



# 2024-2025 *Benefits*

10/01/2024 – 09/30/2025



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## MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the *Important Plan Information* section for more details.





# WELCOME TO YOUR BENEFITS GUIDE

## 2024-2025 BENEFITS

The benefits in this guide are effective October 1, 2024 through September 30, 2025.

### **IMPORTANT NOTE:**

This guide is a summary overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan documents including your benefit summaries, summary of benefits and coverage (SBCs) and summary plan descriptions (SPDs). The plan documents determine how all benefits are paid.

At Fullerton School District, we value your contributions to our success and want to provide you with a benefits package that protects your health and helps your financial security, now and in the future. This guide provides an overview of your healthcare coverage, life, voluntary benefits, and more.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life.

Review the coverage and tools available to you to make the most of your benefits package.

# Who's eligible for benefits?



## Dependent Verification

Adding dependents is subject to eligibility verification in order to ensure only eligible individuals are participating in our plans. You will be required to provide proof of one or more of the following **within 31 days** of their eligibility:

- Prior year's Federal tax return and marriage certificate
- State-issued certificate of domestic partnership
- Birth certificate
- Final decree of divorce
- Court documents showing legal responsibility for adopted children, foster children or children under legal guardianship (up to age 18)
- Physician's written certification of disabling condition (for dependent children over age 26 incapable of self-support)

If you do not supply the proper documentation to add dependents **within 31** day period, you will not be able to add the dependent(s) until the next open enrollment period. **Verification of Dependent Eligibility form** found online <https://www.fullertonsd.org>.

## Employees

You are eligible if you are working 50% or more (4 hours for Classified employees).

## Eligible dependents

- Legally married spouse or registered domestic partner.
- Your children (including your domestic partner's children) up to age 26.
- Children over age 26 who are disabled and depend on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO).

## Who is not eligible

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.

For additional information, please refer to the plan document for each benefit.

*Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify Fullerton School District if your domestic partner is your tax dependent.*

# Enrolling for benefits

## When you can enroll

Open enrollment is an annual opportunity during which employees can make changes to their benefit elections without a qualifying life event. Life events include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage
- Divorce or Dissolution of Domestic Partnership

Changes must be submitted to Insurance Benefits within 31 days of the life event. An employee may be held responsible for substantial charges if services are provided for a person who is found to be ineligible.

## Employees with Dual Coverage

Fullerton School District coverage will be your primary health coverage. If your children are on both coverages of married parents, their primary coverage will be based on the parent with the earlier birthday in the year. In the case of divorce or separation, please see the Evidence of Coverage for your plan.

Please note Blue Shield HDHP/HSA plans do not allow dual coverage. You should make selections that will be beneficial in coordination with your secondary coverage. If you need assistance contact Members Services.

## Eligible New Hires

All employees who work 90% or more (7.20 or more hours per day) of the full-time equivalent for the applicable job classification are required to be enrolled as a subscriber in a SISC medical plan offered by the district or WABE.

Employees who are regularly assigned to work 20 hours or more per week (.50 FTE – Certificated) in a permanent position, are eligible for pro-rata District paid Health and Welfare Benefits. Employee contributions vary according to benefit plans and hours worked per week.

You must complete and return the enrollment forms and dependent verification documentation to Insurance Benefits within 31 days from the date of hire. [Benefit forms are available online at https://www.fullertonsd.org](https://www.fullertonsd.org), under Departments, Human Resources Division, Benefits.

Coverage begins on the 1<sup>st</sup> day of the month following Qualifying event.

## Waiver Active Benefit Enrollment (WABE Option)

To comply with the Self-Insured Schools of California (SISC) participation requirements, employees who prefer to decline SISC medical coverage may elect this option in place of a SISC medical plan. Employees who select this option are not enrolled in a medical/Rx plan. If you elect the WABE option, you will not be able to enroll until the next open enrollment period or as the result of a qualifying event.

Employees taking this option have access to the following SISC Added Value services:

- 24/7 Physician Line (MDLive)
- Employee Assistance Program—EAP (Anthem Blue Cross)
- Expert Medical Opinions (Teladoc Medical Experts)

# Changing your benefits



## LIFE HAPPENS

A change in your life may allow you to update your benefit choices.

Three rules apply to making changes to your benefits during the year:

1. Any change you make must be consistent with the change in status;
2. You must notify Insurance Benefits within 31 days of the date the event occurs; and
3. All proper documentation is required to cover dependents (marriage certificates, birth certificates, etc.)

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a qualifying life event or qualify for “special enrollment.” If you qualify for a mid-year benefit change, you will be required to submit proof of the change.

The following are considered qualifying life events<sup>1</sup>:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse’s coverage due to your spouse’s employment
- Change in an individual’s eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- “Special enrollment event” under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children’s Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP)

You must submit your change within 31 days after the event.

<sup>1</sup>Qualifying events only pertain to current active employees. Retirees please see appropriate union contract agreement for Retiree Benefit information.





## MEDICAL OVERVIEW

### OUR PLANS

#### Kaiser Permanente:

- HMO 15
- HMO 30

#### Blue Shield Trio HMO

- TRIO network option

#### Blue Shield HMO 10

- Full network option

#### Blue Shield HMO 30

- Full network option

#### Blue Shield PPO

#### Blue Shield High Deductible PPO

- Health Savings Account (HSA) + Accident plan
- See the cost of coverage page for District HSA contribution

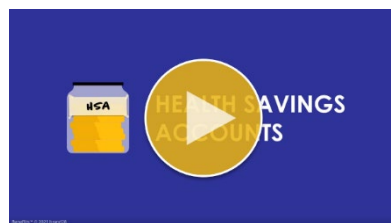
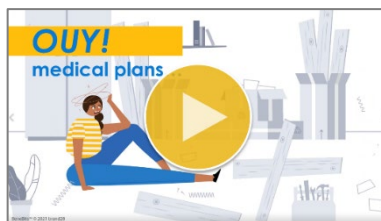
#### Blue Shield 2-Tier MEC 9000

- Minimum Essential Coverage

### HMO, PPO, HDHP... WHAT?

Not all medical plans work the same way. Watch these videos to understand how each type of plan works.

[Click to play video](#)





# Kaiser HMO 15

This plan is available only in certain California counties and cities ("Service Area") as described in the Evidence of Coverage. You must live and/or work in this select Service Area in order to enroll in this plan. Find a Primary Care Physician by visiting [www.kp.org](http://www.kp.org) or call member services.

**Plan includes vision benefit.** If you would like additional vision coverage you can enroll in the VSP vision plan on a voluntary basis.

Benefits		Member Copayments		
Calendar Year Deductible		None		
Out-of-Pocket Maximum		\$1,500 individual; \$3,000 family		
Office Visits		\$15 copay		
Preventive Services		No charge		
Diagnostic Lab and X-ray		No charge		
Advanced Imaging		No charge		
Inpatient Hospitalization		No charge		
Surgery		\$15 copay per procedure		
Urgent Care		\$15 copay per visit		
Emergency Room		\$100 copay per visit (copay waived if admitted)		
Ambulance Services		\$50 copay per trip		
Durable Medical Equipment		No charge		
Medically Necessary Acupuncture & Chiropractic Care <sup>1</sup>		\$10 copay per visit (up to 30 combined visits per year)		
Prescription Drug Coverage		Pharmacy	Mail Order	Supply Limit
Generic		\$15 copay	\$15 copay	100 days
Brand-name		\$15 copay	\$15 copay	100 days
Specialty		\$15 copay	N/A	30 days
Vision Service	Benefit	Frequency		
Eye Examination	Covered by your Kaiser Permanente Health Plan benefit. Book an eye exam on <a href="http://kp2020.org">kp2020.org</a> . No charge for preventive screening.	No limits		
Frames for prescription eyeglasses	\$150 allowance toward the purchase price of a frame prescription glasses. To use the optical benefit, at least one of the two lenses requires a prescription.	24 months		
Lenses	One pair of regular eyeglass lenses will be covered at no charge - standard, plastic single vision, bifocals or no-line progressives. Anti-reflective treatment for your lenses will be covered at no charge.	12 months		
OR Contact lenses instead of eyeglasses	\$150 allowance toward the purchase price of contact lenses, fitting, and dispensing.	12 months		

<sup>1</sup> Services authorized and provided by American Specialty Health Plans of California (ASH Plans).

# Kaiser HMO 30

This plan is available only in certain California counties and cities ("Service Area") as described in the Evidence of Coverage. You must live and/or work in this select Service Area in order to enroll in this plan. Find a Primary Care Physician by visiting [www.kp.org](http://www.kp.org) or call member services.

**Plan includes vision benefit.** If you would like additional vision coverage you can enroll in the VSP vision plan on a voluntary basis.

Benefits		Member Copayments		
Calendar Year Deductible		None		
Out-of-Pocket Maximum		\$1,500 individual; \$3,000 family		
Office Visits		\$30 copay		
Preventive Services		No charge		
Diagnostic Lab and X-ray		No charge		
Advanced Imaging		No charge		
Inpatient Hospitalization		No charge		
Surgery		\$30 copay per procedure		
Urgent Care		\$30 copay per visit		
Emergency Room		\$100 copay per visit (copay waived if admitted)		
Ambulance Services		\$50 copay per trip		
Durable Medical Equipment		No charge		
Medically Necessary Acupuncture & Chiropractic Care <sup>1</sup>		\$10 copay per visit (up to 30 combined visits per year)		
Prescription Drug Coverage		Pharmacy	Mail Order	Supply Limit
Generic		\$10 copay	\$10 copay	100 days
Brand-name		\$30 copay	\$30 copay	100 days
Specialty		\$30 copay	N/A	30 days
Vision Service	Benefit			Frequency
Eye Examination	Covered by your Kaiser Permanente Health Plan benefit. Book an eye exam on <a href="http://kp2020.org">kp2020.org</a> . No charge for preventive screening.			No limits
Frames for prescription eyeglasses	\$150 allowance toward the purchase price of a frame prescription glasses. To use the optical benefit, at least one of the two lenses requires a prescription.			24 months
Lenses	One pair of regular eyeglass lenses will be covered at no charge - standard, plastic single vision, bifocals or no-line progressives. Anti-reflective treatment for your lenses will be covered at no charge.			12 months
OR Contact lenses instead of eyeglasses	\$150 allowance toward the purchase price of contact lenses, fitting, and dispensing.			12 months

<sup>1</sup> Services authorized and provided by American Specialty Health Plans of California (ASH Plans).

