



## 2023-24 Open Enrollment – Active & Early Retiree Handout

Dear STSIG Member,

Open enrollment begins August 1, 2023, and runs through September 1, 2023. The plan year begins October 1, 2023, and ends September 30, 2024. This year there will be virtual open enrollment meetings. You can view a recorded meeting on our website anytime or participate in a weekly virtual meeting – that schedule is also on our website [www.stsigjpa.com](http://www.stsigjpa.com). Questions should be submitted to [benefits@stsig.org](mailto: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.stsigjpa.com](http://www.stsigjpa.com).

Shasta County Office of Education (SCOE) requests its members to make all health plan changes in PlanSource and to complete the “Annual Survey Questions” listed at the top of the PlanSource 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:

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STSIG staff is available to help members with the PlanSource online enrollment process by phone at 530-221-6444 or by email at [Lgrant@stsig.org](mailto: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**

### **Medical**

- MD Live \$10 Copay for PPO plans (increase)
- HSA-A Family Deductible Change to \$3,000 effective 1-1-2024.
- All High Deductible plans will have name changes (see the medical summary page attached).
- All Hip, Knee, and Spine surgery must be done by a surgeon at a **Blue Distinction Plus** facility.
- Out-of-network claims must be submitted within 6-months of service. Late submissions will be denied.
- Go to [www.stsigjpa.com](http://www.stsigjpa.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](http://www.navitus.com) ) for formulary updates throughout the year.

### **STSIG Health Saving Account Contributions (HSA)**

- Payflex will terminate health savings accounts with no activity for 12 months and those who are no longer on a qualified medical plan. The funds are placed in a trust-holding account until claimed. PayFlex will contact those affected by mail before the termination of the account.

### **Medical Wellness Incentive**

- Vaccine activity is replaced with "One medically recommended vaccine".
- Wellness trackers submitted late will not be accepted.

### **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

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

## 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"> <li>• Enroll self, if applicable</li> <li>• Enroll newly eligible child and any other eligible dependents</li> <li>• Change health plans when options are available</li> </ul>	<ul style="list-style-type: none"> <li>• Birth certificate indicating parents' full names; or</li> <li>• Adoption/Guardianship documents issued by a court</li> </ul>
Loss of Coverage Elsewhere NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> <li>• Enroll self, spouse/domestic partner, and any eligible dependent children, if applicable</li> <li>• Change health plans when options are available</li> </ul>	<ul style="list-style-type: none"> <li>• Proof of Loss of Coverage</li> <li>• Other enrollment forms/documents as applicable</li> </ul>
Marriage or Commencement of Domestic Partnership NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> <li>• Enroll self, if applicable</li> <li>• Enroll spouse/domestic partner and any newly eligible dependent children</li> <li>• Change health plans when options are available</li> </ul>	<ul style="list-style-type: none"> <li>• Marriage Certificate; or</li> <li>• Declaration of Domestic Partnership filed with the California Secretary of State; or</li> <li>• SISC Domestic Partnership Affidavit, if applicable (opposite-sex domestic partners)</li> <li>• Other enrollment forms/documents as applicable</li> </ul>
Divorce or Termination of Domestic Partnership NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> <li>• Drop spouse/domestic partner</li> <li>• Drop stepchildren gained from marriage or domestic partnership</li> <li>• Enroll self and any newly eligible dependent children who lost eligibility under spouse/domestic partner's plan</li> <li>• Change health plans when options are available</li> </ul>	<ul style="list-style-type: none"> <li>• Final Divorce Decree; or</li> <li>• Dissolution of Domestic Partnership filed with the California Secretary of State; or</li> <li>• SISC Affidavit of Termination of Domestic Partnership (opposite-sex domestic partners)</li> <li>• Other enrollment forms/documents as applicable</li> </ul>
Death of Dependent (spouse/ domestic partner or child) NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> <li>• Remove the dependent from coverage</li> <li>• Change health plans when options are available</li> </ul>	<ul style="list-style-type: none"> <li>• Death Certificate and Membership Change Form</li> </ul>
Qualified Medical Child Support Order (QMCSO) requiring enrollment of dependent child	<ul style="list-style-type: none"> <li>• Enroll self, if not already enrolled in coverage</li> <li>• Enroll dependent child named on the QMCSO to employee's health coverage</li> <li>• Change health plans when options are available</li> </ul>	<ul style="list-style-type: none"> <li>• Membership Change Form</li> <li>• Birth Certificate indicating parents' full names; and</li> <li>• Qualified Medical Child Support Order (QMCSO) court document</li> </ul>
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"> <li>• Enroll self, spouse/domestic partner, and any eligible dependent children, if applicable</li> <li>• Drop coverage, if applicable</li> <li>• Change health plans when options are available</li> </ul>	<ul style="list-style-type: none"> <li>• Proof of employment change; and</li> <li>• Other enrollment forms/documents as applicable</li> </ul>
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"> <li>• Enroll self, spouse/domestic partner, and any eligible dependent children, if applicable</li> <li>• Drop coverage for person who became entitled and enrolled in Medicare/Medicaid</li> <li>• Change health plans when options are available</li> </ul>	<ul style="list-style-type: none"> <li>• Proof of Enrollment in or Loss of Coverage in Medicare/Medicaid (whichever applicable)</li> <li>• Other enrollment forms/documents as applicable</li> </ul>

