for Benefits

You can then begin shopping for benefits!

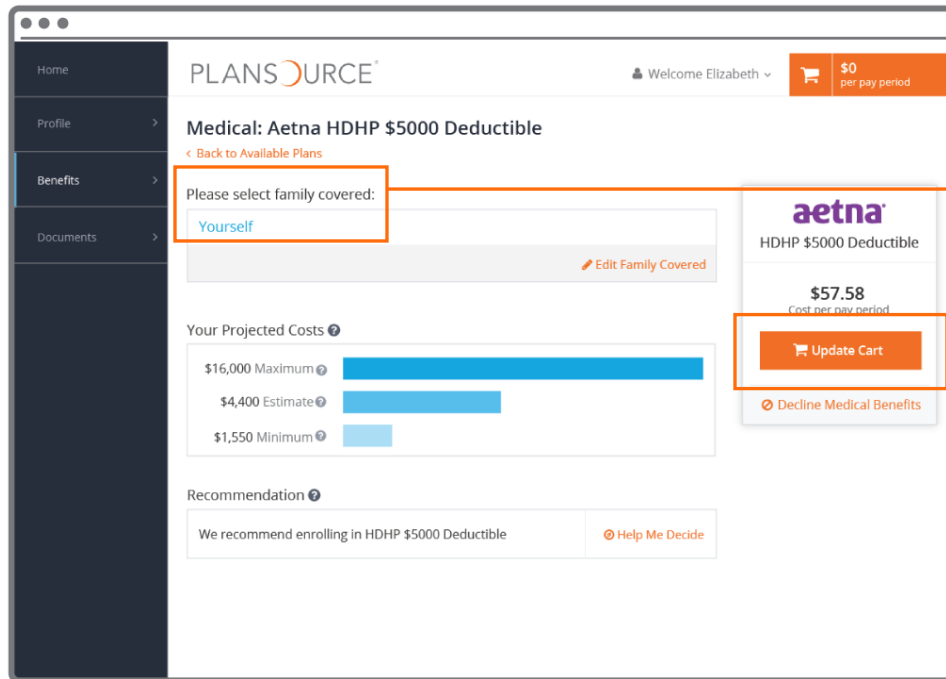
Educational material about the specific plan type is available at the top of the page.

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.

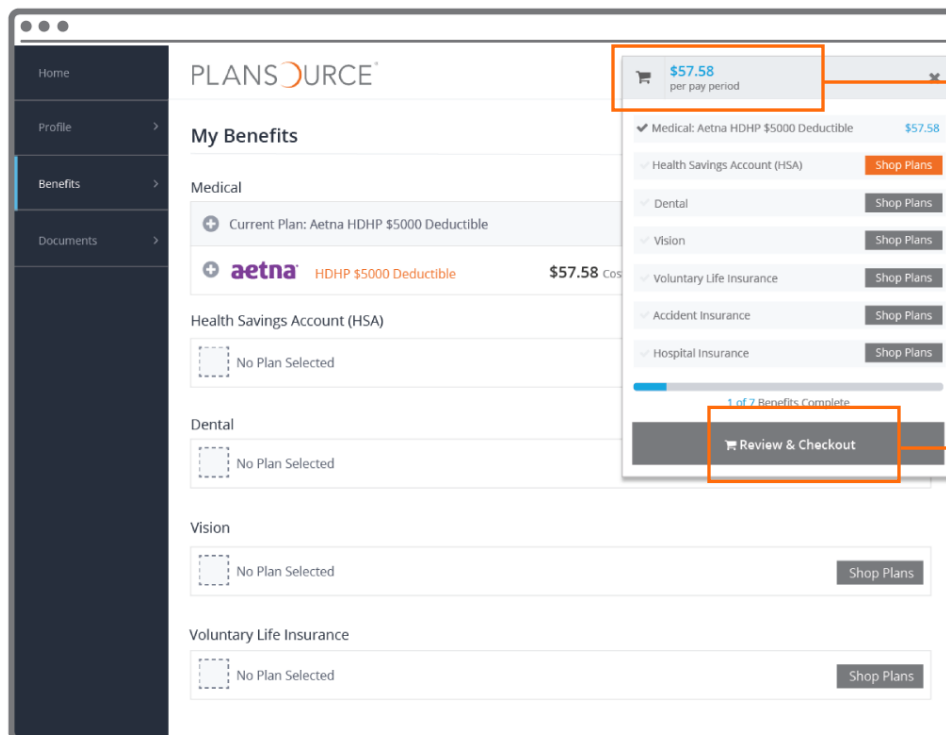


Plan Details

The plan detail page will give you information about each plan. Contact your district for 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 your choices.

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.



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



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



Important Requirements for Knee, Hip, and Spine Surgery

BLUE DISTINCTION SPECIALTY CARE

When you or your family need specialty care, you want access to providers who best fit your needs. Blue Distinction Specialty Care helps you find high-quality options with the expertise for your specific needs.

There are two distinct recognitions: Blue Distinction Centers and **Blue Distinction + Centers**.