# Blue Shield Trio HMO

Plan is available only in certain California counties and cities ("Service Area"). Members must access covered services through a network of physicians and facilities as directed by their Primary Care Physician. To find a Primary Care Physician visit [myoptions.blueshieldca.com/sisc](http://myoptions.blueshieldca.com/sisc).

HMO Network: TRIO ACO HMO	Member Copayments
Calendar Year Deductible	None
Out-of-Pocket Maximum	\$1,500 individual; \$3,000 family
Primary Care Office Visit	\$30 copay per visit
Trio + Specialist Care Office Visit (self-referral)	\$45 copay per visit
<b>Telehealth - MDLive</b>	\$10 copay per visit
Preventive Services	No charge
Diagnostic Lab and X-ray	No charge
Advanced Imaging	No charge
Inpatient Hospitalization (preauthorization required)	20% coinsurance
Physician Inpatient Services	No charge
Surgery in an Ambulatory Surgery Center	No charge
Urgent Care <sup>1</sup>	\$30 copay per visit
Emergency Room	\$150 copay per visit (copay waived if admitted)
Ambulance Services	\$100 copay
Durable Medical Equipment	20% coinsurance
Acupuncture & Chiropractic Care (up to 30 combined visits per year)	\$10 copay per visit
Prescription Drug Coverage <sup>2</sup>	RX Copayments
Brand and Specialty Drug Deductible:	\$200 individual; \$500 family
Generic	
Network Pharmacy	\$10 copay
Costco Pharmacy	\$0 copay
Costco Mail Order	\$0 copay
Brand	
Network Pharmacy	\$35 copay after deductible
Costco Pharmacy	\$35 copay after deductible
Costco Mail Order	\$90 copay after deductible
Specialty – Navitus Mail Order	\$35 copay after deductible
Supply Limit	Members may receive up to 30 days and/or up to 90 days supply of medication at participating pharmacies

<sup>1</sup>Urgent services Inside the Personal Physician's Service Area and rendered or referred by the Personal Physician or Personal Physician's Medical Group/IPA. <sup>2</sup>Pharmacy Benefits are administered by [Navitus Health Solutions](#). Navitus Specialty Rx supplies limited to no more than 30 days.



# Blue Shield Full Network HMOs

Plans are available only in certain California counties and cities ("Service Area"). Members must access covered services through a network of physicians and facilities as directed by their Primary Care Physician. To find a Primary Care Physician visit [myoptions.blueshieldca.com/sisc](https://myoptions.blueshieldca.com/sisc) or call member services.

HMO Network: Access+	HMO 10 Copayments	HMO 30 Copayments
Calendar Year Deductible	None	None
Out-of-Pocket Maximum	\$1,000 individual; \$2,000 family	\$1,500 individual; \$3,000 family
Primary Care Office Visit	\$10 copay	\$30 copay
Access + Specialist Care Office Visit (self-referral)	\$30 copay	\$45 copay
<b>Telehealth - MDLive</b>	\$10 copay per visit	\$10 copay per visit
Preventive Services	No charge	No charge
Diagnostic Lab and X-ray	No charge	No charge
Advanced Imaging	No charge	No charge
Inpatient Hospitalization (preauthorization required)	No charge	20% coinsurance
Physician Inpatient Services	No charge	No charge
Surgery in an Ambulatory Surgery Center	No charge	No charge
Urgent Care <sup>2</sup>	\$10 copay per visit	\$30 copay per visit
Emergency Room (copay waived if admitted)	\$100 copay per visit	\$150 copay per visit
Ambulance Services	\$100 copay	\$100 copay
Durable Medical Equipment	No charge	20% coinsurance
Acupuncture & Chiropractic Care (up to 30 combined visits per year)	\$10 copay per visit	\$10 copay per visit
Prescription Drug Coverage <sup>3</sup>	HMO 10 RX Copays	HMO 30 RX Copays
Brand and Specialty Drug Deductible:	\$200 individual; \$500 family	\$200 individual; \$500 family
Generic Network Pharmacy Costco Pharmacy Costco Mail Order	\$10 copay \$0 copay \$0 copay	\$10 copay \$0 copay \$0 copay
Brand Network Pharmacy Costco Pharmacy Costco Mail Order	\$35 copay after deductible \$35 copay after deductible \$90 copay after deductible	\$35 copay after deductible \$35 copay after deductible \$90 copay after deductible
Specialty – Navitus Mail Order	\$35 copay after deductible	\$35 copay after deductible
Supply Limit	Members may receive up to 30 days and/or up to 90 days supply of medication at participating pharmacies	

<sup>1</sup>If your PCP participates in our Access+ Specialist program, you may go directly to a specialist in your PCP's medical group or IPA without a referral for a higher copayment. <sup>2</sup>Urgent services Inside the Personal Physician's Service Area and rendered or referred by the Personal Physician or Personal Physician's Medical Group/IPA. <sup>3</sup>Pharmacy Benefits are administered by [Navitus Health Solutions](#).

# Blue Shield PPO

Benefits	Member pays	
	In-Network	Out-of-Network <sup>1</sup>
Calendar Year Deductible	\$300 individual; \$600 family	
Out-of-Pocket Maximum	\$1,000 individual; \$3,000 family	
Office Visits	\$20 copay (deductible waived)	50% coinsurance after deductible
<b>Telehealth - MDLive</b>	\$10 copay	Not applicable
Preventive Services	No charge	Not covered
Diagnostic Lab and X-ray	20% coinsurance after deductible	Not covered
Advanced Imaging	20% coinsurance after deductible	50% coinsurance after deductible – limits apply
Inpatient Hospitalization (preauthorization required)	20% coinsurance after deductible	All charges above \$600 deductible applies
Physician Inpatient Services	20% coinsurance after deductible	50% coinsurance after deductible
Surgery in an Ambulatory Surgery Center	20% coinsurance after deductible	All charges above \$350 deductible applies
Urgent Care	\$20 copay (deductible waived)	50% coinsurance after deductible
Emergency Room	\$100 copay per visit + 20% coinsurance after deductible (copay waived if admitted)	
Ambulance Services	\$100 copay + 20% coinsurance after deductible	
Durable Medical Equipment	20% coinsurance after deductible	Not covered
Acupuncture (up to 12 visits per year)	20% coinsurance after deductible	50% coinsurance after deductible
Chiropractic Care (up to 20 visits per year)	20% coinsurance after deductible	Not covered
Hearing Aids – limits apply	20% coinsurance after deductible	
<b>Prescription Drug Coverage<sup>2</sup></b>		
Brand and Specialty Drug Deductible:	\$200 individual; \$500 family	
Generic		
Network Pharmacy	\$10 copay	
Costco Pharmacy	\$0 copay	
Costco Mail Order	\$0 copay	
Brand		
Network Pharmacy	\$35 copay after deductible	
Costco Pharmacy	\$35 copay after deductible	
Costco Mail Order	\$90 copay after deductible	
Specialty – Navitus Mail Order	\$35 copay after deductible	
Supply Limit	Members may receive up to 30 days and/or up to 90 days supply of medication at participating pharmacies.	

<sup>1</sup>Non-participating providers can charge more than Blue Shield's allowable amounts. When members use non-participating providers, they must pay the applicable deductibles, copayments or coinsurance plus any amount that exceeds Blue Shield's allowable amount. Charges above the allowable amount do not count toward the calendar year medical deductible or out-of-pocket maximum. <sup>2</sup>Pharmacy Benefits are administered by [Navitus Health Solutions](#).

# Blue Shield High Deductible PPO + HSA

Benefits	Member pays	
	In-Network	Out-of-Network <sup>1</sup>
Calendar Year Deductible (all providers combined)	\$3,400 individual; \$6,800 family (For individual on family coverage plan, enrollee can receive benefits for covered services once individual deductible is met.)	
Out-of-Pocket Maximum (includes plan deductible)	\$6,000 individual; \$12,000 family (For individual on family coverage plan, enrollee can receive 100% benefits for covered services once individual out-of-pocket maximum is met.)	
Office Visit	10% coinsurance after deductible (same for specialist)	50% coinsurance after deductible (same for specialist)
<b>Telehealth - MDLive</b>	Consult fee applies	Not applicable
Preventive Services	No charge (deductible waived)	Not covered
Diagnostic Lab and X-ray	10% coinsurance after deductible	Not covered
Advanced Imaging	10% coinsurance after deductible	50% coinsurance after deductible – limits apply
Inpatient Hospitalization (preauthorization required)	10% coinsurance after deductible	All charges above \$600 deductible applies
Physician Inpatient Services	10% coinsurance after deductible	50% coinsurance after deductible
Surgery in an Ambulatory Surgery Center	10% coinsurance after deductible	All charges above \$350 deductible applies
Urgent Care	10% coinsurance after deductible	50% coinsurance after deductible
Emergency Room	\$100 copay per visit + 10% coinsurance after deductible (copay waived if admitted)	
Ambulance Services	\$100 copay + 10% coinsurance after deductible	
Durable Medical Equipment	10% coinsurance after deductible	Not covered
Acupuncture (up to 12 visits per year)	10% coinsurance after deductible	50% coinsurance after deductible
Chiropractic Care (up to 20 visits per year)	10% coinsurance after deductible	Not covered
Hearing Aid Benefit – limits apply	10% coinsurance after deductible	
<b>Prescription Drug Coverage<sup>2</sup> (deductible is combined with medical)</b>		
Generic		
Network Pharmacy	\$9 copay after deductible	
Costco Pharmacy	\$0 copay after deductible	
Costco Mail Order	\$0 copay after deductible	
Brand		
Network Pharmacy	\$35 copay after deductible	
Costco Pharmacy	\$35 copay after deductible	
Costco Mail Order	\$90 copay after deductible	
Specialty – Navitus Mail Order	\$35 copay after deductible	
Supply Limit	Members may receive up to 30 days and/or up to 90 days supply of medication at participating pharmacies	

<sup>1</sup>Non-participating providers can charge more than Blue Shield's allowable amounts. When members use non-participating providers, they must pay the applicable deductibles, copayments or coinsurance plus any amount that exceeds Blue Shield's allowable amount. Charges above the allowable amount do not count toward the calendar year medical deductible or out-of-pocket maximum. <sup>2</sup>Pharmacy Benefits are administered by Navitus Health Solutions.