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

Health Savings Acct Qualified

Health Savings Acct Qualified

Health Savings Acct Qualified

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](http://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](http://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 HSA-\$5000.

**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
<b>PLAN 9-35</b>	Generic - formulary	\$9	<b>FREE</b>	<b>FREE</b>	<b>FREE</b>	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
<b>PLAN 200 10-35</b>	Brand/Specialty Deductible	\$200 Individual / \$500 Family			\$200 Individual / \$500 Family	N/A
	Generic - formulary	\$10	<b>\$0</b>	<b>\$0</b>	<b>\$30</b>	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.



## STSIG / PRESTIGE PARTNERSHIP

### LOCATIONS:

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

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

### WEBSITE:

[www.prestigeuc.com](http://www.prestigeuc.com)

### Primary Care and Wellness Exams

-By appointment only  
-Same day appointments  
generally available

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

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

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

-HSA-\$1500, HSA-\$3000, and HSA-\$5000 plan members with a health savings account will pay a \$20 fee for each visit due to IRS regulations. There is no cost for the annual wellness exam and the approved annual blood panel.

### **Services included in Membership:**

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

### **Services not included in Membership:**

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

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

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

**Shasta-Trinity Schools Insurance Group**  
85 Hartnell, Ste. 200, Redding, CA 96002  
[www.stsigipa.com](http://www.stsigipa.com)

May 2023





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](https://anthem.com/ca/sisc)** or **[blueshieldca.com/sisc](https://blueshieldca.com/sisc)** to locate a primary care provider today.



## 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

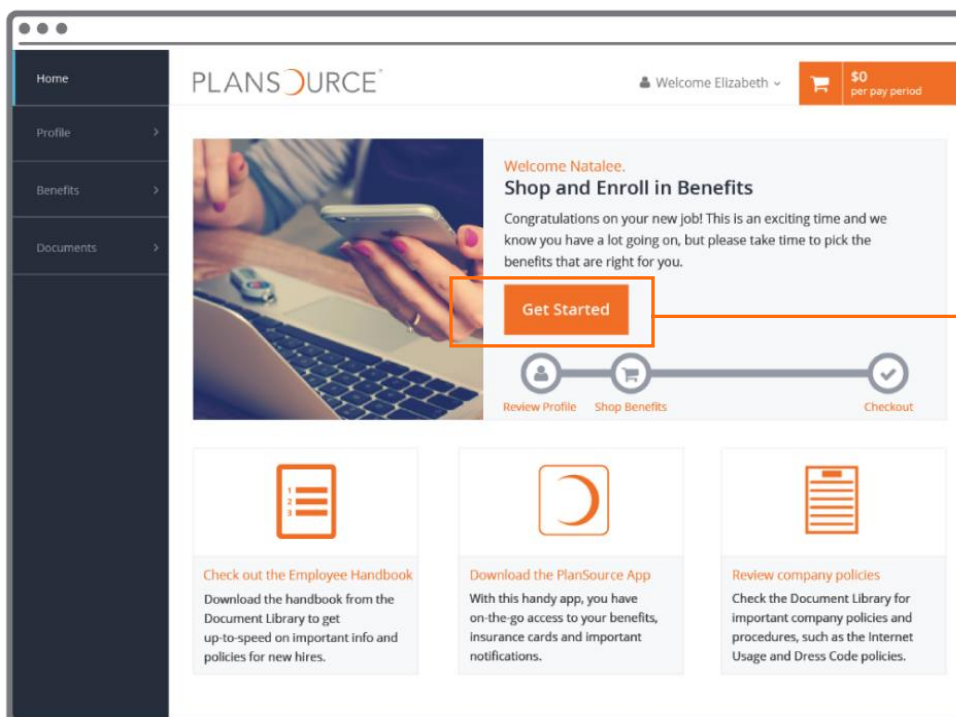
Enter your username and password.