Blue Distinction Centers demonstrate quality care, treatment expertise, and better overall patient results. Blue Distinction + Centers demonstrate the same quality care as the Blue Distinction Centers at a more affordable cost. Our plans require the use of only **Blue Distinction + Centers** and surgeons for all knee, hip, and spine surgeries and also require pre-approval.

To find out if a Blue Distinction + doctor, hospital, or a healthcare facility is in the plan's network, please contact Anthem customer service at 800-825-5541. Anthem customer service can connect you to **HealthBase**, a concierge service who will help with travel arrangements, accommodations, and setting up appointments, including medical record collections and transfer. When speaking with Anthem customer service, confirm they are aware of what type of surgery you need.

Follow these steps to find more information on Blue Distinction + Centers.

- Go to anthem.com/ca/sisc
- Select Find Care
- Scroll down the page to the blue heading for Blue Distinction Centers.
- Select Find a **Blue Distinction+ Center** for Hip, Knee, and Spine Surgeries.

If you have difficulties and Anthem is not able to help the situation, you can call our office for assistance. Our office can't change the Anthem process, but we may be able to help you navigate the process.

Members are encouraged to contact **Carrum Health** at 888-855-7806 to see if the member's condition qualifies for the Carrum program, which provides free travel expenses, lodging, and no out of pocket cost to the PPO member having surgery at their facility.

Contact **Advanced Medical** at 855-201-9925 for a free second opinion regarding any medical condition.

Get the full benefit of your Anthem plan as a Medicare beneficiary!

Anthem Coordination of Benefits (COB) with Medicare

The **Medicare benefit reserve** (sometimes called the **reserve bucket**) is a funding account created at Anthem. The “reserve” accumulates funds based on savings that Anthem gets because they are not the primary plan. Because Medicare is the primary plan, and Anthem is the secondary plan, Anthem doesn’t pay as much as they would have if they were primary, so Anthem saves money and passes the savings back to you. Anthem does a calculation and then puts those savings into a reserve account for the member’s benefit for use during that calendar year.

Special note: This process doesn’t not apply to pharmacy benefits. If you are enrolled in a Medicare Part D plan for pharmacy, there is no secondary coverage with Navitus for pharmacy products or services.

If there are accumulated funds in the reserve account, Anthem will apply whatever amount is available toward the member’s expense.

Every time Anthem processes a claim as a secondary payer and there is a saving to Anthem, the member’s reserve account increases. It is typical that early in the year, the reserve account has no available funds, and therefore, the member will be responsible for any balance due that is not covered by Medicare or Anthem.

If the reserve has not accumulated enough funds to pay toward an expense, the member can request those early unpaid expenses to be paid later in the calendar year when there are funds in reserve. This process is not automatic. The member must contact Anthem before the end of the calendar year (or anytime during the calendar year) to request the adjustments. The reserve does not roll over to the next year.

Let’s walk through a claim:

A member has a service for \$100. The service is allowable at the full amount by both Medicare and Anthem. Medicare is billed first, and they pay 80% of the \$100, which is \$80.

The balance of the bill is then sent to Anthem, which is \$20. If Anthem had paid as primary, they would have paid \$80. The bill of \$20 is paid from the reserve account. The net amount that Anthem “saved” is \$60 so it is put into the member’s reserve account for use on future expenses in that calendar year.

Medicare Allowed Service	Paid by Medicare	Balance owed to the provider
\$100	\$80	\$20
Anthem allowed for same service	Savings apply to future reserve	Payment to the provider from the reserve
\$100	\$80	\$20
Net amount to the reserve account is \$60		

If there are no funds in the reserve account and the service was not allowed by Anthem or the Anthem allowable amount is lower than the Medicare allowable amount or there weren’t enough funds to pay the secondary bill in full from the reserve account then the member is responsible to pay the balance of the provider’s bill.

If the member paid \$20 upfront at the provider’s office and Anthem later paid that amount from the reserve account, the provider is now overpaid. The member should contact the provider and request a refund.

If there are funds left in the account at the end of the calendar year, it is lost as the funds are not real money but only savings.

Special note: Don’t be surprised if the Anthem customer service representative says they don’t know what the “benefit reserve” is. In that case, keep asking to speak to a supervisor until you reach someone with knowledge of this process. The reserve is a coordination of benefits (COB) process. It is best to keep good notes that include the day and time you contacted Anthem and who you spoke with in case the process doesn’t happen properly.

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

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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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.



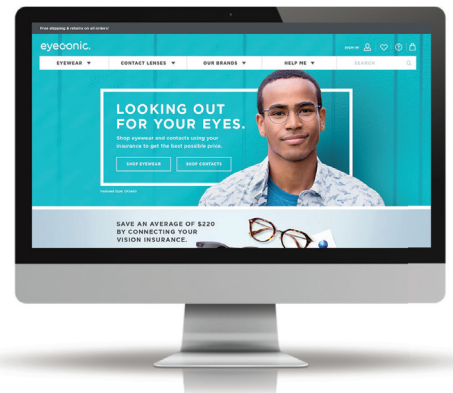
You get exclusive savings year round.

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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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 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
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		