# Voya Off-the-Job Accident Plan – Blue Shield HDHP Members

If you enroll in the Blue Shield High Deductible Health Plan you are automatically enrolled in the Accident plan. The cost of coverage is included in the Blue Shield High Deductible Health Plan. Accident insurance is designed to help you pay for unexpected costs that result from an accidental injury. Accident insurance includes benefits for a wide range of common injuries such as fractures, dislocations, burns, emergency room or urgent care visit, and physical therapy.

If you or a covered family member suffers an accident, this plan will pay you a lump-sum benefit. The amount of money you receive depends on the type and severity of your injury and can be used any way you choose.

## How the plan works

Scenario: your gymnast daughter has a mishap on the uneven bars during a competition. Fortunately, she escapes serious injury but suffers a broken collarbone. After she receives medical care you can submit an Accident claim along with proof of treatment received to Voya. Voya will mail you a benefit payment check and you can use the money to help pay for the out-of-pocket costs.

Service	Billed Cost*	SISC HDHP Pays	You Pay	Accident Benefit
ER Visit	\$1,000	0% (deductible)	\$1,000	\$150
X-Ray	\$500	0% (deductible)	\$500	\$30
Fracture – setting in ER	Included (ER)	N/A		\$960
Office visit – follow up	\$120	0% (deductible)	\$120	\$60
<b>Total</b>	<b>\$1,620</b>	<b>\$0</b>	<b>\$1,620</b>	<b>\$1,200</b>

\* Costs shown for illustrative purposes only and may not be representative of the actual cost of services.

## To file a claim visit

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

Proof of treatment received is required for claims submission, such as emergency records, itemized bills, medical records, admit/discharge summary or office notes.



# Blue Shield MEC 9000

Member pays		
Benefits	In-Network	Out-of-Network <sup>1</sup>
Calendar Year Deductible (all providers combined)	\$9,000 individual; \$18,000 family (For individual on family coverage plan, enrollee can receive benefits for covered services once individual deductible is met.)	
Out-of-Pocket Maximum (includes plan deductible)	\$9,000 individual; \$18,000 family (For individual on family coverage plan, enrollee can receive 100% benefits for covered services once individual out-of-pocket maximum is met.)	
Office Visit	\$0 after deductible (same for specialist)	50% coinsurance after deductible (same for specialist)
<b>Telehealth - MDLive</b>	Consult fee applies	Not applicable
Preventive Services	No charge	Not covered
Diagnostic Lab and X-ray	\$0 after deductible	Not covered
Advanced Imaging	\$0 after deductible	50% coinsurance after deductible – limits apply
Inpatient Hospitalization (preauthorization required)	\$0 after deductible	All charges above \$600 deductible applies
Physician Inpatient Services	\$0 after deductible	50% coinsurance after deductible
Surgery in an Ambulatory Surgery Center	\$0 after deductible	All charges above \$350 deductible applies
Urgent Care	\$0 after deductible	50% coinsurance after deductible
Emergency Room	\$0 after deductible	
Ambulance Services	\$0 after deductible	
Durable Medical Equipment	\$0 after deductible	Not covered
Acupuncture (up to 12 visits per year)	\$0 after deductible	50% coinsurance after deductible
Chiropractic Care (up to 20 visits per year)	\$0 after deductible	Not covered
Hearing Aid Benefit - limits apply	\$0 after deductible	
<b>Prescription Drug Coverage<sup>2</sup> (deductible is combined with medical)</b>		
Generic		
Network Pharmacy	\$0 copay after deductible	
Costco Pharmacy	\$0 copay after deductible	
Costco Mail Order	\$0 copay after deductible	
Brand		
Network Pharmacy	\$0 copay after deductible	
Costco Pharmacy	\$0 copay after deductible	
Costco Mail Order	\$0 copay after deductible	
Specialty – Navitus Mail Order	\$0 copay after deductible	
Supply Limit	Members may receive up to 30 days and/or up to 90 days supply of medication at participating pharmacies	

<sup>1</sup>Non-participating providers can charge more than Blue Shield's allowable amounts. When members use non-participating providers, they must pay the applicable deductibles, copayments or coinsurance plus any amount that exceeds Blue Shield's allowable amount. Charges above the allowable amount do not count toward the calendar year medical deductible or out-of-pocket maximum. <sup>2</sup>Pharmacy Benefits are administered by [Navitus Health Solutions](#).

# Health Savings Account (HSA)

## A personal savings account for healthcare

An Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today, and save for expenses you may have in the future. [You contribute pre-tax money to your account to save for out-of-pocket healthcare expenses.](#) Plus, any money that you don't spend grows year after year and can be used in the future, even after you retire. Please contact Sterling Administration if you have questions/or want to open an HSA.

## Are you eligible?

An "eligible individual" or HSA owner is an individual:

- covered on an HSA-compatible High Deductible Health Plan (HDHP); and
- is not covered by a non-HSA compliant plan or Medicare; and
- not claimed as a dependent on another individual's tax return

## HSA benefits

- HSA contributions are tax-deductible.
- Interest on an HSA is tax-deferred.
- HSAs are portable and owned by the individual; contributions cannot be taken away.
- Unspent balances roll over to the following year and can accumulate over a lifetime to help pay for uncovered Medicare expenses after retirement.
- In the event of the holder's death, HSA balances pass on free of tax to their designated beneficiaries.

## Qualified expenses

Qualified medical expense are defined in Internal Revenue Code Section 213 [d]. In general they include specified deductibles, co-payments, and other medical expenses not covered under the HDHP or in any other manner. All HSA enrollees will be subject to the plan design and mid-year changes based on Federal/Legislative guidelines. For additional resources on HSA plans, visit

**REMINDER:** You cannot include medical expenses amounts for which you are fully reimbursed by your Flexible Spending Account (FSA).

## HSA IRS contributions limits

You can contribute up to the annual limit set by the IRS. [Please see the cost of coverage page for District HSA contributions.](#) You are responsible for ensuring you do not exceed the limit.

Your HSA account will be credited with the amount you elect to have withheld from your paycheck. For more information contact Sterling Administration member services:

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

HDHP Coverage	Calendar Year 2024	Calendar Year 2025
Self-only limit	\$4,150	TBA
Family limit	\$8,300	TBA
"Catch-up" contribution limit	If you are 55 or older you can make additional "catch-up" contribution up to \$1,000 per year.	

## Life event change

When increasing or decreasing coverage level during the plan year, the Health Savings Account contribution is adjusted based on the effective date of the change in coverage level. The contribution (difference between lower tier and higher tier) is available to pay for claims incurred after the effective date of the new coverage level. The deductible and out-of-pocket maximum will also change based on coverage selected. Any deductible/out-of-pocket maximum amounts will move with the individual to the new coverage level.

## Non-qualified expenses

If you use HSA funds for non-qualified expenses before you are age 65, you will owe a 20% penalty tax PLUS income tax on the withdrawal. After age 65, if you use HSA funds for non-qualified expenses, you will owe income tax only.



# SISC Added Value Programs





Take advantage of these benefits to help you get and stay healthy.  
**IMPORTANT:** SISC programs are subject to change.

BENEFIT HIGHLIGHTS	AVAILABILITY & HOW TO GET STARTED	
<p><b>24/7 Help with Personal Concerns</b>  <b>SISC Employee Assistance Program</b>            Access free, confidential resources for help with emotional, marital, financial, addiction, legal, or stress issues.</p>	<p><i>All employees</i>  <b>Call</b> 800-999-7222  <b>Visit</b>  <a href="http://anthemeap.com/sisc">anthemeap.com/sisc</a></p>	
<p><b>Online Counseling and Therapy</b>  <b>Talkspace</b>            Digital platform that supports behavioral health and emotional wellness needs from a secure, HIPAA-compliant app. Up to 6 counseling sessions per situation.</p>	<p><i>All employees</i>  <b>Call</b> 800-999-7222  <b>Visit</b>  <a href="http://talkspace.com/associate_care">talkspace.com/associate_care</a> and enter SISC as your organization name</p>	
<p><b>Expert Medical Opinions</b>  <b>Teladoc Medical Experts</b>            Get answers to health care questions and second opinions from world-leading experts.</p>	<p><i>Blue Shield and Kaiser members</i>  <b>Call</b> 800-835-2362  <b>Visit</b> <a href="http://teladoc.com/SISC">teladoc.com/SISC</a></p>	
<p><b>Personal Health Coaching</b>  <b>Vida Health<sup>1</sup></b>            Get one-on-one health coaching, therapy, chronic condition management, health trackers and other tools and resources online or via phone.</p>	<p><i>Blue Shield members</i>  <b>Call</b> 855-442-5885  <b>Visit</b> <a href="http://vida.com/sisc">vida.com/sisc</a></p>	
<p><b>24/7 Physician Access—Anytime, Anywhere</b>  <b>MDLive<sup>2</sup></b>            Access to virtual visits with psychiatrists and therapists for members age 10 and up. Virtual urgent care services are available to all members. Physicians can prescribe medication when appropriate.</p>	<p><i>Blue Shield members</i>  <b>Call</b> 888-632-2738  <b>Visit</b> <a href="http://mdlive.com/sisc">mdlive.com/sisc</a></p>	
<p><b>Free Generic Medications</b>  <b>Costco</b>            Access most generic medications at no cost through Costco retail and mail order pharmacies. You don't need to be a Costco member.</p>	<p><i>Blue Shield members</i>  <b>Call</b> 800-774-2678 (press 1)  <b>Visit</b> <a href="http://costco.com">costco.com</a></p>	

<sup>1</sup> Effective January 1st, 2024, Vida and Hinge Health will no longer be available to SISC HSA Members.

<sup>2</sup> Effective October 1, 2023, MDLive visits will have a \$10 co-pay. HSA Members will continue to pay the full cost of the visit until deductible is met.