**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.

## 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!

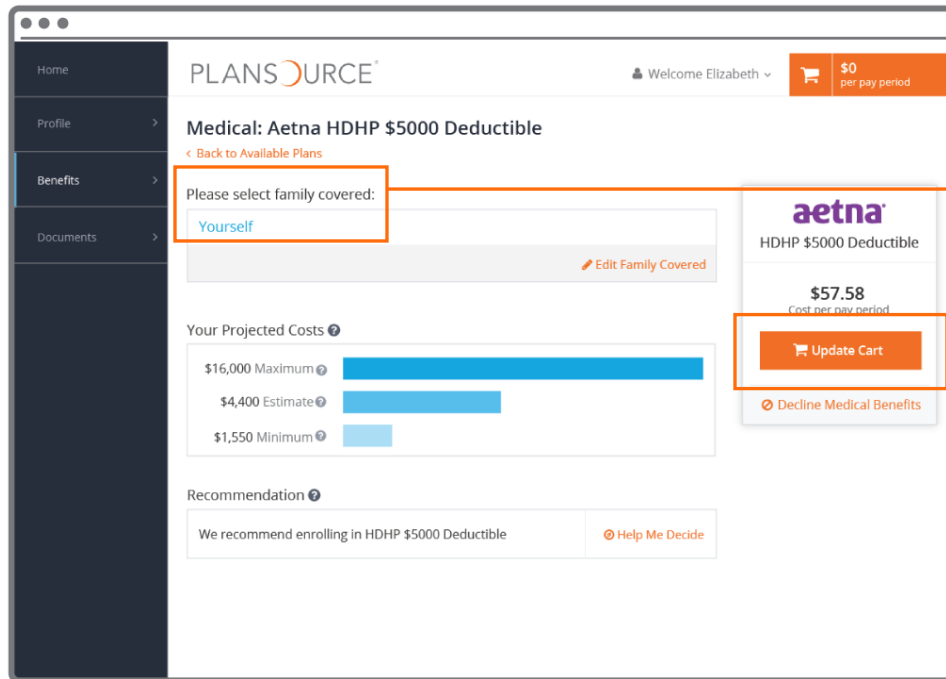
Educational material about the specific plan type is available at the top of the page.