# SISC Added Value Programs

BENEFIT HIGHLIGHTS	AVAILABILITY & HOW TO GET STARTED	
<p><b>Physical Therapy for Back or Joint Pain</b>  <b>Hinge Health<sup>1</sup></b>            Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.</p>	<p><i>Blue Shield PPO members</i>  <b>Call</b> 855-902-2777  <b>Visit</b> <a href="https://hingehealth.com/sisc">hingehealth.com/sisc</a></p>	
<p><b>24/7 Virtual Primary Care Doctor</b>  <b>Eden Health</b>            Virtually connect with a primary care physician to manage all your physical and mental healthcare needs. Eden providers diagnose conditions, manage prescriptions, refer to specialists, and answer follow up questions using video visits or live chat.</p>	<p><i>Blue Shield PPO members</i>  <b>Visit</b> <a href="https://edenhealth.com/members">edenhealth.com/members</a>            or download the app</p>	
<p><b>24/7 Access to Virtual Maternity and Postpartum Support</b>  <b>Maven</b>            Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialists' coaches and other maternity providers to help deal with pregnancy and postpartum concerns.</p>	<p><i>Blue Shield PPO members</i>  <b>Call</b> 855-442-5885  <b>Visit</b> <a href="https://mavenclinic.com/join/SISC">mavenclinic.com/join/SISC</a></p>	
<p><b>Hip, Knee, and Spine Surgical Benefit</b>  <b>Carrum Health</b>            Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel and medical bills.</p>	<p><i>Blue Shield PPO members</i>  <b>Call</b> 888-855-7806  <b>Visit</b> <a href="https://carrumhealth.com/sisc">carrumhealth.com/sisc</a></p>	

<sup>1</sup> Effective January 1st, 2024, Vida and Hinge Health will no longer be available to SISC HSA Members.

<sup>2</sup> Effective October 1, 2023, MDLive visits will have a \$10 co-pay. HSA Members will continue to pay the full cost of the visit until deductible is met.

*Per IRS guidelines, SISC HSA Members may not be eligible for these programs.*

# BLUE SHIELD VALUE BASED SITE- OF-CARE BENEFIT



## BENEFITS OF AMBULATORY SURGERY CENTERS (ASCs)

1. Established track records of providing quality outcomes that are at least as good as or better than hospitals.
2. ASCs tend to be more specialized with less exposure to a wide range of infections
3. Less cumbersome check-in and check-out processes.
4. Outpatient procedures can be safely performed at an ASC more quickly for a fraction of the cost.

## Hospitals and Ambulatory Surgery Centers (ASCs)

The facility fees\* for outpatient procedures at hospitals can be several times higher than at Ambulatory Surgery Centers (ASCs), for the same service and quality of care provided.

## SISC PPO plans limit the maximum benefit amount at an in-network outpatient hospital facility for the following five procedures:

- Arthroscopy
- Cataract Surgery
- Colonoscopy
- Upper GI Endoscopy with Biopsy
- Upper GI Endoscopy without Biopsy

If you use an in-network outpatient hospital facility, you will be responsible for the regular deductible and coinsurance PLUS any amount by which the hospital charge exceeds the maximum benefit. If you use an in-network ASC, you will only be responsible for the regular deductible and coinsurance.

**IMPORTANT:** Most physicians have privileges at both hospitals and ASCs. If you need one of the outpatient procedures on the list shown above, it will be up to you to either request treatment at the in-network ASC or have your doctor obtain an advance certification from your health plan.

## Exemption Process

The benefit includes a simple process to exempt the member if the physician provides clinical justification for using a hospital. It also allows exceptions when a member lives more than 30 miles from an ASC and a hospital that offers the service for less than the maximum benefit or if a procedure cannot be scheduled in a medically appropriate timely manner due to available ASCs not having capacity.

\*The value-based site of care benefit applies to facility fees only. The fees paid to physicians and any other practitioners who assist in the procedure, such as an anesthesiologist or radiologist, are not affected by this change.

# Blue Shield Member Programs

## Wellness Discount Program

Get help saving money and living healthier with a wide range of discount programs\* including fitness club memberships; acupuncture, chiropractic services and massage therapy; eye exams, frames and contact lenses; and LASIK surgery. To learn more visit [myoptions.blueshieldca.com/sisc](https://myoptions.blueshieldca.com/sisc).

## Fitness Your Way

Fitness Your Way gives you access to online classes, fitness programs and thousands of participating gyms nationwide and in your area with just one membership. To learn more visit [myoptions.blueshieldca.com/sisc](https://myoptions.blueshieldca.com/sisc).

## Away From Home Care

The Away From Home Care® program gives HMO members who are students, long-term travelers, workers on extended out-of-state assignments, and families living apart the convenience and flexibility of coverage for extended periods across the country.

To learn more about Away From Home Care and whether your family is eligible, please call member services. Please note that Away From Home Care is not available in all areas and states, and benefits from the host plan may differ from the benefits in the HMO plan.

## BlueCard Out-of-State Program

Provides you and your eligible family access to covered services, when you are traveling or working outside of California. BlueCard is not applicable to HMO plans or Medicare Supplement plans.

To learn more call member services.



## Care Management

With Care Management, you've got a team of nurses, health coaches, and other specialists by your side. They're there to give support, answer questions, and provide expert help – all at no additional cost to you. Care Management can support a number of conditions and illnesses.

Visit [myoptions.blueshieldca.com/sisc](https://myoptions.blueshieldca.com/sisc) to learn more.



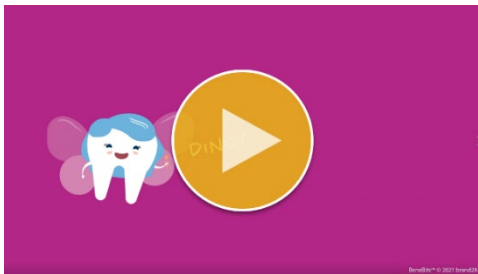
## DENTAL OVERVIEW

### OUR PLANS

DeltaCare USA DHMO

Delta Dental PPO

*Click to play video*



### Why sign up for dental coverage?

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers five types of treatments:

- **Preventive** care includes exams, cleanings and x-rays
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- **Major** care goes further than basic and includes bridges, crowns and dentures
- **Prosthodontics** focus on dental prostheses
- **Orthodontia** treatment to properly align teeth within the mouth



# Dental Plans – PPO or DHMO

## DeltaCare® USA DHMO Plan

You and your eligible dependents must select a primary dentist from the DeltaCare® USA DHMO directory. To find a dentist visit [deltadentalins.com/enrollees](http://deltadentalins.com/enrollees) or call member services. Member ID cards will be mailed to you.

## Delta Dental PPO Plan

Under the Delta Dental PPO plan, Delta Dental pays a percentage of the allowed fees for covered diagnostic, preventive, basic and major services. Delta Dental PPO has many network dentists to choose from. No member ID cards are distributed with this dental plan - simply provide your dentist with your name, social security number, and that you are on the Delta Dental PPO plan. To find a dentist visit [deltadentalins.com/enrollees](http://deltadentalins.com/enrollees) or call member services.

	Delta PPO <sup>1,2</sup>		DeltaCare USA DHMO
	In-Network	Out-Of-Network	In-Network
Calendar Year Deductible	\$25 individual; \$75 family (waived for Diagnostic & Preventive and Orthodontics)		None
Annual Plan Maximum	<b>Delta Dental PPO dentists:</b> \$2,500 per person each calendar year <b>Non-Delta Dental PPO dentists:</b> \$2,000 per person each calendar year		Not applicable
<b>Waiting Period(s):</b> Basic, Major, Prosthodontics, or Orthodontics	None		Not applicable
<b>Diagnostic &amp; Preventive Services</b> Exams, Cleanings, X-Rays	You pay 20%		Copays vary by service; see contract for fee schedule
<b>Basic Services</b> Fillings Posterior composites & sealants Endodontics, Periodontics, Oral Surgery	You pay 20%		Copays vary by service; see contract for fee schedule
<b>Major Services</b> Crowns, Onlays, Cast Restorations	You pay 50%		Copays vary by service; see contract for fee schedule
<b>Orthodontic Services</b> Orthodontic Lifetime Maximum (adults and children)	50% \$1,000		Copays vary by service; see contract for fee schedule
Dental Accident Benefits	Plan pays 100%; separate \$1,000 maximum per person each calendar year		Not applicable

<sup>1</sup> You can visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees. You are responsible for any applicable deductibles, coinsurance, and amounts over plan maximums and charges for non-covered services. Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

<sup>2</sup> Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.



## VISION OVERVIEW

### OUR PLAN

#### VSP Choice

When you have an appointment, tell them you have VSP. There's no ID card necessary. If you'd like a card as a reference, you can print one on [www.vsp.com](http://www.vsp.com).

To find a provider visit [www.vsp.com](http://www.vsp.com) or call member services.

*Click to play video*



#### Why sign up for vision coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

#### Important:

VSP vision coverage is for Blue Shield members and is a voluntary supplemental add-on coverage for Kaiser members.

#### VSP Special Offers

Log in at [www.vsp.com](http://www.vsp.com) and select discounts for special offers program.

# VSP Vision



	VSP Provider Network: VSP Choice	
	In-Network Copayments	Out-Of-Network <sup>1</sup> Reimbursements
<b>WellVision Exam</b>	\$25 copay for exam and glasses	Plan reimburses up to \$45
Frequency	1 x every 12 months	In-network limitations apply
<b>Lenses</b>		
Single Vision Lenses	Combined with exam	Plan reimburses up to \$30
Lined Bifocal Lenses	Combined with exam	Plan reimburses up to \$50
Lined Trifocal Lenses	Combined with exam	Plan reimburses up to \$65
Standard Progressive Lenses	\$0 copay	Plan reimburses up to \$81
Frequency	1 x every 12 months	In-network limitations apply
<b>Frames</b>		
Benefit – copay combined with exam	Plan pays up to \$200 allowance  Plan pays up to \$220 allowance for Featured Frame Brands  20% savings on the amount over your allowance  Plan pays up to \$110 allowance for Costco frames	Plan reimburses up to \$70
Frequency	1 x every 24 months	In-network limitations apply
<b>Contacts (Instead of glasses)</b>		
Benefit	Plan pays up to \$200 allowance for contacts and contact lens exam (fitting and evaluation)  15% savings on a contact lens exam (fitting and evaluation)	Plan reimburses up to \$105
Frequency	1 x every 12 months	In-network limitations apply

<sup>1</sup> If you choose to, you may receive covered benefits outside of the VSP Choice network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement of your out-of-network allowance. In-network benefits and discounts will not apply. [Out-of-Network Claim Forms](#) located online: [www.vsp.com](http://www.vsp.com). Login to your account and access the [Benefits & Claims](#) section. You will be asked to upload your receipts or you may mail in receipts.