### 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.

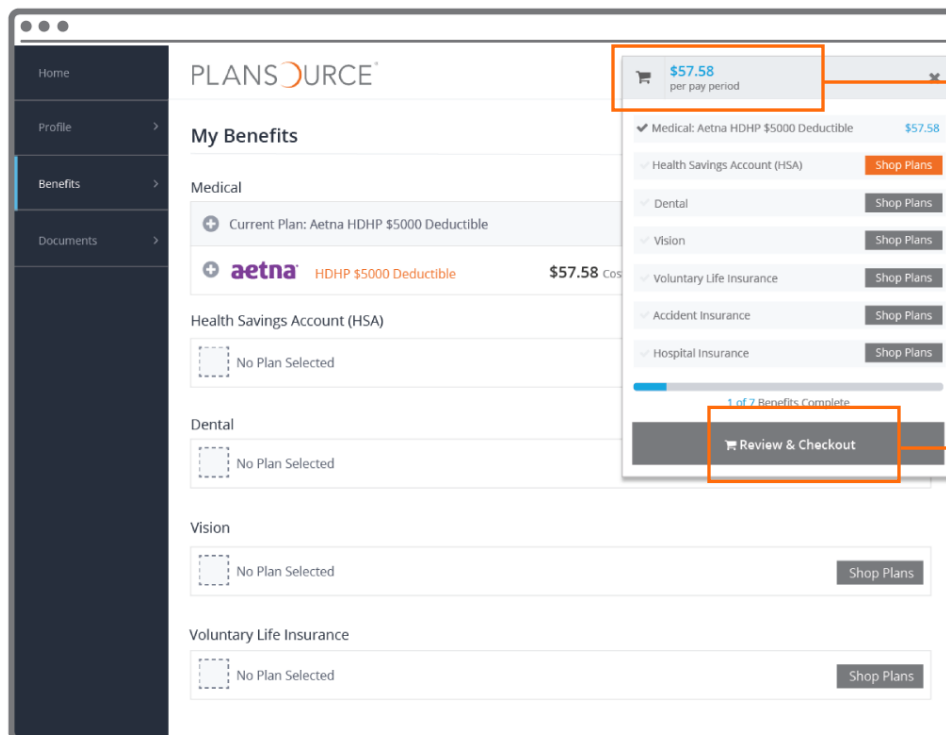


### Plan Details

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.

# Hip, Knee and Spine Surgeries

## *Blue Distinction+ Requirement*

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

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

### The highest quality of care

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

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

### Finding a Blue Distinction+ hospital

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

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

### Are you considering a hip, knee or spine surgery?

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

Call **1-855-201-9925** to start a second opinion, or visit [advance-medical.net/sisc](https://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		





## ACCESS TO WORLD-CLASS CANCER EXPERTS AND CARE.

### Facing cancer starts with knowing your options. SISC and Contigo Health ECEN Passport™ can help.

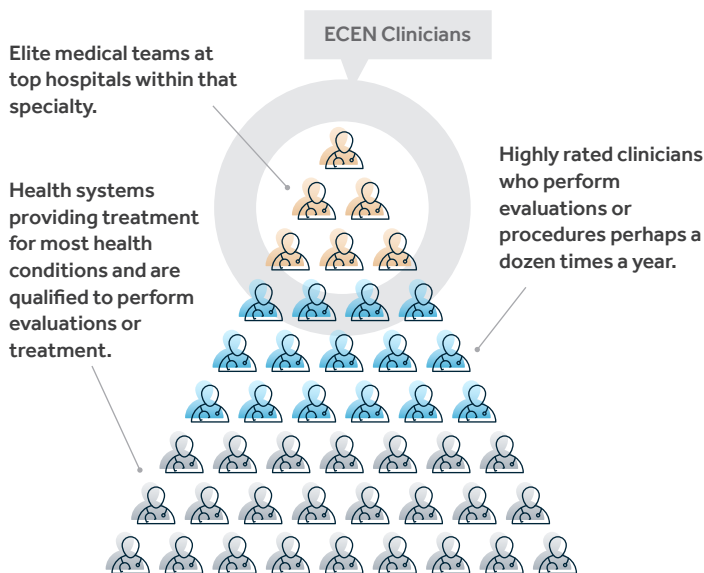
Contigo Health ECEN Passport is a centers of excellence (COE) program that provides access to specialized oncology evaluations at the City of Hope or Johns Hopkins Hospital, which are both National Cancer Institute-designated facilities.

SISC provides this benefit to you and your eligible family members at no additional cost.

### SISC Oncology COE program benefits

- An expert, in-person or virtual (when available) evaluation by a multidisciplinary clinical team led by an oncologist who will address your particular form of cancer.
- A recommended care plan will be developed by an elite cancer care team and discussed with you or your family member and their treating oncologist.
- Access to treatment options when there is a barrier to care in your community.
- 12 months of continued access to specialized clinical resources.
- Navigation and advocacy support provided by the Contigo Health Case Management team every step of the way.
- Access to clinical trials and education about genetic risks when they are suitable for your specific condition.

No carrier authorizations are needed for the Oncology Center of Excellence Program. The content contained herein is for educational and informational purposes only and shall not be construed as tax or medical advice. Nothing contained herein shall be construed as a guarantee of benefits. You must maintain eligibility to have access to the program. Limited conditions may be excluded from the program. Terms and conditions apply. Per IRS guidelines, this benefit is subject to deductible for HSA members.



**How This Program is Different**

## Ready to take the next step?

You qualify for the Oncology COE program by meeting all three requirements:

1. You're a SISC plan member enrolled in one of the Anthem or Blue Shield PPO plans.
2. You meet the clinical requirements of the COE program.
3. You have established care with a local doctor or oncologist.

If you need to travel for your evaluation at the COE facility, SISC will provide coverage for certain travel expenses for you and an adult caregiver.\*

## Let's go:

When you're ready to hear more, speak with a Contigo Health navigator at **877-220-3556** or visit **[sisc.contigohealth.com](https://sisc.contigohealth.com)**

# Get the most from your EAP

See a psychologist or therapist right at home



## It's quick, easy and private

If you're feeling stressed, worried, or having a tough time, you may want someone to talk to. Now, you can use your Employee Assistance Program (EAP) to have a video visit with a licensed therapist using LiveHealth Online. Talk with a therapist from your home or wherever you have Internet access and privacy.

Scheduling a visit is easy. In most cases, you can make an appointment to see a therapist within four days or less.\* This may be sooner than waiting for an office visit.

### Counselors on LiveHealth Online can help you with:

- Stress
- Depression
- Grief
- Anxiety
- Relationship or family issues
- Panic attacks

### Make your first appointment — when it's easy for you:

- Give your EAP a call at **800-999-7222** and ask about therapy visits.
- The EAP representative will tell you more about therapy options, including video visits using LiveHealth Online on your computer, smartphone or tablet.
- If video visits are right for you, the EAP representative will give you details about how to schedule a visit as well as a special coupon code.
- You can review a therapist's background and qualifications and choose one who's available and right for you.
- You'll receive a confirmation email once you've scheduled a visit.

### A few more details

Private therapy visits using LiveHealth Online are free with your EAP. Your EAP can tell you how many you're eligible for.

Your visit will last about 45 minutes and you can set up a future visit if you need one. Keep in mind therapists do not prescribe medication.

**Ask your EAP for a coupon code for FREE online therapy visits with LiveHealth Online.**



Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call **1-800-784-2433** (National Suicide Prevention Lifeline) or **911** and ask for help. If your issue is an emergency, call **911** or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

\* Appointments subject to availability of a therapist.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross.

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.



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

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#### 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](http://www.Kannact.com/STSIG) to enroll now.

This is a no-cost benefit.

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#### 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](http://anthemEAP.com) and enter **SISC**

This is a no-cost benefit.

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#### 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](http://Teladoc.com/sisc)

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#### 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](http://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.

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## 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.

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## 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.

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## 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](https://lark.com/anthemBC) and take a 1-minute quiz to see if you qualify.

This is a no-cost benefit.

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## GET PAID TO BE HEALTHY



SHASTA-TRINITY SCHOOLS  
INSURANCE GROUP

Primary members and their spouses can each earn a \$100 gift card by completing an annual wellness exam and your choice of two other health and wellness options from a list of thirteen. Cards are sent annually in

December for those who complete and submit the wellness tracker.

Visit [stsigpa.com/health-programs/wellness/](https://stsigpa.com/health-programs/wellness/) for more information. This is a no-cost benefit.

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## DISCOUNTED EYEGLASSES



VSP members can utilize this program for discounted eyewear. First, create an account at [vsp.com](https://vsp.com). Then, go to [eyeconic.com](https://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](https://mavenclinic.com/join/SISC)

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

This is a low-cost benefit.

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## 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.

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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](https://deltadental.toothpic.com)



# 2024 WELLNESS INCENTIVE

**WHO:** Primary Subscribers and Spouses. Subscriber's spouses may also earn the 2024 wellness incentive by completing the same requirements and submitting a separate wellness tracker.