## LIFE INSURANCE

### YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. [Make sure that you name at least one beneficiary](#) for your life insurance benefit, and change your beneficiary as needed if your situation changes.

### Important

Due to IRS regulations, a life insurance benefit of \$50,000 or more is considered a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

### Employer paid Basic Life and AD&D insurance<sup>1</sup>

Basic life insurance pays your beneficiary a lump sum if you die. AD&D insurance provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident.

### Employee life amount: \$100,000

- AD&D benefit amount same as basic life

### Spouse/Registered Domestic Partner life amount: \$1,500

### Child (each)

- From live birth but less than 6 months of age \$500 benefit amount
- 6 months but less than 26 years \$1,500 benefit amount

If you need to remove a dependent from coverage due to a qualifying event, you must notify the Insurance Benefits team within 31 days of the event.

<sup>1</sup>[Life Benefit Reduction](#): coverage amounts begin to reduce at age 65 and benefits terminate at retirement. See the plan certificate for details.





## VOLUNTARY PLANS

### OUR VOLUNTARY PLANS

- Flexible Spending Account (FSA)
- Voluntary Life Insurance

### You're unique—and so are your benefit needs

We offer voluntary benefits that can help you care for your loved ones, prepare for the future and manage the unexpected.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. Or, you don't have to sign up for voluntary benefits at all. The choice is yours.



# Flexible Spending Accounts (FSAs)

## Are you eligible?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA. However, if you or your spouse are enrolled in a high deductible health plan (HDHP) you can only participate in a Limited Purpose FSA for dental and vision expenses, if offered. [You must re-enroll in this program each year.](#) WEX Health administers this program.

## Important!

If you don't spend all the money in your [healthcare FSA](#), you can [roll over up to \\$640](#) to use the following year. Claims for the reimbursement of expenses incurred in any plan year shall be paid after claim has been filed. If a participant fails to submit a claim within 90 days after the end of the plan year, those expense claims will not be reimbursed. If a participant terminates employment during the plan year claims must be submitted within 30 days from last day employed. [Amounts under \\$50 and in excess of \\$640 will be forfeited.](#)

You can't change your FSA election amount mid-year unless you experience a qualifying event.

Money contributed to a [dependent care FSA](#) must be used for expenses incurred during the same plan year. [Unspent funds will be forfeited.](#)

Questions about the tax status of your dependents should be addressed with your tax advisor.

## Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year. [Expenses must be incurred between October 1 – September 30.](#)

## How the Healthcare FSA Works

- You estimate what you and your family's out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, even eligible drugstore items.
- [You can contribute up to \\$3,200 \(the annual limit set by the IRS\).](#) Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.

## Dependent Care FSA—Up To \$5,000 Per Year Tax-Free

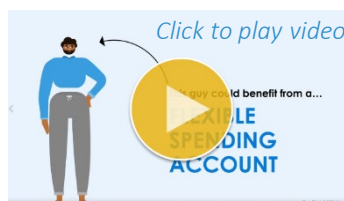
A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care.

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only child care, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to [\\$5,000 per household](#) per year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

## To learn more

[Benefits Toolkit](#) for eligible expenses, savings calculators, and more. Contact WEX if you have questions or need assistance.



Access your benefits anytime, anywhere. [Download the mobile app: Benefits by WEX](#)

# Voluntary Life Insurance<sup>1</sup>

You can purchase additional life insurance to protect your family's financial security. Coverage is provided by Voya. **Please review the next page for rates and how to calculate your premium.**



## Employee voluntary life amount(s):

\$10,000 up to \$500,000 in increments of \$10,000;

*Guaranteed issue \$50,000 (\$20,000 age 60+)*

## Spouse/Registered Domestic Partner voluntary life amount(s):

\$10,000 up to \$500,000 in increments of \$10,000 not to exceed 100% of your approved life insurance amount.

*Guaranteed issue \$50,000 (not applicable if age 60 and over)*

## Child(ren) voluntary life amount(s):

From 14 days but less than 6 months - \$1,000

6 months but less than 26 years -

\$2,500 up to \$10,000 in increments of \$2,500

## IMPORTANT

**Guarantee Issue (GI)** is available at new hire enrollment/eligibility only. Any requests to increase coverage outside of this initial enrollment opportunity will be subject to medical underwriting and will require you to complete the Evidence of Insurability (EOI) form.

You can purchase life insurance for your dependent(s) if you select coverage for yourself. The amount of insurance for a dependent can be no more than your life insurance amount.

**Evidence of Insurability (EOI):** if you elect an amount over the Guaranteed Issue or request coverage after your initial enrollment opportunity you need to submit an Evidence of Insurability form, which involves providing the insurance company with additional information about your health. [Please email your EOI form to the Insurance Benefits Team.](#) Insurance that requires EOI will not be effective until Voya approves in writing.

**Voluntary Dependent Life:** If you need to remove a dependent from coverage due to a qualifying event, you must notify the Insurance Benefits team within 31 days of the event and complete a Change Request Form.

<sup>1</sup>**Life Benefit Reduction:** coverage amounts begin to reduce at age 75 and benefits terminate at retirement. See the plan certificate for details.

# Voluntary Life Insurance<sup>1</sup> Cost of Coverage



## Children life insurance rates

Tenthly cost for all eligible children.

Coverage Levels	Tenthly Cost
\$2,500 each child	\$0.44
\$5,000 each child	\$0.86
\$7,500 each child	\$1.28
\$10,000 each child	\$1.72

Follow the steps below to calculate the premium based on the amount of insurance you plan to elect.

## How much does my life insurance cost?

Rates shown are guaranteed until October 1, 2026.

The cost for supplemental life is calculated based on the age of the employee at the start of the plan's current policy year. The rates are per individual.

## Employee and spouse/domestic partner supplemental life insurance rates

Employee Age	Tenthly Rate per \$10,000 of Coverage
Under 20	\$0.34
20-24	\$0.43
25-29	\$0.60
30-34	\$0.95
35-39	\$1.55
40-44	\$2.64
45-49	\$4.16
50-54	\$5.15
55-59	\$7.45
60 +	\$14.44

Supplemental Life Insurance	Employee	Spouse/Domestic Partner	Child(ren)
<b>Step 1:</b> select the amount of insurance you want	\$	\$	\$
<b>Step 2:</b> divide insurance amount by \$10,000	\$	\$	N/A
<b>Step 3:</b> enter the rate from the table(s) above	\$	\$	<b>\$ (C)</b>
<b>Step 4:</b> multiply step 2 amount by step 3 rate to get the tenthly premium	<b>\$ (A)</b>	<b>\$ (B)</b>	N/A
<b>Step 5:</b> add (A), (B), and (C) for the total tenthly premium	\$		

<sup>1</sup>**Life Benefit Reduction:** coverage amounts begin to reduce at age 75 and benefits terminate at retirement. See the plan certificate for details.





## IMPORTANT PLAN INFORMATION

In this section, you'll find important plan information, including:

- Cost of coverage
- Glossary to help you understand important insurance terms
- A summary of the health plan notices you are entitled to receive annually, and where to find them
- Plan contacts

**Fullerton School District  
Effective 10-1-2024**

**2024-2025 Employee Monthly Payroll Deductions Certificated, Classified, and Management**

	Blue Shield PPO				Blue Shield HMO 10				Blue Shield HMO 30				Blue Shield HMO TRIO				KAISER HMO 15			
	SGL	2P	FAM		SGL	2P	FAM		SGL	2P	FAM		SGL	2P	FAM		SGL	2P	FAM	
TENTHLY	1,077.60	2,106.00	2,960.40		1,003.20	1,958.40	2,749.20		924.00	1,798.80	2,522.40		847.20	1,646.40	2,305.20		896.40	1,738.80	2,439.60	
ANNUAL	10,776.00	21,060.00	29,604.00		10,032.00	19,584.00	27,492.00		9,240.00	17,988.00	25,224.00		8,472.00	16,464.00	23,052.00		8,964.00	17,388.00	24,396.00	
DISTRICT	10,776.00	17,112.00	20,148.00		10,032.00	17,112.00	20,148.00		9,240.00	17,112.00	20,148.00		8,472.00	16,464.00	20,148.00		8,964.00	17,112.00	20,148.00	
DIST HSA % Contr																				
	EMPLOYEE PAYROLL DEDUCTION:																			
100%	8.00	0.00	394.80	945.60	0.00	247.20	734.40	0.00	87.60	87.60	507.60	0.00	290.40	0.00	0.00	0.00	27.60	27.60	424.80	
	7.90	13.47	416.19	970.79	12.54	268.59	759.59	11.55	108.99	108.99	532.79	10.59	315.59	11.21	11.21	11.21	48.99	48.99	449.99	
	7.80	26.94	437.58	995.97	25.08	289.98	784.77	23.10	130.38	130.38	557.97	21.18	41.16	340.77	22.41	22.41	70.38	70.38	475.17	
	7.70	40.41	458.97	1,021.16	37.62	311.37	809.96	34.65	151.77	151.77	583.16	31.77	61.74	365.96	33.62	33.62	91.77	91.77	500.36	
95%	7.60	53.88	480.36	1,046.34	50.16	332.76	835.14	46.20	173.16	173.16	608.34	42.36	82.32	391.14	44.82	44.82	113.16	113.16	525.34	
	7.50	67.35	501.75	1,071.53	62.70	354.15	860.33	57.75	194.55	194.55	633.53	52.95	102.90	416.33	56.03	56.03	134.55	134.55	550.73	
	7.40	80.82	523.14	1,096.71	75.24	375.54	885.51	69.30	215.94	215.94	658.71	63.54	123.48	441.51	67.23	67.23	155.94	155.94	575.91	
	7.30	94.29	544.53	1,121.90	87.78	396.93	910.70	80.85	237.33	237.33	683.90	74.13	144.06	466.70	78.44	78.44	177.33	177.33	601.10	
90%	7.20	107.76	565.92	1,147.08	100.32	418.32	935.88	92.40	258.72	258.72	709.08	84.72	164.64	491.88	89.64	89.64	198.72	198.72	626.28	
	7.10	121.23	587.31	1,172.27	112.86	439.71	961.07	103.95	280.11	280.11	734.27	95.31	185.22	517.07	100.85	100.85	220.11	220.11	651.47	
	7.00	134.70	608.70	1,197.45	125.40	461.10	986.25	115.50	301.50	301.50	759.45	105.90	205.80	542.25	112.05	112.05	241.50	241.50	676.65	
85%	6.90	148.17	630.09	1,222.64	137.94	482.49	1,011.44	127.05	322.89	322.89	784.64	116.49	226.38	567.44	123.26	123.26	262.89	262.89	701.84	
	6.80	161.64	651.48	1,247.82	150.48	503.88	1,036.62	138.60	344.28	344.28	809.82	127.08	246.96	592.62	134.46	134.46	284.28	284.28	727.02	
	6.70	175.11	672.87	1,273.01	163.02	525.27	1,061.81	150.15	365.67	365.67	835.01	137.67	267.54	617.81	145.67	145.67	305.67	305.67	752.21	
	6.60	188.58	694.26	1,298.19	175.56	546.66	1,086.99	161.70	387.06	387.06	860.19	148.26	288.12	642.99	156.87	156.87	327.06	327.06	777.39	
	6.50	202.05	715.65	1,323.38	188.10	568.05	1,112.18	173.25	408.45	408.45	885.38	158.85	308.70	668.18	168.08	168.08	348.45	348.45	802.58	
80%	6.40	215.52	737.04	1,348.56	200.64	589.44	1,137.36	184.80	429.84	429.84	910.56	169.44	329.28	693.36	179.28	179.28	369.84	369.84	827.76	
	6.30	228.99	758.43	1,373.75	213.18	610.83	1,162.55	196.35	451.23	451.23	935.75	180.03	349.86	718.55	190.49	190.49	391.23	391.23	852.95	
	6.20	242.46	779.82	1,398.93	225.72	632.22	1,187.73	207.90	472.62	472.62	960.93	190.62	370.44	743.73	201.69	201.69	412.62	412.62	878.13	
	6.10	255.93	801.21	1,424.12	238.26	653.61	1,212.92	219.45	494.01	494.01	986.12	201.21	391.02	768.92	212.90	212.90	434.01	434.01	903.32	
75%	6.00	269.40	822.60	1,449.30	250.80	675.00	1,238.10	231.00	515.40	515.40	1,011.30	211.80	411.60	794.10	224.10	224.10	455.40	455.40	928.50	
	5.90	282.87	843.99	1,474.49	263.34	696.39	1,263.29	242.55	536.79	536.79	1,036.49	222.39	432.18	819.29	235.31	235.31	476.79	476.79	953.69	
	5.80	296.34	865.38	1,499.67	275.88	717.78	1,288.47	254.10	558.18	558.18	1,061.67	232.98	452.76	844.47	246.51	246.51	498.18	498.18	978.87	
	5.70	309.81	886.77	1,524.86	288.42	739.17	1,313.66	265.65	579.57	579.57	1,086.86	243.57	473.34	869.66	257.72	257.72	519.57	519.57	1,004.06	
70%	5.60	323.28	908.16	1,550.04	300.96	760.56	1,338.84	277.20	600.96	600.96	1,112.04	254.16	493.92	894.84	268.92	268.92	540.96	540.96	1,029.24	
	5.50	336.75	929.55	1,575.23	313.50	781.95	1,364.03	288.75	622.35	622.35	1,137.23	264.75	514.50	920.03	280.13	280.13	562.35	562.35	1,054.43	
	5.40	350.22	950.94	1,600.41	326.04	803.34	1,389.21	300.30	643.74	643.74	1,162.41	275.34	535.08	945.21	291.33	291.33	583.74	583.74	1,079.61	
	5.30	363.69	972.33	1,625.60	338.58	824.73	1,414.40	311.85	665.13	665.13	1,187.60	285.93	555.66	970.40	302.54	302.54	605.13	605.13	1,104.80	
65%	5.20	377.16	993.72	1,650.78	351.12	846.12	1,439.58	323.40	686.52	686.52	1,212.78	296.52	576.24	995.58	313.74	313.74	626.52	626.52	1,129.98	
	5.10	390.63	1,015.11	1,675.97	363.66	867.51	1,464.77	334.95	707.91	707.91	1,237.97	307.11	596.82	1,020.77	324.95	324.95	647.91	647.91	1,155.17	
	5.00	404.10	1,036.50	1,701.15	376.20	888.90	1,489.95	346.50	729.30	729.30	1,263.15	317.70	617.40	1,045.95	336.15	336.15	669.30	669.30	1,180.35	
	4.90	417.57	1,057.89	1,726.34	388.74	910.29	1,515.14	358.50	750.69	750.69	1,288.34	328.29	637.98	1,071.14	347.36	347.36	690.69	690.69	1,205.54	
60%	4.80	431.04	1,079.28	1,751.52	401.28	931.68	1,540.32	369.60	772.08	772.08	1,313.52	338.88	658.56	1,096.32	358.56	358.56	712.08	712.08	1,230.72	
	4.70	444.51	1,100.67	1,776.71	413.82	953.07	1,565.51	381.15	793.47	793.47	1,338.71	349.47	679.14	1,121.51	369.77	369.77	733.47	733.47	1,255.91	
	4.60	457.98	1,122.06	1,801.89	426.36	974.46	1,590.69	392.70	814.86	814.86	1,363.89	360.06	699.72	1,146.69	380.97	380.97	754.86	754.86	1,281.09	
	4.50	471.45	1,143.45	1,827.08	438.90	995.85	1,615.88	404.25	836.25	836.25	1,389.08	370.65	720.30	1,171.88	392.18	392.18	776.25	776.25	1,306.28	
55%	4.40	484.92	1,164.84	1,852.26	451.44	1,017.24	1,641.06	415.80	857.64	857.64	1,414.26	381.24	740.88	1,197.06	403.38	403.38	797.64	797.64	1,331.46	
	4.30	498.39	1,186.23	1,877.45	463.98	1,038.63	1,666.25	427.35	879.03	879.03	1,439.45	391.83	761.46	1,222.25	414.59	414.59	819.03	819.03	1,356.65	
	4.20	511.86	1,209.62	1,902.63	476.52	1,060.02	1,691.43	438.90	900.42	900.42	1,464.63	402.42	782.04	1,247.43	425.79	425.79	840.42	840.42	1,381.83	
	4.10	525.33	1,229.01	1,927.82	489.06	1,081.41	1,716.62	450.45	921.81	921.81	1,489.82	413.01	802.62	1,272.62	437.00	437.00	861.81	861.81	1,407.02	
50%	4.00	538.80	1,250.40	1,953.00	501.60	1,102.80	1,741.80	462.00	943.20	943.20	1,515.00	423.60	823.20	1,297.80	448.20	448.20	883.20	883.20	1,432.20	