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

**WHEN:** All activities need to be completed and proof of activities submitted on the STSIG Wellness Tracker by October 31, 2024. The award will be given in December 2024.



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

## To Earn Your Incentive:

### DO THIS:

#### Mandatory Wellness Exam

-Between November 1, 2023-October 31, 2024

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

Woman's Health Exams done at **Prestige Urgent Care** requires an appointment.

Optional -approved wellness labs ordered at **Prestige Urgent Care** between November 1 and October 31 and done at Quest will be at no cost to the member. There is a limit of one set of no cost labs per incentive year.

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

### AND ANY TWO OF THESE:

Mammogram screening

Bone Density test and screening for osteoporosis

Colonoscopy screening/Cologuard

Annual vision screening

Two dental cleaning with oral assessment

One medically recommended vaccine done at a pharmacy or District sponsored on-site vaccine shot clinic.

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

Accumulate 400 points on Fit Thumb for exercise

JPA or District Pre-Approved Health Challenge or Seminar

Open Enrollment Meeting – in person, virtually, or recorded

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

#### **Please note:**

All wellness activities are tracked by completing and submitting the Wellness Tracker to [lgrant@stsig.org](mailto:lgrant@stsig.org) or fax to 530-221-6225. Find the tracker form at <http://www.stsigjpa.com/html/Wellness.htm> (bottom of page). **Trackers received after 10/31 will not be accepted.**

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

## STSIG Wellness Incentive Tracker for activities from November 1, 2023 to October 31, 2024

Employee/Primary Name \_\_\_\_\_ (Please Print Clearly) \_\_\_\_\_ Employee Incentive form \_\_\_\_\_ Spouse Incentive form

Spouse Name \_\_\_\_\_ Spouse must use a separate form for their incentive activities

District \_\_\_\_\_ Members enrolled in Medicare during the incentive year are *not qualified to receive the incentive*.

**If needed, update your address, phone number, and email with your district office before 10/31. Medical plan enrollment on 10-31-2024 is required.**

### Wellness Exam - mandatory

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date Exam was completed \_\_\_\_\_

**Health Care Provider's Signature:**

\_\_\_\_\_

### BMI AND BP –optional

To be eligible for the BMI and BP incentive below, BMI must be 29.9 or less and BP 130/85 or less.

Is Body Mass Index and Blood Pressure within the above ranges: **Yes or No**

**Health Care Provider's Signature:**

\_\_\_\_\_

**You may turn submit this form as you complete incentives or you can wait and turn it in when all three incentives are met before 10/31.**

### Activity Options

\_\_\_\_\_ One medically recommended vaccine

**Health Care Provider's Signature:**

\_\_\_\_\_

\_\_\_\_\_ Mammogram

**Health Care Provider's Signature:**

\_\_\_\_\_

\_\_\_\_\_ Colonoscopy

**Health Care Provider's Signature:**

\_\_\_\_\_

\_\_\_\_\_ Bone Density Screening

**Health Care Provider's Signature:**

\_\_\_\_\_

\_\_\_\_\_ Annual Vision Screening

**Health Care Provider's Signature:**

\_\_\_\_\_

\_\_\_\_\_ Two Dental Cleanings

**Health Care Provider's Signature:**

\_\_\_\_\_

### Activity Options Cont.

\_\_\_\_\_ FitThumb 400 points required:

\_\_\_\_\_ total points

\_\_\_\_\_ Attend an In-person, virtual, or recorded Open Enrollment Meeting

Date: \_\_\_\_\_

\_\_\_\_\_ Participation in a Pre-Approved STSIG or District Health Challenge or Seminar.

Date of Event \_\_\_\_\_

Challenge Name \_\_\_\_\_

**District Human Resource's Signature:**

\_\_\_\_\_

**Tracker received after October 31st will not be accepted.**

Remember to update your mailing address with your district as gift cards can only be mailed to street addresses. PO Box addresses will be delivered to the district offices.

**Please return this completed form to [Lgrant@stsig.org](mailto:Lgrant@stsig.org) or fax to 530-221-6225 by October 31, 2024. If you have any questions call 530-221-6444**