Annual Cost Divided by ten  
(vendor paid 12 months)  
Part time prorated

**Pro Rated % of Annual Deduction  
No deductions in June and July**



**Fullerton School District  
Effective 10-1-2024**

**2024-2025 Employee Monthly Payroll Deductions Certificated, Classified, and Management**

KAISER HMO 30		VSP		VSP for Kaiser		Delta Dental PPO		Delta Care HMO		Blue Shield PPO HSA		BLUE SHIELD HIGH DEDUCTIBLE					
SGL	2P	FAM	FAM	VSP	FAM	VSP	FAM	SGL	2P	FAM	SGL	2P	HEALTH SAVINGS ACCOUNT				
874.80	1,698.00	2,383.20	21.60	27.00	59.56	95.30	160.81	30.66	49.94	74.12	TENTHLY	786.19	1,520.95	2,122.54			
8,748.00	16,980.00	23,832.00	216.00	270.00	595.56	953.04	1,608.12	306.60	499.44	741.24	ANNUAL	7,861.92	15,209.52	21,225.36			
8,748.00	16,980.00	20,148.00	216.00	0.00	595.56	953.04	1,608.12	306.60	499.44	741.24	DISTRICT	12,011.92	17,112.00	20,148.00			
											DIST HSA Contr	4,150.00	1,902.48	0.00			
											HRS						
											%			Pro Rata District HSA Contribution			
0.00	0.00	368.40	0.00	27.00	0.00	0.00	0.00	0.00	0.00	0.00	100%	0.00	0.00	107.74	4,150.00	1,902.48	0.00
10.94	21.22	393.59	0.27	27.00	0.74	1.19	2.01	0.38	0.62	0.93		9.83	19.01	132.92	4,098.13	1,878.70	0.00
21.87	42.45	418.77	0.54	27.00	1.49	2.38	4.02	0.77	1.25	1.85		7.80	19.65	188.11	4,046.25	1,854.92	0.00
32.81	63.68	443.96	0.81	27.00	2.23	3.57	6.03	1.15	1.87	2.78		7.70	29.48	183.29	3,994.38	1,831.14	0.00
43.74	84.90	469.14	1.08	27.00	2.98	4.77	8.04	1.53	2.50	3.71	95%	7.60	39.31	208.48	3,942.50	1,807.36	0.00
54.68	106.13	494.33	1.35	27.00	3.72	5.96	10.05	1.92	3.12	4.63		7.50	49.14	233.66	3,890.63	1,783.58	0.00
65.61	127.35	519.51	1.62	27.00	4.47	7.15	12.06	2.30	3.75	5.56		7.40	58.96	258.85	3,838.75	1,759.79	0.00
76.55	148.58	544.70	1.89	27.00	5.21	8.34	14.07	2.68	4.37	6.49		7.30	68.79	284.03	3,786.88	1,736.01	0.00
87.48	169.80	569.88	2.16	27.00	5.96	9.53	16.08	3.07	4.99	7.41	90%	7.20	78.62	309.22	3,735.00	1,712.23	0.00
98.42	191.03	595.07	2.43	27.00	6.70	10.72	18.09	3.45	5.62	8.34		7.10	88.45	334.40	3,683.13	1,688.45	0.00
109.35	212.25	620.25	2.70	27.00	7.44	11.91	20.10	3.83	6.24	9.27		7.00	98.27	359.59	3,631.25	1,664.67	0.00
120.29	233.48	645.44	2.97	27.00	8.19	13.10	22.11	4.22	6.87	10.19		6.90	108.10	384.77	3,579.38	1,640.89	0.00
131.22	254.70	670.62	3.24	27.00	8.93	14.30	24.12	4.60	7.49	11.12	85%	6.80	117.93	409.96	3,527.50	1,617.11	0.00
142.16	275.93	695.81	3.51	27.00	9.68	15.49	26.13	4.98	8.12	12.05		6.70	127.76	435.14	3,475.63	1,593.33	0.00
153.09	297.15	720.99	3.78	27.00	10.42	16.68	28.14	5.37	8.74	12.97		6.60	137.58	460.33	3,423.75	1,569.55	0.00
164.03	318.38	746.18	4.05	27.00	11.17	17.87	30.15	5.75	9.36	13.90		6.50	147.41	485.51	3,371.88	1,545.77	0.00
174.96	339.60	771.36	4.32	27.00	11.91	19.06	32.16	6.13	9.99	14.82	80%	6.40	157.24	510.70	3,320.00	1,521.98	0.00
185.90	360.83	796.55	4.59	27.00	12.66	20.25	34.17	6.52	10.61	15.75		6.30	167.07	535.88	3,268.13	1,498.20	0.00
196.83	382.05	821.73	4.86	27.00	13.40	21.44	36.18	6.90	11.24	16.68		6.20	176.89	561.07	3,216.25	1,474.42	0.00
207.77	403.28	846.92	5.13	27.00	14.14	22.63	38.19	7.28	11.86	17.60		6.10	186.72	586.25	3,164.38	1,450.64	0.00
218.70	424.50	872.10	5.40	27.00	14.89	23.83	40.20	7.67	12.49	18.53	75%	6.00	196.55	611.44	3,112.50	1,426.86	0.00
229.64	445.73	897.29	5.67	27.00	15.63	25.02	42.21	8.05	13.11	19.46		5.90	206.38	636.62	3,060.63	1,403.08	0.00
240.57	466.95	922.47	5.94	27.00	16.38	26.21	44.22	8.43	13.73	20.38		5.80	216.20	661.81	3,008.75	1,379.30	0.00
251.51	488.18	947.66	6.21	27.00	17.12	27.40	46.23	8.81	14.36	21.31		5.70	226.03	686.99	2,956.88	1,355.52	0.00
262.44	509.40	972.84	6.48	27.00	17.87	28.59	48.24	9.20	14.98	22.24	70%	5.60	235.86	712.18	2,905.00	1,331.74	0.00
273.38	530.63	998.03	6.75	27.00	18.61	29.78	50.25	9.58	15.61	23.16		5.50	245.69	737.36	2,853.13	1,307.96	0.00
284.31	551.85	1,023.21	7.02	27.00	19.36	30.97	52.26	9.96	16.23	24.09		5.40	255.51	762.55	2,801.25	1,284.17	0.00
295.25	573.08	1,048.40	7.29	27.00	20.10	32.17	54.27	10.35	16.86	25.02		5.30	265.34	787.73	2,749.38	1,260.39	0.00
306.18	594.30	1,073.58	7.56	27.00	20.84	33.36	56.28	10.73	17.48	25.94	65%	5.20	275.17	812.92	2,697.50	1,236.61	0.00
317.12	615.53	1,098.77	7.83	27.00	21.59	34.55	58.29	11.11	18.10	26.87		5.10	284.99	838.10	2,645.63	1,212.83	0.00
328.05	636.75	1,123.95	8.10	27.00	22.33	35.74	60.30	11.50	18.73	27.80		5.00	294.82	863.29	2,593.75	1,189.05	0.00
338.99	657.98	1,149.14	8.37	27.00	23.08	36.93	62.31	11.88	19.35	28.72		4.90	304.65	888.47	2,541.88	1,165.27	0.00
349.92	679.20	1,174.32	8.64	27.00	23.82	38.12	64.32	12.26	19.98	29.65	60%	4.80	314.48	913.66	2,490.00	1,141.49	0.00
360.86	700.43	1,199.51	8.91	27.00	24.57	39.31	66.33	12.65	20.60	30.58		4.70	324.30	938.84	2,438.13	1,117.71	0.00
371.79	721.65	1,224.69	9.18	27.00	25.31	40.50	68.35	13.03	21.23	31.50		4.60	334.13	964.03	2,386.25	1,093.93	0.00
382.73	742.88	1,249.88	9.45	27.00	26.06	41.70	70.36	13.41	21.85	32.43		4.50	343.96	989.21	2,334.38	1,070.15	0.00
393.66	764.10	1,275.06	9.72	27.00	26.80	42.89	72.37	13.80	22.47	33.36	55%	4.40	353.79	1,014.40	2,282.50	1,046.36	0.00
404.60	785.33	1,300.25	9.99	27.00	27.54	44.08	74.38	14.18	23.10	34.28		4.30	363.61	1,039.58	2,230.63	1,022.58	0.00
415.53	806.55	1,325.43	10.26	27.00	28.29	45.27	76.39	14.56	23.72	35.21		4.20	373.44	1,064.77	2,178.75	998.80	0.00
426.47	827.78	1,350.62	10.53	27.00	29.03	46.46	78.40	14.95	24.35	36.14		4.10	383.27	1,089.95	2,126.88	975.02	0.00
437.40	849.00	1,375.80	10.80	27.00	29.78	47.65	80.41	15.33	24.97	37.06	50%	4.00	393.10	1,115.14	2,075.00	951.24	0.00

Annual Cost Divided by ten  
(vendor paid 12 months)  
Part time prorated

**Pro Rated % of Annual Deduction  
No deductions in June and July**

# PPO vs HDHP Cost Comparison

## Employee + 1 Dependent

This is only a brief cost summary of the in-network benefits.

Cost of Coverage	BLUE SHIELD PPO	BLUE SHIELD HIGH DEDUCTIBLE PPO
<b>Annual Premium</b>	\$21,060	\$15,209.52
<b>Fullerton SD Cap</b>	\$17,112	\$17,112
<b>Employee Annual Cost</b>	\$3,948	<b>\$0</b>
<b>District Annual HSA Contribution</b> <i>Any money that you don't spend grows year after year and can be used in the future.</i>	N/A	<b>\$1,902.48</b> – reminder you can contribute to an HSA up to the annual limit set by the IRS.
<b>Accident Insurance Plan</b> <i>Designed to help you pay for unexpected costs that result from an accidental injury.</i>	N/A	<b>included - auto enrolled</b>
Plan Benefits		
Medical Deductible	\$600 family	\$6,800 family (individual in a family \$3,400)
Office Visit	\$20 copay deductible waived	10% after deductible
Coinsurance	20% after deductible	10% after deductible
Medical Out-of-Pocket Maximum	\$3,000 family	\$12,000 family (individual in a family \$6,000)
Prescription Drugs Deductible	*Brand & Specialty \$500 family	Combined with medical
Prescription Drugs Copays	\$10/\$35*	\$9/\$35 after deductible
Prescription Drugs Out-of-Pocket Maximum	\$3,500 family	Combined with medical
Employee Annual Financials		
Employee Annual Cost	\$3,948	<b>\$0</b>
<b>Employee Cost: Completely Healthy</b>	\$3,948	<b>-\$1,902.48</b> – District HSA contribution
Plan Out-of-Pocket Maximums (Medical + Rx)	\$6,500 family	\$12,000 family
<b>Employee Cost: Critically Ill/Injured + Rx</b>	\$10,448	<b>\$10,097.52*</b> – includes District HSA contribution
<b>Accident Insurance Plan</b>	N/A	*If you or a covered family member suffers an accident, the accident insurance plan will pay you a lump-sum benefit. <b>The amount of money you receive depends on the type and severity of your injury. Money received can be used any way you choose.</b>

# PPO vs HDHP Cost Comparison

## Employee + Family

This is only a brief cost summary of the in-network benefits.

Cost of Coverage	BLUE SHIELD PPO	BLUE SHIELD HIGH DEDUCTIBLE PPO
<b>Annual Premium</b>	\$29,604	\$21,225.36
<b>Fullerton SD Cap</b>	\$20,148	\$20,148
<b>Employee Annual Cost</b>	\$9,456	<b>\$1,077.36</b>
<b>District Annual HSA Contribution</b> <i>Any money that you don't spend grows year after year and can be used in the future.</i>	N/A	<b>\$0.00</b> – reminder you can contribute to an HSA up to the annual limit set by the IRS.
<b>Accident Insurance Plan</b> <i>Designed to help you pay for unexpected costs that result from an accidental injury.</i>	N/A	<b>included - auto enrolled</b>
<b>Plan Benefits</b>		
Medical Deductible	\$600 family	\$6,800 family (individual in a family \$3,400)
Office Visit	\$20 copay deductible waived	10% after deductible
Coinsurance	20% after deductible	10% after deductible
Medical Out-of-Pocket Maximum	\$3,000 family	\$12,000 family (individual in a family \$6,000)
Prescription Drugs Deductible	*Brand & Specialty \$500 family	Combined with medical
Prescription Drugs Copays	\$10/\$35*	\$9/\$35 after deductible
Prescription Drugs Out-of-Pocket Maximum	\$3,500 family	Combined with medical
<b>Employee Annual Financials</b>		
Employee Annual Cost	\$9,456	<b>\$1,077.36</b>
<b>Employee Cost: Completely Healthy</b>	\$9,456	<b>\$1,077.36</b>
Plan Out-of-Pocket Maximums (Medical + Rx)	\$6,500 family	\$12,000 family
<b>Employee Cost: Critically Ill/Injured + Rx</b>	\$15,956	<b>\$13,077.36*</b>
<b>Accident Insurance Plan</b>	N/A	*If you or a covered family member suffers an accident, the accident insurance plan will pay you a lump-sum benefit. <b>The amount of money you receive depends on the type and severity of your injury. Money received can be used any way you choose.</b>

# GLOSSARY

## -A-

### **AD&D Insurance**

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

### **Allowed Amount**

The maximum amount your plan will pay for a covered healthcare service.

### **Ambulatory Surgery Center (ASC)**

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

### **Annual Limit**

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

## -B-

### **Balance Billing**

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference (the balance).

### **Beneficiary**

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

### **Brand Name Drug**

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

## -C-

### **COBRA**

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

### **Claim**

A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

### **Coinsurance**

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

### **Copayment**

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

## -D-

### **Deductible**

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an **aggregate** or **embedded** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

### **Dental Basic Services**

Services such as fillings, routine extractions and some oral surgery procedures.

**Dental Diagnostic & Preventive** Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

### **Dental Major Services**

Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

### **Dependent Care Flexible Spending Account (FSA)**

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and

after-school programs, preschool, and summer day camp for children under age 13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

## -E-

### **Eligible Expense**

A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

### **Excluded Service**

A service that your health plan doesn't pay for or cover.

## -F-

### **Formulary**

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

## -G-

### **Generic Drug**

A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

### **Grandfathered**

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

## -H-

**Health Reimbursement Account (HRA)** An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

### **Healthcare Flexible Spending Account (FSA)**

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

# GLOSSARY

## **High Deductible Health Plan (HDHP)**

A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

## **-I-**

### **In-Network**

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more, or may not be covered.

## **-L-**

### **Life Insurance**

An insurance plan that pays your beneficiary a lump sum if you die.

### **Long Term Disability Insurance**

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

## **-M-**

### **Mail Order**

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

## **-O-**

### **Open Enrollment**

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

### **Out-of-Network**

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

### **Out-of-Pocket Cost**

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

### **Out-of-Pocket Maximum**

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

### **Outpatient Care**

Care from a hospital that doesn't require you to stay overnight.

## **-P-**

### **Participating Pharmacy**

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

### **Plan Year**

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

### **Preferred Drug**

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

### **Preventive Care Services**

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

### **Primary Care Provider (PCP)**

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP, and require care and referrals to be directed or approved by that provider.

## **-S-**

### **Short Term Disability Insurance**

Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

## **-T-**

### **Telehealth / Telemedicine / Teladoc**

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

## **-U-**

### **UCR (Usual, Customary, and Reasonable)**

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

### **Urgent Care**

Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

## **-V-**

### **Vaccinations**

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

### **Voluntary Benefit**

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.



# IMPORTANT PLAN INFORMATION

## HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis. Notices available in this booklet include:

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals.
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed.
- **Notice of Choice of Providers:** Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.

## COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

# PLAN DOCUMENTS

## SUMMARY PLAN DESCRIPTIONS (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

Go online to Kaiser or Blue Shield's website to access these documents. If you would like a paper copy, please contact Insurance Benefits.

## SUMMARY OF BENEFITS AND COVERAGE (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available by contacting Insurance Benefits:

- Kaiser Permanente HMO 15
- Kaiser Permanente HMO 30
- Blue Shield of California Trio HMO
- Blue Shield of California HMO 10
- Blue Shield of California HMO 30
- Blue Shield of California PPO
- Blue Shield of California HDHP HSA
- Blue Shield of California MEC 9000

# Medicare Part D Notice

## Important Notice from Fullerton School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Fullerton School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Fullerton School District has determined that the prescription drug coverage offered by the Kaiser and Blue Shield plans, are on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Fullerton School District coverage may be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

**Important Note for Retiree Plans:** If you are eligible for the District's Retiree Medical Program, when a subscriber and spouse/domestic partner are both age 65 or older and retired, and are remaining on a SISC plan, they will automatically be enrolled in Medicare Part D. Do not enroll in a Medicare Part D plan outside of SISC. This will automatically disenroll you from your SISC Medicare Part D plan.

Since the existing prescription drug coverage under the Kaiser and Blue Shield plans are creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Fullerton School District prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

#### [When Will You Pay A Higher Premium \(Penalty\) To Join A Medicare Drug Plan?](#)

You should also know that if you drop or lose your current coverage with Fullerton School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### [For More Information About This Notice Or Your Current Prescription Drug Coverage...](#)

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Fullerton School District changes. You also may request a copy of this notice at any time.

#### [For More Information About Your Options Under Medicare Prescription Drug Coverage...](#)

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date:	October 1, 2024
Name of Entity/Sender:	Fullerton School District
Contact-Position/Office:	Insurance Benefits
Address:	1401 W. Valencia Drive, Fullerton, CA 92833
Phone Number:	(714) 447-2834



# HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Fullerton School District's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Fullerton School District's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 31 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Fullerton School District health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

## Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices Fullerton School District describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Insurance Benefits.

## Notice of Choice of Providers

The Blue Shield HMO plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the insurance carrier directly.

You do not need prior authorization from Blue Shield or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the insurance carrier directly.

## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the deductibles and coinsurance in the Summary of Benefits and Coverage (SBC) apply. If you would like more information on WHCRA benefits, call your plan administrator.

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

# Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility—

<b>ALABAMA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a>   Phone: 1-855-692-5447
<b>ALASKA – Medicaid</b>
The AK Health Insurance Premium Payment Program   Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a>   Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>   Phone: 1-855-MyARHIPP (855-692-7447)
<b>CALIFORNIA – Medicaid</b>
Health Insurance Premium Payment (HIPP) Program website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322   Fax: 916-440-5676   Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943   State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991   State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442
<b>FLORIDA – Medicaid</b>
Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

<b>GEORGIA – Medicaid</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, press 1
GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>   Phone: 678-564-1162, press 2
<b>INDIANA – Medicaid</b>
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>   Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>   Phone 1-800-457-4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>   Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>   Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>   HIPP Phone: 1-888-346-9562
<b>KANSAS – Medicaid</b>
Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>   Phone: 1-800-792-4884   HIPP Phone: 1-800-967-4660
<b>KENTUCKY – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>   Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>   Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>
<b>LOUISIANA – Medicaid</b>
Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
<b>MAINE – Medicaid</b>
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003   TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 800-977-6740   TTY: Maine relay 711
<b>MASSACHUSETTS – Medicaid and CHIP</b>
Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>   Phone: 1-800-862-4840   TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
<b>MINNESOTA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739
<b>MISSOURI – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>   Phone: 573-751-2005
<b>MONTANA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084   email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>
<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633   Lincoln: 402-473-7000   Omaha: 402-595-1178
<b>NEVADA – Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>   Medicaid Phone: 1-800-992-0900
<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218   Toll-free number for the HIPP program: 1-800-852-3345, ext. 5218
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>   Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>   Phone: 1-800-701-0710

<b>NEW YORK – Medicaid</b>
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>   Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>   Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>   Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>   Phone: 1-888-365-3742
<b>OREGON – Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>   Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>   Phone: 1-800-692-7462 CHIP Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a>   CHIP Phone: 1-800-986-KIDS (5437)
<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>   Phone: 1-855-697-4347 or 401-462-0311 (Direct RIte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>   Phone: 1-888-549-0820
<b>SOUTH DAKOTA – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>   Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>
Website: <a href="https://www.hhs.texas.gov/health-care/medicaid-and-chip">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493
<b>UTAH – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>   CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT – Medicaid</b>
Website: <a href="https://www.vermont.gov/health-care/medicaid-and-chip">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427
<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> or <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>   Phone: 1-800-562-3022
<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700   CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>   Phone: 1-800-362-3002
<b>WYOMING – Medicaid</b>
Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>   Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](https://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](https://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565



## ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 8.39% in 2024 of your modified adjusted household income.



# PLAN CONTACTS



## INSURANCE BENEFITS

**Andrea Lopez**  
[Andrea\\_Lopez@myfsd.org](mailto:Andrea_Lopez@myfsd.org)  
Benefits Coordinator  
(714) 447-2834

Insurance Benefits  
Website  
[www.fullertonsd.org](http://www.fullertonsd.org)

## MEDICAL

**Kaiser Permanente HMO**  
[my.kp.org/sisc](http://my.kp.org/sisc)  
(800) 464-4000

**Blue Shield SISC Plans**  
[myoptions.blueshieldca.com/sisc](http://myoptions.blueshieldca.com/sisc)  
(855) 599-2657

**Blue Shield MDLive**  
[www.mdlive.com/sisc](http://www.mdlive.com/sisc)  
(800) 657-6169

**Teladoc**  
[www.teladoc.com/sisc](http://www.teladoc.com/sisc)  
(855) 380-7828

**Navitus**  
Blue Shield Pharmacy Benefits  
[www.navitus.com](http://www.navitus.com)  
(866) 333-2757

**Costco**  
Blue Shield Pharmacy Benefits  
[www.costco.com/Pharmacy](http://www.costco.com/Pharmacy)  
(800) 774-2678 press 1

## DENTAL & VISION

**DentalCare USA HMO**  
[www.deltadentalins.com](http://www.deltadentalins.com)  
(800) 422-4234

**Delta Dental PPO**  
[www.deltadentalins.com](http://www.deltadentalins.com)  
(866) 499-3001

**VSP Vision**  
[www.vsp.com](http://www.vsp.com)  
(800) 877-7195

## HEALTH SAVINGS ACCOUNT (HSA)

**Sterling Administration**  
[sterlingadministration.com](http://sterlingadministration.com)  
(800) 617-4729

## FLEXIBLE SPENDING ACCOUNT (FSA)

**WEX Inc.**  
[www.wexinc.com](http://www.wexinc.com)  
(866) 451-3399  
customerservice@wexhealth.com

## EMPLOYEE ASSISTANCE PROGRAM EAP

**Anthem EAP**  
[www.anthemeap.com/sisc](http://www.anthemeap.com/sisc)  
(800) 999-7222

## ADDITIONAL BENEFITS

**Voya**  
Accident Insurance  
(HDHP members)  
[www.voya.com](http://www.voya.com)  
(888) 238-4840

**Voya/Reliastar**  
Life Insurance  
[www.voya.com](http://www.voya.com)  
(800) 955-7736

## UNION PREFERRED DISABILITY INSURANCE VENDORS

**American Fidelity**  
CSEA & FESMA Preferred Vendor  
[www.americanfidelity.com](http://www.americanfidelity.com)  
(800) 365-9180

**The Standard**  
FETA Preferred Vendor  
[www.standard.com](http://www.standard.com)  
(800) 522-0406